MARK TWAIN
HEALTH CARE DISTRICT

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

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, November 25, 2026
10:00am

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:**

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

Quorum:

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

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

5. **Consent Agenda:**
   Public Comment – Action
   All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member 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. Unapproved Minutes:

- Finance Committee Meeting for October 28, 2026
- Board of Directors Meeting Minutes October 28, 2026
- Special Board of Directors Meeting Minutes November 16, 2026

6. **Consideration of Appointment of New Board Member** – Public Comment – Action
   - Debbie Ponte
   - Julie Lei
7. **BluePath Health**…….…….…. Libby Sagara and John Weir
8. **ECG Management Consultants** …….. Henry Stokman - Public Comment – Action
9. **Finance Committee**:…….....Ms. Hack / Mr. Wood / Ms. Slocum

- Consideration and Appointment of a Finance Committee Community Member

  Talibah Al-Rafiq – Public Comment – Action

- Financial Statements – October 2026: Public Comment – Action
- Add to staff – 2 Medical Assistants – Public Comment– Action

10. **MTHCD Reports:**

A. President's Report:……Ms. Reed

B. MTMC Community Board Report:…… Ms. Vermeltfoort / Mr. Randolph

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

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

E. Valley Springs Health & Wellness Center Medical Director Report:……...……Dr. Salom

- Medical Staffing Updates
- Policies Valley Springs Health & Wellness Center October 2026: – Public Comment – Action

New Policies
Artificial Intelligence (AI) Usage Policy
Dental Cash Policy
Information Technology, Electronic Services and Acceptable Use Policy
Employee, Contractor, Vendor Exclusion Screening Policy
Standardized Procedure for Patients Presenting with a Penetrating Foot Injury
Point of Care Ultrasound (POCUS)

Bi-Annual Review Policies (no changes to policy content)
Age Restriction
Audiogram- Threshold

Bomb Threat
Child Abuse Reporting
Dental Emergencies
Dental Fluoride Varnish Policy
Dental Local Anesthesia Policy
Dental Out-of-Pocket Payment Policy
Dental Walk-In Patient Policy
Disaster – Fire
Disruption of Electrical Services
Drug Samples
Eye Irrigation
Eye Medications-Dispensing
Generator Management
Management of Dental Patient Urgent Issues
Mass Casualty Response
Quality Assurance Guidelines
Referrals to Community Service
Retention Of Medical Records
Sensitive Services
Silver Diamine Fluoride

F. Valley Springs Health & Wellness Center Operations Reports:……..Ms. Terradista

- Encounter Report – October 2026
- Clinect Patient Satisfaction Survey – October 2026 (Paused)
- Patient Feedback Form – November 2026

11. <u>Board Transactions Summary:</u>

1. Approve terms for Dr. Salom – Public Comment – Action
2. Approve terms for Dr. Davies – Public Comment – Action

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

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

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

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

- San Andreas Elementary Parent Teacher Club – Science Camp
  $19,000 donation request ($10,000 recommended by the Grants Committee) — Public Comment – Action

- Hospice of Amador & Calaveras – Calaveras County GriefBusters and Community Bereavement Support
  $3,000 donation request — Public Comment – Action

- Valley Springs Area Business Association – Annual Christmas Tree Lighting and Christmas Parade
  $500 donation — Public Comment – Action

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

E. Ad Hoc Policy Committee:…..……..…… Ms. Gillespie / Ms. Hack / Ms. Vermeltfoort
Policies Presented for 30-Day Review:

- Policy No. 4 Officers of the District Policy
- Policy No. 10 Conduct of Meetings Policy
- Policy No. 11 Minutes, Resolutions and Closed Session Minutes Policy
- Policy No. 28 Finance Committee Community Member Policy

❖ Adoption of Resolution 2026-05 Approving Revisions to District Policies No. 25 – Public Comment – Action
  ❖ Policy No. 25 Reserve Policy

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

13. Board Comment and Request for Future Agenda Items:

- Announcements of interest to the Board or the Public.
  - Habitat for Humanity Calaveras – Thank you

14. Next Meeting:

- December 23, 2026 – Finance Committee at 9:00 a.m.; Board of Directors Meeting at 10:00 a.m.

15. Adjournment:

Public Comment – Action

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.
Topic: MTHCD Board of Directors Meeting
Time: Nov 25, 2026 10:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://zoom.us/j/98772818798?pwd=mkEglaVazbnRT74sLGJTamWuJWgvYE.1

Meeting ID: 987 7281 8798
Passcode: 538886

One tap mobile
+16694449171,,98772818798#,,,,*538886# US
+16699006833,,98772818798#,,,,*538886# US (San Jose)

Join by SIP
• 98772818798@zoomcrc.com
Join instructions
https://zoom.us/meetings/98772818798/invitations?signature=OA5aItTORaoSM1S1lWm96zzuqpiA0xo96BcdvNLxJN4

MARK TWAIN
HEALTH CARE DISTRICT

P. O. Box 95

San Andreas, CA 95249

(209) 754-4468 Phone

Finance Committee Meeting

Mark Twain Health Care District Board Room

Mark Twain Medical Center

768 Mountain Ranch Rd, San Andreas, CA

Wednesday, October 28, 2026

8:00am
Minutes

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

1. **Call to order with Flag Salute:**
   Meeting called to order by Ms. Hack at 8am.

2. **Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	**X**			
Richard Randolph	**X**			

Quorum: Yes

3. **Approval of Agenda:** Public Comment- Action
   Motion to approve agenda as presented: Mr. Randolph
   Second: Ms. Hack
   Ayes: 2
   Nays: 0
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 Finance Committee 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.
   No members of the public were present.

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

All consent items are considered routine and may be approved by the Finance Committee without

discussion by a single roll-call vote. Any Committee member may remove an item from the consent agenda. If an item is removed, it will be discussed separately following approval of the remaining consent items.

A. Unapproved Minutes:

- Finance Committee Meeting – September 23, 2026:

The Consent Agenda was approved as presented.
Motion to approve: Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays: 0

6. **Real Estate Report:**……Mr. Randolph

The lease for Building 704 Stockton Cardiology was extended until August 31, 2027.

7. **Accountant's Report:**…….…… Ms. Hack / Mr. Wood / Ms. Slocum, Mr. Hohenbrink

Financial Statements – September 2026: Public Comment – Action

The Committee reviewed the September 2026 financial statements. The clinic recorded 3,021 patient visits, and gross patient revenue was nearly unchanged from August at $1,121,228. The report reflected approximately $20,000 in additional contracted service costs and approximately $18,000 in additional physician salary costs, largely due to overlap between departing and incoming providers. The Committee noted that Dr. Randall Smart and Dr. James Mosson had recently been paid through the effective dates stated in their resignation notices. Clinic expenses exceeded revenue by $2,788 for September, while year-to-date net revenue was $510,323 compared with a budgeted $65,748.

Rental operations continued to perform well, and overall financial results were in line with budget. Total revenues for the district exceeded expenses by $103,606 in September and $360,554 year to date. Several accounting entries were identified for correction, and the current $445,535 Cash to be Reconciled account will be reviewed and adjusted as part of the audit. The Committee reviewed the CA CLASS reserve balance of approximately $10.35 million, with interest rates ranging from 3.82% to 3.95%.

The Committee discussed plans for a partnership with a grant writer at a cost of $6,000 per month, with a goal of securing at least $1 million in grant funding each year.

The Committee also received an update on the revenue cycle review, which covers billing, reconciliation, and provider contracts. The company conducting the review is expected to present at the November Board meeting.

Ms. Slocum presented anticipated unbudgeted costs of $900,750 through the end of the current fiscal year to include increased labor and staffing due to clinic transition, and additional outside service partners (BluePath, FCP Communication, VMG, and ECG Management Consultants).

The Finance Committee recommends that the Board approve the September 2026 financial statements.
Motion to recommend approval: Mr. Randolph
Second: Ms. Hack
Ayes: 2

Nays: 0

- H.R.1 Discussion

Kelly Hohenbrink discussed a potential reduction in eligible Medi-Cal encounters due to H.R.1 at an unknown but estimated amount of 10% to 20%. He discussed the possibility of eligibility returning to pre-COVID levels and overall federal reimbursement declining. With fewer patients eligible for Medi-Cal, the clinic could see fewer encounters and lower total reimbursement, while the cost of providing care and the way the clinic is reimbursed could stay the same. The budget impact remains uncertain. The Committee also discussed a new encounter report to help track Medi-Cal eligibility and noted that an eligibility clerk had been hired.

- Policy No. 25 – Reserve Policy Review and Reserve Target Reconciliation Public Comment – Action

Rick Wood reviewed proposed changes to Policy No. 25 with the Finance Committee. The Committee approved the proposed changes and recommended that the Board adopt the revised policy.

Motion to recommend approval: Ms. Hack
Second: Mr. Randolph
Ayes: 2
Nays: 0

- Internal Controls/Signer Authority:
    - Bank of Stockton, Columbia Bank, Five Star Bank, US Bank: Public Comment – Action

The Finance Committee recommends that the Board approve the removal of Randall Smart as an authorized signer on Bank of Stockton, Columbia Bank, Five Star Bank, and US Bank. The Finance Committee recommends that the Board approve the addition of Lori Hack as an authorized signer on Bank of Stockton, Columbia Bank, Five Star Bank, and US Bank. The Finance Committee recommends that Darrie Gillespie remain an authorized signer on Bank of Stockton, Columbia Bank, Five Star Bank, and US Bank, and that Linda Reed remain an authorized signer on Five Star Bank.

Motion to recommend approval: Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays: 0

    - Calaveras Wellness Foundation Signer Public Comment – Action

The Finance Committee recommends that the Board approve the removal of Randall Smart as an authorized signer with Five Star Bank and the addition of Darrie Gillespie and Lori Hack as authorized signers with Five Star Bank.
Motion to recommend approval: Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays: 0

    - BHCiP / JP Morgan / Chase Resolution Public Comment – Action

The Finance Committee recommends that the Board approve the removal of Randall Smart as an authorized signer and the addition of Darrie Gillespie as an authorized signer.
Motion to recommend approval: Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays: 0

- 401k Trustee Resolution Public Comment – Action

The Finance Committee recommends that the Board approve the removal of Randall Smart as an authorized signer and the addition of Darrie Gillespie as an authorized signer.
Motion to recommend approval: Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays: 0

8. Treasurer's Report:……Ms. Hack
Nothing to report.

9. Comments and Future Agenda Items:
The Finance Committee recommended that the Board approve a winter meeting schedule beginning November 25, 2026, with Finance Committee meetings starting at 9:00 a.m. and Board of Directors meetings starting at 10:00 a.m.

10. Next Meeting:
Next Finance Committee Meeting – November 25, 2026 at 8:00am.

11. Adjournment: Public Comment: – Action
Motion to adjourn: Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays: 0
Time 8:58am

MARK TWAIN
HEALTH CARE DISTRICT

P. O. Box 95
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Meeting of the Board of Directors
Mark Twain Health Care District Board Room
Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Wednesday, October 28, 2026
9:00am
Minutes

Mark Twain Health Care District Mission Statement

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

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

Meeting called to order by Ms. Reed at 9:03 am

2. **Roll Call:**

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

Quorum: Yes

3. **Approval of Agenda:**

Public Comment – Action

Motion to approve agenda as presented: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

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.

No Public Comments.

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 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. Unapproved Minutes:

- Finance Committee Meeting for September 23, 2026
- Board of Directors Meeting Minutes September 23, 2026
- Special Board of Directors Meeting Minutes October 2, 2026
- Special Board of Directors Meeting Minutes October 14, 2026

Motion to approve Consent Agenda as presented: Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 4
Nays: 0

6. Calaveras Parks and Recreation ……..Donna Vial

Representatives from Calaveras Parks and Recreation asked the Board to consider donating a parcel of land owned by MTHCD for a community dog park. They discussed the proposed use of the property and the benefit of providing another recreational space for Calaveras County residents.
The Board referred the request to the Real Estate Committee for further discussion.

7. BluePath Health…… Libby Sagara and John Weir

BluePath Health representatives joined via Zoom and reviewed progress on the 30, 60, and 90 day plan to improve communication, support staff and providers, and maintain patient access and continuity of care. Discussion emphasized a shared commitment to high-quality health care and the use of staff and patient surveys to gather feedback and measure progress.
BluePath reported that the project was on track for completion in November and that it would return with final recommendations.

8. <u>MTHCD Reports:</u>

A. President's Report:……Ms. Reed

Reed reported that she, Ms. Gillespie, Ms. Slocum, and Ms. Hack attended the ACHD Annual Conference in Monterey. She highlighted the educational opportunities, peer networking, and legislative updates available through ACHD membership. She also reported that she continues to meet weekly with Ms. Gillespie.

B. MTMC Community Board Report:…… Ms. Vermeltfoort / Mr. Randolph

Mr. Randolph shared updates from Mark Twain Medical Center, including the expected return of a physician from leave, a change in the antivenom used to treat snakebites, and a recent health fair. He noted that the impact of H.R. 1 on the medical center remains uncertain.

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

Ms. Reed provided a brief update from the Mark Twain Medical Center Board of Directors

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

Ms. Gillespie reported that she will work with Doug Archer in the first quarter to plan town hall meetings.
Construction on the hospital walkway is expected to begin soon, and the MTMC Foundation contributed $200,000 toward the project.
Plans are underway to pursue new grant opportunities with VMG. Staffing remains strong, and the CEO thanked the recruiters for their work.

The open house for the West Wing and parking structure at Valley Springs Health & Wellness Center is scheduled for December 2, 2026, from 9:00 to 11:00 a.m.
The CEO also attended the Calaveras CSDA Chapter meeting with Jose Garza in connection with the O.U.R. Veterans Program.

E. Valley Springs Health & Wellness Center Medical Director Report:……..……Dr. Salom

- Medical Staffing Updates

Dr. Salom reported that medical staffing is going well and that the October 23 staff celebration was a success.
Two locum providers are supporting the clinic. Dr. Giesemann has been well received and has a full schedule. Dr. Cooper is familiar with the area and is building toward a full schedule. Dr. Pandey is expected to start in early December.
The clinic continues to interview physicians. Dr. Trinh, an internal medicine physician, is expected to be the next locum provider. The clinic is also in discussions with one additional locum candidate and two candidates for permanent internal medicine positions.
Dr. Salom is meeting with high-risk patients to support continuity of care.

- Policies Valley Springs Health & Wellness Center September 2026: None.

F. Valley Springs Health & Wellness Center Operations Reports:……..Ms. Terradista

- Encounter Report – September 2026

Ms. Terradista reviewed the September encounter report, noting 3,021 patient visits, including 929 dental visits and 635 behavioral health visits. The clinic also saw 72 new patients.

The Board discussed Medi-Cal patients ages 19–64, who accounted for 46% of September visits.

- Clinect Patient Satisfaction Survey – September 2026

Ms. Terradista reviewed the September survey results. There were 77 responses, with positive feedback across medical, dental, and behavioral health services.

9. Appointment of Board Secretary – Public Comment – Action
Motion to appoint Mr. Randolph as Board Secretary: Ms. Vermeltfoort
Second: Ms. Hack
Ayes:4
Nays:0

10. Appointment of Board Member – Public Comment – Action

- Start appointment process for vacant seat

The Board discussed filling the vacant seat within 60 days of October 2, 2026, pursuant to Government Code Section 1780, and directed staff to begin the appointment process.

Motion to authorize staff to begin the appointment process: Ms. Vermeltfoort
Second: Ms. Hack
Ayes: 4
Nays:0

11. Approval of First Amendment to CEO Agreement - Public Comment - Action

The Personnel Committee recommended a 4% increase in CEO compensation to $234,000 annually. The CEO accepted the proposed compensation.

Motion to approve the First Amendment to the CEO Agreement: Mr. Randolph
Second: Ms. Hack
Ayes:4
Nays:0

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

A. Ad Hoc AED for Life: ……..…….Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph
The next CPR/AED/First Aid class is scheduled for November 14, 2026, with four participants enrolled. Plans include posting class information in additional locations, including schools, to increase enrollment.

B. Ad Hoc Community Engagement:……..……..Ms. Gillespie / Ms. Reed / Mr. Randolph
The next Community Engagement Committee meeting is scheduled for November 3, 2026.

C. Ad Hoc Community Grants:……..……..Ms. Gillespie / Ms. Reed
Ms. Reed and Ms. Gillespie will meet in November to review grant requests for presentation at the December Board meeting.

D. Ad Hoc Personnel Committee:…… Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort
The Personnel Committee has next meeting scheduled.

E. Ad Hoc Policy Committee:…..……..…… Ms. Gillespie / Ms. Hack / Ms. Vermeltfoort
Policies Presented for 30-Day Review:

- Policy No. 25 Reserve Policy

The Finance Committee recommended approval of Policy No. 25, Reserve Policy, with the proposed changes. The policy will undergo a 30-day review before returning to the Board for approval.

❖ Adoption of Resolution 2026-04 Approving Revisions to District Policies No. 13 and No. 14 – Public Comment – Action
  - ❖ Policy No. 13 Appointments to the District Board
  - ❖ Policy No. 14 Conduct Related to Elections

Adoption of Resolution 2026-04

Motion to adopt Resolution 2026-04 approving revisions to Policies No. 13 and No. 14 as corrected, with Policy No. 13 updated to cite Government Code Section 1780: Mr. Randolph
Second: Ms. Reed
Roll Call Vote: 4 Ayes, 0 Nays.
Ayes: Ms. Reed, Ms. Hack, Mr. Randolph, and Ms. Vermeltfoort.
Nays: None.
Motion carried.

F. Ad Hoc Real Estate:……..Ms. Gillespie / Mr. Randolph
The lease for Building 704 Stockton Cardiology was extended until August 31, 2027.

G. Finance Committee:…….....Ms. Hack / Mr. Wood / Ms. Slocum, Mr. Hohenbrink

- Financial Statements – September 2026: Public Comment – Action

The September financial statements were reviewed. Overall revenues exceeded expenses by $103,606 for the month and $360,554 for the fiscal year-to-date. Clinic gross patient revenue remained steady at approximately $1.12 million. Clinic expenses exceeded revenues by $2,788 for September, while year-to-date clinic revenues exceeded expenses by $510,323, ahead of budget.

The Board discussed higher contractual adjustments and additional costs for the month due to locum coverage, payments to Dr. Smart and Dr. Mosson through their original contract end dates, the West Wing, BluePath Health, and additional medical supplies purchased. The Board also discussed how the clinic and MTHCD share certain contracted service costs and received an update on how the BHCIP grant is reflected in the revenue cycle.

Ms. Slocum presented anticipated unbudgeted costs of $900,750 through the end of the current fiscal year including increased labor and staffing due to clinic transition and additional outside service partners (BluePath, FCP Communication, VMG, and ECG Management Consultants).

Motion to approve September Financials as presented: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

Motion to approve September Financials as presented: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

- HR1 Discussion

The Board noted that H.R. 1 had been discussed earlier in the meeting and moved to the next item without further discussion.

- Internal Controls/Signer Authority:
  - Bank of Stockton, Columbia Bank, Five Star Bank, US Bank: Public Comment – Action

The Board approves the removal of Randall Smart as an authorized signer on Bank of Stockton, Columbia Bank, Five Star Bank, US Bank. The Board approves Lori Hack to be added as an authorized signer on Bank of Stockton, Columbia Bank, Five Star Bank, US Bank. Darrie Gillespie will remain an authorized signer on Bank of Stockton, Columbia Bank, Five Star Bank, US Bank. Linda Reed will remain an authorized signer on Five Star Bank.
Motion by: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

  - Calaveras Wellness Foundation Signer Public Comment – Action

The Board approves removal of Randall Smart as an authorized signer with Five Star Bank. The Board approves adding Darrie Gillespie and Lori Hack as authorized signers with Five Star Bank.
Motion by: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

  - BHCiP / JP Morgan / Chase Resolution Public Comment – Action

The Board approves removing Randall Smart as authorized signer. The Board approves adding Darrie Gillespie as authorized signer.
Motion by: Ms. Hack

Second: Mr. Randolph
Roll Call Vote: 4 Ayes, 0 Nays.
Ayes: Ms. Reed, Ms. Hack, Mr. Randolph, and Ms. Vermeltfoort.
Nays: None.
Motion carried.

- 401k Trustee Resolution Public Comment – Action

The Board approves removing Randall Smart as authorized signer. The Board approves adding Darrie Gillespie as authorized signer.
Motion by: Mr. Randolph
Second: Ms. Vermeltfoort
Roll Call Vote: 4 Ayes, 0 Nays.
Ayes: Ms. Reed, Ms. Hack, Mr. Randolph, and Ms. Vermeltfoort.
Nays: None.
Motion carried.

13. Board Comment and Request for Future Agenda Items:

- Announcements of interest to the Board or the Public.
  - San Andreas Rotary Club – Thank you

The Finance Committee asked the Board to adjust the meeting times for the winter months, beginning November 25, 2026. The proposed start times were 9:00 a.m. for the Finance Committee and 10:00 a.m. for the Board of Directors.

14. Next Meeting:

November 25, 2026 – Finance Committee at 9:00 a.m.; Board of Directors Meeting at 10:00 a.m.

15. Adjournment:

Public Comment – Action
Motion to adjourn: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Naes: 0
Time: 12:40 pm.

MARK TWAIN
HEALTH CARE DISTRICT

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

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

Monday, November 16, 2026

9:00am

Minutes

Mark Twain Health Care District Mission Statement

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

1. **Call to order with Flag Salute:**
   Meeting called to order by Ms. Reed at 9:01 am.
2. **Roll Call:**

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

Quorum: Yes

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

Motion to approve agenda as presented: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

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.

No Public Comments.

5. **Closed Session:** Entered Closed Session at 9:04 am.
   1. ***Public Employee Performance Evaluation***. *Gov't Code 54957(b)(1).*
      Title: Chief Executive Officer

2. ***Conference With Legal Counsel—Anticipated Litigation***. *Gov't Code 54956.9(d)(4). Two (2) Cases. Facts need not be disclosed pursuant to Gov't Code 54956.9(e), (e)(1), (f) and (g).*

3. ***Conference With Legal Counsel—Significant Exposure to Litigation.*** *Gov't Code 54956.9(d)(2). One (1) Case. Facts need not be disclosed pursuant to Gov't Code 54956.9(e), (e)(1), (f) and (g).*

6. Reconvene to Open Session: Time: 10:05 am.

- Reconvene in Open Session and Report Any Reportable Action Taken in Closed Session: Public Comment – Action

No Reportable Actions.

7. Board Comment and Request for Future Agenda Items:

No comments or requests.

8. Next Meeting:

November 25, 2026 – Finance Committee at 9:00 a.m.; Board of Directors Meeting at 10:00 a.m.

9. Adjournment:

Public Comment – Action
Motion to adjourn: Mr. Randolph
Secon: Ms. Hack
Ayes: 4
Nays: 0
Time: 10:07 am.

November 15, 2026

Lin Reed, President
Mark Twain Health Care District
Board of Directors
P.O. Box 95
San Andreas, CA 95249

RE: Letter of Interest – Board of Directors Vacancy

Dear Ms. Reed:

I am writing to express my interest in serving on the Mark Twain Health Care District Board of Directors.

As a lifelong resident of Calaveras County, I have a deep appreciation for the importance of accessible, quality healthcare in our rural community. My connection to the District is both personal and professional. Family members and friends were instrumental in the formation and development of the District, dedicating their time and efforts to ensuring that healthcare services would be available to our community.

My own professional experience includes working for the Mark Twain Health Care District from 1985 through 1997, during a period of significant transition, including the development of its relationship with St. Joseph's Medical Center and Catholic Healthcare West. This experience provided me with valuable insight into the District's history, operations, and commitment to serving Calaveras County residents.

Throughout my years of public service, I have been a strong advocate for special districts and the essential services they provide. I served on the Angels Camp City Council, including four years as Mayor, and on the Calaveras County Board of Supervisors, including as Board Chair. These experiences provided me with a strong understanding of public governance, fiscal responsibility, policy development, and the importance of building effective community partnerships.

Currently, I serve as General Manager of the Altaville Cemetery District, where I am directly involved in special district administration, financial oversight, policy implementation, and working with an elected Board of Trustees. I also serve on the Calaveras Community Foundation Board of Directors, further strengthening my commitment to community service and collaboration throughout Calaveras County.

I believe my combination of healthcare district experience, public service, special district management, and longstanding community relationships would allow me to make a meaningful contribution to the Mark Twain Health Care District Board.

I have both the time and commitment to serve and would welcome the opportunity to help advance the District's mission, policies, and long-term goals while ensuring that quality healthcare remains accessible to the residents of Calaveras County.

Thank you for considering my application. I look forward to the opportunity to meet with the Board and further discuss my qualifications and interest in serving.

Sincerely,

Debbie Ponte

Debbie Ponte

PO Box 757
Altaville CA 95221
209-263-1240
Ponte6847@gmail.com

Debbie Ponte
P.O. Box 757 • Angels Camp, CA 95221 • 209-263-1240 • ponte6847@gmail.com

Community-focused executive leader seeking to provide administrative and strategic leadership for the Mark Twain Healthcare District, fostering economic prosperity, philanthropic growth, and long-term community vitality.

Professional Skills & Qualifications

- **Leadership, Organization & Human Resources**
  Strong executive leadership with expertise in team development, coaching, delegation, organizational strategy, project management, and accountability across complex workloads, with a focused emphasis on policy development and effective implementation.

- **Fiscal Management & Resource Development**
  Proven ability in budgeting, forecasting, fundraising, donor stewardship, sponsorship development, and aligning public and private funding to meet organizational and community goals.

- **Economic Development & Business Support**
  Demonstrated success fostering business-friendly environments, supporting infrastructure development, and assisting new and expanding businesses through planning, launch, and growth.

- **Strategic Planning, Program Development & Evaluation**
  Expertise in research-driven planning, program design, implementation, evaluation, market analysis, needs assessment, and outcome measurement to guide decisions and funding strategies.

- **Partnerships, Government Relations & Regulatory Navigation**
  Extensive experience building cross-sector partnerships and working effectively with local, regional, state, and federal agencies while operating within regulatory and governance frameworks.

- **Marketing, Communications, Events & Public Engagement**
  Highly effective communicator with strengths in marketing, media, public speaking, event and campaign management, community outreach, and organizational representation.

Employment History

Altaville Cemetery District | 2017 to Present
- ***General Manager*** - *2021 to present*
- ***Appointed Trustee*** - *2017 to 2021*

Destination Angels Camp | 2017 to 2026, ***organization closed***
- ***Executive Director***

Calaveras County | 2013 to 2016; **Chair** (2014); **Vice Chair** (2013)
- ***County Supervisor, District 4***

Foothill Village Senior Living Community 2000 to 2015
- ***Executive Director,*** *2001 to 2015*
- ***Marketing & Sales Director,*** *2000 to 2001*

Ironstone Vineyards | 1998–1999
- ***Tasting Room Manager***

Mark Twain Medical Center | San Andreas, CA | 1985–1997
- ***Director of Business Development,*** *1995 to 1997*
- ***Assistant Administrator,*** *1992 to 1995*
- ***Director of Marketing, Public Relations & Fund Development,*** 198 to 1992

The Fresno Bee | 1983–1985
- ***Public Relations Assistant***

Recognition, Public Service & Education Highlights

- **2026** – Calaveras Community Foundation, Appointed Director
- **2020** – Proclamation of Appreciation, City of Angels Camp
- **2016** – Honor Roll Recipient, Calaveras County Fair & Jumping Frog Jubilee
- **2014** – Executive Director of the Year, Northern California Assisted Living Assn
- **2015** – Licensed Facility Administrator, California Department of Social Services
- **2004** - Recognized for leadership while serving as Mayor and Board Chair
- **2001** – Recognized for leadership during the Darby Fire Incident & Recovery, Utica Power Authority
- **1996–2004** – Elected City Council Member, City of Angels Camp
- **1983** – Bachelor of Arts, Public Relations & Journalism, California State University, Fresno

References Available Upon Request

Shirley N. Weber, Ph.D.
California Secretary of State

My Voter Status

Personal Information

First name	**DEBRA**
Last name	**PONTE**
Status	**ACTIVE**
Your preferred language to receive election material is	**ENGLISH**
Address where you are registered to vote	**3763 WHITTLE RD** **ANGELS CAMP 95222**
Mailing Address	**PO BOX 757** **ALTAVILLE, CA 95221**
Your political party preference is	**REPUBLICAN**
Vote-by-Mail in All Elections	All active registered voters will be mailed a vote-by-mail ballot for every election. If you want to vote in person, you must turn in your vote-by-mail ballot, or you may be required to vote a provisional ballot. You can track the status of your vote-by-mail ballot. **Sign up for ballot tracking**.
You are registered to vote in	**CALAVERAS COUNTY** County website: **http://www.elections.calaverasgov.us/Elections.aspx** County phone: **209-754-6376**

Voters have the option to receive important election information by email. To add or verify your email address please review the **Email Contact Information** section below.

BluePath Health
VSHWC Organization-Wide Communications Project
MTHCD Board Update

November 25, 2026
9:00 AM

BluePath Health Proprietary and Confidential

Agenda

- Project Objectives and Timeline
- 30-60-90 Day Plan Progress
- Leadership Meeting Action Items and Status
- Staff Pulse Check Survey Results
- 11/20 Leadership Meeting Recap
- Project Wrap-up and Final Report

BluePath Health Proprietary and Confidential

Organization-Wide Communications Project Objectives

BluePath is working with VSHWC to gather clinical and operational feedback from staff to form recommendations that will improve cross-organizational communications

Gather Stakeholder Feedback	Assess Organizational and Operational Effectiveness	Identify Opportunities to Improve Communications
Interview stakeholders to gather perspectives on organizational effectiveness, communication, decision-making, and alignment	Synthesize interview information to assess organizational and operational effectiveness, staff and provider satisfaction	Through facilitated communications sessions, identify recommendations and a plan to improve communications and operations moving forward

Progress on 30-60-90 Day Plan

30 days: Stabilize and Reassure (Complete)	60 days: Establish Shared Decision Making (In Progress)	90 days + Sustain (Started)
• **Communicate clearly and quickly:** Hold **all-staff meetings** addressing provider changes, replacement plans, what remains unchanged • **Protect patient continuity and ensure clear communications:** Patient notifications, panel reassignments, scheduling shifts, front-desk staff scripts and escalation process • **Stabilize staff morale and leadership:** Conduct regular leadership rounding, maintain team-building/in-office support, and visibly establish new leadership • **Continue leadership coaching sessions** with Hunter Gatewood	• **Strengthen cross-functional leadership:** Establish regular clinical–administrative forum re: communication, collaboration, and inter-departmental problem-solving • **Clarify decision-making and meeting rhythms:** Define clinical decision rights and establish consistent meetings cadence • **Strengthen organizational infrastructure:** Address HR protocols, safety/incident reporting, staff and patient survey feedback, and RHT workforce funding opportunities • **Build and reinforce the team:** Intentionally onboard new providers. At all-staff meetings, recognize staff who carried additional workload during the transition	• **Act on staff and patient metrics:** review past 60 days of staff and patient satisfaction survey feedback • **Fortify clinic goals:** Align and reinforce historical mission and vision of the organization • **Leadership reporting to Board** on clinic performance metrics

Priority Action Items for November and December

Activity	Status
Schedule consistent operations team meetings, every other week.	Planning
Create and execute a crisis de-escalation training plan for different groups of staff	Planning
Establish a regular provider lunch meeting, case conference-style peer learning.	Planning
Leverage outreach and community channels: Use PR resources and internal communications efforts to publicize opportunities for care, PH measures data on Facebook and the website.	Planning
Initiate employee satisfaction survey prior to November 20, 2026. Announce the process at the November 5 All Staff meeting. Compile results before Session 2 on November 20.	Complete
Provide clear dental services patient communication: Messaging and communications for use with patients in clinic, and in social media - how services and reimbursement connect.	Complete
Implement a revised Patient Survey tool (card). To be announced at the All Staff meeting and implemented ASAP to address community needs in the near term.	In Process

Staff Pulse Check:
Quarterly Survey of Provider and Staff Satisfaction

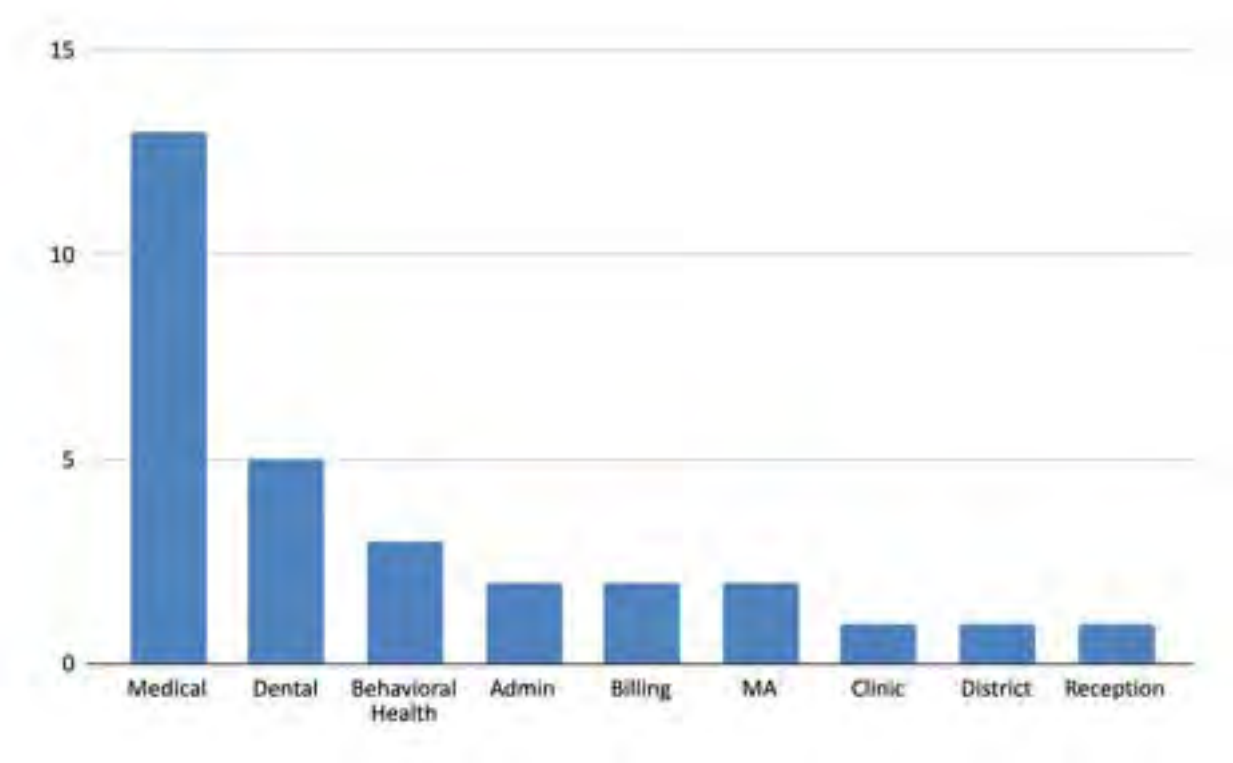
On November 9, all VSWHC providers and staff received a request to complete an optional, anonymous survey requesting their feedback on their work experience at the clinic. This pulse check survey is designed to be used bi-monthly to capture progress in supporting staff needs and morale. The 15 questions can be completed in less than 5 minutes, and staff are given a week to complete it. Responses are confidential and will be used by leadership to determine clinic needs and priorities. The first Pulse Check was completed on November 13.

BluePath Health developed the Pulse Check using the Survey Monkey web based tool to be administered through Bizhaven, the HR contractor supporting VSHWC.

[VSWHC Staff Pulse Check Survey]



Responses by Department



Names reported in 12 out of 30 responses.

Average Responses by Question (1 low, 5 high)

Question	Response Average
Overall, I am satisfied working here right now.	4.59 (minimum score of 3)
I have what I need to do my job well (staffing, safety measures, equipment, IT).	4.59 (min 3)
My workload over the past month has been manageable.	4.31 (min 2)
My supervisor supports me when I run into problems.	4.63 (min 2)
I have seen management act on concerns raised by staff.	4.29 (min 2)
I feel comfortable raising concerns or mistakes without fear of negative consequences.	4.32 (min 2)
Leadership communicates clearly about changes that affect my work.	4.19 (min 1)
People across roles (front office, clinical, billing) work well together.	4.16 (min 2)
I understand the reasons behind decisions that affect my team.	4.16 (min 1)

What is the one thing management could do to make a difference for you?
(open-ended responses)

This is truly the best place I have ever worked and I feel very lucky and happy to work with this team. We all get along so well and will support each other without us having to ask for help. The times we do ask for help, there is always someone there to help. You are never left alone to deal with anything by yourself. Thank you very much.

I am BEYOND HONORED to be apart of this AMAZING family and its new leadership. I couldn't be more proud to say that I work for VSHW.

The leadership from clinical operations, to medical director, to CEO has been superb. There is transparency and involvement with decisions that need to be made. There is a lot of respect and dignity for staff and patients. Everyone has been extremely professional in that our unifying goal is to take the best care we can of the community. Everyone all the way to MAs and cleaning staff come in with a positive, can-do attitude and very collaborative. I think that type of culture comes from top down. They set the example for everyone else as servant leaders who are open and very approachable. Great job!

Everything flows well.

I have all the support I need from management.

The leadership here is amazing. I am proud to be part of this team. I love my job and the people I work with. Thank you for all you do and for continuing to be positive through the difficult times.

Recommended Next Steps in Response to Feedback

Small, visible actions in preparation for January Pulse Check

Theme	Suggested Next Steps	Next Pulse Check: Watch
Communicate change and the "why"	Send a short regular update between all-staff meetings: what changed, why, and who it affects.	Leadership communicates clearly; I understand the reasons behind decisions
Retain and recognize long-tenured staff	Recognize staff who stayed through the transition; revisit mileage pay and implement 4×10 schedules. Hold small listening sessions; acknowledge what has been hard, not only what is going well.	Overall satisfaction; turnover Management acts on concerns; comfortable raising concerns
Collaborate and strengthen teamwork across departments	Clarify responsibilities across front office, clinical and billing; review how referrals are shared.	People across roles work well together
Remain responsive to concerns	Set office hours; address record and prior-auth site access; share a status reports of "you asked: we did."	Management acts on concerns

11/20 Leadership Meeting Recap

Timing	Topic
10AM, 10 min	**Introductions:** Review outcomes and agenda for the day
10:10AM, 20 min	**The Quadruple Aim:** a standard framework for health care management and improvement
10:30AM, 45 min	**Aim: Population health** ● Which health plan incentive programs are in place currently, and which metrics should be prioritized?
11:15, 45 min	**Aim: Patient experience** ● Patient survey data measures to select and improve upon
Lunch at Noon, 45 minutes	
12:45PM, 30 min	**Aim: Staff and provider experience** ● Staff survey themes, specific survey questions to track and improve
1:15PM, 30 min	**Aim: Financial management/sustainability** ● Preparing for HR 1 changes (eligibility and work requirements) - immediate next steps
1:45PM, 15 min	**Priority action items**, now through year-end (6 weeks)

Next Steps

- Compile action items 11/20 Leadership meeting action items into final VSHWC Organization Wide Communications project report
- Support VSHWC in ongoing coaching meetings with BluePath Health team
- VSHWC to distribute Patient Survey Cards, compile results for 2027 Board meeting
- VSWHC to conduct January Pulse Check survey and share response results

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BluePath HEALTH

Thank You

bluepathhealth.com

ECG Management Consultants

Valley Springs Health & Wellness Center

November 19, 2026

Who Are We

ECG provides a full range of healthcare consulting services designed to help transform the industry.

- Academic Healthcare
- Ambulatory Care Planning, MFP, and Access
- ASC Strategy and Operations
- Center for Advanced Oncology
- Health System Optimization
- Mergers, Acquisitions, and Transactions
- Payer Strategy and Contracting
- Physician Enterprise Services
- Strategy and Innovation

What We Plan to Do

ECG will evaluate whether payer remittances are completely and accurately posted, reconciled, and controlled.

EOB Intake, Posting, and Transaction Matching

Are payer payments received and posted correctly?

- Receipt, loading, and claim-level posting of EOBs and electronic remittances
- Posting of payments, adjustments, denials, and patient responsibility
- Automated and manual posting controls and interface exceptions
- Identification of duplicate or missing transactions and traceability in the billing system

Reconciliation and Exception Management

Do remittances tie to posting, deposits, and the books?

- Reconciliation of posting totals to bank and lockbox deposits, unapplied cash, and suspense
- Review frequency, ownership, evidence, and tolerance thresholds
- Aging of open items, write-offs, escalation, and closure
- Review of variances, manual processes, and reporting gaps

Sampling and Control Validation

Do the controls work in practice, and what is at risk?

- Trace a targeted sample from remittance through posting, deposit matching, and resolution
- Test whether key controls operate as intended
- Flag unmatched, partially posted, duplicate, delayed, or unresolved activity
- Summarize potential financial exposure supported by the sample

Outcome: Findings on posting accuracy, reconciliation gaps, control effectiveness, and potential financial exposure.

Project Timeline and Investment

ECG will complete a focused, three-phase review, performed primarily through remote data analysis and virtual stakeholder sessions.

PHASE ONE

Project Initiation and Targeted Data Collection

KEY ACTIVITIES

- Kickoff to confirm scope, payers, systems, and sampling approach
- Targeted data and document request
- Stakeholder interviews and workflow walk-throughs

DELIVERABLES

Current-State Assessment

PHASE TWO

Back-End EOB Reconciliation Review

KEY ACTIVITIES

- Review EOB intake, posting, and matching
- Assess reconciliation and exception management
- Trace a targeted sample of transactions

DELIVERABLES

Current-State and Control Assessments; Sampling Summary

PHASE THREE

Findings and Recommendations

KEY ACTIVITIES

- Validate findings with client leaders
- Identify root causes and control gaps
- Prioritize recommendations by impact and effort

DELIVERABLES

Prioritized Recommendations; Executive Presentation

INVESTMENT

$60,000

Fixed Professional Fee

- Covers all three phases
- Project-related expenses, if any, billed separately
- Performed primarily remotely
- Payment due within 15 business days of invoice
- Timeline finalized once data availability and sampling are confirmed



Questions & Discussion

Valley Springs Health & Wellness Center/ Mark Twain Health Care District

Back-End Explanation of Benefits Reconciliation Review

September 10, 2026

Henry Stokman
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ECG MANAGEMENT CONSULTANTS
A Siemens Healthineers Company

www.ecgmc.com

ECG MANAGEMENT CONSULTANTS

September 10, 2026

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

Dear Lori:

Thank you for the opportunity to provide this proposal for ECG's revenue cycle (RC) consulting services. We are pleased to support Valley Springs Health & Wellness Center/Mark Twain Health Care District with a focused back-end review of explanation of benefits (EOB) reconciliation. The engagement will evaluate whether payer remittance activity is completely and accurately reconciled to claims, contractual expectations, payment posting, bank deposits, and related financial reporting.

This proposed statement of work outlines ECG's approach to assessing the current EOB reconciliation process, validating selected transactions, identifying control or workflow gaps, and recommending practical improvements. ECG's work will be an operational and financial process assessment based on information provided by Valley Springs Health & Wellness Center/Mark Twain Health Care District and will not constitute an audit or accounting opinion.

Thanks,
ECG MANAGEMENT CONSULTANTS

Henry L. Stokman
Principal

Terri L. Welter
Partner

Contents

Proposed Approach 1

Project Governance and Roles 2

Project Sponsor 2

ECG Project Team 2

Project Components and Work Plan 3

Schedule and Budget 7

ECG's Relevant Experience 8

Appendix A Project Team

Appendix B About ECG

Appendix C Terms and Conditions

Proposed Approach

Engagement Objective

- Assess the current back-end EOB reconciliation workflow, governance, ownership, controls, technology use, and reporting.
- Validate whether selected EOB and remittance transactions reconcile completely and accurately from payer receipt through posting and deposit recognition.
- Evaluate exception identification, research, escalation, resolution, and documentation for unmatched, partially posted, or unreconciled remittances.
- Identify financial exposure and improvement opportunities where supported by available data and sampling results.
- Identify root causes, control gaps, risks, and operational dependencies affecting EOB reconciliation.
- Develop practical, prioritized recommendations for strengthening EOB reconciliation accuracy, timeliness, accountability, and reporting.

Project Governance and Roles

To complete the components of this engagement most effectively and efficiently, we have listed below the proposed the roles and responsibilities for project stakeholders.

Project Sponsor

We anticipate frequent informal communications with the project sponsor for Valley Springs Health & Wellness Center/Mark Twain Health Care District to provide status updates, validate findings, and determine appropriate communication and escalation paths. We also anticipate that the project sponsor will identify a project coordinator for day-to-day logistics, such as organizing data, scheduling interviews, and coordinating meetings.

ECG Project Team

Our team's project responsibilities will include:

- Structuring and facilitating the engagement to ensure focus and timely completion.
- Providing objective insights and identifying opportunities to improve back-end EOB reconciliation processes, controls, and reporting.

Project Components and Work Plan

Based on our understanding of your situation, we have defined a focused approach to review the back-end EOB reconciliation process, including transaction tracing, control evaluation, exception management, and reporting.



Component One: Project Initiation and Targeted Data Collection

ECG will conduct a kickoff meeting to confirm the entities, payers, systems, bank accounts, transaction populations, stakeholders, sampling parameters, reporting requirements, and success criteria. ECG will issue a targeted request for EOBs and electronic remittance advice files, payment posting details, claim-level transaction data, bank deposit records, reconciliation reports, exception logs, policies, procedures, system documentation, and relevant prior analyses.

The following information will be included:

- Current roles, responsibilities, staffing, and oversight for EOB receipt, payment posting, reconciliation, exception resolution, and financial reporting
- Existing EOB, remittance, payment posting, cash application, deposit reconciliation, adjustment, and exception management workflows
- Available reconciliation metrics, aging reports, unmatched cash reports, unapplied cash reports, and exception inventories
- A listing of billing, clearinghouse, bank, lockbox, interface, reporting, and reconciliation tools supporting the scoped process
- A listing of third-party vendors supporting remittance intake, payment posting, banking, or reconciliation, along with relevant responsibilities and performance reports

ECG will interview selected patient financial services, finance, treasury, technology, vendor, and leadership stakeholders involved in the scoped EOB reconciliation process. ECG will confirm data limitations, sampling assumptions, and known exceptions during this component.

Following the interviews, ECG will complete targeted workflow walk-throughs to trace EOB and remittance activity from receipt through posting, deposit matching, reconciliation, exception resolution, and reporting.

Throughout this task, we will consider:

- Handoffs and accountability among patient financial services, finance, treasury, technology, vendors, and operational stakeholders involved in EOB reconciliation
- Utilization of remittance, payment posting, banking, interface, and reconciliation technologies and reports
- EOB receipt, posting, deposit matching, reconciliation, exception, adjustment, and close control points and associated management tools
- Measures used to monitor reconciliation completeness, timeliness, accuracy, unresolved exceptions, unapplied cash, and financial impact
- Utilization and oversight of third-party vendors supporting remittance intake, payment posting, banking, interfaces, or reconciliation
- Manual steps, duplicate work, reconciliation breaks, and other inefficiencies within the scoped workflow
- Clarity of ownership, work queues, escalation paths, review controls, and performance management for reconciliation exceptions

ECG will summarize key findings from the EOB reconciliation review and validate them with designated client leaders before presenting final recommendations.

Deliverables

- Data and Document Request: Targeted request and review of EOBs, remittance files, posting detail, bank deposit records, reconciliation reports, exception inventories, policies, procedures, system documentation, and related materials
- Stakeholder Interviews and Workflow Walk-Throughs: Structured sessions with selected patient financial services, finance, treasury, technology, vendor, and leadership stakeholders involved in EOB reconciliation
- Current-State Assessment Inputs: Summary of confirmed data sources, workflow observations, controls, stakeholder input, data limitations, and sampling assumptions

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Component Two: Back-End EOB Reconciliation Review

ECG will conduct a focused back-end review of the EOB reconciliation process using targeted data analysis, transaction tracing, stakeholder interviews, workflow walk-throughs, and control assessments. The work will evaluate whether remittance activity is captured, posted, matched, reconciled, researched, resolved, and reported in a complete, accurate, and timely manner.

Review Area: EOB Intake, Posting, and Transaction Matching
ECG will review how EOBs and electronic remittance advice files are received, loaded, interpreted, and posted at the claim and service-line level. The review will assess payment, contractual adjustment, denial, patient responsibility, and other adjustment posting; payer and deposit identifiers; automated and manual posting controls; interface exceptions; duplicate or missing transactions; and the ability to trace remittance activity through the billing system.

Review Area: Reconciliation and Exception Management
ECG will review reconciliation of EOB and remittance activity to payment posting totals, bank and lockbox deposits, unapplied cash, suspense accounts, and supporting financial records, as applicable. We will assess reconciliation frequency, ownership, evidence of review, tolerance thresholds, aging of open items, write-off or adjustment practices, escalation protocols, and closure documentation. We will identify variances, manual processes, reporting gaps, and dependencies that may affect reconciliation completeness or visibility. ECG's work will not constitute an audit or accounting opinion.

Review Area: Targeted Transaction Sampling and Control Validation
Subject to data availability, ECG will select a targeted sample of EOB and remittance transactions and trace them from payer remittance through claim posting, deposit matching, reconciliation, and exception resolution. Sampling will test the operation of key controls and identify examples of unmatched, partially posted, duplicated, delayed, or otherwise unresolved activity. ECG will summarize the observations and potential financial exposure supported by the sample, but we will not extrapolate results beyond the reviewed population or guarantee recoveries, savings, or financial benefits.

Deliverables

- EOB Reconciliation Current-State Assessment: Findings related to governance, workflows, handoffs, systems, controls, reporting, exception management, and improvement opportunities
- Reconciliation Control Assessment: Findings related to transaction matching, deposit reconciliation, unapplied cash, exceptions, adjustments, evidence of review, reporting, and ownership
- Targeted EOB Transaction Sampling Summary: Sampling approach, transaction-tracing observations, identified exceptions, limitations, and potential financial exposure where supported by available data

---

Component Three: Findings and Recommendations
ECG will integrate findings from the EOB reconciliation review, validate preliminary observations with designated client leaders, and identify root causes, control gaps, risks, and enabling capabilities. ECG will prioritize recommendations based on financial and operational impact, urgency, level of effort, and implementation complexity and will present the findings and recommendations to client leadership.

Deliverables

- Prioritized Recommendation Framework: EOB reconciliation improvements organized by financial impact, operational impact, urgency, level of effort, and implementation complexity
- Executive Findings and Recommendations Presentation: Executive-level summary of EOB reconciliation findings, control gaps, transaction-sampling observations, financial exposure where supported, and prioritized recommendations

Schedule and Budget

ECG is enthusiastic about the opportunity to assist Valley Springs Health & Wellness Center/Mark Twain Health Care District with this important engagement. Figure 1 shows the proposed project timeline, which is based on our experience conducting similar projects at other organizations.

FIGURE 1: Estimated Project Timeline

Component	Phase One	Phase Two	Phase Three
Component One: Project Initiation and Targeted Data Collection			
Component Two: Back-End EOB Reconciliation Review			
Component Three: Findings and Recommendations			

The project timeline will be finalized based on the confirmed transaction population, sampling parameters, data availability, and availability of Valley Springs Health & Wellness Center/Mark Twain Health Care District team members and vendor representatives, as applicable.

The professional fees for this assessment will be a fixed fee of $60,000.

Project-related expenses, if any, will be billed in addition to professional fees consistent with the terms of this proposal. The focused review is expected to be performed primarily through remote data analysis and virtual stakeholder sessions unless otherwise agreed. Payment is expected within 15 business days of receipt of invoice.

ECG's Relevant Experience

Children's Hospital Los Angeles Medical Group (CHLAMG)

Los Angeles, CA

Revenue Cycle Optimization

BACKGROUND: CHLAMG comprises 564 physicians who provide specialized pediatric care to children from around the world. Despite its size and long-standing reputation for clinical excellence, CHLAMG struggled with consistently poor revenue cycle performance. As a result, physician compensation, staff satisfaction and retention, and other organizational factors were negatively affected.

PROCESS: CHLAMG asked ECG to conduct a rapid revenue cycle assessment to identify near- and longer-term opportunities. After delivering the assessment findings, ECG was asked to lead the effort to improve revenue cycle performance, in collaboration with the medical group, its management services company, and the hospital administrators responsible for clinical operations.

OUTCOMES: Throughout ECG's engagement, CHLAMG realized significant and sustainable financial benefits and increased operational efficiency, as evidenced by steady, incremental improvement across many key revenue cycle performance indicators.

Larry Harrison
CFO, CHLAMG

Memorial Health System (MHS)

Marietta, OH

Revenue Cycle Optimization

BACKGROUND: MHS is a growing regional health system operating two hospitals and multiple outpatient locations across southeast Ohio and West Virginia, supported by an employed physician group of nearly 300 providers. Rapid growth through acquisitions and partnerships outpaced the organization's ability to scale revenue cycle operations, leading to declining financial performance, including a 6% drop in operating margin and a 15% increase in AR.

PROCESS: ECG partnered with MHS to stabilize and optimize revenue cycle performance through a structured transformation approach:

- Conducted a comprehensive assessment across acute and ambulatory revenue cycle operations
- Developed and executed a prioritized implementation roadmap focused on high-impact financial improvements

- Established governance, reporting, and accountability structures to drive transparency and performance management
- Launched targeted initiatives across five key focus areas:
    - Management and oversight (reporting, quality, and productivity standards)
    - AR performance (cash acceleration, workflow standardization)
    - Uncompensated care (point-of-service collections, financial advocacy)
    - Denials management (root cause analysis, clean claim improvements)
    - Cost containment (staffing efficiencies, vendor optimization)

OUTCOMES: MHS achieved significant and sustainable financial and operational improvements, including:

- Net collections rate improvement from 84% to 95%
- Approximately $18 million annual increase in cash collections
- Over $4 million in identified cost savings
- Established production and quality performance standards
- Implemented time-of-service collections training across 300+ staff
- Strengthened operational discipline and long-term revenue cycle capabilities

J. Scott Cantley
CEO, MHS

Allied Anesthesia Medical Group

Santa Ana, CA

Revenue Cycle Assessment

Allied Anesthesia

BACKGROUND: Allied Anesthesia Medical Group needed to evaluate its revenue cycle (RC) managed services vendor and understand the underlying drivers of its billing performance to inform a long-term strategic decision. With significant financial and operational implications tied to vendor selection, the organization sought an independent, data-driven assessment of its current billing company's performance and a validation of realized reimbursement to ensure it wasn't leaving revenue on the table.

PROCESS: Allied Anesthesia engaged ECG to conduct a rapid, two-phased diagnostic. In Phase One, ECG performed a billing vendor operating evaluation, analyzing key performance indicators including A/R days, denial rate, cash collections, and net collection rate against vendor contract terms and benchmarks tailored to anesthesia practices (with a focus on the Southern California market), then quantified the performance gap and revenue recovery opportunity. In Phase Two, ECG conducted a reimbursement analysis and recovery audit of a 200-case sample to assess billing accuracy, evaluate

denial causes and follow-up activity, and compare the achieved net collection rate to expected benchmark levels culminating in an executive presentation to the Allied Anesthesia board and project sponsors.

OUTCOMES: The assessment found that despite a vendor-led performance improvement plan, AAMG's revenue cycle performance remains materially below both MGMA benchmarks and internal targets across nearly every measured, representing an estimated $15M in annualized revenue leakage. ECG's scorecard rated the vendor "Below Expectations" across all six evaluated dimensions (KPI performance, quality/accuracy, SLA compliance, technology/reporting, issue management, and strategic alignment), and independent KLAS research corroborated these findings, showing the vendor scoring below both the market average and top-tier competitors. Based on these findings, ECG delivered a phased roadmap spanning immediate SLA enforcement and denial task force formation, a mid-term competitive vendor RFP, and long-term contract risk-monitoring provisions positioning AAMG to make an informed, data-backed decision on its vendor relationship going forward.

Jason Cheung
CEO, Allied Anesthesia

Community Health Partners (CHP)

Fresno, CA

Developing a Community MSO to Support Independent Practices

BACKGROUND: CHP is the largest health system in Fresno, California. Facing current and new market competitors, CHP set out to develop and launch an MSO that would provide services to existing independent community practices with strategic alignment to CHP, either through Epic Connect or other relationships.

PROCESS: ECG was engaged to facilitate the rapid formulation of CHP's MSO through the design of services provided, staffing for those services, and a pricing model that CHP could deliver to prospective clients for information purposes. From there, ECG worked with CHP stakeholders to refine the initial MSO design through a centrally managed implementation process. CHP identified the resources that would be folded into the MSO, whether those were new or existing, while ECG identified the MSO development process while identifying potential risks and challenges seen in other MSO development projects.

OUTCOMES: The MSO development process has been considered highly successful based on the quick implementation, interest of community practices, and synergies gained by implementing this MSO while ECG and CHP also partnered to develop a CIN.

Stephanie Vicent
VP and COO, CHP

Proposal Acceptance

Please sign and return a copy indicating your acceptance of this proposal.

Acknowledged and Accepted By:
VALLEY SPRINGS HEALTH & WELLNESS CENTER/MARK TWAIN HEALTH CARE DISTRICT

Signature	Date
Name (print)	Title

Acknowledged and Accepted By:
ECG MANAGEMENT CONSULTANTS

Terri Welter Signature	September 10, 2026 Date
Terri L. Welter Name (print)	Partner Title

Appendix A
Project Team

APPENDIX A

Project Team

Henry Stokman

Principal

Project Lead and RC Subject Matter Expert



Henry has over 18 years of RC consulting and operations experience in the acute and ambulatory spaces. Over the course of his career, Henry has both served in an advisory capacity to hospitals and health systems looking to improve RC performance and directly led RC operations at several large health institutions, where he was responsible for managing over $1.5 billion in combined annual cash collections. Henry's strong analytics and process improvement background enables him to provide clients with experience-driven guidance and direction to help them navigate their most complex financial and operational challenges.

Before joining ECG, Henry worked for R1 RCM as a senior vice president of RC operations. In his role, he managed a diverse portfolio of healthcare clients looking to increase cash collections; reduce denials, DNFB, and AR; and improve overall operational processes. Prior to that, Henry was a principal at Impact Advisors, where he managed the RC advisory practice. During Henry's time at Impact, he drove significant margin improvement and helped generate recurring cash collections. In one notable example, Henry partnered with a $2 billion system to increase recurring cash by $25 million and reduce denials by $8.5 million over the course of a one-year engagement.

Lindsey Norman

Consultant

RC Staff Member



Lindsey is a healthcare consultant known for transforming operational challenges into strategic wins through data-driven storytelling. With a background spanning clinical operations, scheduling optimization, and change management, she brings a unique blend of analytical rigor and sector-specific insight to every engagement. Her work has supported a range of healthcare organizations—from dermatology practices to multispecialty hospital systems—where she builds strong relationships and fosters alignment among clinical and administrative teams. Colleagues describe Lindsey as someone who brings clarity to complexity and energy to execution, especially when examining data and turning it into a compelling narrative that inspires results.

Lindsey has led initiatives that improved patient access, streamlined provider scheduling, and enhanced workforce efficiency within organizations ranging from regional health systems to national consulting firms. At Huron Consulting Group, she directed a rapid-access improvement initiative that evaluated over 400 providers and implemented strategic levers that expanded patient access within just three months. Her work has optimized scheduling across specialties such as neurology, pulmonology, orthopedic surgery, and cardiology, resulting in increased appointment availability and reduced lead times. Lindsey developed training programs, led change management initiatives, and built executive dashboards to enable faster, data-driven decisions. Her collaborative approach and results-oriented mindset have contributed to over $5 million in annual ROI in the ambulatory setting, particularly within orthopedic and cardiovascular service lines, by aligning operational strategies with clinical workflows and executive priorities.

Nick Paola

Manager

RC Staff Member

Nick is a results-oriented healthcare revenue cycle consultant with a strong record of helping hospitals, health systems, and physician practices translate operational challenges into measurable financial and performance improvements. His experience leading professional billing and hospital billing initiatives gives him a practical understanding of the pressures facing revenue cycle leaders and frontline teams. Nick combines analytical rigor, clear communication, and a collaborative leadership style to help clients identify root causes, align on priorities, and implement sustainable solutions that support lasting improvement.

Before ECG, Nick was a healthcare consulting manager in Revenue Cycle at Huron, where he led professional billing and hospital billing back-end initiatives focused on accounts receivable management, denials prevention, cash posting improvement, KPI development, productivity tracking, and workflow redesign. His work has helped clients achieve material results, including a 50% reduction in aged hospital billing follow-up within four months and cash performance exceeding monthly goals by 6% and 8% in the first two months of a project. Nick also has experience developing integrated dashboards, client-owned tracking tools, and data-driven meeting structures that enable leaders and staff to monitor progress and sustain improvement on revenue cycle–related metrics and initiatives.

Gil Enos

Engagement Adviser



Gil's diverse background in managed care, managed care pharmacy, and healthcare technology has given him deep insight into stakeholders from across the healthcare continuum, enabling him to help his clients successfully navigate the dynamic, ever-changing healthcare landscape. For over 25 years, Gil has served payers, risk-bearing organizations, and state agencies by leading strategic growth, regulatory compliance, and digital transformation initiatives. Clients appreciate Gil's pragmatic approach to solving complex problems and his ability to drive collaboration throughout organizations to achieve favorable outcomes.

Prior to joining ECG, Gil was a principal at Forvis Mazars, where he led the Payer Services line of business in the Healthcare Consulting practice. In addition to directing a national team, Gil led client engagements with a variety of regional health plans and several California Health and Human Services Agency departments, including DHCS, DMHC, and HCAI. The state agency work entailed leading a dedicated team that conducted state-mandated health plan regulatory surveys, steering the development and modification of a provider portal for statewide data exchange, and overseeing a conflict avoidance plan for a state pharmacy vendor. Before that, Gil led the national Healthcare Consulting practice at Mazars USA, which was known for its expertise in regulatory compliance, clinical and quality outcomes, and performance improvement. Gil's engagements included leading the development and licensure of health plans, guiding organizations through the Knox-Keene licensure process, assisting health plans with corrective action plan remediation, and undertaking many other business-focused process improvement initiatives.

Louis Oster

Engagement Adviser

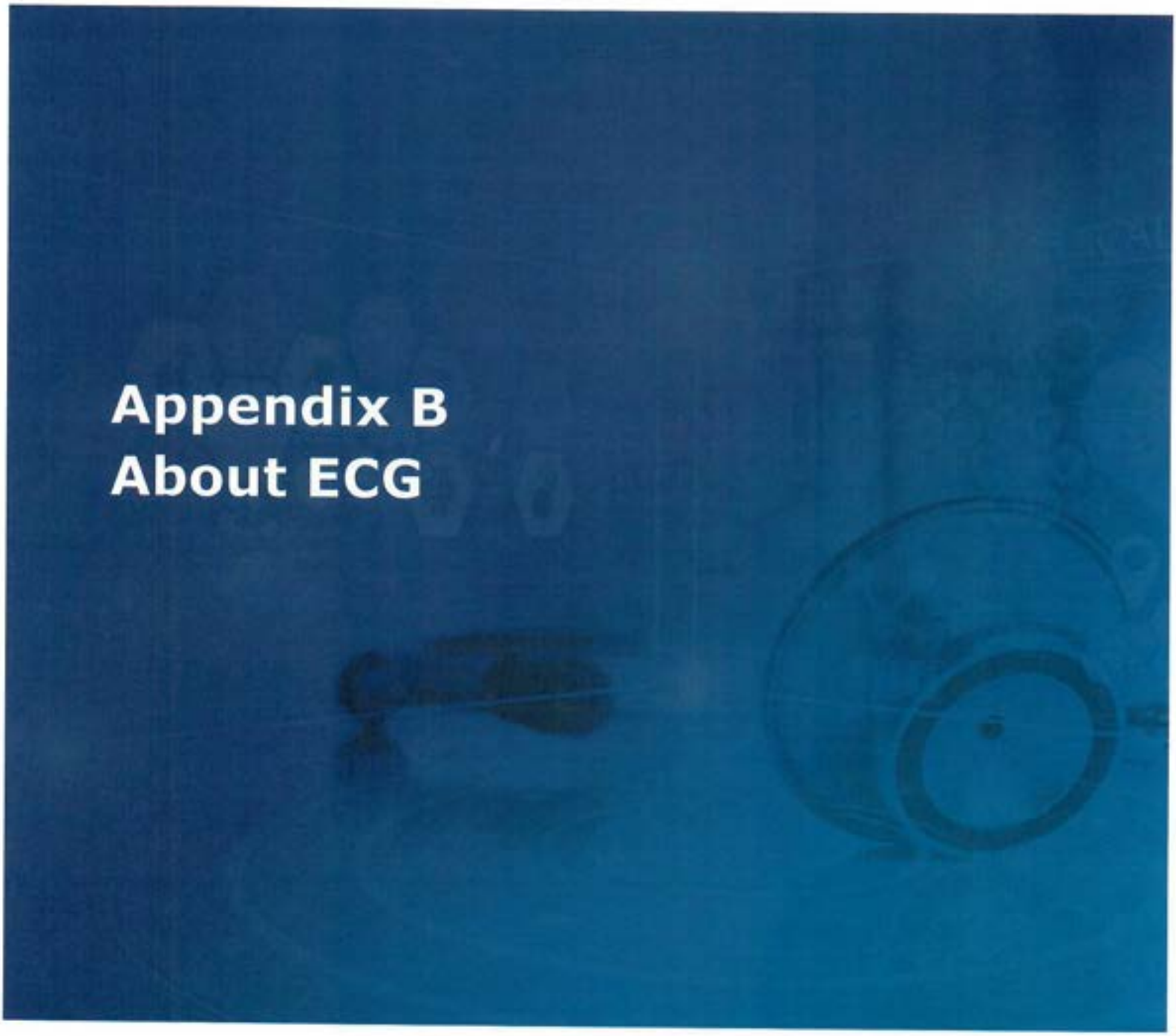


Louis is a seasoned medical group operations and strategy executive whose experience spans academic medical centers, integrated health systems, and private equity–backed medical groups. Clients appreciate his deep understanding of the healthcare ecosystem, which enables him to simplify complex problems and drive the execution of engagements with measured results. Louis has a passion for facilitating open dialogue and challenging the status quo to offer thoughtful, practical solutions to help organizations achieve their objectives.

Prior to joining ECG, Louis served in high-level operations and strategy roles at multiple provider organizations, earning a reputation as an outcomes-driven industry thought leader capable of planning, designing, and executing a wide-breadth of key initiatives related to compensation design and organizational alignment, access, service line development, and physician practice consolidation across various settings. Notable examples of Louis's work include redesigning physician compensation in alignment with organizational goals for a large integrated health system; developing a CV service line

with an affiliate hospital for a large health system in Wisconsin, which led to an increase in market share from 11% to 39% in a key growth market; and designing and implementing multiple patient access initiatives, most recently helping a health system in Chicagoland realize a 12% increase in new patients across the physician enterprise.

Appendix B
About ECG



APPENDIX B

About ECG

ECG is the most experienced and longest-standing healthcare consulting firm in the US. The firm's longevity and strong reputation stem from our specialized, exclusive focus on the healthcare services sector and the trust our teams earn from clients.

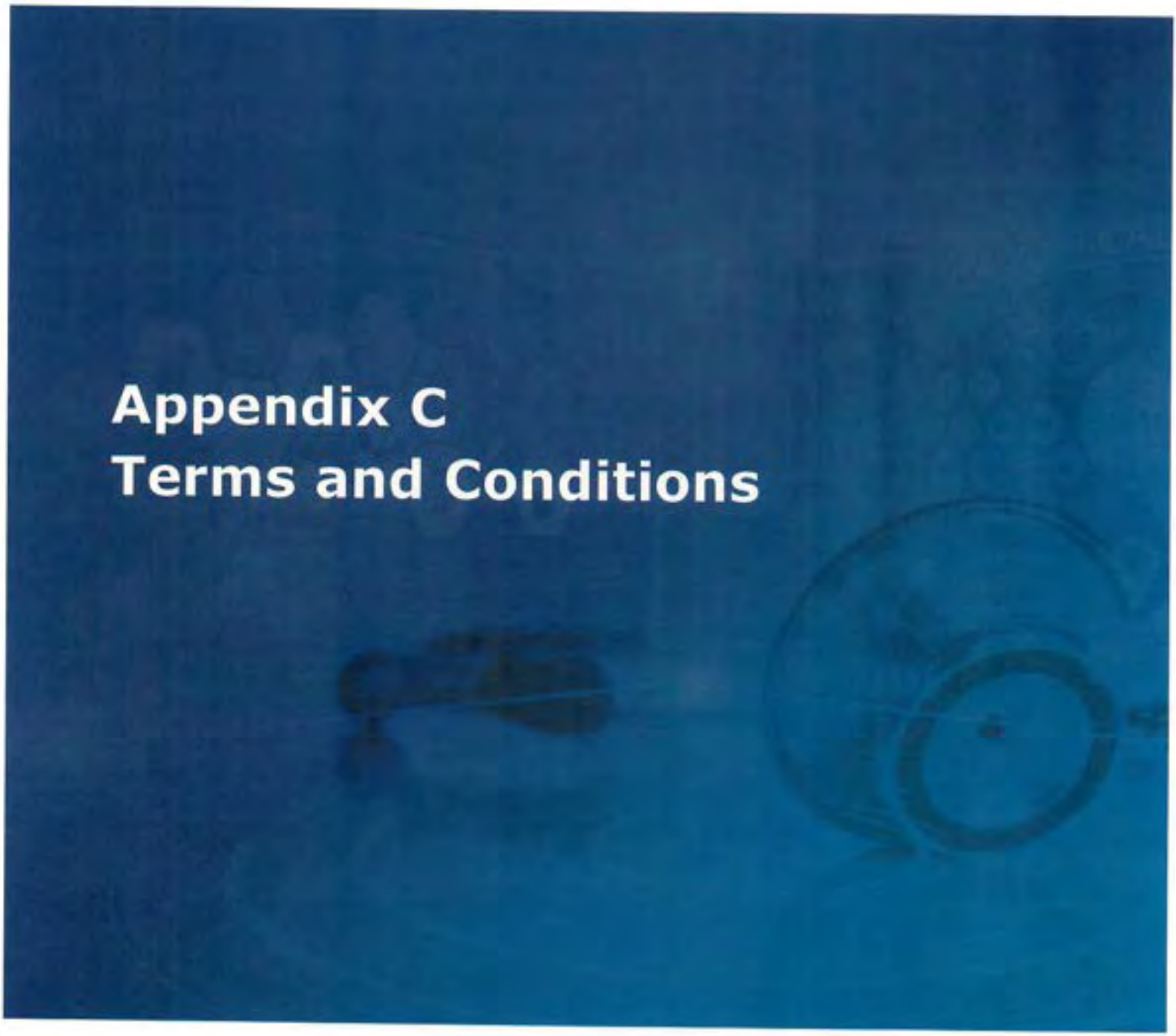
ECG's team works with nearly 500 healthcare organizations to complete more than 700 projects annually. This body of work spans the entire healthcare delivery system, from expanding undergraduate medical education programs to improving system-wide patient access and executing strategic priorities for a multistate healthcare system—and everything in between.

Healthcare isn't a practice at ECG—it's our singular focus, backed by more than 50 years of experience. Our firm attracts and retains top talent who devote their careers to building deep, specialized expertise in niche areas of healthcare rather than being part of a generalist model. Our people are passionate and highly collaborative, and they consult with purpose. Our industry-leading retention is reflected in an average ECG partner tenure of approximately 17 years. Third-party awards based on independent employee and client surveys consistently validate the strength of our people and our culture.



ECG was founded as an independent company in 1973. We remain an independent, freestanding company with a close partnership with Siemens Healthineers. This partnership allows us to blend leading tech-enabled solutions and medical technology with specialized advisory services to drive results for our clients.

Appendix C
Terms and Conditions



APPENDIX C

Terms and Conditions

This agreement ("Agreement") outlines the services to be provided by ECG ("Services") and shall be subject to ECG's standard terms and conditions, as set forth below.

- Any changes to the Agreement must be confirmed in writing by ECG and the client. Notwithstanding the foregoing, ECG's hourly rates are subject to adjustment annually on October 1 and upon a particular consultant's promotion in rank. Payment for professional fees and project-related expenses is due within 15 business days of receipt of invoice.
- The Services are not a work for hire. ECG retains full ownership of its data and information, including, without limitation, playbooks, pricing information and commercial strategies, technical know-how and trade secrets, supplier information, notes, analyses, compilations, forecasts, studies, work product, data, and other materials prepared by ECG ("ECG Data"). ECG grants the client a limited, revocable, nonexclusive, nontransferable, nonsublicensable license to use any of the ECG Data provided by ECG to the client as part of the Services.
- The Services are intended solely for the client's internal use and may not be used externally nor included in or referred to in any offering statement, purchase or financing agreement, or other document without ECG's written approval. Depending on the proposed use, such approval may require additional work and associated expenses.
- The client acknowledges that, in the course of this engagement, ECG may provide third-party data that is used under license by ECG. No sublicense is created by the inclusion of this data in ECG documents, and the client agrees that this data is for the client's internal use only, in connection with the Services, and may not be used for any other purposes or shared with third parties.
- ECG will maintain as confidential all data and other information, either written or verbal, the client provides to ECG in connection with the Services ("Client Data") and will not disclose it to any third party without the client's prior approval, except in response to a subpoena or court order.
- If ECG is required to respond to any subpoena, reply to any request for production of documents or interrogatories, or appear for deposition in any hearing or civil proceeding arising from matters pertaining to the Agreement, the client shall reimburse ECG for all expenses and professional time at ECG's standard rates.
- ECG may use Client Data for research and internal business purposes, including as a source for or contribution to benchmarking tools or reports developed by ECG. Certain benchmarking tools and reports developed by ECG may be shared with third parties, including other clients of ECG. If any Client Data is utilized in a benchmarking tool or report shared with third parties, it will be deidentified or aggregated with data from other sources (including, but not limited to, other ECG clients, surveys, and third-party products and tools purchased by ECG) such that the confidentiality of the Client Data will be maintained.

- To the extent the Services require the Disclosure of Protected Health Information (as those terms are defined in HIPAA) to ECG, the client shall limit such Disclosures to the minimum amount of Protected Health Information necessary for the Services. In addition, the client shall ensure any electronic Protected Health Information it discloses to ECG has been encrypted.
- For the term of the Agreement and one year after its expiration or termination, the client agrees that it will not hire any employee of ECG who worked on this engagement. In the event the client hires an ECG employee who participated in this engagement, the client agrees to pay ECG an amount equal to the employee's first-year base salary, provided that the client may generally advertise available positions and hire ECG employees who either respond to such advertisements or who come to the client on their own initiative without direct or indirect encouragement from the client.
- Any disputes that may arise in connection with the Agreement that cannot be mutually resolved shall be submitted to binding arbitration under the rules and procedures of the American Arbitration Association.
- ECG's liability for damages relating to or arising from the Services provided under this Agreement will be limited to gross negligence, fraud, or willful misconduct and shall not exceed the total amount paid for the Services described herein. Furthermore, the client agrees that ECG will not be liable for any lost revenue or for any claims or demands against the client by any other party. In no event will ECG be liable under any legal theory for any indirect, incidental, punitive, or consequential damages, even if ECG has been advised of the possibility of such damages. No action, regardless of form, arising out of the Services may be brought by either party more than three years after the date of the last Services provided under the Agreement.

MedCare MSO
your growth, our promise

INTRODUCTION

This proposal outlines the services that will be provided by Medcare MSO (MMSO) to **Mark Twain Health Care District**. The services include comprehensive Revenue Cycle Management (RCM) specifically to the needs of the to **Mark Twain Health Care District**.

SERVICES PROVIDED

Complete Revenue Cycle Management (RCM)

General RCM Services:

- Benefit Verification
- Medical Records Review and Submission
- Coding & Compliance Review
- Procedure Authorization
- Demographics Entry
- Insurance & Eligibility Verification
- Charge Entry
- Problem List & Missed Encounter Management
- Pre-Claim Submission Scrubbing (Real-Time)
- Payer Edits (Real-Time)
- Rejection Handling & Denial Management
- Payment Posting
- Appeal Filing and Payment Disputes
- Secondary Claims Billing
- No Response Claims Handling

- 30-Day Follow-Up on Each Account
- Complete Follow-Up of All Assigned Claims

ENROLLMENT SERVICES

- EDI Enrollments (Electronic Data Integration)
- ERA Enrollments (Electronic Remittance Advice)

REPORTING AND ANALYTICS

- Daily, Weekly, and Monthly Reports
- Weekly Business analysis meeting with Principals
- Lost Revenue Tracking & Strategies to Maximize Reimbursements
- Business Development Recommendations and Reports
- Denial Reports & Aging Analysis
- General Reporting & Sample Aging Reports with Charts
- Billing Summary & Charges Against Payment Detailed Response
- Detailed Denial Report & Escalation Report
- Revenue Projection Report & Payment Report (Facility Wise)
- Month end closing Report (Billing Reconciliation)
- Executive Reporting (CFO Reporting Package):
    - First Roll Forward & Subsequent Report
    - Revenue Forecast Report
- Operational Efficiency Improvements – Streamlining prior authorizations and denials management

ACCOUNTS RECEIVABLE RECOVERY

- Analysis of Outstanding Accounts Receivable
- Follow-Up on Aged Claims
- Denial Management and Appeals

- Rejection Handling
- Reporting and Analysis
- Monthly Updates on Recovery Progress

CREDENTIALING AND CONTRACTING

- US Dedicated Resource Leadership
- Contract Negotiation/Re-negotiation
- Comprehensive Contract Review – Analysis of agreements, terms, and reimbursement structures
- Rate Negotiation & Optimization – Securing comparative reimbursement rates based on demographics and specialties.
- Payer Contract Management – Review and revalidation of existing contracts.
- Revenue Cycle Impact Assessment – Evaluating financial implications
- Quality & Value-Based Contracting – Aligning agreements with performance metrics.

COST ANALYTIC SOLUTION

- Payer Reimbursement Analysis – Compare costs with insurance rates.
- Profitability per Procedure – Identify high-margin vs. low-margin procedures.
- Predictive Cost Modeling – Forecast financial impact of procedural changes.

ADDITIONAL SERVICES

- Provider Education, as needed
- Financial Projection and Reporting for Board Meetings

Fee Structure:

Medcare MSO charges a fee based on the client's monthly billing collections, as outlined below:

- **Complete RCM:**
  - 5.0% of monthly collections for revenue up to $100,000
  - 5.5% of monthly collections for revenue up to $100,001 to $300,000
  - 4.5% of monthly collections for revenue up to $300,001 to $500,000
  - 4.0% of monthly collections for revenue above $500,000
- **Accounts Receivable (AR) Only:** 15% of the amount successfully recovered from the Accounts Receivable.
- **Maximus Implementation and Integration Fee:**
  - A one-time fee of **$1,500** for the implementation of Maximus software.
  - An additional **$1,500** for interface integration with your existing systems.
- **Medcare MSO** shall charge a minimum monthly fee of $1,000 or the applicable percentage-based fee, whichever amount is greater.
- **Software Fee:** Medcare MSO charges **$350 per rendering provider** for access to our billing software.

Invoicing: MMSO will invoice client on the first of each month for verified collections.

- **Payment Terms**: Net 15 days from the date of invoice

BENEFITS OF PARTNERING WITH MEDCARE MSO

- **Increased Efficiency:** Streamlined billing processes
- **Enhanced Revenue:** Proactive AR recovery and denial management
- **Expert Support:** Dedicated billing manager and staff training
- **Detailed Reporting:** Regular performance reviews and report

MedcareMSO

AR Analysis & Denial Management Workflow

A structured, five-phase approach powered by our industry-leading AI ecosystem — identifying, resolving, and preventing revenue leakage across the AR lifecycle



This AI-powered workflow serves as a guiding framework and can be tailored to the specific needs and operational nuances of each client | **Medcare MSO** — Powered by an Industry-Leading AI Ecosystem

MedCareMSO

INNOVATIVE HEALTHCARE INDUSTRY SOLUTIONS

Secure, AI-Powered Platforms for Doctors, Patients, Billers & Staff to Connect



ABOUT US

Medcare MSO has been a trusted name in medical billing with over a decade of healthcare IT and billing experience. Our team of medical billing and revenue cycle management professionals know how to get things done quickly and efficiently — now amplified by our **industry-leading AI ecosystem**, which powers every stage of the billing lifecycle with intelligent automation and predictive insight.

We provide complete, AI-driven billing solutions to ensure that medical facilities of all sizes and specialties receive the services they need. This includes medical claims, billing services, AI-powered aging AR recovery, and practice management solutions. Our AI-enabled medical software — including the HealUs and MAXIMUS platforms — is currently being utilized by thousands of physicians, nurse practitioners, and healthcare professionals nationwide.

"Your Trusted AI-Powered Revenue Partner"

+1 800 640 6409
FL, CA, NM, TX, NY, MI, PA
medcaremso.com

WhatWeDo

AI-Powered, End-to-End Medical Billing Solutions For Over 10 Years

Serving Physicians, Hospitals, Practices, Labs & Clinics throughout the US

800+	98%+	48+	100,000+
Certified Billers, Coders & Staff	AI-Verified Collection Rates	Clinical Specialties	AI-Processed Claims / Day

- AI-Powered A/R Cleanup
  Free Billing Analysis
- Full RCM
  (AI-Driven, End to End)
- Physician Billing
- Expert Laboratory Billing
- AI-Assisted Coding
- Credentialing
- 24/7 AI-Backed Support & Service
- AI Reporting & Analysis
- Compliance & Consulting
- Local Representation
- Weekly & Monthly Check-in Meetings
- Dedicated Account Representative

Billing %'s as low as 3% of collections

90 day Peace of Mind Guarantee, powered by our industry-leading AI ecosystem!

$0 Upfront Cost

medcaremso.com

MedCareMSO

End to End Medical Billing (RCM) Powered by an Industry-Leading AI Ecosystem



Full AI-Driven Revenue Cycle Medical Billing Services

Medcare MSO has been providing innovative, AI-powered medical billing solutions for over 10 years to medical practices and facilities of all sizes. We consistently increase revenue for our clients while making the medical billing process efficient, compliant, and stress-free. Our **industry-leading AI ecosystem** keeps coding up to date in real time and continuously optimizes claims to ensure maximum reimbursements.

As a medical billing company, we take care of every aspect of the billing cycle to improve the bottom line — guided end-to-end by AI. Our expert billers, supported by AI-driven claim scrubbing and predictive analytics, follow a system optimized to quickly submit claims, reduce accounts receivable, and automatically track denials for efficient management. This AI-enhanced process ensures the maximum possible reimbursements for our clients.

Medcare MSO's AI-Powered Billing Solutions Provide Many Unique Benefits

Revenue Increase
Up to 20% increase in revenue, driven by our industry-leading AI ecosystem's predictive claim optimization.

High Volume
Our AI-powered system facilitates processing thousands of claims per day with speed and accuracy.

Customized
Choose only the AI-enabled services that benefit your business — scaled to your practice's needs.

Personalized Support
A dedicated manager assigned to each client, backed by AI-driven insights, plus live phone support.

Risk-Free Pricing
No hidden charges, setup, or implementation fees. Pay only for successful, AI-verified collections!

HIPAA / PHI Secure
Data transmission and encryption designed by top-level security specialists, safeguarded across our AI ecosystem.

How Medcare Increases Client Revenue with AI

- ✓ **AI-Accelerated Fast Filing**
- ✓ **AI-Verified Clean Claims**
- ✓ **AI-Powered Tracking System**
- ✓ **AI-Driven Rigorous Follow-Up**
- ✓ **AI-Enabled A/R Management**



MedCareMSO

November 19, 2026

Talibah Al-Rafiq
P.O. Box 1030
San Andreas, CA 95249
209-985-6307

Re: **MTHCD Finance Committee Community Member**

Dear Hiring Authority:

I am an experienced Finance Manager in Calaveras County. I am writing to express my interest in and enthusiasm for the Finance Committee Community Member. My background aligns well with the organization's needs.

As an accomplished leader, my career achievements encompass financial management, human resource management, medical insurance underwriting, medical claims settlement, mental health counseling, and customer service, with over 20 years of experience managing a full spectrum of programs, services, and functions. I also have over 4 years of experience in medical services, including claims processing, risk assessment, and behavioral counseling. My Human Resource skills include planning, directing, and coordinating human resource management activities to maximize the strategic use of human resources and maintaining functions such as employee compensation, recruitment, personnel policies, and regulatory compliance; personnel policies and regulatory compliance, including ADAA, CFRA, FMLA, ERISA, and Workers' Compensation. Additionally, I have achieved significant results in accounts payable & receivables, applying Generally Accepted Accounting Principles established by the FASB.

I also have experience with numerous community organizations, including serving as a Mark Twain Health Care District Board Member, past President of the Calaveras County Chamber of Commerce (serving two terms), and a member of the Calaveras County Fair Board since 2000, where I was president-elect in 2014. I am a member of the San Joaquin Farm Service Agency and a former member of Soroptimist International, a women's organization that helps women.

Attached is my resume, which furnish additional information regarding my skills and qualifications.

You can contact me at 209-985-6307 (cell) or email me at tar2cal@gmail.com.

I appreciate the opportunity. I look forward to meeting with you soon.

Sincerely,
Talibah Al-Rafiq

TALIBAH AL-RAFIQ
PO BOX 1030
San Andreas, CA 95249
(209) 985-6307
tar2cal@gmail.com

SUMMARY OF QUALIFICATIONS

Fiscal Management & Human Resources - With fourteen years of experience managing a full spectrum of services and functions. Significant accomplishments in strategic planning, financial analysis, contract negotiations, grant writing, project management, product development, quality assurance, marketing, business leadership, medical claim settlement, mental health counseling, and customer service. Budget Analyst experience includes managing administrative and financial activities, such as preparing budgets, accounts payable, and accounts receivable, in accordance with Generally Accepted Accounting Practices established by the FASB. This role requires a strong command of employment laws, compliance issues, and benefit plans.

Proven success in introducing process improvements, stock option plans, recruitment programs, and staff development initiatives, driving corporate goal attainment. Expert communicator, able to resolve conflicts and negotiate win-win outcomes.

KEY SKILLS

● Accounting & Financial Planning	● Contract Negotiations / Administration
● Federal & State Grant Writing ● Benefits / Payroll Administration	● Confidential Record Keeping
● Database Administration ● Program & Event Management ● Employee Relations & Counseling ● HR Policies & Procedures ● Team Building	● Dispute Resolution ● Staff Recruitment & Retention ● Disciplinary Procedures ● Employee Development & Training ● Legal Issues & Compliance (ADA, EEO, OSHA, FLSA

EXPERIENCE

CALAVERAS HEALTH & HUMAN SERVICES, San Andreas, CA 9/4/24 – PRESENT
Fiscal Manager
Responsibilities include managing program compliance, supervising staff, and procuring goods and services for multiple programs. Developing and maintaining systems and fiscal controls, ensuring the Department operates in a fiscally sound manner. Serves as an advisor to the department head/management team on a variety of complex fiscal services and related functions.

- Directs the fiscal personnel activities of the department.
- Ensures program compliance with all applicable regulations and guidelines.
- Analyzes regulation changes and proposed legislation to determine impact on the department.
- Coordinates and serves as primary contact during audits.
- Directs the preparation of the annual budget.

AMADOR-TUOLUMNE COMMUNITY ACTION AGENCY (ATCAA), Jackson, CA 5/20/24 – 9/4/2024
Fiscal Officer
Responsible for the daily management of administrative functions, including fiscal operations, cash management, and record maintenance. Implement and maintain records management process for all contracts and grants. Provide program managers with budget assistance and program closeout. Develop budget projections and report to the Executive Director, Program Directors, and the ATCAA and ATCR Boards.

- Developed and maintained clear and concise Agency operating and purchasing procedures.
- Ensure agency-wide audits are completed and submitted to the ATCAA and ATCR Boards, as well as funding sources, as required.

CITY OF JACKSON, Jackson, CA 1/16/24 – 5/8/2024
Accounting Manager
Management and reporting of financial data. Including financial statements, examining and analyzing customer accounts, and ensuring compliance with financial reporting and other standard accounting procedures.

- Accounts payable, issuing payments, and balancing accounts.

CALAVERAS UNIFIED SCHOOL DISTRICT, San Andreas, CA 5/2020-8/2023
Chief Business Officer
Responsible for all fiscal operations of the district; maintains proper budget expenditures and maintains all property. Plan, organized, and supervised accounting operations; established appropriate procedures and

controls for the efficient operation of fiduciary responsibility of the district; performed the more difficult professional accounting/financial work in the analysis, maintenance, and auditing of records and in financial and management reporting; to assign and supervise the work of technical and financial clerical staff; and to perform related work as required. Attend periodic evening meetings and/or travel within and out of county boundaries to attend meetings.

Outcomes:

- Provided leadership, direction, and a vision for all facets of the district's business operations.
- Supervises capital construction projects.
- Research and write proposals for grant opportunities from government and non-government agencies.
- Establishes a system of accounts to provide adequate controls for handling all funds within the district and account for and disburse all district funds.
- Prepares, protects, and cares for all business documents, financial and property accounts, and records.
- Compiles all necessary information for budget preparation, assists all concerned in preparing the annual budget, and monitors the same.
- Prepares monthly financial reports and other reports as directed and supervises the preparation of all reports concerned with expenditures and reimbursements.
- Provide fiscal assistance to site administrators and department heads.
- Supervises all purchasing for the district, including processing bids in accordance with board policies and state rules and regulations.
- Reviews and executes contracts, agreements, etc., following the District's General Counsel, and maintains files of such documents.
- Monitors the legislative process relative to the assigned area of responsibility and advises the Superintendent on appropriate action.
- Serves on special boards and committees as appropriate and as required.
- Supervise and evaluate the performance of assigned staff.

CALAVERAS FIRST INC, San Andreas, CA 2007-4/2020

Business Manager

Manage and coordinate daily business operations, supervising the advertising, circulation, promotion, production, and personnel departments.

Manage administrative and financial activities, including budgeting, payroll administration, benefits/401(k) stock option plan enrollment and administration, personnel file management, HR policy development, employee screening, hiring, orientation, and staff training/development programs.

Outcomes:

- Implemented a financial database to accelerate data retrieval and processing time and improve the organization of accounts receivables and payables.
- Prepare monthly operating statements.
- Manage projects and monitor policies, procedures, and workflow effectiveness and efficiency to ensure optimal performance.
- Rectified haphazard payroll processes by instituting a computer-based system that eradicated a prior history of errors and slow processing time. Subsequently, generated all payroll and payroll-related filings in-house.
- Process all new hire, benefits, leave, termination, and payroll paperwork, ensuring 100% compliance with various laws and regulatory mandates and serving as the primary contact person for management and staff questions.

COMMUNITY SERVICE, San Andreas, CA

Mark Twain Health Care District Oct 2017-2020

Board Member-through governance experience, I help ensure the continued presence and successful operation of a high-quality hospital serving all Calaveras County residents.

Mark Twain Medical Center Community Board Jun 2019-2020

Board Member-oversight of practitioner credentialing and hospital policies.

39th District Agriculture Association

Vice-President-governance, including budgeting of the longest-running fair in California. Jul 2001-2024

EDUCATION

MBA, Western Governors University, Salt Lake City, UT

Bachelor of Arts – Dillard University, New Orleans, LA

PROFESSIONAL DEVELOPMENT

• Society of Human Resource Management (SHRM) 2013 • INSURANCE LICENSE: Life, Health, Disability	• LUTC Life Underwriting Training • HIAA Training

COMPUTERS

• MOM, Municipalities Accounting System • ESCAPE, Frontline Accounting System • Microsoft Office (Word, Excel, Access, PowerPoint, Projects) • Paychex, CompuPay, Intuit & ADP Benefit Software References available upon request	• Macromedia (Web Design) • Adobe Suite & CorelDRAW (Graphics) • QuickBooks Pro Enterprise Solution • Windows 10

MARK TWAIN
HEALTH CARE DISTRICT

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

Agenda Item: **Financial Reports for October 2026**

Type: **Action**

Submitted By: **Rick Wood, Accountant & Kristine Slocum, Finance Manager**

Presented By: **Rick Wood, Accountant & Kristine Slocum, Finance Manager**

BACKGROUND:

Financial statements were presented to the Board for October 2026. The District's total revenues exceeded expenses by $55,262 for the month and $415,886 year-to-date (YTD). Clinic gross patient revenues for October declined by approximately $150K to $969,748 and can be attributed to a reduction in patient visits of approximately 10% compared to September. Year-to-date Total Other Revenues for the Clinic after contractual adjustments increased from $2,950,667 to $3,790,095, or a total of $839,459 for the month.

Net revenues over expenses for the clinic were ($300,061) in October, a decrease of approximately $297K from September. A third pay period in October accounts for approximately $180K in increased payroll and related expenses for the month and a significant portion of the net decline for the month. Other notable increases in expenditures in October include:

1. Final contract payout to exiting physicians of approximately $30K.
2. Additional Other Contracted Service expenses totaling $19K for annual preventative maintenance on medical equipment;
3. Increased recruiting costs of approximately $15K.

YTD net revenue for the clinic continues to exceed expectations. Through October, net revenue totaled $211,615 for the fiscal year compared to budgeted net revenue of $82,259. The District's overall financial position remains strong.

Mark Twain Health Care District
Direct Clinic Financial Projections

October 31, 2026

	Actual Month	Y-T-D Actual	2026/2027 Budget
Total Other Revenue	**839,459**	**3,790,095**	**12,553,038**
Labor related costs	**(609,373)**	**(1,771,937)**	(6,489,971)
Net Expenses over Revenues	**(300,061)**	**211,615**	**258,778**

Mark Twain Health Care District
Annual Budget Recap

	10/31/26 Actual Y-T-D	2026 - 2027 Annual Budget				
		Total District	Clinic	Rental	Projects	Admin
Revenues	5,490,638	15,559,690	12,553,038	1,171,652	0	1,835,000
Total Revenue	5,490,638	15,559,690	12,553,038	1,171,652	0	1,835,000
Expenses	(4,893,692)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Total Expenses	(4,893,692)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Surplus(Deficit)	596,946	393,653	258,778	236,985	(1,139,000)	1,036,890

Historical Totals

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

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

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

26-Jan	Feb-26	Mar-26	Apr-26	May-26	Jun-26
1,065,712	**1,349,874**	**1,645,195**	**1,227,255**	**710,022**	**702,680**
Jul-26	Aug-26	Sep-26	Oct-26		
531,091	**773,765**	**862,404**	**596,946**		

Mark Twain Health Care District
Direct Clinic Financial Projections

VSHWC
10/31/26

		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2026/2027 Budget
4083.49	Urgent care Gross Revenues	1,204,167	969,748	(234,419)	80.53%	4,816,669	4,365,540	(451,129)	90.63%	14,450,007
4083.60	Contractual Adjustments	(159,164)	(130,863)	28,301	82.22%	(636,656)	(576,860)	59,796	90.61%	(1,909,969)
	Net Patient revenue	1,045,003	838,885	(206,118)	80.28%	4,180,013	3,788,680	(391,333)	90.64%	12,540,038
4083.90	Uncovered Health Services Revenue		544				1416			
4083.91	Medical Records copy fees	83	30	(53)	36.00%	333				1,000
9108.00	Other - Plan Incentives	1,000	-	(1,000)	-	3,000	-			12,000
		1,083	574	(1,053)	52.98%	3,333	1,416			13,000
	Total Other Revenue	**1,046,087**	**839,459**	**(206,628)**	**80.25%**	**4,183,346**	**3,790,095**	**(393,251)**	**90.60%**	**12,553,038**
7083.09	Other salaries and wages	(421,562)	(527,762)	(106,201)	125.19%	(1,686,247)	(1,478,090)	208,157	87.66%	(5,058,740)
7083.10	Payroll taxes	(29,793)	(31,937)	(2,144)	107.20%	(119,171)	(98,214)	20,957	82.41%	(357,513)
7083.13	Group Health & Welfare Insurance	(46,372)	(46,211)	161	99.65%	(185,487)	(181,781)	3,706	98.00%	(556,462)
7083.16	Workers Compensation insurance	(4,216)	(3,463)	753	82.15%	(16,862)	(13,852)	3,010	82.15%	(50,588)
	Total taxes and benefits	(119,269)	(81,611)	37,658	68.43%	(477,077)	(293,847)	183,230	61.59%	(1,431,231)
	Labor related costs	(540,831)	**(609,373)**	(68,542)	112.67%	**(2,163,324)**	**(1,771,937)**	391,386	81.91%	(6,489,971)
7083.05	Marketing	(1,542)	0	1,542	0.00%	(6,167)	(419)	5,748	6.80%	(18,500)
7083.20.01	Medical - Physicians	(97,838)	(147,171)	(49,333)	150.42%	(391,353)	(444,171)	(52,818)	113.50%	(1,174,058)
7083.20.03	Behavioral Health - Providers	(41,531)	(21,326)	20,205	51.35%	(166,123)	(97,924)	68,199	58.95%	(498,368)
7083.22	Consulting and Management fees	(6,375)	(6,407)	(32)	100.50%	(25,500)	(24,389)	1,111	95.64%	(76,500)
7083.23	Legal - Clinic	(3,333)	(7,341)	(4,007)		(13,333)	(26,877)	(13,544)	201.58%	(40,000)
7083.26	Other contracted services	(87,500)	(123,521)	(36,021)	141.17%	(350,000)	(391,368)	(41,368)	111.82%	(1,050,000)
7083.27	Other- IT Services	(11,667)	(11,640)		99.77%	(46,667)	(52,197)			(140,000)
7083.29	Other Professional fees	(6,250)	(10,989)	(4,739)	175.82%	(25,000)	(21,650)	3,350	86.60%	(75,000)
7083.36	Oxygen and Other Medical Gases	(100)	(97)	3	97.08%	(400)	(291)	109	72.81%	(1,200)
7083.41.01	Other Medical Care Materials and Supplies	(31,667)	(16,388)	15,278	51.75%	(126,667)	(101,342)	25,325	80.01%	(380,000)
7083.41.02	Dental Care Materials and Supplies - Clinic	(37,500)	(11,786)	25,714	31.43%	(150,000)	(63,297)	86,703	42.20%	(450,000)
7083.41.03	Behavioral Health Materials	(483)	(354)	129	73.31%	(1,933)	(1,533)	400	79.30%	(5,800)
7083.41.04	O.U.R. Veterans Materials and Supplies		(1,451)				(15,706)			
7083.62	Repairs and Maintenance Grounds	(6,250)	(2,307)	3,943	36.91%	(25,000)	(13,813)	11,187	55.25%	(75,000)
7083.72	Depreciation - Bldgs & Improvements	(64,625)	(55,000)	9,625	85.11%	(258,500)	(220,000)	38,500	85.11%	(775,500)
7083.74	Depreciation - Equipment	(14,688)	(12,500)	2,188	85.11%	(58,750)	(50,000)	8,750	85.11%	(176,250)
7083.80	Utilities - Electrical, Gas, Water, other	(9,583)	(5,138)	4,445	53.62%	(38,333)	(29,088)	9,246	75.88%	(115,000)
7083.43	Food and Staff Appreciation	(2,250)	(9,962)	(7,712)	442.75%	(9,000)	(17,281)	(8,281)	192.01%	(27,000)
7083.46	Office and Administrative supplies	(4,167)	(4,185)	(18)	100.44%	(16,667)	(11,991)	4,676	71.94%	(50,000)
7083.69	Other purchased services	(4,125)	(7,383)	(3,258)	178.99%	(16,500)	(13,844)	2,656	83.90%	(49,500)
7083.81	Insurance - Malpractice	(4,694)	(4,694)	(0)		(18,775)	(18,775)	(0)		(56,326)
7083.82	Other Insurance - Clinic	(2,703)	(2,733)	(30)		(10,813)	(12,101)	(1,288)		(32,440)
7083.83	License renewals	(1,833)	(771)	1,063	42.03%	(7,333)	(6,219)	1,114	84.80%	(22,000)
7083.85	Telephone and Communications	(3,833)	(5,858)	(2,025)	152.82%	(15,333)	(15,204)	130	99.15%	(46,000)
7083.86	Dues, Subscriptions & Fees	(1,042)	(616)	426	59.13%	(4,167)	(2,117)	2,049	50.82%	(12,500)
7083.87	Outside Training	(5,583)	(14,528)	(8,945)	260.21%	(22,333)	(18,565)	3,769	83.13%	(67,000)
7083.88	Mileage - VSHWC	(4,583)	(863)	3,721	18.82%	(18,333)	(20,571)	(2,238)	112.21%	(55,000)
7083.89	Recruiting	(7,500)	(25,644)	(18,144)	341.92%	(30,000)	(37,844)	(7,844)	126.15%	(90,000)
8870.00	Interest on Debt Service	(20,446)	(19,492)	954	95.34%	(81,782)	(77,968)	3,814	95.34%	(245,346)
	Non labor expenses	(496,191)	(530,147)	(33,956)	106.84%	(1,934,763)	(1,806,544)	128,220	93.37%	(5,954,288)
	Total Expenses	(1,037,022)	(1,139,520)	(102,499)	109.88%	(4,098,087)	(3,578,481)	519,606	87.32%	(12,444,259)
	Net Expenses over Revenues	**9,065**	**(300,061)**	**(309,126)**	**-3310.1%**	**85,259**	**211,615**	**126,355**	**248.2%**	**258,778**

Mark Twain Health Care District
Rental Financial Projections

Rental
10/31/26

		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2026/2027 Budget
9260.01	Rent Hospital Asset amortized	72,000	72,000	0	100.00%	288,000	288,000	0	100.00%	864,000
	Rent Revenues	72,000	**72,000**	**0**	**100.00%**	**288,000**	**288,000**	**0**	**100.00%**	**864,000**
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(53,234)	(25,234)	190.12%	(112,000)	(231,947)	(73,801)	48.29%	(336,000)
9521.80	Utility Reimbursements- MTMC	0	6,908				46,146			
9520.72	Depreciation	(25,093)	(18,907)	6,186	75.35%	(100,372)	(75,628)	24,744	75.35%	(301,116)
	Total Costs	**(53,093)**	**(65,232)**	**(12,139)**	**122.86%**	**(212,372)**	**(261,429)**	**(49,057)**	**123.10%**	(637,116)
	Net	18,907	6,768	(12,139)	35.79%	75,628	26,571	(49,057)	284.62%	**226,884**
9260.02	MOB Rents Revenue	24,785	24,887	102	100.41%	99,140	99,860	719	100.73%	297,421
9521.75	MOB rent expenses	(24,596)	(25,108)	(512)	102.08%	(98,384)	(96,831)	1,552	98.42%	(295,151)
	Net	189	(221)	(410)	-116.89%	757	3,028	2,272	400.22%	**2,270**
9260.03	Child Advocacy Rent revenue	853	844	(8)	99.01%	3,410	3,377	(34)	99.01%	10,231
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(800)	(179)	621	0.00%	(2,400)
	Net	653	844	192	129.35%	2,610	3,198	588	122.51%	**7,831**
	Total Revenues	97,638	104,639	7,002	107.17%	390,551	437,382	46,831	111.99%	1,171,652
	Total Expenses	(77,889)	(90,340)	(12,451)	115.99%	(311,556)	(358,438)	(46,883)	115.05%	(934,667)
	Summary Net	**19,749**	**14,299**	(5,450)	72.40%	78,995	78,944	(51)	99.94%	**236,985**

Mark Twain Health Care District
Projects, Grants and Support
10/31/2026

		2023/2024 Budget	2024/2025 Budget	2025/2026 Budget	2026/2027 Budget	Year to-Date Budget	Actual Month	Actual Y-T-D	Actual vs Budget
	Project grants and support	(177,900)	(634,500)	(661,000)	(1,139,000)	(379,667)	(10,010)	(28,886)	2.54%
8890.00	Miscellaneous (TBD)	(100,000)	(500,000)	(500,000)	(950,000)	(316,667)	(5,000)	(5,000)	0.53%
8890.01	AED for Life	(40,000)	(40,000)	(40,000)	(45,000)	(15,000)	0	(7,286)	16.19%
8890.02	Stay Vertical Calaveras	(37,900)	(64,500)	(64,500)	(48,000)	(16,000)	(5,010)	(16,600)	34.58%
8890.03	Doris Barger Golf		(2,500)	(4,000)	(7,500)	(2,500)			0.00%
8890.04	San Andreas Rotary Club-Hospice				(3,500)	(1,167)			0.00%
8890.06	Office of Education (Med. Science)		(25,000)		(2,500)	(833)			0.00%
8890.07	Veterans Support				(5,000)	(1,667)			0.00%
8890.09	Friends of the Calaveras County Fair		(2,500)	(2,500)	(2,500)	(833)			0.00%
8890.10	Community Grants			(50,000)	(65,000)	(21,667)			0.00%
8890.11	Calaveras Senior Center Meals				(10,000)	(3,333)			0.00%
	Project grants and support	**(177,900)**	**(634,500)**	**(661,000)**	**(1,139,000)**	**(379,667)**	**(10,010)**	**(28,886)**	**2.54%**

Mark Twain Health Care District
General Administration Financial Projections

ADMIN
10/31/26

		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2026/2027 Budget
9060.00	Income, Gains and losses from investments	24,167	36,786	12,619	152.22%	96,667	144,241	47,575	149.22%	290,000
9160.00	Property Tax Revenues	138,750	138,750	0	100.00%	555,000	555,008	8	100.00%	1,665,000
9400.00	Miscellaneous Income						7,865			
5801.00	Rebates, Sponsorships, Refunds on Expenses						0			
5990.00	Other Miscellaneous Income						0			
9108.00	Other Non-Operating Revenue-GRANTS						0			
9205.03	Miscellaneous Income (1% Minority Interest)	(10,000)	(15,637)	(5,637)		(40,000)	(20,934)			(120,000)
	Summary Revenues	152,917	159,899	6,982	104.57%	611,667	686,180	74,514	112.18%	**1,835,000**
8610.09	Other salaries and wages	(23,184)	(30,832)	(7,649)	132.99%	(92,735)	(85,068)	7,667	91.73%	(278,204)
8610.10	Payroll taxes	(1,613)	(3,250)	(1,637)	201.48%	(6,453)	(9,523)	(3,071)	147.59%	(19,358)
8610.13	Group Health & Welfare Insurance	(2,550)	(3,747)	(1,197)	146.93%	(10,201)	(14,724)	(4,523)	144.34%	(30,602)
8610.16	Workers Compensation insurance	(232)	0	232	0.00%	(232)	0	232	0.00%	(2,782)
	Benefits and taxes	(6,534)	(7,053)	(519)	107.94%	(22,525)	(24,302)	(1,778)	107.89%	**(78,406)**
	Labor Costs	(29,718)	(37,885)	(8,167)	127.48%	(115,259)	(109,370)	5,889	94.89%	**(356,610)**
8610.22	Consulting and Management Fees	(4,167)	(11,605)	(7,439)	278.53%	(16,667)	(21,314)	(4,647)	127.88%	(50,000)
8610.23	Legal	(4,167)	(21,591)	(17,425)	518.19%	(16,667)	(49,521)	(32,854)	297.13%	(50,000)
8610.24	Accounting /Audit Fees	(4,167)	(2,058)	2,109	49.39%	(16,667)	(9,801)	6,866	58.81%	(50,000)
8610.05	Marketing	(2,083)	(304)	1,780	14.58%	(8,333)	(304)	8,030	3.65%	(25,000)
8610.43	Food and Staff Appreciation	(417)	(4,492)	(4,075)		(1,667)	(7,903)	(6,236)		(5,000)
8610.46	Office and Administrative Supplies	(2,000)	(938)	1,062	46.91%	(8,000)	(4,331)	3,669	54.14%	(24,000)
8610.62	Repairs and Maintenance Grounds	(1,500)	0	1,500	0.00%	(6,000)	(4,128)	1,872		(18,000)
8610.69	Other- IT Services	(2,917)	(898)	2,019	30.79%	(11,667)	(11,519)	148	98.73%	(35,000)
8610.82	Insurance	(6,667)	(4,899)	1,768	73.49%	(26,667)	(21,146)	5,521	79.30%	(80,000)
8610.86	Dues, Subscriptions & Fees	(3,333)	(10,109)	(6,775)	303.26%	(13,333)	(18,957)	(5,623)	142.17%	(40,000)
8610.87	Outside Trainings	(2,083)	(8,119)	(6,035)	389.70%	(8,333)	(8,301)	32	99.61%	(25,000)
8610.88	Travel	(2,083)	(514)	1,570	24.66%	(8,333)	(1,551)			(25,000)
8610.89	Recruiting	(708)	(325)	383	45.95%	(2,833)	(325)	2,508		(8,500)
8610.90	Other Direct Expenses	(500)	(900)	(400)	180.00%	(2,000)	(1,800)	200	90.00%	(6,000)
8610.95	Other Misc. Expenses		0	0		0	0	0		
	Non-Labor costs	(36,792)	(66,752)	(29,960)	181.43%	(147,167)	(160,924)	(20,516)	109.35%	(441,500)
	Total Costs	(66,509)	(104,637)	(38,128)	157.33%	(262,426)	(270,294)	(14,627)	103.00%	(798,110)
	Net	86,408	**55,262**	(31,145)	63.96%	349,241	**415,886**	59,887	119.08%	**1,036,890**

Mark Twain Health Care District
Balance Sheet
October 31, 2026

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	315,022.62
1001.20 Umpqua Bank - Money Market	6,447.51
1001.30 Bank of Stockton	39,423.54
1001.45 Five Star Bank - MTHCD Checking NEW	193,111.75
1001.50 Five Star Bank - Money Market	866,299.33
1001.60 Five Star Bank - VSHWC Checking	27,346.63
1001.65 Five Star Bank - VSHWC Payroll	78,925.14
1001.90 US Bank - VSHWC	196,915.05
1820 VSHWC - Petty Cash	400.00
Total Bank Accounts	**1,801,116.35**
Accounts Receivable	
1201.00 Accounts Receivable	-16,331.61
1210.00 Grants Receivable	443,863.51
Total Accounts Receivable	**427,531.90**
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	35,575.07
1003.20 CLASS Operational Reserve Fund	2,042,388.62
1004.10 CLASS Lease & Contract Reserve Fund	1,989,914.01
1004.20 CLASS Loan Reserve Fund	2,435,538.53
1004.30 CLASS Capital Improvement Reserve Fund	2,937,888.83
1004.40 CLASS Technology Reserve Fund	299,762.02
1004.50 Community Programs Reserve Fund	115,494.30
1004.60 Lease Termination Reserve Fund	567,055.82
1150.05 Due from Calaveras County	1,777,516.95
1160.00 Lease Receivable	162,790.00
1205.50 Allowance for Uncollectable Clinic Receivables	-345,467.55
1205.51 Cash To Be Reconciled	556,972.15
1300.10 General Prepaid	89,137.42
Total Other Current Assets	**12,664,566.17**
Total Current Assets	**14,893,214.42**
Fixed Assets	
1200.00 District Owned Land	286,144.45
1200.10 District Land Improvements	150,307.79
1200.20 District - Building	2,223,529.28
1200.30 District - Building Improvements	2,276,955.79
1200.40 District - Equipment	718,484.98
1200.50 District - Building Service Equipment	168,095.20
1220.00 VSHWC - Land	903,112.05
1220.05 VSHWC - Land Improvements	1,691,261.79

1220.10 VSHWC - Buildings	6,893,228.11
1220.20 VSHWC - Equipment	1,257,085.13
1250.14 CIP - West Wing Expansion	2,043,048.36
1521.20 CIP - Buildings - BHCiP	4,351,851.70
1600.00 Accumulated Depreciation	-10,675,922.18
Total Fixed Assets	**12,287,182.45**
Other Assets	
1710.10 Minority Interest in MTMC - NEW	374,296.86
1810.60 Capitalized Lease Negotiations	269,169.13
1810.65 Capitalized Costs Amortization	15,891.84
Total Intangible Assets	**285,060.97**
2219.00 Capital Lease	5,123,905.08
2260.00 Lease Receivable - Long Term	841,774.36
Total Other Assets	**6,625,037.27**
TOTAL ASSETS	**33,805,434.14**

LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	466,985.81
Total 200.00 Accts Payable & Accrued Expenes	**466,985.81**
2001.00 Other Accounts Payable (Credit Card)	38,068.75
Total 200.00 Accts Payable & Accrued Expenes	**38,068.75**
2010.00 USDA Loan Accrued Interest Payable	45,499.69
2021.00 Accrued Payroll - Clinic	99,584.97
2022.00 Accrued Leave Liability	106,499.57
2110.00 Payroll Liabilities - New Account for 2019	57,859.73
2140.00 Lease Payable - Current	168,699.00
2200.00 Due to Calaveras Wellness Foundation	77,224.78
2260.00 Deferred Rental Revenue	518,643.36
2265.00 Deferred Settlement Revenue	543,357.67
Total Other Current Liabilities	**1,617,368.77**
Total Current Liabilities	**2,122,423.33**
Long-Term Liabilities	
2129.00 Other Third Party Reimbursement - Calaveras County	1,109,992.00
2130.00 Deferred Inflows of Resources	203,473.00
2210.00 USDA Loan - VS Clinic	6,159,383.94
2240.00 Lease Payable - Long Term	117,960.00
Total Long-Term Liabilities	**7,590,808.94**
Total Liabilities	**9,713,232.27**
Equity	
2900.00 Fund Balance	648,149.41
2910.00 PY - Historical Minority Interest MTMC	19,720,638.00
3900.00 Retained Earnings	3,126,467.99
Net Income	596,946.47
Total Equity	**24,092,201.87**
TOTAL LIABILITIES AND EQUITY	**33,805,434.14**

Investment & Reserves Report
31-Oct-26

Reserve Funds	Minimum Target	6/30/2026 Balance	2026/2027 Allocated	2026/2027 Interest	10/31/2026 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve	2,200,000	2,051,525	-500,000	26,035	1,577,560	
Lease, Contract, & Utilities Reserve	1,700,000	1,963,598		26,316	1,989,914	
Loan Reserve	1,300,000	2,403,329		32,210	2,435,539	
Capital Improvement	3,000,000	2,900,644		37,245	2,937,889	
Technology Reserve	250,000	295,798		3,964	299,762	
Community Programs Reserve	250,000	113,967		1,527	115,494	
Lease Termination Reserve	3,250,000	559,557		7,499	567,056	
Reserves & Contingencies	11,950,000	10,288,416	-500,000	134,797	9,923,213	0

Reserves	10/31/2026	2026-2027 Interest Earned
Valley Springs HWC - Operational Reserve	35,575	404
Total Cal-Trust Reserve Funds	**35,575**	**404**
Valley Springs HWC - Operational Reserve	1,577,560	26,035
Lease & Contract Reserve	1,989,914	26,316
Loan Reserve	2,435,539	32,210
Capital Improvement	2,937,889	37,245
Technology Reserve Fund	299,762	3,964
Community Programs Reserve	115,494	1,527
Lease Termination reserve	567,056	7,499
General Operating Fund	454,880	0
Total CA-CLASS Reserve Funds	**10,378,093**	**134,797**

CA CLASS		Interest Rate
Prime	2,165,731	**3.93%**
Enhanced	4,908,872	**3.95%**
Term Series II	3,303,490	**3.95%**
Total	**10,378,093**	

Five Star			
General Operating - NEW	283,408	145	
Money Market Account	597,488	8,811	**3.91%**
Valley Springs - Checking	162,423	28	
Valley Springs - Payroll	123,822	33	
Total Five Star	**1,167,141**	**9,018**	

Columbia/Umpqua Bank		
Checking	205,694	0
Money Market Account	6,447	0.21
Investments	0	0
Total Savings & CD's	**212,141**	**0.21**
Bank of Stockton	**212,971**	**22**
Total in interest earning accounts	**12,005,922**	**144,241**
Beta Dividends 2		
Umpqua Rebate		
Total Without Unrealized Loss		**144,241**

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.

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

MARK TWAIN HEALTH CARE DISTRICT

CEO Report to the Board of Directors for date: November 25, 2026

Community Health and Outreach to enhance Community Engagement and build public trust:
HHSA: Coordinating through County for a BH de-escalation presentation **Board of Supervisors**: BOS Autumn Andahl meeting 2nd week of December 2026 **MTMC:** Meet bi-weekly with Doug: discussions currently on the covered walkway project and Seismic retro-fit. Both projects will be overseen with Tribal community and team. An update is planned for the November 25 Board meeting. Doug to attend December Board meeting for FY Q2 MYMC update. **ACHD:**I participate in scheduled zoom calls with legislative team, education team, and RHC Healthcare partners. 2 calls per month **CSDA Calaveras Chapter:** Continued participation and planning for upcoming meetings and countywide program opportunities. I serve as VP on this Board and work with this group for areas of interest county wide to strengthen communication within special districts. **CCOE:** Nothing to report at this time **Chamber of Commerce:** The Chamber will present our first payout of the ETP (Employee Training Program) grant at our 12/2 ribbon cutting event. **Community Relations: MACT** Executive Director Mariela Contreras, and I plan to meet in person. I will update the Board when collaboration begins. **Angels-Murphys Rotary** has reached out asking for my attendance and membership for 2027.
Finance: Working with Rick W., Rick J. and Kelly H on Audit process. ECG Management Consultants (Revenue Cycle Billing) will present to Board 11/25/26
Grants: We are partnering with VMG to identify grant opportunities over the next 12 months, including the anticipated CalRHT release in the first quarter of 2027.
Construction/Facilities: The West Wing is fully furnished and occupied, and patients are being seen in the new space. Parking lot landscaping is complete. We have final permits from the County on both projects. This will be the last construction update
Quality of Care – Enhance patient experience through surveys: Clinect patient survey service was somewhat "paused" this month since we launched an additional patient evaluation. We received 40 evaluations through this new process (instant responses from patients in clinic) results reported at 11/25 Board meeting

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

District Office:

1. **BluePath Health:** Libby, John, Hunter and myself will conduct final Leadership meeting with the Team on 11/20/26. Final report and end of project "wrap-up" will be presented to Board at 11/25 meeting
2. **Bizhaven:** Haley is coordinating the employee survey and working on the travel and expense policy, VSHWC job descriptions, salary bands, and market compensation comparisons. 1st employee survey completed, 30+ evaluations were received and will be reported at Nov Board meeting.
3. **Staffing:** Kristin Coons started as Accounting Specialist on November 16.
4. **Labor Law:** I attended BBK's 2027 labor law webinar and shared the materials with VSHWC for the January all-staff meeting.
5. **HR1:** Attended webinar (2,300 virtual attendees on zoom) State representatives presented Jan-June 2027 roll out, expectations, eligibility criteria etc. Clinic Management is aware of all materials and protocol to move forward
6. **NAGPRA:** Research continues on artifacts held at Sacramento State. Additional research needs to be coordinated.
7. **Community Engagement:** Beginning to prioritize engagement as we move into 2027 and activities, collaboration and elements from our Strategic Planning session of FY 2026-2027

VSHWC:

1. I continue to work with Dr. Salom on clinic operations and clinical needs. We are working with the Clinic Director to fill a behavioral health LCSW position and an RN position. A nurse practitioner accepted an offer on November 13. 2 external LCSW candidates will visit from Nevada & Ohio and two candidates from Indeed were identified for interviews.
2. Three locum providers cover staffing needs through the end of January 2027. (Dr. Trinh-IMP, Dr. Cooper-FMP, Dr. Hillman-IMP) We continue to meet biweekly with recruiter David Robles and are interviewing three candidates for a second permanent provider, with a goal of filling the position before March. An internal medicine locum assignment is planned for March 2027, and the provider is considering a permanent position.
3. Dr. Bacas, the clinic's new telehealth psychiatrist through Orbit, is expected to start in mid-December.
4. Phase 1 of the reception and scheduling workflow improvements is complete. Phase 2 has been approved and is expected to begin in December after new hires settle in.
5. The Good Vibes Spirit Committee hosted the annual VSHWC staff picnic on October 23, great success! They are now planning the community event on 12/12/26 Hot Rods-n-Santa, and the employee Christmas event.

VALLEY SPRINGS
HEALTH & WELLNESS CENTER

MARK TWAIN
HEALTH CARE DISTRICT

RIBBON CUTTING

Please join us to celebrate the completion of the new west wing at Valley Springs Health and Wellness Center. The expansion includes six new exam rooms, a provider office, consult room, conference room, and parking lot.

Wednesday, December 2, 2026

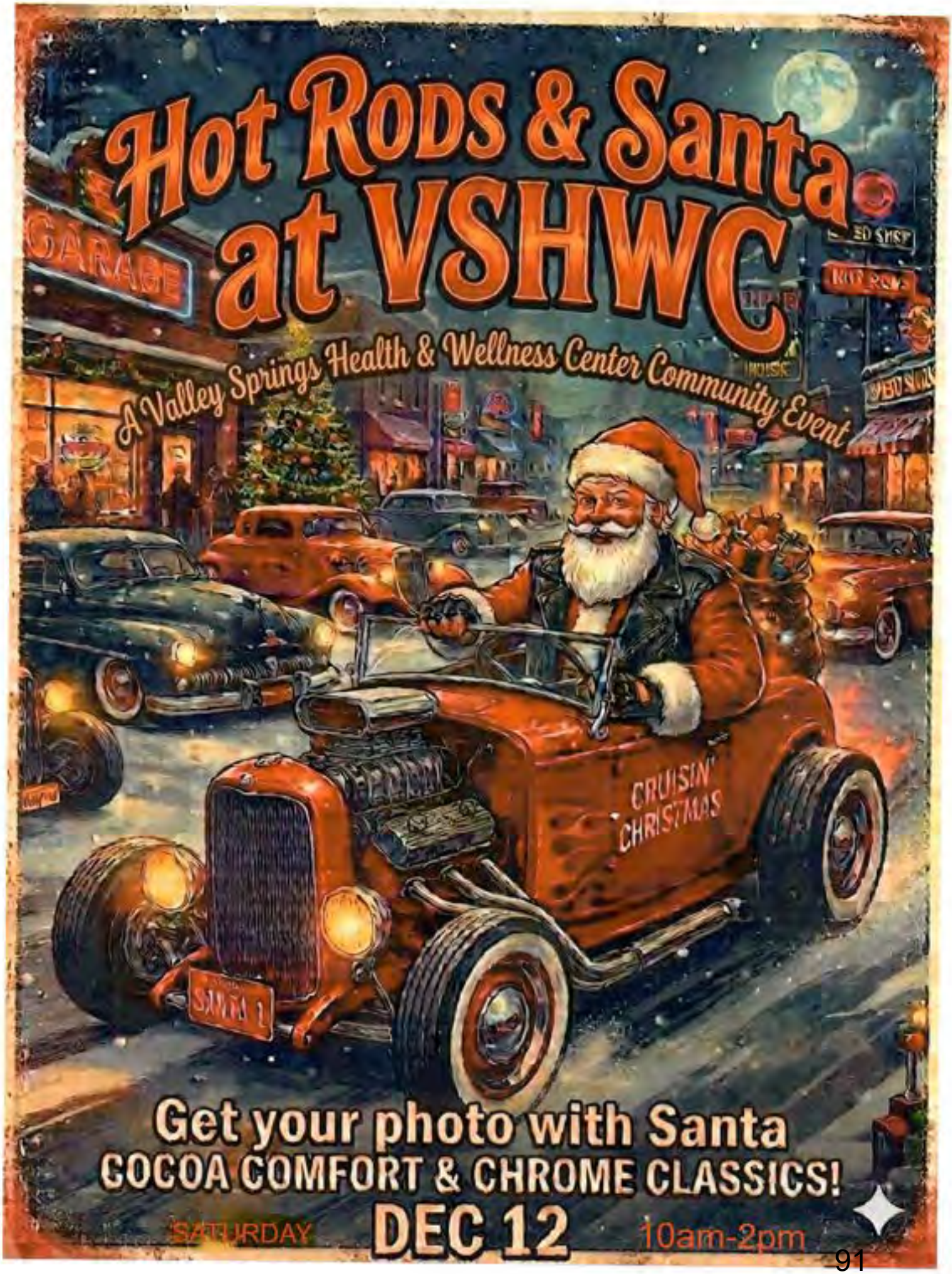
9:00 a.m. - 11:00 a.m.

Presentation: *9:00 a.m. - 9:30 a.m.*

WEST WING OPEN HOUSE

51 Wellness Way, Valley Springs, CA




Hot Rods & Santa at VSHWC
A Valley Springs Health & Wellness Center Community Event
CRUISIN' CHRISTMAS
Get your photo with Santa
COCOA COMFORT & CHROME CLASSICS!
SATURDAY
DEC 12
10am-2pm

VALLEY SPRINGS HEALTH & WELLNESS CENTER

How was your visit today?

We would like to know about your recent experiences with Valley Springs Health & Wellness. Your responses are anonymous.

1. Do you find it easy to schedule appointments with the clinic?

☐ Always ☐ Usually ☐ Sometimes ☐ Never

2. How long did you wait to be seen by a provider today?

☐ Under 15 min ☐ 15–30 min ☐ Over 30 min

3. Did your provider explain things in a way you could understand?

☐ Yes, completely ☐ Somewhat ☐ No

4. Did our staff treat you with courtesy and respect?

☐ Yes, completely ☐ Somewhat ☐ No

5. How likely are you to recommend us to friends or family?

0	1	2	3	4	5	6	7	8	9	10

0 = Not at all likely

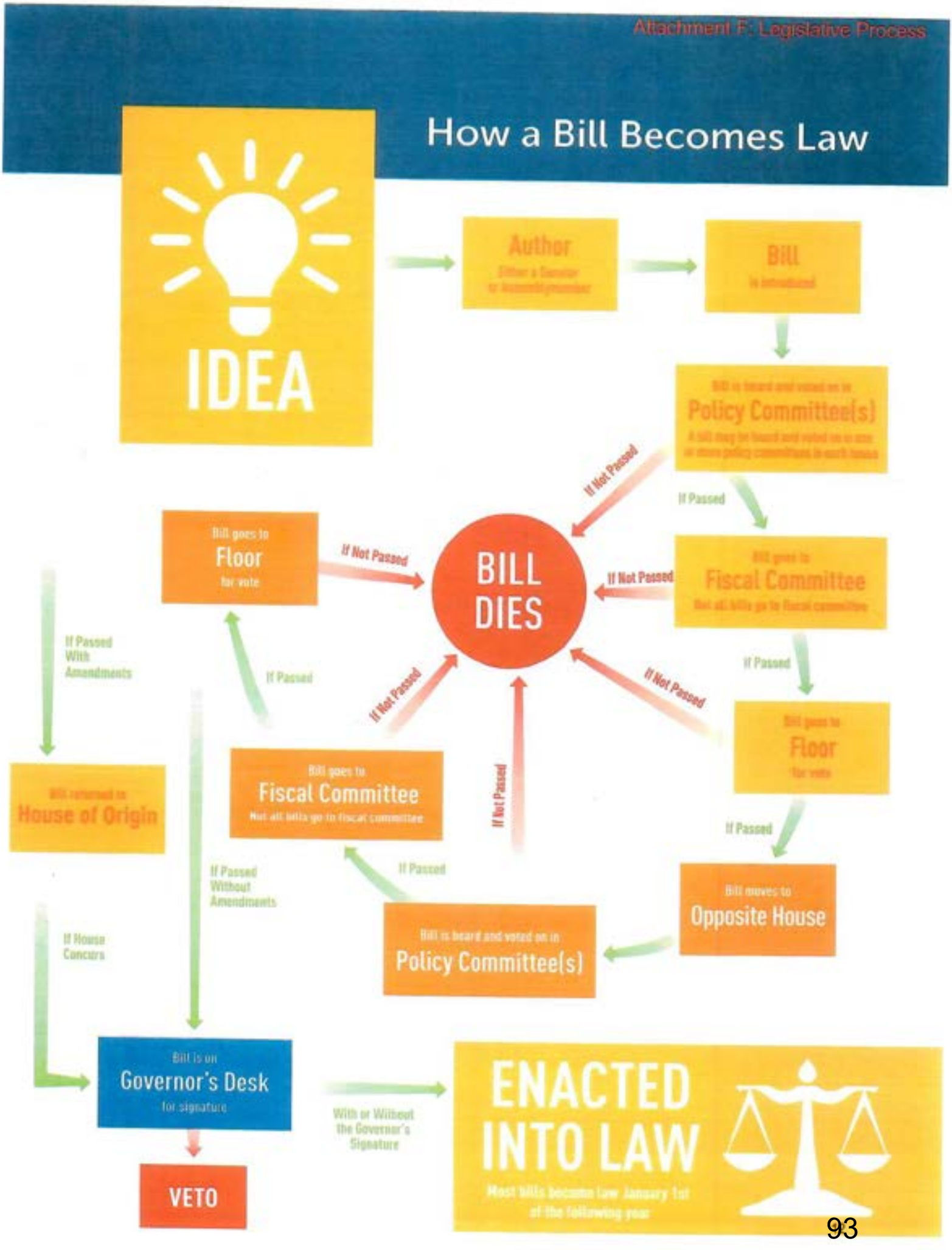
10 = Extremely likely

Is there any information you would like to share that would help us to provide better service to you and our community? (optional)

Thank you! Please drop this card in the box at the front desk.

Visit date: ___/___

How a Bill Becomes Law



ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

DATE: November 11, 2026

TO: ACHD Advocacy Committee

FROM: Sarah Bridge, VP Advocacy & Strategy

SUBJECT: Sponsored Bill Proposal: Healthcare District Relief from the SB 122 Digital Sales and Use Tax

Background:
SB 122 (Chapter 23, Statutes of 2026), the tax trailer bill to the 2026-27 State Budget, was signed by Governor Newsom on June 29, 2026. Beginning January 1, 2027, SB 122 redefines "tangible personal property" to include "digital products," extending California's sales and use tax to prewritten software regardless of how it is delivered, including software that is downloaded, transferred electronically, or accessed remotely as software-as-a-service (SaaS). Purchases will be taxed at the 7.25% statewide rate plus any applicable local district taxes. Custom software, meaning software made to order for a single customer, remains exempt.

The Problem:
California does not exempt public agencies from paying sales and use tax on their own purchases, and SB 122 contains no exemption for local agencies. Beginning January 1, 2027, every special district will pay sales tax on the subscription and licensing software it relies on to operate.

The impact falls unevenly. The State, cities, and counties receive sales tax revenue that will partially offset their own increased software costs. Special districts generally do not receive sales tax revenue, so they will absorb the full cost of the new tax with no corresponding relief, diverting limited public dollars away from the communities they serve. The California Department of Tax and Fee Administration (CDTFA) has indicated that its authority is limited to interpreting existing law, so relief of this kind can only come through legislation.

Link to Healthcare Districts
Healthcare districts are heavily dependent on prewritten and cloud-based software, much of which will now be taxable. This includes electronic health records, practice management and billing systems, telehealth platforms, clinical and imaging applications, cybersecurity tools, and the financial, payroll, human resources, and productivity software required to operate a public agency. For districts operating hospitals and clinics, these are large, recurring, and largely unavoidable costs. A new tax of 7.25% to more than 10% on these contracts will reduce the funds available for direct services, community health programs, and capital needs, and will fall hardest on smaller and rural districts with the least ability to absorb it.

Since before SB 122 was signed, ACHD and the California Special Districts Association (CSDA) have partnered to lead an advocacy effort with other special district stakeholders to address this impact.

Proposed Solution:
Introduction of legislation is needed to carve out, or significantly reduce, healthcare district and special district exposure to the digital products sales and use tax. Approaches include, but are not limited to:

Redefine "custom software": Amend the Revenue and Taxation Code so that software purchased, licensed, subscribed to, or configured for use by a public agency is treated as custom software, which SB 122 already leaves outside the tax.

Outright exemption: Exempt digital products purchased by healthcare districts and other special districts, or by public agencies more broadly, from sales and use tax.

Other reduction measures: Should a full exemption not be achievable, pursue alternatives that meaningfully reduce exposure, such as an exemption targeted to clinical and health care software purchased by public health care entities, a reduced rate, or a reimbursement mechanism for special districts.

Staff would retain flexibility to negotiate the final approach with CSDA, the author, and the Administration. Because the tax takes effect January 1, 2027, early introduction is a priority. An urgency clause and provisions addressing tax paid before enactment should also be considered.

Additional Considerations:
CSDA is able to co-sponsor this legislation with ACHD as a trusted partner, building on the coalition already formed around this issue.

Any exemption will carry a cost to the State General Fund and to local sales tax revenue, and the Department of Finance and other local government associations may raise concerns. Framing relief around special districts, which do not share in sales tax revenue, strengthens the equity argument. District-level estimates of the added cost of the tax will be important to making the case, and staff will work with members to collect this data.

Staff Recommendation:
ACHD Staff recommend the ACHD Advocacy Committee recommend approval of co-sponsorship with CSDA of legislation to carve out or significantly reduce healthcare district exposure to the SB 122 digital sales and use tax to the ACHD Board of Directors.

ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

DATE: November 12, 2026

TO: ACHD Advocacy Committee

FROM: Sarah Bridge, VP Advocacy & Strategy

SUBJECT: Sponsored Bill Proposal: Distressed Hospital Loan Program Relief

Background:
The Distressed Hospital Loan Program (DHLP) was established by AB 112 (Chapter 6, Statutes of 2023) with up to $300 million in one-time funding. It is administered by the Department of Health Care Access and Information (HCAI) together with the California Health Facilities Financing Authority (CHFFA). It provides interest-free working capital loans to distressed not-for-profit and public hospitals, repayable over 72 months after an initial 18-month grace period and secured by the hospital's Medi-Cal payments. HCAI and CHFFA issued loans totaling approximately $292.5 million to 16 hospitals. Program details can be found on HCAI's website, here.

Relief is currently available through a two-step modification process. Step 1 extends the payment deferral period and maturity date by 12 months for borrowers that do not meet at least one "stable financial ratio" (more than 60 days cash on hand, a debt service coverage ratio above 1.5x, or a current ratio above 2.0x). Step 2 forgives the next 12 months of debt service for borrowers that used loan proceeds on their turnaround plan and can show, through 24-month projections, that they cannot reach those ratios. Step 2 forgiveness must be reapplied for every year, and no extension may move a loan's maturity past July 1, 2031.

The Problem:
Current forgiveness covers one year at a time, requires annual reapplication, and is capped by the 2031 maturity limit, leaving hospitals unable to plan beyond 12 months. The program also provides no clear guidance on how a loan or forgiveness eligibility is treated when a borrower affiliates, merges, or sells. Additionally, the criteria for forgiveness require some district hospitals, still in financial turmoil, to begin making repayments.

Link to Healthcare Districts
Healthcare districts make up a large share of DHLP borrowers, including John C. Fremont Healthcare District, Imperial Valley Healthcare District (Pioneers Memorial Hospital), Kaweah Health, San Benito Health Care District (Hazel Hawkins Memorial Hospital), San Gorgonio Memorial Healthcare District, Palo Verde Healthcare District, Tri-City Healthcare District, and Sonoma Valley Health Care District. Many are rural or safety-net hospitals heavily reliant on Medi-Cal. Because district hospitals are public, partnerships, affiliations, and mergers with other

providers are often the most realistic tools they have to remain open, which makes clarity on how those transactions affect DHLP loans especially important.

Proposed Solution:
Introduction of legislation to provide durable relief to DHLP borrowers by authorizing HCAI to convert outstanding DHLP loans, in whole or in part, into grants. The State already operates a Distressed Hospital Grant Program, established in 2026, which provides precedent for direct grant assistance to distressed hospitals.

In the event HCAI chooses not to convert loans to grants, expand the criteria for forgiveness and extend the length of the forgiveness period beyond the current 12 months at a time, including multi-year forgiveness and an extension of the July 1, 2031, maturity limit and the program's sunset date as needed. Clarify how a loan, its repayment terms, and forgiveness eligibility are treated when a borrower affiliates, merges, or sells, including ensuring that a transaction undertaken to preserve hospital services does not, on its own, trigger repayment or disqualify a borrower from relief.

Additional Considerations:
In 2026, the California Hospital Association (CHA) sponsored AB 1923 (Soria), which proposed a new $300 million round of DHLP funding, expanded eligibility, and new standards for forgiveness of existing loans. Staff will coordinate with CHA, Assemblymember Soria, and other stakeholders to align efforts. Converting loans to grants or expanding forgiveness would reduce expected repayments to the State and is likely to receive close scrutiny from the Department of Finance. Please note urgency may be required given the timing of H.R. 1 reductions and current repayment schedules.

Staff Recommendation:
ACHD Staff recommend the ACHD Advocacy Committee recommend approval of sponsorship of legislation to grant HCAI the authority to convert Distressed Hospital Loan Program loans into grants, or, in the event loans are not converted, to expand the criteria for and length of loan forgiveness and clarify the treatment of affiliations, mergers, and sales, to the ACHD Board of Directors.

ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

DATE: November 12, 2026

TO: ACHD Advocacy Committee

FROM: Sarah Bridge, VP Advocacy & Strategy

SUBJECT: Sponsored Bill Proposal: Expansion of Healthcare District Investment Authority

Background:
As public agencies, healthcare districts may invest surplus funds only in the instruments listed in the Government Code, principally Government Code Section 53601. These statutes direct local agencies to prioritize safety of principal and liquidity before yield, and generally limit investments to government securities, highly rated short- to medium-term debt, and similar low-risk instruments. Equity investments by public agencies are generally prohibited under Article XVI, Section 6 of the California Constitution.

The Problem:
Healthcare districts face mounting financial pressure. H.R. 1, makes the largest reductions to federal Medicaid funding in the program's history, narrowing Medi-Cal eligibility, adding work requirements and more frequent eligibility checks, and reducing federal support for Medi-Cal financing. Rural and safety-net providers are expected to be hit hardest as these changes phase in between 2026 and 2028.

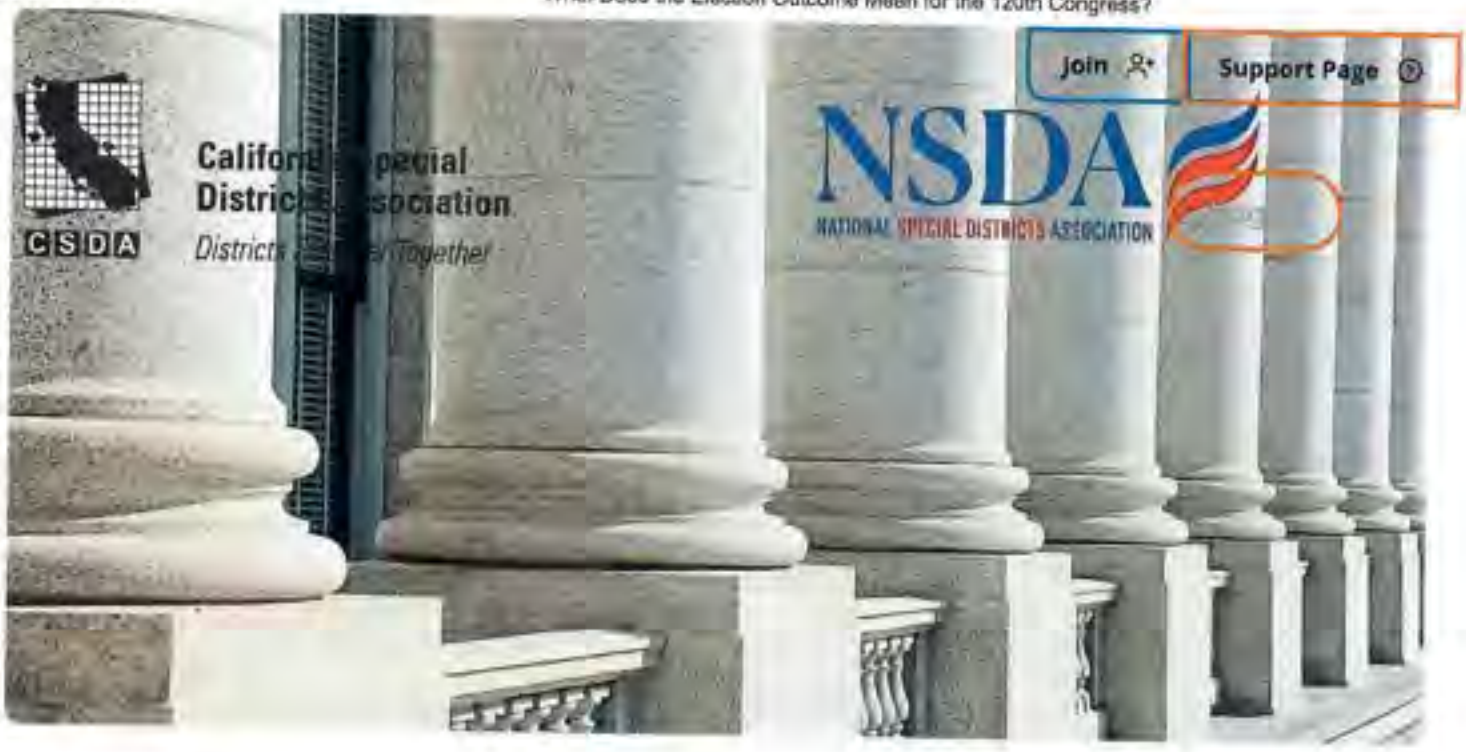
At the same time, healthcare districts are limited to conservative, lower-yield investments. Private nonprofit and other healthcare providers that districts work alongside are not subject to these limits and can invest reserves in a broader range of markets to grow long-term returns. As a result, district reserves and non-tax revenues earn less than they otherwise could at the moment districts most need additional resources to preserve and expand services.

Link to Healthcare Districts
Many healthcare districts hold reserves and revenues that do not come from property taxes, such as hospital and clinic operating revenue, lease and rental income, proceeds from the sale or lease of district assets, grants, and investment earnings. Allowing a prudent portion of these funds to be invested for long-term growth would give districts another tool to support community grants, programs, and capital needs, and to weather federal and state funding reductions, without asking taxpayers for new revenue. ACHD is vetting every possible option to enhance district revenues in response to H.R. 1, and this proposal is one of them.

Proposed Solution:
Introduction of legislation to expand healthcare district investment authority, allowing a healthcare district to invest non-property tax revenues in a broader range of investments than

currently permitted. Property tax revenues would remain subject to existing investment rules. A final proposal would likely include additional limitations to protect public funds and preserve transparency.

Staff Recommendation:
ACHD Staff recommend the ACHD Advocacy Committee recommend approval of sponsorship of legislation to expand healthcare district investment authority to the ACHD Board of Directors, contingent upon the proposal being deemed politically viable after additional exploration, and upon review of final drafted language.



By: National Special Districts Association

The 120th Congress will feature one of the largest incoming freshman classes in recent history, with at least 17 new U.S. Senators and 109 new House members, creating new opportunities for stakeholder engagement and relationship-building. The influx of new members, along with Democratic majorities in the House and Senate, is expected to significantly reshape committee leadership, membership, and committee ratios. This memo from NSDA's federal advocates provides an overview of the key committee shifts expected in the 120th Congress.

While the dust continues to settle on the November 3, 2026 election, it is clear that Democrats achieved a sweeping victory in federal and gubernatorial races as voters cast ballots in elections for all 435 seats in the House, 35 Senate seats, and 36 governorships. In the 119th Congress, Republicans had a 219-214 advantage in the House and a 53-47 Senate majority. Last week, NSDA's federal advocates released this memo summarizing the midterm election results.

Democrats won control of the House with their new majority expected to fall between 255 – 263 seats, giving them a 39 – 45 seat majority in the 120th Congress. Democrats have flipped 25 House seats as of the morning of November 4.

Democrats won control of the Senate and will take a majority of at least 54 seats. So far, Democrats have flipped seven seats in the Senate, with races in Alaska and Mississippi still being too close to call.

Election Impact: What Midterms Could Mean for the Public Sector

NSDA federal advocates will host a webinar on Friday, November 13 from 10:00 – 11:00 AM to discuss what the midterm results could mean for the agenda of the 120th Congress.

Register Now

#AdvocacyNews



Congress:

FY 2027 Appropriations: Senate Appropriations Chair Susan Collins (R-ME) released seven fiscal 2027 spending measures over the past week: Agriculture-FDA, Commerce-Justice-Science, Energy-Water, Homeland Security, Interior-Environment, Legislative Branch, and Military Construction-Veterans Affairs. The measures would increase funding for the Department of Energy (DOE) and Department of the Interior (DOI) and replenish the depleted wildfire suppression fund. The Homeland Security bill proposes $28.4 billion for FEMA's Disaster Relief Fund, approximately $2 billion above FY 2026 levels. Meanwhile, top Democrats are reportedly discussing a continuing resolution (CR) that could extend government funding into March or April.

Surface Transportation Reauthorization Update: Rep. Rick Larsen (D-WA), the presumptive chair of the House Transportation and Infrastructure (T&I) Committee, said he plans to build on the BUILD 250 Act in developing surface transportation reauthorization legislation in the 120th Congress. Larsen also identified completion of FAA and FEMA legislation as priorities for the next Congress, with another WRDA bill expected in 2028.

Permitting: On Monday, November 9, the Senate voted 73-25 to advance the updated BAAJA (S. 5653) to a final vote. While it is expected to pass in the Senate, the potential for floor consideration in the House before the end of the 119th Congress is less likely, as House Democratic Leader Jeffries (D-NY) has voiced concerns about the need for further input from the House on a permitting reform package.

Republicans Hold Leadership Elections: House Judiciary Chair Jim Jordan (R-OH) defeated Majority Leader Steve Scalise (R-LA) in the conference vote for House Republican leader next year, while GOP Whip Tom Emmer (R-MN) and Conference Chair Lisa McClain (R-MI) won their respective races to retain their positions. Despite a push from some Senate conservatives to delay their leadership elections, Sens. John Thune (R-SD), John Barrasso (R-WY), and Tom Cotton (R-AR) were re-elected to their Conference leadership posts with relative ease.

Van Hollen Announces Bid for Senate Majority Leader: Sen. Chris Van Hollen (D-MD) announced his bid for Senate Majority Leader in the 120th Congress after several progressive members and organizations urged him to challenge Democratic Leader Chuck Schumer (D-NY).

Join Support Page

California Special Districts Association
Districts Stronger Together.
CSDA

Passes Veterans Bill: On November 11, the House passed the Take Care of America's Veterans Act (H.R. 9237) by voice vote. The bill would increase retirement benefits for roughly 50,000 combat-injured veterans while offsetting the cost through changes that could reduce certain future disability claims.

Trump Administration:

USDA Issues Proposed Rule to Change SNAP Work Requirements: The Modification to Work Requirements for Able-Bodied Adults proposed rule would implement changes enacted under H.R. 1 to SNAP's three-month benefit limit for certain adults subject to work requirements. The proposal would revise exemptions, tighten the criteria states must meet to obtain geographic waivers, and establish additional requirements governing the geographic areas, economic data, and state support used to justify waiver requests. It would also eliminate insufficient job availability as a basis for obtaining a waiver. Consistent with H.R. 1, individuals experiencing homelessness would no longer be exempt from the three-month limit, and the rule would update SNAP's definition of a homeless individual. Comments are due by December 10, 2026.

USDA Issues Proposed Rule to Limit BBCE for SNAP: The Supplemental Nutrition Assistance Program (SNAP) – Reforming Categorical Eligibility proposed rule narrows broad-based categorical eligibility (BBCE) by limiting SNAP categorical eligibility through TANF to households that actually receive TANF "assistance." The proposal would eliminate states' ability to confer categorical eligibility through certain non-cash or in-kind TANF or state maintenance-of-effort benefits and remove the existing "authorized to receive" standard. USDA estimates that the changes would affect 6.3 million people in FY 2029, with 17.6 percent of SNAP participants losing benefits because their income or resources exceed statutory limits. The proposal is projected to reduce federal SNAP spending by nearly $45 billion and states' net SNAP spending by approximately $5.2 billion from FY 2027 through FY 2031. Comments are due by December 10, 2026.

HUD Announces Agency Reorganization: On November 10, the Department of Housing and Urban Development (HUD) issued a notice of intent to reorganize and restructure its headquarters and field office operations to improve agency efficiency. Under the proposed structure, the Office of Public and Indian Housing (PIH) would consolidate public housing responsibilities within one office and voucher programs within another. The Office of Community Planning and Development (CPD) would similarly consolidate its non-disaster grant programs within a single office.

HUD Releases Final Mixed-Status Rule: On November 10, HUD finalized its Verification of Eligible Status rule, which requires citizenship or immigration status verification for all applicants in housing programs, regardless of age. The rule would permit only temporary prorated housing assistance while the eligibility of all household members is being verified.

President Trump Announces DOT Nominees: On November 10, President Trump formally nominated Mark Aesch to be Administrator of the Federal Transit Administration (FTA). Mr. Aesch is the founder and CEO of TransPro, a consulting firm that advises public-sector agencies on performance and financial turnarounds. He also previously led the Rochester Genesee Regional Transportation Authority. President Trump also nominated Loren A. Smith to be an Assistant Secretary of Transportation. The Senate Banking, Housing, and Urban Affairs Committee will hold a hearing on November 19 to consider Aesch's nomination.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Artificial Intelligence (AI) Usage Policy	REVIEWED: 11/12/26
SECTION: IT	REVISED:
EFFECTIVE: 11/25/26	MEDICAL DIRECTOR: Debbi Salom, DO

Subject: Artificial Intelligence (AI) Usage Policy

Objective: 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.

Response Rating: This policy applies to all forms of AI usage, including but not limited to:
Web-based Tools: (e.g., ChatGPT, Claude, Gemini).
Browser Extensions: (e.g., Grammar checkers, page summarizers).
Operating System Features: AI features embedded in Windows, macOS, iOS, or Android (e.g., Copilot in Windows, Apple Intelligence).
Meeting Recorders: Automated transcription tools.
Note: AI Features & Tools pre-installed on company devices are also covered by this policy.

Required Equipment:
Authorized and Prohibited Software
To ensure data security, we restrict which AI tools may be used for business purposes.
Using unvetted tools exposes the company to "Shadow IT" risks, where data is slowly siphoned off to train public models or stored on insecure servers outside of our control.
You may only use AI Tools and Vendors that have been formally approved and set up by the IT Department.
Expenses for unapproved AI tool subscriptions are prohibited and will not be reimbursed.
Please refer to [APPENDIX A] for the current list of Authorized AI Software.

1. **Our Approach to AI**

Artificial Intelligence offers incredible opportunities for leverage, creativity, and efficiency. We want you to use these tools to do the best work of your career. However, these tools also introduce new risks—from data leakage to copyright issues—that can threaten our business, our clients, and our reputation.
We have created this policy to ensure we are all using AI safely and responsibly.
Our goal is to protect the company over the long term so that we can continue to innovate without putting our hard work at risk. Please read this carefully; it is the roadmap for how we work with AI.
We didn't write this policy to slow you down. We wrote it to make sure we don't accidentally expose company data while trying to work faster. We love seeing new ways to work, so if you find a tool that makes your job easier, just ask. We are happy to review it.

2. Personal Responsibility

You are responsible for the accuracy, legality, and privacy of any work you submit.
AI is a tool, not an employee. Using AI doesn't excuse errors, bias, or copyright infringement. You must verify all AI-generated outputs. If you use AI to generate a report, piece of code, or email, you own the final result.
Think of AI as a "Junior Assistant." It is fast, eager, and helpful, but it doesn't know our business context, our clients, or our ethical standards like you do. Always review its work with a critical eye. Your professional judgment is the final filter before anything leaves your desk.

3. Key Definitions

To make this policy easy to read, we want to make sure everyone is on the same page regarding the technical terms used throughout the document. AI has its own language, and understanding these few key definitions will help you understand the "Why" behind our rules.

- Generative AI: Artificial intelligence capable of creating new content (text, images, code) in response to prompts (e.g., ChatGPT, Midjourney).
- Hallucination: A phenomenon where an AI confidently generates false, misleading, or nonsensical information
- Training Data: Information fed into an AI model to teach it. If company data is used as "Training Data" by a public AI tool, that data may become part of the public model and be leaked to others.
- Shadow IT: The use of unauthorized or unvetted software by employees without IT department approval.
- Jailbreaking / Prompt Injection: The act of using specific inputs to trick the AI into getting around its safety filters or security rules.
- PII (Personally Identifiable Information): Any data that could potentially identify a specific individual (e.g., names, SSNs, addresses, phone numbers).
- Anonymization: The process of removing or masking sensitive details (like names or prices) from a document before sharing it with an AI tool.
- Deepfake: Synthetic media (video, audio, image) created by AI to convincingly look or sound like a real person, often used for impersonation or fraud.
- API (Application Programming Interface): A software bridge that allows two applications to talk to each other. Automation tools (like Zapier) use APIs to send data between systems.
- Human Oversight: A process requiring human intervention or approval before an AI decision is finalized.
- BYOD (Bring Your Own Device): The practice of employees using their own personal devices (smartphones, tablets) for work purposes.

6. Requesting New Tools

We encourage innovation. If you would like to request an AI Tool or Vendor to be added to our Authorized Software list, please contact the Director of Clinic Operations.
They will work with RJ PRO Tech Group, Inc. to perform an AI Vendor Review process.
This "Due Diligence" review covers Privacy, Security, and Data Governance to make sure the tool is safe for our environment.

7. Data Classification Protocol

You must classify data before entering it into any AI tool. Use the table below to determine what is safe.

DATA CLASS	AI RATING	DESCRIPTION	REQUIREMENTS	EXAMPLES
PUBLIC DATA	SAFE	Information already available in the public domain.	No restrictions.	Marketing copy General industry research Brainstorming
INTERNAL DATA	CAUTION	Internal business documents that are not confidential.	Anonymization Required.	Internal Memos Process Documentation Draft Emails
RESTRICTED DATA	PROHIBITED	Any data that would cause harm if leaked.	NEVER input into AI.	PII: Client Names, SSNs, Home Addresses Financials: Bank Accts, Credit Cards Credentials: Passwords, API Keys

Unsure about a document?
If you're unsure about how to classify any data or document, get in contact with either the Director of Clinic Operations or RJ PRO Tech Group, Inc. so we can perform a Data Classification Review.

8. Regional and Industry Specific Regulations

Processing data that is subject to specific privacy or industry regulations requires strict compliance review by IT prior to use. Using AI with regulated data (without specific legal agreements in place) can lead to serious legal penalties.
Please remember that most standard AI tools do not automatically meet these high standards. Many regulations require data to stay within a specific country or require strict audit logs that public AI tools simply do not provide. Just because a tool is popular or helpful does not mean it is compliant with the specific laws governing your industry.
You are responsible for adhering to the laws and regulations relevant to your specific role. If you have any questions regarding compliance, please speak to our IT or Legal Team.

9. Client Contract Requirements

Our clients' contracts come first.
Before using AI on a client project, you must verify that the relevant Master Services Agreement (MSA) does not prohibit the use of AI.
If a contract forbids AI usage, you must not use it, regardless of the data classification.

10. Meeting Recorders and Extensions

Automated Meeting Recorders: Third-party AI bots (e.g., Otter.ai, Fireflies) are prohibited from joining meetings unless authorized by IT. If an unauthorized bot joins, the meeting host must remove it immediately.
Browser Extensions: Installing browser extensions that use AI features is prohibited unless deployed by the IT Department. These extensions often require full read-access to web traffic, including private emails and banking portals.

11. Monitoring and Privacy

Company-provided AI accounts are company property.
[INSERT CLIENT COMPANY NAME] reserves the right to audit, monitor, and review all prompts, inputs, and outputs generated on these accounts to ensure compliance with this policy. Please remember that company AI accounts are monitored and not private.

12. AI Hallucinations and Output Verification

AI models frequently "hallucinate", and when they do, they confidently present incorrect information as fact.
You are required to fact-check 100% of AI-generated claims against a primary source.
Never rely on AI for:
Legal Statutes or Case Law.
Mathematical Calculations.
Factual citations or historical dates.
If you make a business decision based on AI output, you must validate the data first.

13. Intellectual Property and Copyright

AI-generated content occupies a complex legal gray area.
Copyright Risks: Do not use AI to generate content that copies the distinct style of existing copyrighted works, or that deliberately reproduces protected trademarks.
Brand Representation: Be cautious when using AI to generate photos, videos, or audio that represents our brand. AI often introduces subtle errors (e.g., misspelled logos, physical anomalies) that can damage our professional reputation.
Code Generation: Using AI to generate software code or scripts is prohibited unless you are qualified to audit the code for security vulnerabilities. If you use AI for code, make sure it doesn't accidentally "borrow" open-source code that could cause legal issues.

14. Automation Workflows

Users are prohibited from creating automated workflows (e.g., via Zapier, Power Automate, Make.com) that automatically send company data to an AI API without prior IT review.
A wrongly set up automation can accidentally leak thousands of emails or files in minutes. Even if the AI tool is approved, the connection (API) must be secured by IT.

15. Voice Cloning and Deepfakes

The use of AI to clone, simulate, or mimic the voice or likeness of any human being (including staff, contractors, suppliers, or public figures) is strictly prohibited unless explicitly authorized in writing by Company Leadership.
This includes using "Text-to-Speech" tools that are trained on a specific individual's voice samples.

16. Financial Verification

Deepfake technology is now used to commit wire fraud.
Any urgent request for funds (wire transfers, gift cards, invoice payments) or credential changes received via voice, video, or email requires secondary verification.
If you get a call from the "CEO" asking for money, hang up. Call them back on their known internal phone number to verify the request.

17. AI-Assisted Decisions
AI tools lack human judgment, ethical reasoning, and real-world context. They frequently "hallucinate" (invent facts) or rely on biased training data while sounding completely authoritative.
Relying on AI as the only decision-maker can lead to disastrous outcomes. A single unverified AI decision can result in wrongful termination lawsuits, flawed investment strategies, regulatory fines, and serious damage to our client relationships and brand reputation.
A human must review and approve ALL "AI-Assisted Decisions." This applies to any professional judgment, including but not limited to:

Hiring and Termination decisions.
Employee performance evaluations.
Financial approvals.
Strategic business planning.
Professional Advice (Legal, Medical, Financial).

18. Transparency and AI-Assisted Generation

Transparency is key to maintaining client trust.
External Disclosure: If AI is used to generate any content for a deliverable (e.g., a report, code module, image, or article), you must disclose the use of AI to the client, unless our contract states otherwise.
Internal Disclosure: When submitting work to a manager, you must flag if the content was "AI-Assisted Generation" to ensure proper review.
Watermarking: Where technically feasible, AI-generated images should keep their metadata or visible watermarks indicating their artificial origin.

19. Mobile and Personal Device Usage (BYOD)

The use of AI apps on personal devices to work on company tasks is prohibited.
You may not copy company emails, files, or chat logs into AI apps (e.g., the ChatGPT iOS/Android app) on a personal device.
Mobile access to AI tools is only permitted via the company-managed Work Profile or approved apps installed by IT.

20. AI Training Requirements

Access is conditional on competence.
Access to company-provisioned AI tools is typically granted upon successful completion of any required AI Training programs, including AI Security Awareness, AI Usability Training, and Ethics modules.
The company reserves the right to revoke AI access for any employee who fails to complete required annual training.

21. Vendor and Contractor Compliance

Our security standards extend to our supply chain.
Contractors, Vendors, and Freelancers are required to use Company-Approved and Provisioned AI tools when working on MTHCD or VSHWC data. Use of personal or free AI accounts by contractors is prohibited unless explicit written permission is granted by the IT Department.
All vendors must sign this AI Acceptable Use Policy as part of their onboarding process.

22. Termination and Data Retention

We value the knowledge you create; thus your AI history belongs to the company. All prompts, inputs, and outputs generated using company-provisioned AI accounts are the exclusive property of VSHWC.
Upon termination of employment, IT will archive your AI account to ensure business continuity. You may not delete, export, or transfer your AI chat history to a personal account prior to departure.

23. Ethics and Prohibited Content

AI tools may not be used to generate content that violates the company's Code of Conduct or Harassment Policy.
Prohibited Uses: Users may not use AI to generate discriminatory, sexually explicit, hateful, or harassing content.
Malicious Use: Users may not use AI to facilitate cyberattacks, create phishing emails, or generate malicious software.

24. Security Integrity

Users are strictly prohibited from attempting to bypass the security filters, content moderation protocols, or safety guardrails of any AI tool (commonly known as "Jailbreaking" or "Prompt Injection"). Attempting to manipulate an AI tool to ignore its safety instructions is a violation of this policy.

25. Incident Reporting

If you accidentally input Restricted Data into an AI tool, or if you suspect an unauthorized bot has recorded a meeting, you must report it immediately. Self-reporting accidental errors is encouraged and allows for rapid fixing of the problem. To report an issue, open an "Emergency Security Ticket" or call RJ PRO Tech Group, Inc. immediately at (209) 920-4077.

26. Policy Review and Updates

Due to the rapid pace of AI advancement, this policy is a living document.
This policy will be reviewed and updated by RJ PRO Tech Group, Inc. at least every 6 months (or upon the release of significant new AI capabilities) to ensure it addresses emerging risks.
Employees will be notified of any major updates to the Authorized Software list or security protocols. Continued use of company systems after an update means you agree to the new terms.

27. Policy Enforcement and Acknowledgment

We value a culture of trust and security. These guidelines are here to protect you, our clients, and the company's reputation. We understand that mistakes happen, but willful disregard for these safety measures—such as bypassing security controls or sharing sensitive data—is a serious issue.
If a violation is detected, we will investigate the circumstances. While accidental errors (especially those that are self-reported) are often treated as learning opportunities, deliberate violations or negligence will be met with appropriate disciplinary steps.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dental Cash Policy	REVIEWED: 8/20/26; 10/20/26
SECTION: Dental	REVISED:
EFFECTIVE 10/27/26	MEDICAL DIRECTOR: Deborah Salom, DO

Subject: Dental Cash Policy

Objective: How patients will pay for dental services or non-covered products

Response Rating:

Required Equipment: Credit card machine, computer, phone

Procedure:
Dental patients with Medi-Cal Dental Insurance who choose to have a non-covered service or product will be allowed to purchase such services or products on a cash basis.

Patients will be required to sign a treatment plan informing them of the fee for the service or product they are requesting and acknowledging that they understand it is not a covered benefit of their dental plan.

Payment is required **in full PRIOR** to services being performed.

We accept cash, debit or credit card.

VSHWC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. VSHWC will base program eligibility on a person's ability to pay and will not discriminate based on an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.
Please see Sliding Fee Discount Program Policy

1. **The sliding scale fees apply to any Clinic (in-house) services only.** Any sent outside vendor labs, referrals, DME or other services are subject to that individual vendor, company or hospital's charges and fees.
2. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: INFORMATION TECHNOLOGY, ELECTRONIC SERVICES & ACCEPTABLE USE POLICY	REVIEWED: 10/21/26
SECTION: Administration / Information Technology	REVISED:
EFFECTIVE: 10/27/26	MEDICAL DIRECTOR: Debbi Salom, DO

Subject: INFORMATION TECHNOLOGY, ELECTRONIC SERVICES & ACCEPTABLE USE POLICY

Objective: To establish requirements for the appropriate, secure, and authorized use of clinic-owned computers, laptops, networks, internet access, electronic mail, electronic medical records (EMR), partner EMR interfaces, portals, online services, and electronic file storage. This policy protects the confidentiality, integrity, and availability of clinic information, including protected health information (PHI), and supports compliance with applicable federal and California laws and regulations.
Response Rating: This policy applies to all employees, medical and dental providers, contractors, temporary personnel, students, volunteers, and other individuals authorized to access Valley Springs Health & Wellness Center (VSHWC) information systems or electronic resources, collectively referred to as the workforce.
Required Equipment:

Procedure:
POLICY STATEMENT
All information technology resources provided or authorized by VSHWC shall be used responsibly, professionally, and primarily for legitimate clinic business. Users shall protect confidential information, follow approved security procedures, and access only those systems and records necessary to perform their assigned duties.
Clinic information created, received, or maintained in the performance of clinic business is subject to applicable clinic record-retention, confidentiality, security, and access requirements. Users shall not compromise system security, bypass established controls or use clinic resources for unauthorized purposes.
4. DEFINITIONS

- **PHI/ePHI:** Protected health information and electronic protected health information as defined under HIPAA.
- **Information systems:** Clinic computers, laptops, servers, networks, software, EMR systems, interfaces, portals, email, and related electronic services.
- **Authorized systems:** Applications, websites, devices, storage locations, and services approved by VSHWC or its authorized IT administrator.
- **Clinic server:** The designated clinic-managed or clinic-approved network storage environment used for official business files and records.

5. PROCEDURES AND REQUIREMENTS
A. Computer, Laptop, and Network Use

1. Users shall use clinic-owned or clinic-approved devices and systems for authorized clinic business.
2. Users shall not install software, browser extensions, applications, remote-access tools, or other programs without prior authorization from the designated IT administrator.
3. Users shall not disable, bypass, or interfere with antivirus or endpoint protection, security updates, firewalls, encryption, access controls, backups, or other security measures.
4. Users shall not connect unauthorized devices, removable media, or equipment to clinic systems or networks.
5. Clinic equipment shall be handled responsibly and protected from theft, damage, unauthorized access, and loss.

6. Users shall promptly report malfunctioning equipment, suspected malware, unusual system activity, unauthorized access, or other security concerns.
7. Clinic devices and systems shall not be used to access, store, transmit, or distribute unlawful, threatening, harassing, discriminatory, sexually explicit, or otherwise inappropriate material.

B. Mandatory Electronic File Storage Requirements

All official clinic business files shall be saved to the designated clinic server or other specifically approved network storage location. Files shall not be maintained solely on a computer desktop, local hard drive, Downloads folder, personal cloud account, or other unapproved storage location.

1. Documents, spreadsheets, reports, presentations, templates, policies, administrative records, and other official business files created or received on clinic computers or laptops shall be saved to the appropriate designated network folder.
2. Users shall not use their desktop, local Documents folder, Downloads folder, or other local storage as a permanent or primary repository for official clinic files.
3. Files downloaded from email, websites, portals, or other systems for clinic business shall be transferred to the appropriate approved storage location and deleted from local download folders when no longer needed, subject to applicable retention requirements and approved procedures.
4. Local storage may be used temporarily when technically necessary for an authorized task; however, files must be transferred to the designated network location promptly and securely. PHI shall not be stored locally unless specifically authorized and protected by approved safeguards.
5. Users shall not create duplicate, unofficial repositories of patient information or clinic business records on local drives, personal devices, USB drives, or unapproved cloud services.
6. Users shall not delete, relocate, overwrite, or alter official files belonging to another department or user without authorization.
7. Network folders shall be organized according to established department, project, or record categories. Users shall comply with assigned folder permissions and shall not attempt to gain unauthorized access to restricted folders.
8. Users shall not independently change server configurations, backup settings, folder permissions, or other network security controls.

The designated IT administrator shall establish and maintain approved storage locations, access permissions, backup procedures, and recovery processes. Users shall promptly notify IT or their supervisor if a required network folder is unavailable or if a file is inadvertently saved to an unauthorized location.

C. Internet and Electronic Communications Acceptable Use

1. Internet access shall support legitimate clinic operations, patient care, education, research, communication, and other authorized work activities. Incidental personal use may be permitted when reasonable, lawful, secure, and not disruptive to work or system performance, subject to management direction.
2. Users shall not use clinic internet access to conduct illegal activities, access prohibited content, engage in harassment, operate unauthorized businesses, or circumvent website restrictions or security controls.
3. Users shall exercise caution when opening attachments, clicking links, downloading files, scanning QR codes, or responding to unexpected messages. Suspicious communications shall be reported promptly.
4. Users shall not transmit PHI or confidential clinic information through personal email, personal messaging applications, unapproved file-sharing services, or other unauthorized communication channels.
5. PHI and confidential information shall be transmitted only through approved, appropriately secured systems and to verified, authorized recipients. Users shall verify recipient identity and destination before sending information.
6. Users shall not use personal email accounts, consumer cloud storage, public file-sharing services, or unapproved artificial intelligence (AI) tools to store, process, upload, or disclose PHI or confidential clinic information.
7. Users shall not download copyrighted material, unauthorized software, or files that create security or licensing risks for the clinic.

D. EMR, Partner EMR Interfaces, Portals, and Online Services

1. Access to the clinic EMR, partner EMR interfaces, health information exchanges, laboratory and imaging portals, payer portals, referral systems, prescription systems, and other online services shall be limited to authorized users with an approved business need.
2. Each user shall access these systems using individually assigned credentials. Passwords, multifactor authentication codes, security tokens, and other authentication methods shall not be shared.
3. Users shall access patient records only as necessary for their assigned responsibilities and authorized clinic functions. Curiosity, personal interest, or access to records of family members, coworkers, acquaintances, or public figures without a legitimate authorized purpose is prohibited.
4. Users shall verify patient identity, record selection, destination, and information accuracy before entering, modifying, transmitting, or releasing information.
5. Users shall not bypass access restrictions, share sessions, impersonate another user, alter audit trails, or use another person's credentials.
6. Users shall comply with applicable vendor terms, clinic procedures, privacy requirements, and security controls governing each portal or interface.
7. Users shall not establish new system integrations, authorize third-party applications, upload bulk patient data, or grant outside parties access without appropriate management and IT authorization.
8. Errors, interface failures, duplicate records, misdirected information, unexpected access, or suspected unauthorized disclosures shall be reported promptly through established clinic reporting procedures.
9. Users shall not independently modify EMR configuration, interfaces, security settings, or system permissions unless specifically authorized as part of their assigned duties.

E. Passwords, Workstation Security, and Remote Access

1. Users shall maintain the confidentiality of their credentials and comply with clinic password and multifactor authentication requirements.
2. Workstations shall be locked whenever unattended. Users shall log off when finished or when required by clinic procedures.
3. Users shall not allow unauthorized individuals to view screens, use logged-in sessions, or access confidential information.
4. Remote access, when authorized, shall use clinic-approved methods and safeguards. Users shall not access clinic systems through unauthorized remote-access applications or unsecured methods.
5. Lost or stolen devices, suspected credential compromise, unexpected authentication requests, or unauthorized access shall be reported immediately.
6. Users shall not disable automatic security controls or leave confidential information visible to patients, visitors, or unauthorized personnel.

F. Confidentiality, Privacy, and Information Protection

1. All users shall comply with HIPAA, applicable California confidentiality requirements, clinic privacy and security policies, and any applicable confidentiality agreements.
2. Access to PHI shall be limited to authorized purposes and the minimum information necessary where the minimum-necessary standard applies.
3. PHI shall not be photographed, copied, printed, downloaded, or transferred except as authorized for legitimate clinic business.
4. Printed records, removable media, and other materials containing confidential information shall be safeguarded and disposed of through approved procedures.
5. Users shall not discuss confidential patient or clinic information in public areas or disclose it to unauthorized individuals.
6. Confidentiality obligations continue after employment, contract completion, or termination of system access.

G. Monitoring and Privacy Expectations

VSHWC may, to the extent permitted by applicable law and consistent with its operational and security responsibilities, monitor, log, review, restrict, or investigate use of clinic-owned devices, networks, email, internet access, EMR systems, portals, and other clinic information resources.

Monitoring may include access logs, system activity, security alerts, file-storage practices, network traffic, and other records necessary to protect clinic operations, investigate suspected violations, and demonstrate compliance. Users shall have no expectation of personal privacy in clinic systems or information stored or transmitted through them, except as provided by applicable law.

Access to monitoring records shall be restricted to authorized individuals with a legitimate business, security, compliance, or investigative need.

H. Security Incidents and Reporting

Users shall immediately report suspected or actual security incidents to their supervisor and the designated IT administrator or other designated clinic security contact. Incidents include, but are not limited to:

- Suspected phishing, malware, ransomware, or other cyberattacks.
- Lost or stolen devices or storage media.
- Unauthorized access, disclosure, alteration, deletion, or transmission of information.
- PHI sent to an incorrect recipient.
- Compromised credentials or unexpected multifactor authentication requests.
- Files containing confidential information stored in an unauthorized location.
- Suspected data loss, system compromise, or unauthorized use of an account.

Users shall not conceal incidents, destroy relevant evidence, independently investigate beyond their authorization, or delay reporting while attempting to resolve the matter themselves. Users shall cooperate with authorized investigations and follow instructions for containment, recovery, and remediation.

6. EMPLOYEE AND CONTRACTOR RESPONSIBILITIES

All workforce members are responsible for:

1. Reading, understanding, and complying with this policy and related privacy, security, records-management, and confidentiality policies.
2. Completing required orientation and periodic information-security training.
3. Using only assigned credentials and authorized systems.
4. Saving official business files to approved server or network storage locations.
5. Protecting PHI, confidential information, devices, and credentials from unauthorized access or disclosure.
6. Promptly reporting security incidents, suspected violations, and unsafe practices.
7. Cooperating with authorized audits, investigations, and corrective actions.
8. Returning clinic equipment and relinquishing access when requested or when employment or the contractual relationship ends.
9. Complying with any additional contractual, professional, licensing, or regulatory obligations applicable to their role.

Supervisors and department managers shall communicate these requirements, ensure personnel receive appropriate training, and report suspected violations.

The designated IT administrator or authorized IT service provider shall administer approved access and storage arrangements, maintain appropriate technical safeguards, support backups and recovery, and assist with incident response and monitoring.

Clinic leadership and designated compliance/privacy/security personnel shall oversee implementation, investigate reported concerns, determine appropriate corrective action, and coordinate regulatory or contractual notifications when required.

7. AUDITING AND MONITORING

VSHWC may periodically review user access, system logs, storage practices, security configurations, and compliance with this policy. Reviews may be conducted routinely, in response to identified risks, or when an incident or suspected violation occurs.

Findings shall be documented and referred to the appropriate supervisor, IT administrator, or designated compliance/privacy/security official for follow-up. Corrective measures shall be implemented as appropriate to the nature and severity of the findings.

8. TRAINING

All applicable workforce members shall receive information-technology and information-security training upon onboarding and periodically thereafter, as determined by clinic requirements. Additional training may be required when systems, risks, or policies change or when corrective education is necessary.

9. SANCTIONS AND CORRECTIVE ACTION

Violations of this policy may result in corrective action, up to and including termination of employment, termination of a contract or other authorized relationship, revocation of system privileges, or referral to the appropriate licensing, regulatory, law-enforcement, or other authority when warranted.

The clinic shall consider the nature, severity, intent, recurrence, impact, and applicable legal or contractual requirements when determining the appropriate response. Nothing in this policy limits VSHWC's obligation to investigate, document, mitigate, or report incidents as required by law.

10. NON-RETALIATION

No workforce member shall be retaliated against for making a good-faith report of a suspected security incident, privacy violation, or policy concern, or for participating in an authorized investigation. Knowingly false reports or intentional concealment of violations may be subject to corrective action.

11. DOCUMENTATION AND RETENTION

Training records, acknowledgments, audit findings, incident reports, investigations, and other documentation required by applicable law or clinic policy shall be maintained in approved locations and retained according to applicable retention requirements and the clinic's record-retention schedule.

Documentation required under the HIPAA Security Rule shall be retained for at least six years from its creation or the date it was last in effect, whichever is later, unless a longer period is required by applicable law, contractual obligation, litigation hold, or clinic policy.

12. REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Privacy Rule, 45 CFR Part 164, Subpart E.
- HIPAA Security Rule, 45 CFR Part 164, Subpart C.
- HIPAA Breach Notification Rule, 45 CFR Part 164, Subpart D.
- California Confidentiality of Medical Information Act, Civil Code §§ 56 et seq., as applicable.
- Applicable California medical-record confidentiality and information-security requirements.
- VSHWC policies governing confidentiality, privacy, security incidents, records retention, and employee conduct.

13. POLICY REVIEW AND APPROVAL

This policy should be reviewed at least biennially and revised as necessary to reflect changes in applicable law, clinic operations, technology, security risks, or regulatory requirements.

Approved By: _____

Title: _____

Signature: _____

Date: _____

14. EMPLOYEE / CONTRACTOR ACKNOWLEDGMENT

I acknowledge that I have received or been provided with access to the VSHWC Information Technology, Electronic Services & Acceptable Use Policy. I understand that compliance with this policy is a condition of my authorized use of clinic information systems and electronic resources.

I understand that official clinic business files must be stored in the designated clinic server or other specifically approved network location and may not be maintained solely on a desktop, local drive, or unapproved storage service. I understand my obligations to protect confidential information and PHI, maintain credential security, use authorized systems, and immediately report suspected security incidents.

I understand that violations may result in corrective action, termination of access, termination of employment or contract, or other action as permitted by applicable law and clinic policy.

Printed Name: _____

Position / Department: _____

Signature: _____

Date: _____

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Employee, Contractor, Vendor Exclusion Screening Policy	REVIEWED: 9/28/26
SECTION: Human Resources / Compliance	REVISED:
EFFECTIVE: 11/25/26	MEDICAL DIRECTOR: Debbi Salom, DO

Subject: Employee, Contractor, Vendor Exclusion Screening Policy

Objective: The purpose of this policy is to establish a consistent process for Valley Springs Health & Wellness Center (VSHWC) to identify and prevent the employment, contracting with, or utilization of individuals or entities excluded, suspended, debarred, or otherwise ineligible to participate in applicable federal or California health care programs. VSHWC is a Rural Health Clinic (RHC) owned and operated by Mark Twain Health Care District. Because VSHWC participates in Medicare, Medi-Cal, and other governmental health care programs, the organization must take reasonable steps to prevent federal or state health care program funds from being used to pay for services furnished by an excluded individual or entity.
This policy establishes requirements for:

- Pre-employment and pre-contract exclusion screening;
- Periodic exclusion screening of current employees, contractors, and applicable vendors;
- Screening against designated federal and California exclusion databases;
- Documentation and retention of screening results;
- Investigation and resolution of potential matches; and
- Immediate action when an individual or entity is confirmed to be excluded or otherwise ineligible.

This policy is separate from VSHWC's criminal background-check process, professional-license verification process, drug-testing requirements, and HIPAA Business Associate Agreement (BAA) process.

Response Rating: This policy applies to:

1. All VSHWC employees, including full-time, part-time, per diem, temporary, and as-needed employees;
2. Medical, dental, behavioral health, nursing, clinical support, billing, administrative, management, and other employees whose duties may be associated with services or items reimbursed by a federal or state health care program;
3. Licensed and non-licensed clinical personnel;
4. Independent contractors and contracted providers;
5. Employees of staffing agencies and other contracted personnel who provide services at or on behalf of VSHWC;
6. Physician, dental, behavioral health, and other professional groups providing services under contract;
7. Billing, coding, collection, consulting, and other contractors whose services may be associated with federally or state-funded health care services;
8. Vendors and vendor personnel when the nature of the services creates applicable exclusion-screening risk; and
9. Volunteers or other individuals when required based upon the nature of their services or access to federally reimbursed activities.

The scope and frequency of screening may be modified when a particular contract, payer agreement, governmental program, law, regulation, or Mark Twain Health Care District policy imposes a more stringent requirement.

Required Equipment:

Procedure:

III. POLICY STATEMENT

VSHWC shall not knowingly employ, contract with, utilize, or permit an excluded individual or entity to provide services or items for which payment may be made, directly or indirectly, by a federal health care program.
VSHWC shall conduct exclusion screening using the federal and California databases identified in this policy.
A name appearing in an exclusion database shall be treated as a **potential match** until VSHWC has completed an identity-verification process. A database name match alone shall not be considered sufficient evidence that an employee, contractor, or vendor is excluded.
VSHWC shall maintain documentation demonstrating that required screening was performed and shall document the resolution of any potential match.

IV. DEFINITIONS

A. Excluded Individual or Entity

An individual or entity that has been excluded, suspended, debarred, or otherwise determined to be ineligible to participate in a federal or applicable state health care program.

B. LEIE

The **List of Excluded Individuals/Entities (LEIE)** maintained by the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG).
The LEIE identifies individuals and entities excluded from participation in federal health care programs.

C. SAM.gov

The federal **System for Award Management (SAM.gov)**, including its federal exclusions information.
SAM.gov contains federal exclusion and debarment information and is separate from the HHS-OIG LEIE.

D. DHCS Suspended and Ineligible Provider List

The California Department of Health Care Services (DHCS) **Suspended and Ineligible Provider List**, identifying providers suspended or otherwise ineligible to participate in the Medi-Cal program.

E. Potential Match

A search result that appears to correspond to an employee, contractor, vendor, or other individual/entity but has not yet been verified as the same person or entity.

F. Confirmed Match

A determination, after appropriate identity verification, that the individual or entity being screened is the same individual or entity identified in an exclusion, suspension, or debarment database.

G. Federal Health Care Program

For purposes of this policy, a federal health care program includes Medicare, Medicaid/Medi-Cal to the extent applicable, and other federal health care programs as defined by applicable law.

H. Vendor

An individual or entity providing goods or services to VSHWC. Vendors may include organizations that do not provide direct patient care. Exclusion screening requirements shall be based upon the nature of the vendor's services and applicable law, regulation, contract, or VSHWC policy.

I. Contractor

An individual or entity providing services to VSHWC under an agreement other than a traditional employee relationship, including independent contractors, contracted providers, staffing agencies, consultants, and contracted billing or administrative services.

V. EXCLUSION DATABASES

VSHWC shall utilize the following databases as applicable to the individual or entity being screened:

1. HHS-OIG List of Excluded Individuals/Entities (LEIE)

The LEIE shall be used to identify individuals and entities excluded from participation in federal health care programs.

HHS-OIG updates the LEIE monthly. OIG recommends routine screening of employees and contractors and states that monthly screening best minimizes potential overpayment and civil monetary penalty risk.

Official source: HHS-OIG LEIE.

2. SAM.gov

SAM.gov shall be used to identify applicable federal exclusions and debarments.

SAM.gov is a separate federal database from the OIG LEIE and shall not be considered a substitute for LEIE screening.

Official source: System for Award Management (SAM.gov).

3. California DHCS Suspended and Ineligible Provider List

VSHWC shall review the applicable California Department of Health Care Services (DHCS) exclusion/suspension information, including the Medi-Cal **Suspended and Ineligible Provider List**, when applicable to the individual or entity being screened.

DHCS identifies exclusionary databases and lists that are relevant to Medi-Cal program integrity.

4. Other Required Databases

VSHWC shall conduct additional exclusion, sanction, or eligibility checks when required by:

- Federal or California law or regulation;
- CMS;
- DHCS;
- Medi-Cal managed care contracts;
- Medicare requirements;
- Other applicable governmental program requirements;
- Payer contracts;
- Mark Twain Health Care District policy; or
- A specific contractual requirement applicable to VSHWC.

VI. SCREENING FREQUENCY

A. Pre-Employment/Pre-Contract Screening

Before an individual begins employment or a contractor begins providing services, VSHWC shall conduct the applicable exclusion screenings required under this policy.

At minimum, applicable individuals/entities shall be screened against:

- OIG LEIE;
- SAM.gov; and
- California DHCS exclusion/suspension information, when applicable.

No employee, contractor, or applicable vendor shall begin federally reimbursable work when VSHWC has identified and confirmed that the individual or entity is excluded or otherwise prohibited from participating in the applicable program.

This exclusion screening is separate from the criminal background check required as part of VSHWC's employment process.

B. Current Employees and Contractors
VSHWC's current standard screening schedule is:
OIG LEIE
Quarterly
SAM.gov
Annually
DHCS Suspended and Ineligible Provider information
At least annually and as otherwise required by applicable Medi-Cal requirements, contracts, or program guidance.
If a law, regulation, governmental program, payer contract, District policy, or other applicable requirement establishes a more frequent screening schedule, the more stringent requirement shall apply.
VSHWC may also conduct additional screening at any time when there is reason to believe an employee, contractor, or vendor may have become excluded, suspended, or otherwise ineligible.

VII. VENDOR AND CONTRACTOR SCREENING
VSHWC shall determine the appropriate exclusion-screening requirements for vendors and contractors based upon the nature of the services being provided.
Particular attention shall be given to contractors whose services are:

- Directly related to patient care;
- Integral to the provision of patient care;
- Billed to or reimbursed by a federal or state health care program;
- Related to billing, coding, claims submission, or reimbursement;
- Provided by clinical or licensed personnel;
- Provided by staffing agencies;
- Provided by contracted medical, dental, or behavioral health providers; or
- Otherwise capable of resulting in federal or state health care program payment.

Where a contractor or staffing agency performs exclusion screening on behalf of VSHWC, VSHWC shall require appropriate contractual assurance and shall maintain documentation sufficient to demonstrate that the required screening was performed.
OIG specifically recognizes that providers may rely on contractors to conduct screening but recommends that the provider validate and retain documentation of the contractor's screening.

VIII. BUSINESS ASSOCIATE AGREEMENTS
A Business Associate Agreement (BAA) is a separate HIPAA/privacy and security requirement and is not considered an exclusion-screening document.
Where required by HIPAA, VSHWC shall execute a BAA with an applicable business associate before the business associate receives or accesses protected health information, subject to applicable HIPAA requirements.
BAAs shall be reviewed and renewed in accordance with VSHWC and/or Mark Twain Health Care District policy.
Execution or renewal of a BAA does not satisfy VSHWC's obligation to perform applicable exclusion screening. Likewise, completion of an exclusion screening does not satisfy HIPAA BAA requirements.

IX. RESPONSIBILITIES

A. Human Resources

Human Resources shall:

1. Coordinate or verify required pre-employment exclusion screening;
2. Ensure applicable employees are included in the periodic screening process;
3. Maintain or coordinate maintenance of screening records;
4. Notify the Compliance Officer and appropriate leadership of potential or confirmed exclusion matches;
5. Coordinate employment-related action when a confirmed exclusion is identified; and
6. Ensure this policy is incorporated into applicable onboarding and personnel procedures.

B. Compliance Officer/Designee

The Compliance Officer or designee shall:

1. Oversee the exclusion-screening program;
2. Ensure screening databases and frequencies remain current;
3. Review potential matches;
4. Coordinate identity verification;
5. Determine whether a match is confirmed;
6. Coordinate investigation of confirmed exclusions;
7. Determine whether claims, payments, or services may have been affected;
8. Coordinate reporting, repayment, disclosure, or corrective action when required; and
9. Maintain appropriate compliance documentation.

C. Department Managers

Department managers shall:

1. Cooperate with exclusion-screening requirements;
2. Promptly notify HR/Compliance of information suggesting that an employee or contractor may be excluded or otherwise ineligible;
3. Ensure an individual with a confirmed exclusion is not assigned duties prohibited by applicable law or program requirements; and
4. Cooperate with investigations and corrective actions.

D. Contracting/Vendor Management Personnel

Personnel responsible for contracting shall:

1. Identify contractors and vendors subject to exclusion screening;
2. Include appropriate exclusion-screening requirements in contracts when applicable;
3. Obtain and maintain required screening documentation;
4. Verify screening performed by staffing agencies or other contractors when applicable; and
5. Notify Compliance of any potential or confirmed exclusion.

E. Employees and Contractors

Employees and contractors shall promptly notify VSHWC if they become aware that they have been excluded, suspended, debarred, or otherwise determined to be ineligible to participate in a federal or applicable state health care program.

X. DOCUMENTATION REQUIREMENTS

VSHWC shall maintain documentation sufficient to demonstrate compliance with this policy.
Documentation shall include, as applicable:

- Name of individual or entity screened;
- Position, department, or contractual relationship;

- Date of screening;
- Database searched;
- Search result;
- Name/initials of person or vendor performing the search;
- Documentation of a “clear” result;
- Documentation supporting resolution of any potential match;
- Date and outcome of resolution;
- Corrective action taken, if applicable; and
- Any required notification, repayment, disclosure, or follow-up.

Where a third-party screening vendor performs the screening, VSHWC shall retain the vendor's report, certification, screening file, or other documentation sufficient to establish that the required search occurred. Screening documentation shall be maintained in accordance with VSHWC and Mark Twain Health Care District record-retention requirements and any applicable federal or California requirements.

XI. POTENTIAL MATCH PROCEDURE

A database result that appears to match an employee, contractor, or vendor shall **not automatically be treated as a confirmed exclusion**.

Upon identification of a potential match:

Step 1 — Immediate notification

The individual who identifies the potential match shall notify Human Resources and the Compliance Officer/designee promptly.

Step 2 — Protect against inappropriate billing

The Compliance Officer, in consultation with appropriate leadership, shall determine whether temporary restriction from federally reimbursable services or claims activity is appropriate while the identity is being verified.

Step 3 — Verify identity

VSHWC shall compare available identifying information, which may include:

- Full legal name;
- Former or alternate names;
- Date of birth;
- NPI, where applicable;
- License number;
- Business/entity name;
- EIN or other identifying information for entities;
- Address;
- Professional specialty; and
- Other information permitted by law and reasonably necessary to distinguish the individual/entity.

Step 4 — Determine whether the match is confirmed

The Compliance Officer/designee shall determine whether the database record actually pertains to the VSHWC employee, contractor, or vendor.

A common name alone shall not constitute a confirmed exclusion.

Step 5 — Document the determination

The search, investigation, identifying information considered, and final determination shall be documented.

Step 6 — Close the potential match
If the individual/entity is determined **not to be the excluded person or entity**, the documentation shall state that the match was cleared and why.
If the individual/entity is determined to be **the excluded person or entity**, the matter shall proceed under Section XII.

XII. CONFIRMED EXCLUSION PROCEDURE
If VSHWC confirms that an employee, contractor, vendor, or other applicable individual/entity is excluded or otherwise ineligible:

1. **The individual shall immediately be removed from any duties or activities prohibited by the applicable exclusion.**
2. **VSHWC shall immediately determine whether the individual provided services or items that were billed to or reimbursed by a federal or state health care program during the period of exclusion.**
3. **Claims and payments potentially affected by the exclusion shall be identified and reviewed.**
4. **Compliance shall notify the CEO and other appropriate District leadership.**
5. **Human Resources shall be consulted regarding employment action**, consistent with applicable law, District policy, employment agreements, and collective bargaining requirements, if applicable.
6. **Contracting/Vendor Management shall be notified** when the individual is a contractor or vendor.
7. VSHWC shall determine whether the contractor/vendor agreement requires suspension, termination, replacement, or other action.
8. Compliance shall determine whether the matter requires notification, repayment, self-disclosure, or other reporting to:
    - HHS-OIG;
    - CMS;
    - DHCS/Medi-Cal;
    - A Medicare Administrative Contractor;
    - A Medi-Cal managed care plan; or
    - Another governmental or payer entity.
9. VSHWC shall consult legal counsel when appropriate, particularly when:
    - The exclusion is confirmed;
    - Federal or state claims may have been affected;
    - Overpayments may have occurred;
    - Self-disclosure may be appropriate;
    - The exclusion involves a contracted provider; or
    - The appropriate employment or contractual action is unclear.
10. VSHWC shall document all corrective action taken.

OIG states that services furnished by an excluded individual can create significant federal health care program liability, including potential civil monetary penalties, and recommends that providers address confirmed exclusions promptly.

XIII. OVERPAYMENT AND CLAIM REVIEW
When a confirmed exclusion is identified, VSHWC shall determine whether the individual or entity furnished services or items for which VSHWC received payment from a federal health care program during the applicable exclusion period.
The Compliance Officer/designee shall coordinate with Billing, Finance, leadership, and legal counsel as

appropriate to:

- Identify potentially affected claims;
- Determine the relevant dates;
- Determine whether payments were received;
- Calculate any identified overpayment;
- Determine applicable repayment deadlines;
- Determine whether self-disclosure is appropriate; and
- Complete any required repayment, reporting, or corrective action.

XIV. CONFIDENTIALITY

Exclusion-screening information, investigation records, personnel information, and related documentation shall be maintained securely and accessed only by individuals with a legitimate business or compliance need. Personnel information shall be handled in accordance with applicable federal and California privacy laws, VSHWC policies, and Mark Twain Health Care District policies.

XV. RELATIONSHIP TO OTHER SCREENING AND COMPLIANCE PROCESSES

This policy does not replace or modify VSHWC's separate requirements for:

- Criminal background checks;
- Employment verification;
- Drug testing;
- Professional license verification;
- Credentialing and privileging;
- National Practitioner Data Bank (NPDB) inquiries, when applicable;
- HIPAA Business Associate Agreements;
- Employee health requirements;
- References;
- Sanctions/disciplinary checks; or
- Other onboarding or employment requirements.

Each process shall be performed independently when required.

XVI. POLICY REVIEW

Human Resources and Compliance shall review this policy at least annually and whenever there is a significant change in:

- Federal exclusion requirements;
- CMS requirements;
- HHS-OIG guidance;
- California DHCS requirements;
- Medi-Cal managed care requirements;
- Medicare requirements;
- Mark Twain Health Care District policy;
- Applicable payer contracts; or
- VSHWC's organizational structure or services.

If an applicable law, regulation, governmental program requirement, payer contract, or District policy establishes a requirement more stringent than this policy, the more stringent requirement shall control.

XVII. REFERENCES

- U.S. Department of Health and Human Services, Office of Inspector General — List of Excluded Individuals/Entities (LEIE).
- HHS-OIG Special Advisory Bulletin, *The Effect of Exclusion from Participation in Federal Health Care Programs*.
- Centers for Medicare & Medicaid Services — 42 CFR §455.436, Federal Database Checks.
- California Department of Health Care Services — Medi-Cal program integrity and exclusion/suspension requirements.
- California DHCS All Plan Letter 21-003 and Attachment A, *Exclusionary Databases and Lists*.
- System for Award Management (SAM.gov).
- Applicable Mark Twain Health Care District policies and procedures.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedure for Patients Presenting with a Penetrating Foot Injury	REVIEWED: 11/12/26
SECTION: Standardized Procedure	REVISED:
EFFECTIVE: 11/25/26	MEDICAL DIRECTOR: Debbi Salom, DO

Subject: Standardized Procedure for Patients Presenting with a Penetrating Foot Injury

Objective: To expedite the evaluation and treatment of patients presenting with a penetrating injury to the foot by allowing radiographs to be obtained before provider evaluation when predefined criteria are met.

Response Rating: Everyone

Required Equipment: Radiology Tech

Policy

Patients meeting all inclusion criteria may receive a foot x-ray before provider evaluation under this standardized procedure. The x-ray is obtained pursuant to this provider-approved protocol and does not replace the provider's medical evaluation.

Inclusion Criteria
The patient:

- Presents with a penetrating injury to the foot (e.g., nail, screw, tack, splinter, glass, metal, or other puncture object).
- Is age 18 years old or older.
- Is ambulatory or presents with an isolated foot injury.
- Is clinically stable.
- Has the ability to provide an appropriate history.

Exclusion Criteria
This standardized procedure shall **not** be used if:

- Pregnancy is known or suspected.
- The patient is unable or unwilling to answer pregnancy screening questions.
- The injury involves another body part requiring evaluation.
- There is uncontrolled bleeding requiring immediate provider assessment.
- There is obvious deformity suggestive of fracture or dislocation requiring immediate provider evaluation.
- There is vascular compromise, absent pulses, or loss of sensation.
- There is an unstable medical condition.
- The provider specifically requests otherwise.

Pregnancy Screening
For all patients of childbearing potential:
The Medical Assistant shall ask:
"Is there any possibility that you are pregnant?"

If the answer is:

- **No:** Proceed with the standardized procedure.
- **Yes, or Unsure:** Do **not** obtain radiographs under this protocol. Notify the provider immediately for further evaluation and direction.

Procedure

When inclusion criteria are met and no exclusion criteria exist:

1. The Medical Assistant documents the chief complaint.
2. The Medical Assistant completes pregnancy screening when applicable.
3. The Medical Assistant obtains last date of tetanus vaccination. If it has been greater than 5 years, then administer a Td vaccine, IM per protocol.
4. The Medical Assistant initiates the Penetrating Foot Injury Standardized Procedure.
5. The Limited X-Ray Technician obtains the appropriate foot radiographs pursuant to this standardized procedure.
6. Images are completed before provider evaluation when feasible.
7. The provider reviews the radiographs, performs the medical examination, determines diagnosis, and develops the treatment plan.

Documentation

The MA shall document:

- Chief complaint.
- Mechanism of injury.
- Date/time of injury (if known).
- Pregnancy screening and patient response.
- Tetanus vaccination status and/or documentation of administration of Td vaccine
- That radiographs were obtained pursuant to the Penetrating Foot Injury Standardized Procedure.

The provider shall document:

- Examination findings.
- Interpretation (or preliminary interpretation if applicable).
- Final diagnosis.
- Treatment plan.
- Verify Tetanus assessment and management.
- Foreign body removal, if performed.
- Antibiotic recommendations when indicated.
- Follow-up instructions.

Provider Oversight

This standardized procedure is authorized by the Medical Director and may be used only by trained clinic personnel. It does not authorize Medical Assistants to independently diagnose, order diagnostic studies outside this protocol, or make medical decisions. Final clinical evaluation and medical decision-making remain the responsibility of the licensed provider.

Electronically signed by Dr. Debbi Salom; original signed hard copies on file in the Director of Clinic Operation's office

_____

Signature: Debbi Salom, DO – Medical Director Date

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Point of Care Ultrasound (POCUS)	REVIEWED: 5/06/25; 8/6/26; 11/12/26
SECTION: Patient Care	REVISED:
EFFECTIVE: 11/25/26	MEDICAL DIRECTOR: Debbi Salom, DO

Subject: Point of Care Ultrasound (POCUS)

Objective: Guidance for use of POCUS in the Clinic: Consultative sonography is intended to comprehensively evaluate anatomy and physiology, while clinical ultrasound focuses on specific, and therefore limited, clinical questions and concerns that the treating clinician may have as it relates to the current clinical encounter, while expediting care.

Oversight: VSHWC Medical Director and QAPI

Other names: Clinical Ultrasound, CUS, (not to be confused with formal or consultative ultrasound)

Concept: Clinical ultrasound (CUS) is defined as a focused ultrasound examination performed and interpreted by the treating clinician, at the point of care, to interrogate a specific clinical question or to guide a procedure. Clinical ultrasonography is a diagnostic modality that provides clinically significant data not obtainable by inspection, palpation, auscultation, or other components of the physical examination, and should be considered complementary to the physical examination. It is a separate entity that adds anatomic, functional, and physiological information to the care of the patient. Clinical ultrasound, for the purposes of this paper, will be considered synonymous with other terms such as "bedside," "focused," and "point-of care-ultrasound (POCUS). Emergency Ultrasound (EUS) is an example of a sub-category of CUS.

CUS is intended to be goal directed and focused with the purpose of answering brief and important clinical questions in an organ system or to query a clinical symptom or sign involving multiple organ systems. It may be performed as a single examination, repeated due to clinical need or a change in condition, or used to monitor physiological or pathologic changes and assess the response to treatment.

Because CUS is performed, interpreted, and integrated into patient management by evaluating clinicians contemporaneously with the patient's evaluation, it enjoys some unique properties. Real time visualization of critical and pathological anatomy increases the safety of many procedures which have historically been performed without imaging guidance. This includes removal of retained foreign bodies, needle placement, incision and drainage, regional anesthesia, fracture reduction and joint dislocation reduction.

CUS is not meant to replace comprehensive ultrasound imaging, which is a consultative test performed at traditional imaging centers by non-clinician sonographers and traditionally interpreted by radiologists. Consultative sonography is intended to comprehensively evaluate anatomy and physiology, while clinical ultrasound focuses on specific, and therefore limited, clinical questions and concerns that the treating clinician may have as it relates to the current clinical encounter, while expediting care.

Response Rating: All Providers

Required Equipment: Butterfly iQ3 Ultrasound

Procedure:
Clinician/Technician Competency

It will be the policy of VSHWC that any provider seeking approval to perform clinical bedside ultrasound will have:

-Completed a didactic course (on-line or in-person) or demonstrate resident or fellowship training
-Will apply for privileges from the Medical Director or designee, then to QAPI committee
-Privileges will be specific to each organ system. For example: uterus, lungs, kidneys, vascular, abdomen, bladder, heart, thyroid, etc.
-Demonstrate competency to the VSHWC Medical Director or designee who will document cases in writing and submit to the medical director and the Director of Clinic Operationsfor inclusion in QAPI.
-Maintain a yearly log of cases completed for audit purposes
Achieving competency is vital for clinicians looking to successfully incorporate clinical ultrasound into their clinical practice. The goal of competency-based learning is to ensure that learners have acquired the knowledge and skills deemed essential to successful implementation of ultrasound. Successful implementation of clinical ultrasound requires clinicians to have a strong fundamental knowledge in four key areas. These include:

1. Knowledge related to indications for the exam
2. Image acquisition
3. Image interpretation
4. Integration of findings into patient management

The didactic portion of these tenets can be delivered by attending lectures, clinical rotations, preceptorships, conferences, postgraduate and fellowship training programs, through online content and asynchronous education, or through medical school or medical education programs with integrated ultrasound curriculum.

Following the didactic instruction, hands-on scanning is essential to develop requisite psycho-motor skills necessary to capture quality images in a timely manner. The scanning time can be obtained through one-on-one scanning, live conferences, remote video conferencing, or using high-fidelity ultrasound simulation technologies.

Objective demonstration of competency is vital to any educational or training program. Training in bedside ultrasound is no exception. Demonstration of competency can and should be achieved by various methods. These may include written exams, direct supervision of hands-on scanning, Standardized Directly Observed Tools (SDOTS), Objective Structured Clinical Examination (OSCE) image review sessions, or simulation cases. Demonstration of competency should begin during the didactic portion, Phase I Introductory Training or Practice Based Pathways and should continue into the clinical clerkship phase for students, or for providers in current clinical practice Proctored Scanning Phase II through their home clinical ultrasound programs.

Documentation Requirements:

Clinical Ultrasound examinations should be documented. This can be accomplished either by a separate report, or by inserting the report into the active chart note. Information should include:

-Operator
-Date
-Equipment used
-Findings
-Disposition

Documentation should also include patient informed consent. An informed consent template will be created and located in the EHR.

Incidental Findings

An incidental finding is an asymptomatic observation made by the clinician which is outside of the clinical question under interrogation. Such findings may create an unnecessary medical burden or even harm as well as the potential for curative benefit. Therefore, incidental findings should be communicated to the patient or follow-up provider. The patient should be informed of the risks, and the provided discharge instructions should reflect any specific issues regarding US findings in the context of the diagnosis. If the incidental finding is from a live model teaching session, the scans should be secured and stored for future reference, and the model should be provided with a copy of the images. (57)

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Age Restriction	REVIEWED: 11/9/18; 9/23/20; 8/2/21; 11/4/22; 10/27/23; 2/7/25; 9/20/26
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~3/26/25~~11/25/26	MEDICAL DIRECTOR: ~~Randy Smart, MD~~Deborah Salom, DO

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Subject: Age Restriction

Objective: The Clinic does not discriminate based on age in admission or access to its programs and activities.

Response Rating:

Required Equipment:

Procedure

1. It is the policy of the Clinic to extend services to ~~persons~~people under and over the age of 18.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Audiogram-Threshold	REVIEWED: 11/11/18; 9/14/19; 11/20/20; 8/25/21; 3/31/22:4/3/23; 5/7/24; 5/14/25;8/6/26; 11/2/26
SECTION: Patient Care	REVISED: 9/14/19; 3/31/22
EFFECTIVE: ~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject: Threshold Audiogram

Objective: To assess auditory status of patient

Response Rating: Minimal

Required Equipment: Audiometer, EMR

Applies to: All Personnel with documented audiometry training

Policy

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

Procedure

1. As a part of the pediatric patient's physical examination. Guidelines and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.

   A. If the screening is not performed per the recommended periodicity schedule, document the reason in the reason. Example "patient unable to follow direction."

   B. If the screening is attempted and not performed, practitioner notation must be made with a plan for follow-up to rescreen.

2. Assemble the equipment

3. Ensure that the room is quiet and free of distractions (i.e. nearby conversations).

4. Explain the procedure to patients and demonstrate its use.

5. Inform the patient: "I am going to place the earphones over your ears. You will hear a variety of tones. Some will be high, some low, some loud, some very soft. Whenever you hear, or think you hear one of

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

6. Place the headset over the patient's ears.

7. The routine hearing screening will be set at 20 decibels, to be tested at 1000, 2000, and 4000 Hz.

8. If the patient cannot hear at the threshold level on one of the tones, increase the decibel level by 10 and retest the patient to determine their hearing threshold.

9. Document the results in the EMR and the physical form. Include the threshold level required at each tone.

10. Mark hearing screen in EMR.

11. Report abnormal results to the practitioner.

12. Provide follow-up as directed (referrals, treatment plans, etc.), and document.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Bomb Threat	REVIEWED: 8/30/19; 2/18/21; 2/09/22; 2/02/23; 2/02/24; 5/14/25;8/6/26; 11/2/26
SECTION~~: Safety~~: Safety and Emergency Planning	REVISED: 5/14/25; 11/2/26
EFFECTIVE: ~~9/23/26~~6/25/25~~25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject: Bomb Threat

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of patients, staff, and guests.

Response Rating~~: Mandatory~~**: Mandatory**

Required Equipment:

Procedure

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.

2. Ask the caller:
   a. Their name
   b. Where the bomb is located

3. Record/document:
   a. Every word spoken by the person making the call
   b. The time the call was received and terminated
   c. Any identifiable background sounds (i.e. train whistles, traffic noise)
   d. Any voice identifiers (i.e. accents, stuttering, tone, male or female sounding)

4. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury by many innocent people.

5. If possible, during the call:
   a. Call law enforcement via 911
   b. Call clinic leadership, if not present
   c. Organize staff, patients and guests to evacuate premises upon police or leadership order.

6. Once the ~~police~~ Sheriff's Department and/or Emergency Responders have arrived:
   a. Keys ~~shall~~ will be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
   b. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Child Abuse-Reporting	REVIEWED: 7/1/19; 2/18/21; 3/10/22; 2/02/23; 2/02/24; 5/14/25;8/6/26; 11/2/26
SECTION: Mandatory Reporting	REVISED: 2/02/24;8/6/26
EFFECTIVE: ~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Child~~: Child Abuse Reporting

Objective: Mark Twain Health Care District and its Clinics will comply with all state and federal regulations for reporting child abuse. California PC 11165.7 requires all health practitioners, who have knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he or she knows or reasonably suspects has been the victim of child abuse and/or neglect to report the known or suspected instance of child abuse to a child protection agency immediately, or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Response Rating: Mandatory

Required Equipment: Suspected Child Abuse Form

Procedure:

Reporting to Child Protective Services:

1. All reasonable suspicions of child abuse and/or neglect will be reported to the appropriate agencies.

2. Child abuse forms will be completed by the licensed nurse and/or provider who is treating the child. These forms must be completed and sent to the appropriate agencies within 36 hours from time of contact with the patient.

3. If it is determined or suspected that the child is in immediate danger, law enforcement will be called immediately.

4. All reports of abuse/neglect will be made verbally, followed by the written report. Calaveras County Department of Human Services (CCDHS) maintains a ~~24 hour~~24-hour/7 day a week hotline. **DO NOT FAX IN ~~—~~LIEU OF VERBAL REPORT.**

5. The first copy of the written report of Suspected Child Abuse Report (SCAR) can be mailed or faxed to the Calaveras County Children's Protective Services (CPS).

6. 2nd copy will be mailed or faxed to the Law Enforcement Agency that has jurisdiction, if indicated.

7. 3rd copy will be mailed to the District Attorney's office, if indicated.

8. Original copy will be filed at the Clinic. This will be given to the Director of Clinic Operations~~Clinic Manger~~ and will be filed in the Director of Clinic Operations ~~Medical Director's~~ office.

CALAVERAS COUNTY DEPARTMENT OF HUMAN SERVICES

Fax (209) 754-3293 (Reporting Form)
Mandated Reporting (209) 754-6452 or (209) 754-6677 (After Hours)
Toll-free Hotline & After Hours 1 (844) 690-5137

CALAVERAS COUNTY SHERIFFS' DEPARTMENT
Central Main Dispatch (209) 754-6500
Valley Springs Sub-Station 209-772-1039

1. REPORTING BY FAX:

Form SS 8572 should be faxed to Child Protective Services immediately upon suspicion of the child abuse or neglect. By faxing the form, both written and verbal notification are completed.

2. REPORTING BY PHONE:

Reports may be made to the CPS Mandated Reporting Line that is available 24 hours a day, 7 (seven) days a week. CPS monitors the phone regularly.

3. REPORTING TO LAW ENFORCEMENT:

If it is suspected that the child is in immediate danger, the appropriate law enforcement agency must be contacted. Possible appropriate law enforcement agencies include the Calaveras County Sheriff's Department.

4. RESPONSIBILITY TO REPORT:

All professional medical personnel, including physicians, physician assistants, nurse practitioners, nurses and all other medical professionals are required by Section 11166 of the Penal Code are to report any case of suspected abuse, neglect, or exploitation of children. Any mandated reporting party knowingly failing to report suspected abuse or neglect may result in criminal or civil prosecution. No health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by Section 11166 of the Penal Code unless it can be proven that a false report was made, and the person knew or should have known that the report was false.

5. INDENTIFICATION OF VICTIMS:

The following indicators may be cause to report child abuse or neglect:

a. Any suspicion of physical abuse or non-accidental injury.
b. Sexual abuse of a minor.
c. Parental or guardian incapacity (drugs, alcohol, mental or developmental disability)
d. Abandonment by parent or guardian.
e. Neglect: failure to provide adequate food, clothing or shelter.
f. Selling or giving away an infant/child.
g. Medical neglect that endangers a child.
h. Emotional or mental abuse.
i. Parent/guardian threatens to harm or kill the child.

6. HOW TO USE THE CALAVERAS COUNTY CHILD ABUSE AUTOMATED LINE (844)690-5137.

Using a completed Form SS 8572 as a guide, reporters should provide the following information:

a. Information regarding the reporter:
b. Professional name and title
c. Business mailing address, including city and zip code.
d. Business phone number including area code.
e. Information regarding the child:
    1. Full name. Spell the last name. Also spell the first name and other names if they have alternate spellings or are uncommon names.
    2. Gender, race, language spoken, birthdates if known or approximate age, school or day care facility they attend, and if known social security number, hair and eye color and religion.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dental Emergencies	REVIEWED: 4/9/20; 8/11/21; 11/07/22:12/13/23; 5/06/24; 5/14/25;8/6/26; 11/2/26
SECTION: Patient Care	REVISED: 8/11/21; 11/17/22; 5/06/24
EFFECTIVE: ~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Defining:~~ Defining Dental Emergencies

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

Response Rating: Mandatory

Required Equipment: Procedure:

a. Within the scope of the dental services provided by the Clinic, dental emergencies will be defined as: Broken appliance that cannot be removed by the patient or the patient's kin and/or is sharp, causing adjacent tissue damage and/or can be swallowed and/or aspirated. Patients with broken braces or wires should be seen by their treating orthodontist.
b. Broken tooth caused either by trauma or decay and/or pain is present.
c. Swollen face/alveolar tissues denoting a dental abscess. Swelling in the throat and neck area or swelling at the base of the tongue should be sent for evaluation in the ER. The patient may complain of feeling their "tongue is elevated".
d. Cut or bitten tongue, lip, or cheek
    i. Patient will be directed to come to the office to be seen by the dentist
    ii. If the dentist is not present but the RDA is in the office, the patient will be directed to come to the office to be seen by the RDA
    iii. If the dentist is not present in the office and/or the RDA is unable to resolve the issue, staff will take a message and contact the after-hours dentist for guidance and/or with information so that the after-hours dentist may contact the patient directly.
    iv. The patient will be seen within 24-48 hours. If no one is available, established patients may be directed to make an acute appointment with their PCP, otherwise the patient will be directed to go to Prompt Care or the ER.
e. Trauma to the jaw or alveolar tissues
    Most cases should be directed to the emergency room as the concern is for brain injury.
f. Knocked out tooth
    i. Patient will be direct to hold the tooth by the crown and rinse off the root of the tooth in water if dirty. Do not scrub or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn't possible, put the tooth in a cup of milk and get to a dentist as quickly as possible, bringing the tooth.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dental Fluoride Varnish Policy	REVIEWED: 2/02/23; 2/02/24; 5/14/25;8/6/26; 11/2/26
SECTION~~: Dental~~: Dental - Patient Care	REVISED:
EFFECTIVE: ~~9/23/26/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Dr. Randall Smart~~Debbi Salom, DO

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Subject~~: Fluoride~~: Fluoride varnish use for patients

Objective: To define the appropriate use and application of oral fluoride varnish for patients.

Response Rating:

Required Equipment: Single use fluoride varnish packets, gloves, basic instruments, prophy cup and prophy angle handpiece, prophy paste, and floss.

Procedure for Dental Clinic

Reasons for fluoride varnish:

- Sensitivity that does not resolve with an over-the-counter desensitizer.
- Moderate to high caries risk individuals with a medical or cognitive impairment.
- Individuals in active orthodontic treatment.
- The Remineralization of incipient or white spot enamel carious lesions.

1. Fluoride varnish application

- The dentist will do an oral exam to determine if the patient needs fluoride and how often.
- The providers and Clinic staff will be trained in the application of fluoride varnish and that training will be documented prior to the implementation of the fluoride varnish program.
- Polishing of the teeth with a prophy angle, cup and paste, then flossing, to remove plaque.
- Apply the varnish according to the manufacturer's guidelines.

2. Post-application guidance for patients

- The patient may drink water after application of fluoride varnish.
- The patient should not eat any foods that are hard, crunchy, or chewy for 4-6 hours.

- The patient cannot have hot beverages or alcohol for 4-6 hours.
- The patient should not floss or brush until the next following day.
- The patient should not use any fluoride products like fluoride gels mouth rinses, etc. on the day of treatment and should not take fluoride tablets for several days.
- Fluoride containing toothpaste can still be used.
- After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed and flossed.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dental Local Anesthesia Policy	REVIEWED: 2/02/23; 2/02/24; 5/14/25;8/6/26; 11/2/26
SECTION~~: Dental~~: Dental - Patient Care	REVISED:
EFFECTIVE: ~~9/23/26~~6/25/2511/25/26	MEDICAL DIRECTOR: ~~Dr. Randall Smart~~Debbi Salom, DO

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Subject: Administering Local Anesthetic

Objective: Patient comfort and safety

Response Rating:

Required Equipment:

Procedure: Equipment Needed:

- Dental syringe
- A 25, 27, or 30 gauge, short or long dental needle, depending on the anesthetic technique
- Local anesthetic solution
- Topical anesthesia

The patient's medical history, including any medical conditions, medications, and allergies, should be reviewed as this can affect the choice of the anesthetic agent. The patient's weight should be known to avoid exceeding the safe dose of anesthetic solution. The dental syringe is assembled by the operator or dental assistant, confirming the anesthetic agent to be utilized and its expiration date. Under good lighting, local anesthesia is administered with the patient in the dental chair in a supine or semi-supine position. Anatomical landmarks are observed before administering the local anesthesia. Furthermore, the application of topical anesthesia is placed before injection to reduce discomfort.
The ASA (American Society of Anesthesiologists) Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. Definition Examples, including but not limited to:

- ASA I - A normal healthy patient Healthy, non-smoking, no or minimal alcohol use.

- ASA II ~~A~~ A patient with mild systemic disease Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
- ASA III - A patient with severe systemic disease Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, *ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
- ASA IV - A patient with severe systemic disease that is a constant threat to life Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or *ESRD not undergoing regularly scheduled dialysis
- ASA V - A moribund patient who is not expected to survive without the operation Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/ system dysfunction
- ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes

The Dentist or the Registered Dental Hygienist will only administer the local anesthetic. The patient needs to be cooperative during delivery of local anesthetic for safety reasons.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dental Out-of-Pocket Payment Policy	REVIEWED: 05/14/25;8/6/26; 11/2/26
SECTION: Dental	REVISED:
EFFECTIVE: ~~9/23/26~~6/25/~~25~~11/25/26	MEDICAL DIRECTOR: ~~Dr. Randall Smart~~Debbi Salom, DO

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Subject: Dental Cash Policy

Objective: How patients will pay for dental services or non-covered products

Response Rating:

Required Equipment: Credit card machine, computer, phone, payment system

Procedure:

Dental patients with Medi-Cal Dental Insurance who choose to have a non-covered ~~service~~service, or product will be allowed to purchase such services or products on a cash basis.

Patients will be required to sign a treatment plan informing them of the fee for the service or product they are requesting and acknowledging that they understand it is not a covered benefit of their dental plan.

Payment is required **in full PRIOR** to services being performed.

We accept cash, debit or credit card.

For crowns and dentures, there is a contract that can be signed for a two-installment payment plan.

The initial payment (1/2 of the total price) is due at the first appointment for impressions (dentures) or the crown prep appointment. The final payment is due at the appointment for first initial delivery of the crown or dentures. If the patient no-~~-~~shows or reschedules that appointment, the credit card on file per the signed contract agreement, will still be charged.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dental Walk-In Patient Policy	REVIEWED: 12/21/22; 4/04/24; 5/14/25;8/6/26; 11/2/26
SECTION: Admitting Dental	REVISED: 5/14/25
EFFECTIVE: ~~9/23/26~~6/25/25~~25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Walk~~: Walk-In Dental Patients

Objective: To Provide the option of walk in for patients to get into Dental sooner and to have patients to fill no show or cancellation gaps in the Dental schedule

Response Rating: Dental Reception

Required Equipment:

Procedure:

1. Walk-in patients will be allowed on weekdays from 8am – 2pm (pending a DDS working on that day).
2. Patients will be informed that we are closed for lunch, and that there is no guarantee that they will be seen.
3. Insurance and paperwork should be completed as soon as they come in, in the event they are able to be seen.
4. We will accept a maximum of three (3) patients daily on a first come first serve basis.
5. If a patient cancels or if a patient does not show up for an appointment after ten (10) minutes, the first walk-in patient will then be registered and brought back in place of the scheduled patient.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY~~: Disaster~~: Disaster - Fire	REVIEWED: 7/24/19; 03/10/21; 2/09/22;2/02/23; 2/02/24; 5/14/25;8/6/26; 11/2/26
SECTION~~: Safety~~: Safety and Emergency Planning	REVISED: 2/09/22: 2/02/23; 2/02/24; 8/6/26; 11/2/26
EFFECTIVE: ~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Disaster~~: Disaster - Fire

Objective: To ensure the safety of patients, personnel, and visitors Clinic personnel shall be prepared to follow a planned course of action in the event of a fire to ensure safety for patients, staff and visitors.

Response Rating:

Required Equipment:

Procedure:

1. In the event of a fire in the facility:

    a. The first responder will direct a staff member to call 911 to report the fire.
    b. The first responder will perform an overhead page using Code Red, speaking clearly and stating the location of the fire, repeating 2 times.

    c. The first responder will use the nearest fire extinguisher to attempt to extinguish the fire, if this can be done safely.

    d. Patients and visitors will be evacuated as follows:
        1. The front office personnel will direct the patients and visitors from the front waiting area to the outside and away from the building through the nearest clear exit per the posted evacuation plan.
        2. The nursing staff will direct the patients and visitors from the exam and procedure areas to the nearest clear exit per the posted evacuation plan.
        3. The chalk located on each fire extinguisher will be used to mark doors as each room is cleared.
        4. Personnel will direct patients and visitors to the paved parking area located at the south end of the Clinic building.

    e. The Director of Clinic Operations~~Clinic Manager~~ or designee will ensure that the building is evacuated of patients, visitors and staff. They will perform a head count once the building is considered evacuated. The head count will reflect scheduled staff, patients, guests, and vendors present at the time the emergency occurred.

f. The Director of Clinic Operations~~Clinic Manager~~ or designee will meet fire personnel when they arrive.

g. The Director of Clinic Operatios~~Clinic Manager~~ or designee will record all actions taken and include that information in their Incident Report.

h. The Director of Clinic Operations~~Clinic Manager~~ will prepare a thorough incident report and forward that report to the District Chief Executive Officer.

i. The Director of Clinic Operations~~Clinic Manager~~ will work with the Maintenance Supervisor to outline the damage to the premises and coordinate arrangements for the repair and replacement of damaged premises and equipment through the District Chief Executive Officer.

j. The ~~District Chief Executive Officer~~Director of Clinic Operations, District Chief Executive Officer, ~~-~~or designee will notify California Department of Public Health Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continued use, and if not, what alternate arrangements have been made so that care of patients may continue.

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Disruption of Electrical Services	REVIEWED: 9/1/19; 2/18/21; 2/09/22; 2/02/23; 2/06/24; 5/14/25; 8/6/26; 11/2/26
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE:~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Disruption~~: Disruption of Electrical Services

Objective: To ensure maintenance of basic emergency services during a power outage and to ensure the safety of patients, personnel, and visitors during such occurrences.

Response Rating:

Required Equipment:

Procedure

1. In the event of disruption of the electrical service, the generator will automatically start withing a few seconds of the outage. It will power all red outlets and designated lights. The clinic telephones will still be operational.

2. Director of Clinic Operations~~Clinic Manager~~ or designee will report the service disruption to the local electrical supplier and inquire as to when the electricity will be back in service.

3. In the event the clinician is performing a procedure, he/she will turn the equipment off and make the patient comfortable according to acceptable medical protocol until electrical service is restored.

4. The Director of Clinic Operations~~Clinic Manager~~ will maintain a supply of flashlights and fresh batteries in the reception area~~, nurses~~, nurses' stations, and in the emergency preparedness box (located in the receptionist's area) of the clinic. The receptionist(s) will distribute flashlights to staff members as required.

5. All examination rooms and bathrooms will be checked to ensure patients have sufficient light. Patients who do not have sufficient light will be offered the choice of a flashlight or a seat in the waiting area until electrical service is restored.

6. Should a long-term service outage be anticipated and if the outage occurs after 4pm, staff will reschedule the balance of the day's patients and close the office.

*Refer to Generator Management Policy #154

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Drug Samples	REVIEWED: 9/1/19; 2/18/21; 2/9/22; 2/02/23; 2/06/24; 5/14/25; 8/6/26; 11/2/26
SECTION: Medication Management	REVISED: ~~8/6/26~~
EFFECTIVE: ~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject: In order to ensure compliance with approved formulary and medication management policy, drug samples are not permitted in the Clinic.

Objective~~: Mandatory~~: Mandatory

Response Rating:

Required Equipment:

Definitions:

1. Drug Sample~~: a~~: a unit of a ~~drug, which~~drug which is not intended to be sold and is intended to promote the sales of the drug.

Procedure

1. Drug samples are not allowed in the Clinic.

2. Medical Director and Director of Clinic Operations~~Clinic Manager~~ will ensure no drug samples exist in the Clinic.

3. Drug samples found will be confiscated by Director of Clinic Operations~~Clinic Manager~~ and placed in the medication waste stream, after being removed from their packaging.

4. Drug company sales representatives who present themselves to the Clinic will be advised that they must have an appointment to meet with the Director of Clinic Operations~~Clinic Manager~~ and may leave printed materials, but no drug samples or drug sample vouchers. Staff may also provide any sales representatives with the email for the Director of Clinic Operations.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Eye Irrigation	REVIEWED: 11/12/18; 9/11/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; 2/12/25; 8/6/26; 11/2/26
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE:~~9/23/26~~~~3/26/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Eye~~: Eye Irrigation

Objective~~: To~~: **To** flush secretions, chemicals and foreign bodies from the eye.

Response Rating: Minimal to Severe

Required Equipment~~: Irrigation~~: **Irrigation** solution, IV tubing, eye tray, towel, shampoo tray, and kick bucket.

Procedure:

1. Review written provider order.

2 Tap water may be used initially in an emergency but is not preferred. There is an eyewash station in the laboratory and the patient care hallway, attached to the sink faucet.

3. The amount of solution used depends on the contaminant.
   a~~.~~. Secretions require only small amounts.
   b~~.~~. Chemical burns require copious amounts.
   c~~.~~. Use of IV tubing connected to an IV solution of normal saline and Morgan lens may be used.

4. Adjust the flow of solution to ensure adequate, but not forceful, flow.

5. Place the patient in a supine position with their head turned to the affected side on the shampoo tray that will drain into kick bucket.

6. Have patient hold a towel against affected side to catch excess solution.

   a. If the patient is a child, parent and/or caregiver should be engaged to assist in calming and restraining the patient.

7. Using the thumb and index finger of your non-dominant hand, separate the patient's eyelid.

8. Direct a constant gentle stream at the inner canthus so the solution flows over the cornea.

9. The physician shall check the affected eye or eyes for effectiveness of the procedure.

10. Install medication and place eye pads if ordered by the physician.

11. After completion of procedure, arrange for transportation home if needed, care and instructions and follow-up care.

12. Document the care rendered in the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: -Eye Medications-Dispensing	REVIEWED: 11/12/18; 9/11/19; 11/20/20; 8/25/21; 11/07/22; 12/13/23; 2/10/25; 8/6/26; 11/2/26
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: ~~9/23/26~~3/26/25~~11/25/26~~	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Eye~~: Eye Medications-Dispensing

Objective~~: To~~: **To** define the guidelines for the administration of ophthalmic medications.

Response Rating~~: Minimal~~: Minimal to Moderate

Required Equipment~~: Eye~~: **Eye** tray, ophthalmic medication, gloves, tissue.

Procedure:

1. Review practitioner's written order. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify the practitioner's written order.
4. Wash your hands with soap and water.
5. Apply gloves.
6. Have the patient lie in supine position and utilize a Chux around the patient's neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
   a. Parent(s) or caregiver(s) may assist if the patient is a child.
7. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial acanthus area and moving laterally toward the lateral acanthus. Do not wipe the eye, as this could cause a corneal abrasion of the eye if it is already inflamed.
8. Verify the medication: right medication, patient, dose, route and time.
9. Gently pull lower eyelid down.

10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid. Begin at the side nearest the nose and outward to the edge of the eye.
    a If the patient is an infant or toddler, ointment may be applied to the upper eyelash and allowed to melt
    b. Alternatively, gently massage to push ointment into orbit.

11. Instruct the patient to close the eye and blink.

12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.

13. If the orders include both eyes, repeat the above steps.

14. Assist patient to the sitting position.

15. Remove gloves and wash hands.

16. Remove tray from the room.

17. The person administering the medications will document in the EMR the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.

18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Generator Management	REVIEWED: 3/11/20;5/29/21; 7/26/22;7/25/23; 8/6/24;12/09/24: 8/6/26; 11/12/26
SECTION: Operations	REVISED: 8/13/24; 12/09/24: 8/6/26; 11/12/26
EFFECTIVE: ~~3/6/25;9/23/26~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Generator~~: Generator

Objective: To outline generator~~,~~ use and maintenance to maintain maximum effectiveness in the event of a power failure.

Response Rating: Mandatory

Required Equipment: Generator

Procedure:

1. The generator is located on a concrete pad in the Southwest corner of the building, adjacent to the staff lounge, in front of the electrical room access door.

2. The generator doors and fuel box will always be locked with padlocks.

    a. The Director of Clinic Operations~~Clinic Manager~~ and the Nursing key ring have the generator padlock keys.
    b. The Director of Clinic Operations~~Clinic Manager~~ and Nursing key ring have a generator door key.

3. The Director of Clinic Operations~~Clinic Manager~~ will inspect the exterior and interior of the generator for any leakage or abnormalities monthly.
    a. Inspection will be logged, and log will be retained in the Generator Binder.
    b. Any abnormalities will be addressed/repaired.

4. The fuel gauge will be monitored by the Director of Clinic Operations~~Clinic Manager~~ or designated staff monthly and after any power outage incident when the generator runs to ensure the fuel tank has an adequate amount of fuel.
    a. Inspection will be logged, and log will be retained.

5. The scheduled generator maintenance will be performed by the contracted provider on the schedule outlined on the attached contract addendum, which is outlined below:

    a. Semi-annual PM Service –
        i. Visual inspection of the site and genset with associated equipment

ii. Inspect and service the filtration system
iii. Inspect exhaust system
iv. Inspect turbocharger
v. Inspect cooling system
vi. Inspect engine block heater assembly
vii. Inspect fuel system indication, fuel fill and associated piping
viii. Inspect and test lube oil system
ix. Inspect and test engine starting system
x. Inspect and test engine monitoring and safety controls
xi. Inspect generator assembly
xii. Generator controls
xiii. Inspect Automatic transfer switch

b. Annual Service – which includes the following and the semi-annual services elements:
   i. Inspect air elements and clean housing
   ii. Check turbocharger and endplay of impeller
   iii. Check and adjust valves as necessary and at the recommendation of manufacturer
   iv. Inspect and test radiator cap for correct pressure rating and operation
   v. Replace fuel filter and service primary filter
   vi. Drain and replace lube oil and filters
   vii. Check engine monitoring for accuracy. Test engine shutdown safeties
   viii. Inspect generator end bearing for condition and lubricate as necessary. Inspect exciter, ~~generator conductors~~Generator Conductors, connections and generator fan assembly
   ix. Inspect generator circuit breakers and tighten connections. Inspect and clean engine/generator control panel and connection panel
   x. Inspect and service Automatic Transfer Switch and enclosure. Check for proper operation and timing of ATS and controls.

6. Any alarms or immediate service needs will be reported to the Director of Clinic Operations~~Clinic Manager~~.

7. Director of Clinic Operations~~The Clinic Manager~~ will be responsible for arranging any ~~needed extra service or repairs~~extra service or repairs needed through the contracted provider.

8. The generator is programmed ~~to self-~~to start and operate for a 15-minute run time cycle, including cool down, every Friday of the month at 0800.

9. A "Run Log" will be maintained by the Director of Clinic Operations~~Clinic Manager~~ or designee with information displayed on the screen, behind the right outside door of the generator. (See "Generator Run Log"). This is to track ~~hours run~~hours for power outages verses maintenance/testing hours. This is mandatory. The log and information will be kept in a binder in the Director of Clinic Operation's~~Clinic Manager~~ Office

10. In case of an emergency the contact is as follows:

- Tina Terradista, RN – Director of Clinic Operations~~Clinic Manager~~ 209-890-0126 (cell)
- Rich Hodge – Service Manager 209-652-8282 (cell)

- Industrial Electrical Company 209-527-2800

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Management of Dental Patient Urgent Issues	REVIEWED: 3/10/20;6/7/21; 8/04/22; 12/13/23; 1/09/25: 8/6/26; 11/12/26
SECTION: Patient Care	REVISED:12/13/23
EFFECTIVE:~~3/6/25;9/23/26~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Management~~: Management of Dental Patient Urgent Issues

Objective: To outline the management of urgent issues experienced by dental patients

Response Rating: Mandatory

Required Equipment:

Procedure:

1. If a dental patient contacts the Clinic with the following issues, they should be scheduled for a same day dental visit, if the dental office is open:
    a. Uncontrolled bleeding after a dental procedure
    b. Uncontrolled pain after a dental procedure
    c. Adverse reaction to an antibiotic prescribed after a dental procedure
2. If the dental office is not open, schedule the patient as a same day medical patient with the next available medical practitioner.
    a. The practitioner may contact the dentist for patient information and/or care recommendations.
    b. Dentrix may be accessed to further understand the patient's prior dental care
3. After the medical care ~~rendered~~is rendered to the dental patient, forward a copy of the clinic note to the dentist via Athenanet chart export.
4. The medical record will be scanned into the Dentrix software as a part of the patient's dental record.
5. If there is a time when we are unable to see the patient, the patient will be directed to go to the emergency room.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Mass Casualty Response	REVIEWED: 8/30/19; 2/18/21; 2/09/22; 2/02/23; 2/6/24;7/11/25; 8/9/26; 11/12/26
SECTION: Safety and Emergency Planning	REVISED: 2/09/22; 2/6/24
EFFECTIVE:~~1/23/25~~~~9/23/26~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject: Mass casualty response

Objective: For this policy, Mass Casualty will be defined as any patient care situation that disrupts regular Clinic operations.

Response Rating:

Required Equipment:

Procedure:

1. Clinic may be advised of a mass casualty from one of the following sources:
   a. Law enforcement
   b. Community member
   c. County EMS
   d. Patient surge
   e. News broadcast (television, radio, internet)

2. In a mass casualty situation, the Clinic will activate the Command Center. The Command Center will be located in one of the following locations commensurate with the situation and weather conditions:
   a. Clinic lobby
   b. Clinic parking lot, adjacent to the Clinic
   c. Clinic parking lot, across the street from the Clinic
   d. District parking lot, adjacent to the District Office
   e. District Office

3. Until replaced by District personnel or Clinic leadership, the Incident Commander will be the staff member present with the RN or LVN license. Absent an RN or LVN, the Radiology Technician will function as the Incident Commander. Absent a Radiology Technician, the senior Medical Assistant will function as the Incident Commander.

4. The following supplies will be placed in the Emergency Response bin, which will be stored at the Clinic in the reception desk area:

   Incident Command Team t-shirts/vests (incident Commander, Safety Officer, Operations Officer, Logistics Officer), if available

2-way radios, batteries, car chargers,
A copy of the current, approved Emergency Preparedness Plan which contains contact information for personnel, providers, and resources
Flashlights and batteries
Hand Sanitizer
Masks (N-95)/Respirators
PPE (gloves/gowns/masks/eye protection)
Reception stock ~~flash lights~~flashlights
Duct tape
Pads and pens
Patient registration forms (downtime)
Patient care forms (downtime)
Incident command forms

a. If care is to be moved outside or if there is an evacuation, Staff will also need to collect:
Emergency Medication Kit: (Nitroglycerine/ASA/Benadryl/Epi/Narcan/Glucose/Albuterol)/ all crash carts with suction unit and AED
Trauma grab bag
BP Cuffs (Manual or portable battery)
Satellite cell phone (if available)

5 Additional supplies, such as Easy-Up temporary shelters, dividers, rolling carts, emergency lighting, headamps, wool blankets will be in the shed outside the clinic and additional supplies like additional shelters, bottled water, etc. will be located at the District storage area.

6. If the building is safe for use, Clinic operations will take place within the confines of the building building.

7. If the Clinic building is not safe for use the parking lot(s) will be established as the alternative patient care site.

8. If neither the Clinic building nor the parking lots are safe for Clinic operations, District and/or Clinic leadership will coordinate with City of Valley Springs resources to determine where Clinic personnel may set up to provide patient care services.

9. It is understood that, based upon the type and severity of the emergency, the Clinic may not be able to offer usual and customary Clinic services in the location and manner to which patients are accustomed. Clinic services may be enhanced or reduced based upon provider and staff availability. At no time will Clinic personnel provide service outside their training and/or scope of practice.

10. If forced to move Clinic operations out of the Clinic building:
a. Use duct tape on pavement to designate space for command and/or patient intake/assessment

b. Move clinic furniture and medical supplies/medications that do not require refrigeration outside to accommodate patient waiting and care, if appropriate

11. Utilize approved forms for documentation.

12. Activate on duty and off duty staff, as required.

13. If not already involved, notify ambulance service and local law enforcement of Clinic status (normal operations, partially operational (define), non-operational.

14. Contact local ambulance service to ensure they have contacted potential receiving hospital(s)

15. RN and/or FNP serve as triage nurses.

16. LVN serves as MA lead and makes assignments. Absent an LVN, the RN/FNP will assign a lead MA.

17. Reception chair #1 will serve as front office lead and will manage registration and the telephone traffic.

MARK TWAN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Quality Assurance Guidelines	REVIEWED~~: 2~~: 2/1/19; 10/15/19; 11/23/20: 6/07/21; 9/6/22; 9/19/23; 10/08/24; 6/1/26; 11/12/26
SECTION: Operations	REVISED: 10/15/19; 9/6/22; 9/19/23; 10/08/24; 6/1/26
EFFECTIVE~~: 10/23/24;6/24/26~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Quality~~: Quality Assurance Guidelines

Objective~~: To~~: **To** define Clinic Quality Assurance Guidelines for application in the development and management of the Quality Assurance/Performance Improvement Program**.**

Response Rating:

Required Equipment: None

Quality Assurance Definition:

An ongoing process designed to objectively and systematically monitor and evaluate patient services in accordance with established standards, identify and resolve problems and pursue opportunities to improve patient care and outcomes.

Quality Assurance Objectives:

a. Monitor statistics and the utilization of clinic services
b. Monitor compliance with criteria established for health maintenance and disease specific categories, as well as the correct documentation in the medical record
c. Recognize system problems
d. Review protocols and procedures
e. Provide a mechanism for staff continuing education
f. Enhance teamwork
g. Comply with regulating requirements for internal chart review
h. Ensure correct and complete documentation

Procedure

1. Quality Assurance/Peer Review general guidelines

   a. Review and signing by the supervising Medical Director *within 30 days* of medical records for 10% of patients treated by the mid-level practitioner for whom medication or devices are prescribed or dispensed during the first month and a minimum of 5% quarterly thereafter.

b. Medical chart audits, peer review, Dental and Behavior Health chart audits will be conducted during the quarter and will be reported to the QAPI Committee during scheduled meetings.
c. Charts will be audited for adherence to criteria for conditions treated frequently in the clinic. Criteria will include standards for historical data, physical exam, laboratory procedures, treatment, patient education and follow-up

d. Each audit will consist of at least five charts quarterly

2. Audit Process and Forms

   a. A review form will be used for each chart for Behavioral Health (exception if there are BH providers needing oversite) and Dental charts
   b. Mid-Level Medical Charts shall be reviewed through the EHR.
   c. When a significant problem is noted in the review (i.e. failure to follow up an abnormal lab result or acute illness), the Medical Director will be notified and responsible for assuring that follow-up is carried out.
   d. Charts that do not require active follow-up (i.e. missing historical data) will be given to the Clinic staff for completion.
   e. All chart reviews, quality issues, problems, changes made, and follow-up will be documented in the minutes of the QAPI meetings.
   f. Nursing audit data will be given to the staff for follow-up and completion.
   ~~f.~~g. Copies of the chart reviews will be kept in the ~~Clinic Managers~~Director of Clinic Operation's office.

3. Criteria Development

   a. Criteria for both audits will be based on current medical practice, professional organization recommendations, regulatory standards, and Clinic policy.
   b. Criteria shall reflect accepted standards for care and cost-effective practice.
   c. Criteria shall be reviewed at least annually by the Medical Director and the Quality Assurance Committee. It will be updated and /or modified as necessary.

4. Staff meetings, missed appointments, pharmacy outdates
   a. To ensure that quality care is provided, the Clinic staff members shall participate in staff meetings at least monthly.
   b. The front office personnel will carry out the policy for missed appointments daily, utilizing the No Show Campaign through the EHR.
   c. Pharmacy outdates will be checked monthly as outlined by the RN or designee.

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

POLICY: Referrals to Community Service	REVIEWED: 1/12/2022; 6/14/23; 5/06/24; 5/14/25; 8/6/26; 11/12/26
SECTION: Behavioral Health	REVISED: 6/14/23
Effective Date:~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Dr Randy Smart~~Debbi Salom, DO

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Subject~~: Referrals~~: Referrals to Community Service

Objective:

Response Rating:

Required Equipment:

Procedure:

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

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

SCOPE

This Guideline applies to all IBH personnel.

PROCEDURES

1. Internal Referrals – Within Program

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

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

2. External Referrals

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

2.2 The following guidelines apply to external referrals:

- Make a careful assessment of the patient's expressed needs and the staff's perception of that need considering the work in progress at that time.

- Ensure the patient's involvement in the process as well as in the decision made, including suggesting possibilities and alternatives.

- Support the referring staff member's active participation either through direct contact with the selected service or through encouraging the patient's initiation of service.

- Ensure referring staff member's continued contact (via IBH navigator/case manager, PCP, or direct care) with the patient and other service providers, as necessary and appropriate, including plans for ongoing IBH involvement, follow-up, and the necessary steps to support the process.

- Make sure that there is a clear and documented approach to service coordination where appropriate.

- Check that the necessary documents are signed (e.g. Release of Information) to ensure informed consent and permission to share information between service providers throughout the referral and service delivery process and/or verbal consent to do so is documented in the patient record.

- Referrals will be closed upon confirmation of patient engaging in outside services or patient declining referral to said services.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Retention Of Medical Records	REVIEWED: 4/1/19; 12/31/20; 8/2/21; 5/02/23; 5/7/24; 5/14/25; 8/6/26; 11/12/26
SECTION: Medical Records	REVISED:
EFFECTIVE: ~~9/23/26~~ ~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Retention~~: Retention of medical records

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

Response Rating~~: Mandatory~~: Mandatory

Required Equipment:

Procedure:

1. Electronic medical records will be archived when the patient has not been seen in the Clinic for three years.

2. Paper files will be checked for inactive status each year in January.

3. A log of medical records that have been archived will be developed, maintained and updated as follows:

   a. Annually, when new records are moved from active to archived status.
   b. On a case-by-case basis, when archived records are returned to active status due to a patient returning to the Clinic after a hiatus of three (3) years or more.

4. Inactive medical records will be retained as follows:

   a. Pediatric to the age of majority plus one year or seven years after the last discharge date, whichever is longer.
   b. Adults for seven years after the last discharge date.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Sensitive Services	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; 2/06/24; 5/14/25; 8/6/26; 11/12/26
SECTION: Patient Care	REVISED: 8/6/26
EFFECTIVE: ~~9/23/26~~~~6/25/25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject: Sensitive Services

Objective~~: The~~: The Clinic will implement and maintain procedures to ensure confidentiality and ready access to sensitive services, consistent with services offered, for all patients, including minors. Patients shall be able to access sensitive services promptly, and where applicable, in keeping with the guidelines of their insurance payor.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sensitive services are defined as services related to:
   a. Sexual assault
   b. Drug or alcohol abuse for children 12 years of age or older
   c. Pregnancy
   d. Family planning
   e. Sexually transmitted diseases designated by the State for children 12 years of age or older
   f. Sexually transmitted diseases for adults
   g. HIV testing
   h. Outpatient mental health for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.

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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[2] SERVICES For the purposes of minor consent rights, sexual assault includes acts of rape, molestation, 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 are required to keep 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 5 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)	

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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(a)(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 (xxv).*)
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).	

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MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW DETAILS	MAY/MUST THE HEALTH CARE PROVIDER DIVULGE 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 § 121030). A minor 12 and older may consent to medical care 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)(3); 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)(3); 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[1]/ SHELTER SERVICES [illegible]	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; 42 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(n), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11; 56.30; Cal. Welf. & Inst. Code § 5328. See also endnote[ESC].) SHELTER: Although [illegible] may consent to services, the shelter must use its best efforts [illegible] information provided by the minor to notify parent/guardian of shelter services.

[illegible]

MINORS 12 YEARS OF AGE OR OLDER THAT 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(c).)	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" on page 4 above. *See also exceptions or methods (**).*

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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 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* (E)(C).)
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).

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

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Silver Diamine Fluoride	REVIEWED: 3/07/23; 4/01/24; 5/14/25; 8/6/26; 11/12/26
SECTION~~: Dental~~: Dental - Patient Care	REVISED:
EFFECTIVE: ~~9/23/26~~6/25/25~~25~~11/25/26	MEDICAL DIRECTOR: ~~Randall Smart, MD~~Debbi Salom, DO

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Subject~~: Silver~~: Silver Diamine Fluoride use for patients

Objective: To arrest caries and prevent new lesions.

Response Rating:

Required Equipment: Silver Diamine Fluoride, dappen dish, micro brushes, gauze, and cotton rolls.

Procedure for Dental Clinic

Reasons for Silver Diamine Fluoride:

- Control of patients with high caries risk, pain, and infection.
- Ease of application.
- Can prevent the tooth from needing a root canal.
- Minimal application time and training required.
- A noninvasive method of caries arrest.

Fluoride varnish application

- The dentist will do an oral exam to determine if the patient needs silver diamine fluoride treatment and to make sure there is no sign of apical lesions, and the tooth is asymptomatic.
- The provider will remove the decay as much as possible without encountering the pulp.
- Some decay is left near the pulpal floor.
- Isolation and application of the silver diamine fluoride with a micro brush. Follow manufacturer's instructions.
- The dentist will determine if the tooth may need an interim therapeutic restoration or a final restoration.
- The patient will need a follow up in 2 weeks.

Silver diamine fluoride can possibly stop the progression or arresting caries lesions without

removal of sound tooth structure. However, it can leave a black stain on these lesions causing the tooth to darken. Silver diamine fluoride may burn or stain the soft tissue surrounding them. Silver diamine fluoride is not guaranteed to prevent the tooth from needing a root canal but may help prevent it. The tooth may need a crown in the future if the tooth has lost too much tooth structure.

Quality Metric'	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Total	Census Fiscal YTD	MTD Payor Mix	Fiscal YTD Payor Mix	Historical Payor Mix
Patient Visits Total	3132	3111	3021	2739									12003	12003			
Medi-Cal	2243	2245	2246	2075									8809	8809	76%	73%	73%
Medicare	412	388	341	298									1439	1439	11%	12%	12%
Cash Pay	14	22	29	16									81	81	1%	1%	1%
Commercial	463	456	405	350									1674	1674	13%	14%	14%
Pediatrics 0-16 yrs	571	561	568	564									2264				
Behavioral Health	714	626	635	575									2550				
Dental	789	899	929	834									3451				
Main	1629	1586	1457	1330									6002				
Total Empanelled Patients	7132	6358	7228	6536													
Total New Patients SEEN	96	86	72	60									314				
Total New Pt's REGISTERED	95	100	55	75									325				
Clinic *Encounters* Medi-cal ages 19-64			**1401/46%**	**1180/43%**													
Robo Doc Calls	0	40	86	46									172				
Incident Reports																	
Patient No-shows	321	313	340	302													
Monthly % of NO Shows	9%	9%	10%	9%													

VALLEY SPRINGS
HEALTH & WELLNESS CENTER

Patient Survey Results

40 survey forms 11/13/2026-11/18/2026

Ease of scheduling appointments

Always (35 of 40) — **87.5%**

Usually (4) • Sometimes (1) • Never (0)

Wait time to see a provider

Under 15 min (32 of 38) — **84.2%**

15–30 min (5) • Over 30 min (1)

Provider explained things clearly

Yes, completely (39 of 39) — **100%**

Somewhat (0) • No (0)

Staff treated patients with courtesy and respect

Yes, completely (36 of 37) — **97.3%**

Somewhat (1) • No (0)

Recommending the clinic

30 of 39 patients gave a 10 out of 10 — **76.9%**

Written Patient Comments

- Praised reception, X-ray, medical, and dental staff. The patient said they have been coming since the clinic opened and would not go anywhere else.
- Praised a staff member by name.
- Described the visit as great and wonderful and said they were happy.
- Suggested speaking more slowly and said they could have asked more questions.
- Commented positively on cultural awareness.
- Praised the provider’s clear explanations and thorough exam, and said the nurse was very nice.
- Described the help and advice as excellent.
- Asked for bloodwork before appointments so results can be discussed at the visit, and for a follow-up call explaining out-of-range results.

BOARD TRANSACTION SUMMARY

PROFESSIONAL SERVICES AGREEMENT

The following are the proposed material terms of the Agreement.

A. Parties

Deborah Salom, D.O.

B. Purpose/Reasons to Pursue the Arrangement

The purpose is to describe her duties as permanent Medical Provider (1099) for the Valley Springs Health & Wellness Center and for duties as a permanent Medical Director (1099) for the Valley Springs Health & Wellness Center.

New arrangement for permanent Medical Director and a renewal for permanent Medical Provider

C. Material Terms of the Agreement

1. Term of Agreement:

Term date 2/15/2028

2. Financial Terms:

Professional Services (Hours): Physician shall provide professional services in person at the Clinic premises during Clinic hours, Monday through Friday, 8:00 am to 5:00 pm, approximately eight (8) hours per day, two (2) days per week (for approximately sixteen (16) hours per week) forty-eight (48) weeks per year. Physician shall take into account the requirements for physician staffing of the Clinic during all of the Clinic's business hours and shall ensure coordination with other physicians providing services at Clinic and shall coordinate any planned absences (other than those due to illness) in advance. Physician is not expected to provide professional services in the Clinic on days that the Clinic is closed for business.

Medical Director Services (Hours): Physician shall provide medical director services at the Clinic, Monday through Friday, approximately twenty-four (24) hours per week, forty-eight (48) weeks per year. Physician shall coordinate any planned absences (other than those due to illness) in advance. Physician is not expected to provide medical director services in the Clinic on days that the Clinic is closed for business.

Compensation for Professional Services: For the professional services to Clinic patients, Physician shall be compensated at the rate of **One Hundred and Eighty-Two Dollars ($182)** per hour for a maximum annual compensation of One Hundred Thirty-Nine Thousand, Seven Hundred and Seventy Six Dollars ($139,776) per year.

Compensation for Medical Director Services: For the medical director administrative services provided by Physician, Physician shall be paid at the rate of **Two Hundred and Ten Dollars ($210)** per hour for a maximum annual compensation of Two Hundred Forty One Thousand, Nine Hundred and Twenty Dollars ($241,920) per year. Physician shall contemporaneously record the actual number of hours and a description of the actual services provided on a monthly time report (the "**Time Report**") in the form attached hereto as a new **EXHIBIT F** as set forth in Attachment D as modified from time to time by District. Physician shall deliver to District completed and signed copies of the applicable Time Reports within five (5) days after the end of each calendar month during the term of this Agreement. Upon request of District, Physician shall from time to time complete and execute such other time reports or allocation statements on forms provided by District as may be required to comply with applicable Medicare and other legal requirements. Notwithstanding the foregoing, no compensation shall be payable to Physician for any services for which Physician has not submitted the documentation required under this paragraph 4.

Total Aggregate Compensation: In no event shall Physician's total aggregate compensation under the terms of this Agreement exceed **Three Hundred Eighty One Thousand, Six Hundred Ninety Six ($381,696)** dollars per year.

See the attached MGMA 2026 Provider Compensation grid and the CompAnalyst compensation grid for Medical Director

3. Termination Provisions

See attached Term and termination; suspension 6.2

District maintains professional liability insurance of at least $1,000,000. Per claim and $3,000,000. Annual aggregate.

4. Business and Financial Risk

Identify any specific business and financial risks of the arrangement.

None

5. Special Terms

List any special requests or conditions that are material

None

Recommended for approval by _____

Date: _____

Family Medicine (without OB)

Total Compensation

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	1282	11250	$323,126	$124,779	$186,194	$260,055	$312,046	$375,336	$452,221
Geographic Section									
Eastern	301	1420	$307,693	$119,126	$200,717	$245,159	$285,223	$347,338	$436,961
Midwest	377	3675	$331,434	$115,927	$217,697	$265,996	$317,589	$383,423	$461,907
Southern	403	2869	$319,289	$158,905	$144,203	$242,200	$305,708	$379,785	$475,527
Western	201	3286	$323,855	$99,584	$203,000	$271,657	$322,059	$373,350	$431,561

Collections, TC Excluded

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	76	868	$577,681	$274,971	$264,514	$392,156	$549,143	$732,609	$911,294
Geographic Section									
Eastern	11	189	$588,937	$259,952	$335,564	$437,558	$530,179	$664,213	$931,247
Midwest	26	388	$587,036	$302,900	$230,507	$352,564	$582,785	$777,277	$955,992
Southern	31	196	$565,591	$228,578	$300,189	$415,727	$569,700	$717,058	$860,300
Western	8	95	$542,025	$271,848	$103,577	$423,350	$549,504	$658,842	$830,778

Compensation to Collections Ratio

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	75	844	0.719	0.57	0.423	0.49	0.596	0.726	1.016
Geographic Section									
Eastern	11	183	0.62	0.235	0.373	0.499	0.591	0.692	0.836
Midwest	26	383	0.756	0.638	0.413	0.451	0.556	0.802	1.193
Southern	30	188	0.674	0.313	0.479	0.532	0.62	0.682	0.901
Western	8	90	0.851	0.981	0.512	0.547	0.607	0.699	0.878

Physician Work RVUs

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	1149	8867	6,201	2,911	3,005	4,381	5,930	7,414	9,329
Geographic Section									
Eastern	266	1138	6,279	3,072	2,585	4,376	6,028	7,727	9,642
Midwest	344	2954	5,900	2,327	3,063	4,485	5,863	7,219	8,545
Southern	352	2493	6,202	2,697	2936	4,175	6,146	7,727	9,329
Western	187	2282	6,552	3,610	3,190	4,441	5,791	7,241	11,176

Compensation to Physician Work RVUs Ratio

	Groups	Providers	Mean	Stdev	10%tile	25%tile	Median	75%tile	90%tile
Overall	1148	8842	$61.91	$41.80	$35.42	$45.42	$52.75	$64.68	$90.08
Geographic Section									
Eastern	266	1135	$64.30	$50.61	$29.56	$41.69	$50.74	$63.75	$107.40
Midwest	344	2953	$68.31	$51.10	$43.50	$48.34	$54.11	$66.97	$93.35
Southern	351	2475	$57.08	$32.94	$35.29	$43.16	$49.51	$59.59	$84.65
Western	187	2279	$57.67	$29.05	$22.40	$45.52	$54.97	$66.35	$84.76

2026 MGMA DataDive Provider Compensation. Used with permission from MGMA. © 2026. www.mgma.com/data

Job Pricing Report

CompAnalyst

Data Source: Market Data | Currency: Local | Rate: Hourly | Age from 1 Nov 2026 | Aging Factor: 0.0% | Display Units: Thousands

Associate Medical Director (EX05000323)

Valley Springs,CA (City) | Ambulatory Healthcare Services | 25 - 50 FTEs

Base (Hourly)				Total Cash at Target (Hourly)				Salary Structure (Hourly)			Bonus Target %
25th	50th	75th	Avg	25th	50th	75th	Avg	MIN	MID	MAX	50th
123.19	138.40	160.80	141.54	141.67	159.17	184.92	162.78	108.53	137.77	177.48	15.0

Chief Medical Officer (EX05000257)

Valley Springs,CA (City) | Ambulatory Healthcare Services | 25 - 50 FTEs

Base (Hourly)				Total Cash at Target (Hourly)				Salary Structure (Hourly)			Bonus Target %
25th	50th	75th	Avg	25th	50th	75th	Avg	MIN	MID	MAX	50th
182.48	210.51	249.34	221.52	237.22	273.67	324.14	287.98	167.76	213.09	267.21	30.0

Medical Director (EX05000020)

Valley Springs,CA (City) | Ambulatory Healthcare Services | 25 - 50 FTEs

Base (Hourly)				Total Cash at Target (Hourly)				Salary Structure (Hourly)			Bonus Target %
25th	50th	75th	Avg	25th	50th	75th	Avg	MIN	MID	MAX	50th
136.19	151.29	172.11	156.66	159.34	177.01	201.37	183.29	123.62	152.04	180.56	17.0

210

Associate Medical Director(EX05000323)

Supports the implementation of medical policies for the entire organization. Ensures the delivery of quality patient care. Researches and evaluates new treatments and medical innovations. Works collaboratively throughout the organization to ensure the adoption of standards and policies for all functional aspects of clinical services that result in patient care improvements. Requires a MD degree. Typically reports to Medical Director.

M04-Director / Sr. Director : Manages a departmental sub-function within a broader departmental function. Creates functional strategies and specific objectives for the sub-function and develops budgets/policies/procedures to support the functional infrastructure. Deep knowledge of the managed sub-function and solid knowledge of the overall departmental function. Typically requires 5+ years of managerial experience.

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Job Pricing Report

CompAnalyst

Alternate Job Titles
Clinical Medical Director (physician)

Competencies/Skills
Certification and Accreditation Process | Clinical Supervision | Health Care Administration | JCAHO audit | JCAHO Standards Compliance | Operational Policy Development

Certifications/Licenses

Managerial Responsibilities
Staffing | Pay Decisions | Training- Knowledge | Evaluation | Supervision | Budget | Process- Policies (Partial)

LEVEL
Directors

Education
MD

Job Family
Healthcare Administration

Experience
Varies

REPORTS TO
Medical Director

Job Function
Administration

FLSA Status
Typically Exempt

MANAGE PEOPLE
Yes

Job Focus
Medical Directors

180

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Medical Director(EX05000020)

Plans and directs all aspects of an organization's medical policies, standards, and programs. Responsible for strategic clinical relationships with physicians and interns. Ensures all clinical programs are in compliance with all applicable regulations. Researches and studies current medical publications and data on new treatments and practices to ensure high quality clinical service offerings. Advises non medical management on clinical and patient related matters and policies. Requires a MD degree. Typically reports to top management.

M05-Division VP / Sr. Director / Assoc VP : Manages a departmental function within a broader corporate function. Develops major goals to support broad functional objectives. Approves policies developed within various sub-functions and departments. Typically requires 8+ years of managerial experience. Comprehensive knowledge of the overall departmental function.

Alternate Job Titles
Director of Medicine

Competencies/Skills
Certification and Accreditation Process | Clinical Supervision | Health Care Administration | JCAHO audit | JCAHO Standards Compliance | Operational Policy Development

Certifications/Licenses

LEVEL	Experience	FLSA Status
Directors	Varies	Typically Exempt
Education	**REPORTS TO**	**MANAGE PEOPLE**
MD	Top Management	Yes
Job Family	**Job Function**	**Job Focus**
Healthcare Administration	Administration	Medical Directors

Managerial Responsibilities
Staffing | Pay Decisions | Training- Knowledge | Evaluation | Supervision | Budget | Process- Policies

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Chief Medical Officer(EX05000257)

Directs the staff and develops policies for the organization's clinical programs. Works closely with hospital staff, department directors, and physicians to ensure that the highest standards of quality and service are maintained. Oversees the implementation of quality improvement efforts designed to improve clinical performance and maintain compliance with HIPAA and other regulations and standards. Evaluates developments and innovations in medical care and makes recommendations for new practices and procedures. Advises CEO and medical teams on matters impacting patient care. Requires a MD. Requires State License to Practice Medicine. Typically reports to top management.

M06-Vice President : Manages a business unit, division, or corporate function with major organizational impact. Establishes overall direction and strategic initiatives for the given major function or line of business. Has acquired the business acumen and leadership experience to become a top function or division head.

Alternate Job Titles
Top Medical Executive

Competencies/Skills
HIPAA Compliance | Risk Management | Strategic Planning | Clinical Operations | Quality Standard Development | JCAHO Standards Compliance | Patient Experience | Operational Policy Development | Team Building | Electronic health records (EHR) Software

Certifications/Licenses
State License to Practice Medicine

Managerial Responsibilities
Staffing | Pay Decisions | Training- Knowledge | Evaluation | Supervision | Budget | Process- Policies

LEVEL
Executives

Experience
Varies

FLSA Status
Typically Exempt

Education
MD

REPORTS TO
Top Management

MANAGE PEOPLE
Yes

Job Family
Healthcare Administration

Job Function
Administration

Job Focus
Medical Directors

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6.2 **Termination.** Notwithstanding the provisions of Section 6.1 (Term), this Agreement may be terminated:

A. By either Party upon ninety (90) days written notice to the other Party.

B. By either Party in the event of a material breach by the other Party, and in such event, the non-breaching Party shall have the right to terminate this Agreement after providing fifteen (15) days' written notice to the breaching Party, unless such breach is cured to the satisfaction of the non-breaching Party within the fifteen (15) days.

C. By either Party upon written notice to the other Party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits or materially restricts or limits the Parties' lawful performance of the terms and conditions of this Agreement, or that changes or requires that the Parties materially change the terms and conditions of this Agreement; provided that prior to termination of this Agreement, the Parties shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both Parties that is limited to the minimum modification of this Agreement necessary to address the legal issue. If they are not able to reach a mutually acceptable solution within thirty (30) days after the date on which one Party notifies the other in writing of the need for negotiations, then either Party may terminate this Agreement by delivering written notice to the other Party, which termination shall be effective no earlier than the date required to comply with such law.

D. By District in the event of the closure of the Clinic, cessation of the patient care operations, or sale of substantially all of District's Clinic assets, upon thirty (30) days' prior written notice to Physician.

E. By District upon written notice to Physician in the event Physician is accused or convicted of a crime involving moral turpitude or Physician is accused of committing, or commits any act or thing that will tend to degrade Physician in society or bring Physician into public contempt, scorn or ridicule, or that will tend to shock, insult or offend the community or ridicule public morals or decency.

6.3 **Effect of Termination.** Upon any termination or expiration of this Agreement:

A. All rights and obligations of the Parties shall cease except (i) those rights and obligations that have accrued and remain unsatisfied prior to the termination or expiration, and (ii) those rights and obligations that expressly survive termination or expiration of this Agreement.

B. Physician shall vacate the Clinic premises as soon as practicable, no later than seven (7) business days after the effective date of termination,

removing any and all of Physician's personal property, and District may remove and store, at Physician's expense, any personal property that Physician has not so removed.

C. Physician shall immediately return to District all of District's property, including equipment, supplies, furniture, furnishings and patient records (subject to Section 11.2 (Records) below), in Physician's possession or under Physician's control.

D. Physician shall not do anything or cause any other person to do anything that interferes with District's efforts to engage any other person or entity for the provision of professional services, or interferes in any way with any relationship between District and any other person or entity who may be engaged to provide services to District.

6.4 **Suspension.** District may suspend Physician on written notice to Physician from performance of this Agreement if any matter or event described in Section 6.2 (Termination) has occurred, such suspension to extend only for such time as District may reasonably require to investigate such matter or event and determine whether it constitutes a basis for termination of this Agreement.

6.5 **No Hearing Rights.** Expiration or termination of this Agreement for any reason shall not provide Physician with the right to a "fair hearing" or any other similar rights or procedures. Notwithstanding the foregoing, Physician shall be entitled to hearing rights in accordance with Clinic policies and procedures in the event that any expiration or termination of this Agreement should result in a report being made concerning Physician to the Medical Board of California or the National Practitioner Data Bank.

6.6 **Non-Renewal.** In the event that this Agreement is terminated pursuant to Section 6.2 (Termination) prior to the expiration of the term or any renewal term, the Parties shall not enter into any agreement between them for the same or substantially the same services for one (1) year after the termination.

6.7 **Rights Upon Termination.** Upon any termination or expiration of this Agreement, all rights and obligations of the Parties shall cease except those rights and obligations that have accrued or expressly survive termination.

6.8 Survival. The provisions of Sections 1.8 (Meaningful Use; Other Incentive Programs), 5.1 (Assignment), 5.2 (District Responsibility), 6.5 (No Hearing Rights), 9.2 (Indemnification), 9.3 (Insurance), 11.1 (No Sharing of Proprietary Information), 11.2 (Records), 11.3 (No Existing Obligations Preventing Agreement), 11.4 (Confidential Proprietary and Trade Secret Information of Others), 11.5 (Access to Records), 11.7 (Arbitration and Dispute Resolution), 11.9 (Attorneys' Fees), 11.11 (Choice of Law), and 11.13 (Notices) and the repayment obligations set forth in Exhibit C shall survive the termination of this Agreement.

BOARD TRANSACTION SUMMARY

PROFESSIONAL SERVICES AGREEMENT

The following are the proposed material terms of the Agreement.

A. **Parties**

Dan Davies, Ph.D

B. **Purpose/Reasons to Pursue the Arrangement**

The purpose is to provide Clinical Psychological services to the Valley Springs Health & Wellness Center to include supervisory duties.

New arrangement for supervisory duties and a renewal for permanent Clinical Psychological services.

C. **Material Terms of the Agreement**

1. Term of Agreement:

Term date 3/01/2029

2. Financial Terms:

Compensation: Psychologist shall be compensated at the rate of $220.00 per hour for professional and supervision services rendered under this Agreement for a maximum annual compensation not to exceed $253,440.

Schedule: Psychologist shall provide the services set forth in paragraph 1 above, three (3) days per week, consisting of an eight (8) hour day on Monday, Tuesday and Wednesday (or as otherwise agreed by District and Psychologist) during the days and hours in which the Clinic is open for business. Services shall be performed in the Clinic (i.e. face-to-face), except that Psychologist may perform services one (1) day per week via remote telehealth. District and Psychologist shall determine Psychologist's schedule in accordance with needs of District and District patients, and which day may be a telehealth/remote day.

Supervision Services. Psychologist shall provide clinical supervision to Associate Clinical Social Workers ("Associates") designated by District and accepted by Psychologist, in accordance with California law, regulations, and applicable professional standards, including but not limited to timely completion of any required

documentation related thereto. Psychologist shall maintain all qualifications required to supervise Associates, including an active California psychologist license and sufficient experience, training, and education in clinical social work and clinical supervision. Psychologist shall promptly notify District and affected Associates of any lapse, restriction, disciplinary action, or other circumstance affecting Psychologist's eligibility to supervise. Upon termination of supervisory services, Psychologist shall cooperate in an orderly transition and timely complete all required documentation for supervision and experience provided.

See the attached Superior Court of Placer County and Butte County compensation grids for specialized Psychological Evaluators

3. Termination Provisions

See attached Term and termination; suspension 6.2

District maintains professional liability insurance of at least $1,000,000. Per claim and $3,000,000. Annual aggregate.

4. Business and Financial Risk

Identify any specific business and financial risks of the arrangement.

None

5. Special Terms

List any special requests or conditions that are material

None

Recommended for approval by _____

Date: _____

Court upon receipt. Appointments to serve as criminal defense counsel will only occur from the appointment list if the Placer County Public Defender, conflict defender, and second level conflict defender are unable to represent the defendant.

When the Court appoints a professional to perform services, the Court will make an order for the appointment and provide copies to the parties and the appointed person(s).

SECTION V. ALLOWABLE EXPENSES

The compensation for expert psychological consultations and full evaluations are as follows:

Code	Description	Expense	Rate	Max Hours	Max Pay
Penal Code §1027	Full Evaluation	County	$200/hr.	8	$1600
Welfare and Institutions Code§ 6600	Full Evaluation	County	$200/hr.	8	$1600
Penal Code §288.1[1]	Full Evaluation	Court	$200/hr.	8	$1600
Evidence Code §1017[1]	Consultation	Requesting Party	$200lhr.	3	$600
	Evaluation			8	$1600
Welfare & Institution Code §5303.1	Consultation	Court	$200/hr.	3	$600
Penal Code§§ 1368- 1370.1	Consultation	Court	$200/hr.	4	$800
Expedited report supplemental fee	Reports required by the court less than 21 days from referral date	Court	*NIA*	*NIA*	$100
In-Custody Evaluations Supplemental Fee		Court	*NIA*	*NIA*	$100

[1]New rates apply to any referral conducted after January 1, 2023.

The maximum hourly compensation for appointed attorneys is as follows:

Class 1A:	$155/hour

[1] In an effort to support new individuals entering the alienist/forensic psychologist profession, the Court has agreed to an alternative rate of $2,500 for Penal Code 288.1 and Evidence Code 1017 evaluations performed by Fellows at the UC Davis Medical Center. Appointments shall be limited to these two sections and only for in-custody defendants housed at the South Placer Adult Correctional Facility.

Superior Court of Placer County

Policy for Court-Appointed Professionals in Criminal Cases

SECTION I. PURPOSE AND SCOPE OF POLICY

This policy establishes application and appointment procedures, standards of experience and behavior, removal from an appointment list, allowable costs, and required billing procedures for professionals that may be appointed by the Court in criminal cases. Areas of expertise for professionals include, but may not be limited to, psychological or psychiatric evaluation, criminal investigation, and representation of indigent parties in criminal and/or quasi-criminal matters (Family Law contempt) or related civil matters that fall under the W&I Code or Penal Code. This policy does not cover procedures for Minor's Counsel in Family, Probate, or Juvenile Law.

SECTION II. LIMITATIONS ON SCOPE OF POLICY

This policy shall in no way limit the ability of a judicial officer from making orders as permissible by law and in the interest of justice. This policy does not prescribe a specific course of action for any court-appointed professional executing their duties upon appointment.

SECTION III. APPLICATION AND APPOINTMENT LIST

Professionals interested in serving on one of the Court's appointment lists must complete the "Court-Appointed Professional Cover Sheet" and return it, along with a signed application, and all supplemental documents indicated therein, to the Court via email at: courtadmin@placer.courts.ca.gov or by mail to the following address:

Superior Court of California, County of Placer
Attn: Presiding Judge
P.O. Box 619072
Roseville, CA 95661-9072

Application materials received by the Court shall be reviewed by the Judges of the Court. The Court reserves the right to exercise its full discretion to appoint, or not appoint, a professional to the panel list or specified class. A decision by the Court is final and not subject to review. On occasion, a decision to deny an application may indicate that the Applicant can re-submit his/her application at a later time. Applicants shall be notified of approval or denial to serve on the Court's appointment list via the contact information provided within the application. Upon approval, the professional shall be added to the appointment list for the respective area of expertise and become eligible for appointment immediately.

Attorneys approved for indigent defense will be assigned to a Class based on experience and indicated preference (see Attachment A for further detail). If interested in consideration for re-classification to an advanced class, the attorney must submit the "Appointed Counsel Reclassification Application and Agreement," along with all attachments indicated therein, to the address provided above. Applicants shall be notified of approval or denial for reclassification.

SECTION IV. APPOINTMENT

Professionals shall be appointed from the Court's appointment list whenever possible. If extenuating circumstances require appointment of a professional not currently serving on one of the appointment lists, the required application materials shall be requested and reviewed by the

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

STEPHEN E. BENSON, JUDGE
CORIE J. CARAWAY, JUDGE
MICHAEL R. DEEMS, JUDGE
VIRGINIA L. GINGERY, JUDGE
PHILIP H. HETTINGER, JUDGE
CLARE KEITHLEY, JUDGE
KRISTEN A. LUCENA, JUDGE
KIMBERLY MERRIFIELD, JUDGE
TAMARA L. MOSBARGER, JUDGE
RUBY S. NEUMANN, JUDGE
JESUS A. RODRIGUEZ, JUDGE

MARK EMMONS,
COURT COMMISSIONER

LEAH B. SEARS,
COURT COMMISSIONER

SHARIF ELMALLAH,
COURT EXECUTIVE OFFICER

JARROD DIRE,
ASSISTANT COURT EXECUTIVE OFFICER

PLEASE REPLY TO:

Butte County Courthouse
One Court Street
Oroville, CA 95965
Tel: (530) 532-7013
Fax: (530) 538-8567

North Butte County Courthouse
1775 Concord Avenue
Chico, CA 95928
Tel: (530) 532-7013
Fax: (530) 538-8567

TO: Prospective Psychiatric/Phycological Evaluators

RE: Court-Ordered Psychiatric/Psychological Evaluations

DATE: October 17, 2025

The Superior Court of California, County of Butte ("the Court") is seeking licensed psychiatrists or psychologists ("evaluators") to conduct court-ordered evaluations in court cases. The Court has updated its payment schedule to the rates listed below and is seeking evaluators who are willing to accept appointments subject to the listed rates. The listed rates include payment for review of records, interviewing, report preparation, and travel time.

Table 1: Payment Schedule for Psychiatric/Psychological Evaluation Services

Exam Type	Hourly Rate	Maximum Price Cap
WIC § 6600	$200.00/hour	$1600.00
WIC § 709	$200.00/hour	$1600.00
PC § 1026	$200.00/hour	$1600.00
PC § 288	$200.00/hour	$1600.00
PC § 1203.67	$160.00/hour	$960.00
PC §457	$160.00/hour	$960.00
PC §1368	$160.00/hour	$960.00

Upon request and good cause shown, the Court has discretion to increase the above maximum compensation on a case-by-case basis. The fee for court testimony is set separately at $350/half-day and $600/full day.

Individuals that are selected will be added to the Court's list of approved psychiatric/psychological evaluators and will be appointed on an ad hoc basis by the Court. Placement on the list does not guarantee a specified number of appointments as that fluctuates based on operational need. At this time, evaluations must be conducted in person at the Butte County Jail located at 7 Gillick Way, Oroville, CA 95965.

REQUIRED QUALIFICATIONS

The following minimum qualifications must be met to provide services:

- Must possess a Ph.D. or Psy.D. in Psychology from an accredited college or university, or possess an M.D. from an accredited medical school;

6.2 **Termination.** Notwithstanding the provisions of Section 6.1 (Term), this Agreement may be terminated:

A. By either Party upon ninety (90) days written notice to the other Party.

B. By either Party in the event of a material breach by the other Party, and in such event, the non-breaching Party shall have the right to terminate this Agreement after providing fifteen (15) days' written notice to the breaching Party, unless such breach is cured to the satisfaction of the non-breaching Party within the fifteen (15) days.

C. By either Party upon written notice to the other Party in the event that any federal, state or local government or agency passes, issues or promulgates any law, rule, regulation, standard or interpretation at any time while this Agreement is in effect that prohibits or materially restricts or limits the Parties' lawful performance of the terms and conditions of this Agreement, or that changes or requires that the Parties materially change the terms and conditions of this Agreement; provided that prior to termination of this Agreement, the Parties shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both Parties that is limited to the minimum modification of this Agreement necessary to address the legal issue. If they are not able to reach a mutually acceptable solution within thirty (30) days after the date on which one Party notifies the other in writing of the need for negotiations, then either Party may terminate this Agreement by delivering written notice to the other Party, which termination shall be effective no earlier than the date required to comply with such law.

D. By District in the event of the closure of the Clinic, cessation of the patient care operations, or sale of substantially all of District's Clinic assets, upon thirty (30) days' prior written notice to Physician.

E. By District upon written notice to Physician in the event Physician is accused or convicted of a crime involving moral turpitude or Physician is accused of committing, or commits any act or thing that will tend to degrade Physician in society or bring Physician into public contempt, scorn or ridicule, or that will tend to shock, insult or offend the community or ridicule public morals or decency.

6.3 **Effect of Termination.** Upon any termination or expiration of this Agreement:

A. All rights and obligations of the Parties shall cease except (i) those rights and obligations that have accrued and remain unsatisfied prior to the termination or expiration, and (ii) those rights and obligations that expressly survive termination or expiration of this Agreement.

B. Physician shall vacate the Clinic premises as soon as practicable, no later than seven (7) business days after the effective date of termination,

removing any and all of Physician's personal property, and District may remove and store, at Physician's expense, any personal property that Physician has not so removed.

C. Physician shall immediately return to District all of District's property, including equipment, supplies, furniture, furnishings and patient records (subject to Section 11.2 (Records) below), in Physician's possession or under Physician's control.

D. Physician shall not do anything or cause any other person to do anything that interferes with District's efforts to engage any other person or entity for the provision of professional services, or interferes in any way with any relationship between District and any other person or entity who may be engaged to provide services to District.

6.4 **Suspension.** District may suspend Physician on written notice to Physician from performance of this Agreement if any matter or event described in Section 6.2 (Termination) has occurred, such suspension to extend only for such time as District may reasonably require to investigate such matter or event and determine whether it constitutes a basis for termination of this Agreement.

6.5 **No Hearing Rights.** Expiration or termination of this Agreement for any reason shall not provide Physician with the right to a "fair hearing" or any other similar rights or procedures. Notwithstanding the foregoing, Physician shall be entitled to hearing rights in accordance with Clinic policies and procedures in the event that any expiration or termination of this Agreement should result in a report being made concerning Physician to the Medical Board of California or the National Practitioner Data Bank.

6.6 **Non-Renewal.** In the event that this Agreement is terminated pursuant to Section 6.2 (Termination) prior to the expiration of the term or any renewal term, the Parties shall not enter into any agreement between them for the same or substantially the same services for one (1) year after the termination.

6.7 **Rights Upon Termination.** Upon any termination or expiration of this Agreement, all rights and obligations of the Parties shall cease except those rights and obligations that have accrued or expressly survive termination.

6.8 Survival. The provisions of Sections 1.8 (Meaningful Use; Other Incentive Programs), 5.1 (Assignment), 5.2 (District Responsibility), 6.5 (No Hearing Rights), 9.2 (Indemnification), 9.3 (Insurance), 11.1 (No Sharing of Proprietary Information), 11.2 (Records), 11.3 (No Existing Obligations Preventing Agreement), 11.4 (Confidential Proprietary and Trade Secret Information of Others), 11.5 (Access to Records), 11.7 (Arbitration and Dispute Resolution), 11.9 (Attorneys' Fees), 11.11 (Choice of Law), and 11.13 (Notices) and the repayment obligations set forth in Exhibit C shall survive the termination of this Agreement.

Project Narrative

Project Title: Science Camp for Every Student: Expanding Opportunity for San Andreas Elementary 6th Graders

Submitted to: Mark Twain Health Care District

Submitted by: San Andreas Elementary Parent Teacher Club

Project Summary:

San Andreas Elementary Parent Teacher Club is seeking funding to help approximately 35 sixth-grade students attend Science Camp at Mission Springs Outdoor Education Center from January 19–22, 2027.

For many of our students, Science Camp will be their first opportunity to experience several days of hands-on learning in an outdoor education setting. Unfortunately, the cost of camp, transportation, and related expenses can create a significant barrier for families already struggling to meet basic household needs.

Our goal is simple: a family's financial circumstances should not determine whether a child gets to participate.

Funding from the Mark Twain Health Care District would help reduce this financial burden and ensure that students can experience Science Camp alongside their classmates, regardless of their family's ability to pay.

Need and Purpose:

In Calaveras County, many students face limited exposure to real-world science and outdoor learning opportunities due to geographic and financial constraints. Science Camp bridges this gap by providing a hands-on, inquiry-based experience in biology, ecology, environmental science, and other health-related topics. By connecting students with nature, encouraging problem-solving, and emphasizing stewardship, this camp experience strengthens their engagement with science in ways the classroom alone cannot achieve.

Purpose and Alignment with MTHCD Priorities:

The mission of MTHCD is "to improve the health of the District's residents through education, prevention, and access to high-quality health care." Supporting Science Camp advances this mission by giving local children an opportunity to strengthen their physical and emotional well-being while participating in meaningful, hands-on learning. For students from families with limited financial resources, grant support also helps ensure that access to these benefits is not determined by a family's ability to pay.

- **Mental and Emotional Health:** Spending time outdoors, developing independence, and successfully navigating new experiences can build confidence, resilience, and healthy coping skills.
- **Physical Activity:** Hiking, outdoor exploration, and group activities keep students active while showing them that physical activity can be enjoyable and part of everyday life.
- **Exposure to Health and Science Careers:** Hands-on experiences with biology, ecology, and environmental science allow students to see science beyond the classroom and may spark an interest in healthcare, public health, or other STEM careers. This is especially meaningful in a rural community facing ongoing healthcare workforce needs.
- **Connection and Community:** Living and learning together encourages students to communicate, cooperate, solve problems, and support one another. These experiences help strengthen relationships and a sense of belonging during an important developmental period.

Connection to Health and Wellness:

Science Camp supports more than academic learning. Students spend several days being physically active outdoors, hiking, participating in team-building activities, developing independence, and building relationships with classmates and trusted adults.

For children who may have limited access to camps, travel, outdoor recreation, or other enrichment activities, this experience can be especially meaningful. It provides an opportunity to step outside their normal environment, try something new, build confidence, and experience a sense of belonging with their peers.

The program also introduces students to science in an engaging and memorable way. In a rural county that continues to need healthcare professionals, scientists, educators, and environmental leaders, these early experiences matter. A child who discovers an interest in biology, health, or environmental science at age 11 or 12 may someday choose to pursue that interest as a career—and perhaps even return to serve their own community.

Objectives:

- Ensure that financial hardship does not prevent students from participating in Science Camp.
- Provide approximately 35 sixth-grade students with access to high-quality, hands-on science and outdoor education.
- Increase students' curiosity and confidence in science, health, and environmental subjects.
- Promote physical activity, emotional wellness, teamwork, resilience, and independence.


GAP

Your Only Local Nonprofit Hospice
EST. 1982

Hospice of Amador & Calaveras

Grief Support Groups

All are welcome, free of charge, please join us!

Amador County Grief Group

Tuesdays
10:30 AM - 12:00 PM
Amador Senior Center
229 New York Ranch Road
Jackson, CA

Calaveras County Grief Group

Wednesdays
10:30 AM - 12:00 PM
Calaveras Senior Center
956 Mountain Ranch Road
San Andreas, CA

Griefbusters

Our Griefbusters program helps school aged children dealing with the loss of someone important in their life

Caregiver Support Group

4th Wednesday of every month
10:00 AM - 12:00 PM
Amador Senior Center
229 New York Ranch Road
Jackson, CA

For more information, please contact
Tonya Garcia, Chaplain & Bereavement Coordinator
Email: Tonya.Garcia@HospiceofAmador.org
(209)223-5500

Outlook

Friendly Reminder: Support Our Christmas Parade & Tree Lighting

From Valley Springs ABA <valleyspringsaba1@gmail.com>
Date Mon 11/9/2026 9:38 AM
To Jornette Utter <jutter@cpa-rod.com>

2 attachments (3 MB)
Sponsorship2026 Letter.docx; 2026 sponsorship image.png;

Some people who received this message don't often get email from valleyspringsaba1@gmail.com. Learn why this is important

Hello,

We hope you're doing well! We wanted to send a quick follow-up regarding sponsorship opportunities for the Valley Springs Area Business Association's annual Christmas Tree Lighting, Christmas Parade, and Craft Fair.

These events are a longstanding Valley Springs tradition that bring our community together during the holiday season. Sponsorships help us keep these events affordable and accessible for local families, while also supporting the work of VSABA, a 501(c) organization that provides scholarships and contributes to other community needs throughout the year.

The sponsorship deadline is **November 23**, and we'd be grateful if you would consider supporting this year's festivities. Sponsor levels range from **Bronze ($100)** to **Platinum ($1,000+)**, and contributions of any amount are appreciated.

Thank you for helping us continue this cherished holiday tradition and invest in our Valley Springs community. If you'd like to become a sponsor or have any questions, please don't hesitate to reach out.

Warm regards,

Jornette Chapman
On behalf of Valley Springs Area Business Association
209-920-7702

Re: Valley Spring ABA Annual Tree Lighting and Christmas Parade

Dear Valley Springs Business Community and Friends,

The Valley Springs Area Business Association (VSABA) is in the process of planning for the 43rd Annual Christmas Parade and Craft Fair that will benefit the Valley Springs Community. The VSABA is a 501C Tax ID 94-3044408 and donates scholarship money to the community as well as donating to other causes in the area as needed.

This year the Tree Lighting is on Friday, December 5th and the Christmas Parade/Craft Fair is on Saturday, December 6th. We are asking all of the businesses in the area to consider donating to sponsor this event. Your business name will be placed on the banner and you will help the town celebrate a very long tradition of the Tree Lighting, Christmas Parade and Craft Fair. The current sponsor levels are Platinum $1,000 and above, Gold $500, Silver $250 and Bronze $100; however, any amount is appreciated!

Scan the QR code to enter the parade, have a booth at the craft fair, or become a sponsor!

If you would like to volunteer to help with any of these events, please reach out to us. Any help would be greatly appreciated.

Sincerely,

The Valley Springs Area Business Association
https://valleyspringsaba.org/

P.O. Box 348 Valley Springs, CA 95252
Phone: 209-320-7702
Email: valleyspringsaba1@gmail.com

SPONSORSHIP OPPORTUNITIES

CHRISTMAS AT THE CORNERS

PLATINUM
$1000

- Ride for 2 in a classic car at the front of the parade
- Video spot reel
- Plaque of recognition
- Logo on Platinum/Gold parade banner
- 3 social media posts
- Annual membership
- VSABA Window Cling

GOLD
$500

- Plaque of recognition
- Logo on Platinum/Gold parade banner
- 3 social media posts
- Annual membership
- VSABA Window Cling

SILVER
$250

- Logo on parade banner
- 2 social media posts
- VSABA Window Cling

BRONZE
$100

- Logo on parade banner
- 1 social media post
- VSABA Window Cling



SCAN ME

Questions: 209-920-7702 | valleyspringsaba1@gmail.com

www.valleyspringsaba.org

VALLEY SPRINGS AREA BUSINESS ASSOCIATION VSABA

Mark Twain Health Care District Policy No. 4

Officers of the District:

4.1 OFFICERS. The officers of the Board of Directors shall be a President, Secretary, and a Treasurer. All officers who shall be chosen from among and shall hold office at the pleasure of the Board of Directors. The Board of Directors may create such other offices as the business of the District may require, and the holder of each such office shall hold office for such period, have such authority, and perform such duties as are provided by the Local Health Care District Law, these Policies, or as the Board of Directors may, from time to time, determine. Such additional offices may include General Counsel and a Chief Executive Officer and shall be filled either by members or non-members of the Board of Directors.

4.2 ELECTION OF OFFICERS. The officers of the Board of Directors shall be elected every two (2) years in January, and each officer shall hold office for two (2) years, or until his or her successor shall be elected and qualified, or until he or she is otherwise disqualified. In the event all officers are disqualified or removed from office, the District Board shall elect the Chief Executive Officer as President *pro tempore* who shall conduct the first Board of Directors meeting until new officers are elected.

4.3 PRESIDENT. If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of the President. If the Secretary shall also be unable to act, the Treasurer shall take his or her place and perform the duties of the President. If the Treasurer shall also be unable to act, the District Board may appoint some other member of the Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office of President.

The President:

A. Shall preside over all meetings of the Board of Directors.

B. Shall sign, as President, and with the attestation of the Secretary shall execute in the name of the District, all contracts and conveyances, and all other instruments in writing which have been authorized by the Board of Directors, except as otherwise determined by the Board of Directors.

4.4 SECRETARY. The Secretary shall keep, or cause to be kept, accurate and complete minutes of all meetings of the Board of Directors, to be kept at the principal office of the District, showing the time and place, whether regular or special, call meetings on order of the President or any three (3) Directors, attend to all correspondence of the Board, attest the signature of the President on contracts and conveyances and all other instruments as outlined in Policy No. 11, and to perform such other duties as ordinarily pertain to the office.

If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of such office.

4.5 TREASURER.

~~4.5~~ The Treasurer shall be responsible for ascertaining that all receipts are deposited and disbursements made in accordance with these Policies, the directions of the District Board, and good business practice. The Treasurer

shall also ensure compliance with applicable financial requirements, provide financial oversight, and oversee the audit of District deposits. If, at any time, both the President and Secretary shall be unable to act, the Treasurer shall take the place of the President and perform the duties of such office.~~The Treasurer shall be responsible for ascertaining that all receipts are deposited and disbursements made in accordance with these Policies, the directions of the District Board, and good business practice. If, at any time, both the President and Secretary shall be unable to act, the Treasurer shall take the place of the President and perform the duties of such office.~~

The District Board may appoint an Assistant Treasurer, who may or may not be a member of the Board of Directors, to maintain the financial records of the District, and render a report to the Board of Directors on the financial affairs of the District at least quarterly.

4.6 Board of Directors Representation

A. Pursuant to the 2018 lease between MTMC and the District, leasing the hospital and clinics to MTMC for the next 10 years, the District is required to nominate a District Board member to the MTMC fiduciary Board of Directors to serve as one of the five Directors.

B. The District Board member nominated by the District, whose appointment is contingent on Dignity Health approval, whose appointment shall not be unreasonably withheld, will serve for 3 years, to a maximum of 3 consecutive full 3-year terms on the board.

C. Subject to the consecutive term restriction above, the President of the District Board shall be elected to the MTMC Board of Directors by the District Board. If the President chooses not to serve as a Director, then the nominee shall be chosen from among the other members of the District Board by a District board vote by a simple majority. If the Directors ceases to be President of the District Board, but remains on the District Board, during a term as a member of the Mark Twain Medical Center Board of Directors that person shall continue to serve the remainder of their term as a MTMC Director. If the MTMC Directors ceases to be a member of the Mark Twain Health Care District Board then they are no longer deemed qualified to serve on the MTMC Board. In that case another member of the District Board must be nominated under the above guidelines and restrictions.

D. The District member appointed to the MTMC Board of Directors has no requirement to report MTMC Board business to the District, unless requested by the MTMC Board. However, the District member appointed to the Board of Directors will be responsible for ensuring that the MTMC Board of Directors abides by the master lease, and any breaches or potential breaches of the master lease will be reported to the District Board.

E. District members appointed to the MTMC Board of Directors serve at the pleasure of the District Board and may be removed at any time with or without cause by a majority vote of the District Board.

4.7 Community Board Representation

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

iv) strategic plans.

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

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

Mark Twain Health Care District **Policy No. 10**

Conduct of Meetings:

The President of the Board of Directors shall preside at all Board meetings at which he or she is present. The President shall have the same rights as other Board members in voting or seconding motions and resolutions and participating in discussions. The Board's meetings shall be conducted in accordance with the current edition of *Robert's Rules of Order,* to the extent consistent with the most current version of the Brown Act, ~~and~~ these Policies and applicable California regulations.

In the event the Board President shall be unable to act please refer to MTHCD Policy No. 4. Officers of the District.

Mark Twain Health Care District Policy No. 11

Minutes, Resolutions and Closed Session Minutes:

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

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

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

Finance Committee Community Member:

PURPOSE:
The Board of Directors shall define the role and qualifications of a volunteer community member (delegate) to be appointed to participate as a voting member of the Finance Committee for the Mark Twain Health Care District.

POLICY:
Role: As a voting member of the Finance Committee the community member shall collaborate and assist the MTHCD Finance Committee and staff with financial evaluations and decisions. The community member will require approval by the Board of Directors.

Qualifications: The Finance Committee community member must be a Calaveras County resident. It's desirable he/she ~~mus~~t have a minimum of a BA degree, Masters preferred, in business, finance or an accounting related field; no current or potential conflicts of interest; be available to attend regular monthly meetings, relevant closed session meetings and special Finance Committee meetings; be able to work cohesively with a team; be computer literate and have experience with accounting programs such as excel spreadsheets, QuickBooks, etc.; have smartphone capability and good written and verbal communication skills. The applicant will be required to sign a Conflict-of-Interest agreement regarding all discussions held in closed sessions.

Recruitment: The District shall advertise for this position through social media, newspaper ads, MTHCD website and through hiring internet and media connections. Resumes and references will be required and checked by District staff. The top candidates will be interviewed in-person by the Finance Committee. The Finance Committee will then nominate an applicant and submit the nomination to the full District Board for approval and appointment.

Benefits: This is not a paid position. No benefits will be offered. Reimbursement for District work related expenses will follow the Board reimbursement policy. The member will be entitled to any stipend the Board would get.

Term Limit: This position will have a 3-year term with an option for re-appointed to additional terms.

Evaluation: The community member will be evaluated annually by the MTHCD Finance Committee Chair and Chief Executive Officer.

Removal of Appointee: The appointed community member will serve at the pleasure of the District Board and may be removed at any time with or without cause by majority vote of the District Board.

MARK TWAIN
HEALTH CARE DISTRICT

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

Resolution 2026-05

A RESOLUTION OF THE BOARD OF DIRECTORS

OF THE MARK TWAIN HEALTH CARE DISTRICT

Change in MTHCD Board Policies

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

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

WHEREAS: The *ad hoc* policy committee has reviewed Policy No. 25 and have recommended changes in those policies, and presented changes to the public at the October 28, 2026, Board of Directors Meeting.

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

RESOLVED: That policy No. 25 be amended as published in the October 28, 2026, Board of Directors meeting information packet. This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 25th Day of November 2026 by the following vote:

Ayes:
Noes:
Absent:
Abstain:

Attest: _____

Board Secretary

Mark Twain Health Care District Mission

"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

Mark Twain Health Care District Reserve Policy: **Policy No. 25**

1. Purpose:

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

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

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

2. Policy:

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

a. Technology Reserve Fund:
Technology Reserves will accumulate from existing unrestricted funds. The minimum target amount of Technology Reserves will be $~~250,000~~1,000,000.

b. Valley Springs Health & Wellness Center; Operational Reserve Fund:
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of %50 of the budgeted fiscal year expense~~$2,200,000~~. The Reserve amount will be determined on each annual review and be based on the projected budgeted fiscal year~~and historical~~ expenses of the Center. This fund will provide for 180 days of operational expenses.

c. Lease and Contract Reserve Fund:
Financial obligations related to long-term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease. The minimum target amount of the Lease and Contract Reserve Fund will be $500,000~~1,700,000~~.

d. Capital Improvement Reserve Fund:
Capital Improvements Reserve will accumulate from existing unrestricted funds with a

minimum target amount of $3,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements etc.).

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

~~f. Community Programs Reserve Fund:~~
~~To fund community grant programs/opportunities to further provide health related services to Calaveras County. This fund will have a minimum target amount of $250,000.~~

~~g.~~f. Lease Termination Reserve Fund:
To fund operations in the event of lease termination. This fund will have a minimum target amount of $3,250,000.

3. Using Reserve Funds:

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

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

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

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

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

~~f.~~ ~~GCommunity Programs Reserve Fund: To be used in conjunction with the Grants Committee and their recommendations to the full Board.~~

~~g.~~f. Lease Termination Reserve Fund: To be used to fund operations in the event of lease termination.

4. Monitoring Reserve Levels:

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

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

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

b. Request of the ~~Upon~~ Chief Executive Officer and/or Board ~~request~~.

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

HARD HATS & HEELS
Gala

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

October 2026

Dear Mark Twain Health Care District,

Thank you for being a Sponsor of Habitat for Humanity Calaveras' Hard Hats & Heels Gala. Your generosity helped make this special evening possible—a unique celebration of our mission, the families we serve, and the lasting impact we are making together.

In the video shared that evening, one homeowner reflected on how their Habitat home has become a place where their children grew up and their grandchildren now gather. That is the lasting impact of a home: a place where families grow, memories are made, and generations feel secure.

At Eureka Oaks, walls are now going up on the first three homes for our future homeowners. Your sponsorship helped make our evening a success and supports the mission that makes milestones like this possible.

Thank you for believing in our work and helping build a stronger future for Calaveras County. We are grateful to have you as part of the Habitat family.

With gratitude,

Morgan Gace
President & CEO
Habitat for Humanity Calaveras

Sponsorship Summary
Amount: $15,000.00
Date Received: May 5, 2026



Habitat for Humanity® Calaveras

Habitat for Humanity Calaveras is a 501(c)(3) Non-Profit Organization - EIN: 68-0288226
Thank you for your tax-deductible donation!