MARK TWAIN
HEALTH CARE DISTRICT

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

Meeting of the Board of Directors
NEW LOCATION Classroom 1, 2 and 3
Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Wednesday, September 23, 2026
9:00am

Agenda

Zoom – Public Invitation information is at the End of the Agenda
Board Member Attending Remotely:
Board Member Lori Hack will attend remotely from 13 Graeagle Meadows Road, Graeagle, CA 96103. The agenda will be posted at the remote location, which will be accessible to the public.

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				
Debbra Sellick				
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 August 19, 2026
- Board of Directors Meeting Minutes August 19, 2026
- Special Board of Directors Meeting Minutes September 3, 2026

6. **BluePath Health**…….…….…. Libby Sagara and John Weir

7. **Finance Committee**:…….....Ms. Hack / Mr. Wood / Ms. Slocum
   - Financial Statements – August 2026: Public Comment – Action

8. **MTHCD Reports:**

A. President's Report:……Ms. Reed

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

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 August 2026: Public comment - Action

New Policies

None

Revised Policies

Auxiliary Aids and Services for Persons with Disabilities
Biohazard Material Management
Blood-borne Pathogen Exposure
Crash Cart
Culture Transmittal
Emergency Operations Plan
Reference Resources
Scrub Allowance Policy

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

Age Restriction
Autoclave Use and Maintenance
BH Mission and Vision Statement
Billing for Services Provided Off-Site
Correction Of Information in the Medical Record
Depression/Anxiety Screening
Dissemination of Non-Discrimination Policy
Emergency Medications and Supplies
Employee COVID-19 Vaccine and Precautions Policy

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

- Encounter Report – August 2026
- Clinect Patient Satisfaction Survey– August 2026

9. Committee Reports:

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

11. Ad Hoc Community Engagement:.……..…….Ms. Gillespie / Ms. Reed / Mr. Randolph
Meeting scheduled September 29, 2026

12. Ad Hoc Community Grants:……..……..……..Ms. Gillespie / Ms. Sellick / Ms. Reed
Recommendation to Place a 90-Day Hold on Grants and Donations – Public Comment – Action

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

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

- Policy No. 13 Appointments to the District Board
- Policy No. 14 Conduct Related to Elections
- Policy No. 25 Reserve Policy

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

- Construction Updates

16. Board Comment and Request for Future Agenda Items:

- Announcements of interest to the Board or the Public.
  - Hospice of Amador and Calaveras - Thank you

17. Next Meeting:

- October 28, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

18. Adjournment:
Public Comment – Action

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.
Topic: MTHCD Board of Directors Meeting
Time: Sep 23, 2026 09:00 AM Pacific Time (US and Canada)
Join Zoom Meeting
https://zoom.us/j/98772818798?pwd=mkEgIaVazbnRT74sLGJTamWuJWgvYE.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, August 19, 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 8:07 AM.

2. **Roll Call:**

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

Quorum: Yes

3. **Approval of Agenda:** Public Comment- Action
   Motion to approve agenda as presented: Mr. Randolph
   Second: Ms. Bettinger
   Ayes: 3
   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.
   Hearing none.
5. **Consent Agenda:** Public Comment- Action

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

A. Unapproved Minutes:

- Finance Committee Meeting – July 17, 2026: – Action

Motion to approve: Ms. Bettinger
Second: Mr. Randolph
Ayes: 3
Nays: 0

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

Ms. Gillespie provided updates on District and community activities, including continued collaboration with Mark Twain Medical Center and participation with the CSDA Calaveras Chapter. She reported that the District's 401(k) employer contribution process had been completed and funds deposited into employee accounts.

She also reported that the District will not pursue the current CalRHT applications due to the short turnaround time for completing and submitting the applications. The EV charging station project has been permanently paused due to challenges associated with state compliance requirements.

- Construction in Progress

Ms. Gillespie reported continued progress on the parking and West Wing projects. The proposed Highway 26 access will not move forward due to additional state requirements that were estimated to add approximately $1 million to the project. The parking project is nearing completion, and the West Wing remains on track for completion by September 4, 2026, with the possibility of receiving the certificate of occupancy sooner.

- Corporate credit card cash back

The committee reviewed the District's corporate credit card cash-back program. It was reported that rebates are credited directly back to the District and reflected in the Investment and Reserve Report. Staff will verify the frequency and prior-year amount of the rebate.

7. **Real Estate Review:**……..…….Mr. Randolph

Mr. Randolph provided an update on his involvement with the District's construction projects and discussions with the project manager and architect. He also discussed the master lease and related subleases for the 704 building.

Mr. Randolph will continue coordinating with Stockton Cardiology, Mark Twain Medical Center, and the County regarding lease timelines and will review opportunities to simplify the District's involvement in the related sublease arrangements.

8. **Accountant's Report:**……..…… Ms. Hack / Mr. Wood / Ms. Slocum
   - Financial Statements – July 2026: Public Comment – Action

Ms. Slocum reported strong financial performance for July, the first month of the 2026-2027 fiscal year, with 3,132 patient visits. She reviewed year-to-date clinic gross revenues and clinic net revenues over expenses, which were $1,152,817 and $392,714, respectively. The year-to-date net revenue for the MTHCD General Administration was $133,871. The Committee reviewed the financial results and discussed ongoing prior fiscal year adjustments that will continue until completion of the annual audit.

Additional discussion included staffing and benefit expenses, deferred settlement revenue, Medi-Cal payment adjustments, investment performance, construction costs, BHCIP reimbursement, and reserve balances. As of July 31, 2026, total CA-CLASS reserve funds were $10,288,917, with $33,977 in interest earned during July.

Motion to approve July financial statements as presented: Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

9. **Treasurer's Report:**……Ms. Hack

The committee discussed updating authorized signatures on District bank accounts. It was noted that certain accounts currently have only one authorized signer and that the applicable practices should be reviewed to ensure appropriate backup and account access.

10. **Comments and Future Agenda Items**:
    - Review lease documents and reserve categories with Mr. Wood and Real Estate Committee.
    - Reserve policy review and reserve target reconciliation.
    - Review bank account authorization and signature practices.

The committee noted that reserve categories, policies, and targets will be reviewed during Mr. Wood's scheduled work with District staff in September.

11. **Next Meeting:**

Next Finance Committee Meeting – September 23, 2026 at 8:00am.

12. **Adjournment:** Public Comment: – Action Hearing none.
    Motion to adjourn: Ms. Bettinger
    Second: Mr. Randolph
    Ayes: 3
    Nays: 0
    Time: 8:41 AM.

_____
Debbra Sellick
Secretary

MARK TWAIN
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Meeting of the Board of Directors
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Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Wednesday, August 19, 2026
9:00am
Minutes

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

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

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

Meeting called to order by Ms. Reed at 9:00 AM.

2. **Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of arrival
Linda Reed	X			
Debbra Sellick		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: Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 5
Nays: 0

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

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Hearing none.

5. **Consent Agenda:**

Public Comment – Action

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

A. Un Approved Minutes:

- Finance Committee Meeting for July 17, 2026 – Action
- Board of Directors Meeting Minutes July 17, 2026 – Action
- Special Board of Directors Meeting Minutes August 10, 2026 – Action

Motion to approve: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 5
Nays: 0

6. **Hospice of Amador & Calaveras** ……..….Sam Lukow - Executive Director

Sam Lukow, Executive Director, presented an overview of hospice services, caregiver education, bereavement support, and the Grief Busters program. She reported that 42% of patients served during the past year resided in Calaveras County.

Ms. Lukow requested a $3,000 sponsorship and stated that any awarded funds would be tracked specifically for services benefiting Calaveras County residents. The request will be reviewed by the Community Grants Committee before returning to the Board for consideration. No action was taken.

Discussion included improving communication with VSHWC providers, coordinating behavioral health and bereavement services, and providing hospice information to the Calaveras Cancer Support Group. Staff will assist with follow-up and the donation application.

7. **MTHCD Reports:**

A. President's Report:……Ms. Reed

- Association of California Health Care Districts (ACHD):
  Ms. Reed deferred the association update to Ms. Gillespie, who discussed Board and subcommittee participation and preparations for the October conference in Monterey. Registrations and hotel arrangements were confirmed.

- California Special Districts Association (CSDA):

Ms. Gillespie reported on her participation in the Calaveras chapter and plans to lead the October meeting highlighting veterans' services.

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

The Community Board was scheduled to meet Friday. Ms. Vermeltfoort would attend in Ms. Sellick's place.

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

The next hospital Board meeting was scheduled for the following Tuesday. No additional report was presented.

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

- General Comments:
    - Mark Twain Medical Center 75th Celebration

Ms. Gillespie reported continued communication with hospital leadership and announced the Chamber of Commerce State of the County event on September 10. Year-end 401(k) employer contributions had been processed and communicated to participating employees.
The District will not pursue the current CalRHT applications due to the short turnaround time for completing and submitting the applications. Other grant opportunities would continue to be researched. The EV charging station program remained paused indefinitely.

Mark Twain Medical Center 75th Celebration: The August 22 event would begin at 6:00 p.m. Approximately 298 attendees were registered, including four tables for District and clinic participants

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

- Medical Staffing Updates: Dr. Smart reported four resignations, including three physicians and one behavioral health specialist. Staff were planning patient notifications, scheduling changes, continuity of care, and supervision arrangements for associate social workers. Patient letters would be coordinated with health plans and reviewed by the affected providers.
- Construction Updates: Parking improvements were expected to conclude during the first week of September, approximately 7% over budget. West Wing work was progressing toward occupancy during the same period, subject to remaining fire-system issues. The proposed highway encroachment would not proceed at this time.
- Policies Valley Springs Health & Wellness Center August 2026:

New Policies
N/A
Revised Policies
Auxiliary Aids and Services for Persons with Disabilities
Biohazard Material Management
Blood-borne Pathogen Exposure
Cash On Hand Management
Communicable Disease Reporting
Crash Cart
Culture Transmittal
Emergency Operations Plan
IBH Patient Engagement and Re-engagement
Reference Resources
Scrub Allowance Policy
Bi-Annual Review Policies (no changes to policy content)
Age Restriction
Appointment Scheduling
AR Credit Balance Management
Autoclave Use and Maintenance
BH Mission and Vision Statement
Billing for Services Provided Off-Site
Correction Of Information in the Medical Record
Depression/Anxiety Screening
Dissemination of Non-Discrimination Policy

Emergency Medications and Supplies
Employee COVID-19 Vaccine and Precautions Policy
Medical Director Direction of Practitioners in the Clinic

The Board reviewed the revised and biannual-review policies listed in the agenda. No new policies were presented. The policy item had not been designated for action; approval was deferred to the September meeting.

The Board requested the following revisions and clarifications:

Cash On Hand Management: Assign responsibility to an appropriate finance position rather than the Medical Director. Staff described safeguards for cash handling.

Communicable Disease Reporting: Clarify staff responsibilities and the reporting process.

IBH Patient Engagement and Re-engagement: Return the policy to behavioral health for clarification of follow-up letters, outreach, and section numbering.

Appointment Scheduling: Revise wait-time language to apply to all payers rather than Anthem members only.

AR Credit Balance Management: Return the policy for clarification of financial responsibility, Medical Director involvement, and a threshold for additional review.

Medical Director Direction of Practitioners in the Clinic: Define the QAPI acronym in the policy.

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

Encounter Report – July 2026: The clinic reported 3,132 encounters. Medi-Cal represented 72% of the payer mix, total government payers represented 85%, and the no-show rate remained at 9%.

Clinect – July 2026: The overall survey response rate was approximately 6.2%. Satisfaction results remained in the high 90s for most measures. Staff were working with Clinect to correct a survey-type issue and would continue monitoring response rates.

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

A. Ad Hoc AED for Life: ……..…..Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph
The first First Aid/CPR/AED class had 11 participants. The next class was scheduled for September 12, with five participants registered. Outreach and newspaper publicity were underway.

B. Ad Hoc Community Engagement:……..……..Ms. Gillespie / Ms. Reed / Mr. Randolph
No meeting had been held.

C. Ad Hoc Community Grants:……..……..……..Ms. Gillespie / Ms. Sellick / Ms. Reed
No meeting had been held. A meeting would be scheduled before the next Board meeting.

D. Ad Hoc Personnel Committee:……..…… Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort
The committee had met in person. No report was given.

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

The committee had not met and planned to meet before the next Board meeting.

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

Mr. Randolph reported that he was assisting with construction oversight and continuity planning. Discussion focused on completing the approved projects and obtaining occupancy in early September.

Dr. Smart outlined proposed landscaping adjustments, including hydroseeding estimated at $3,700, irrigation provisions, and redistribution of planned landscaping. Existing parking lot resealing and striping, estimated at $10,000, were also discussed. The committee would confirm costs, plan requirements, and any effect on occupancy with the architect and project team before proceeding. No expenditure approval was recorded.

The Board requested continued coordination and at least weekly communication among the Real Estate Committee and Dr. Smart to support project completion and transfer of project information. The proposed Highway 26 access remained on hold due to additional state requirements and associated costs.

A brief status update was provided on the solar project, which remained suspended.

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

Financial Statements – July 2026: Public Comment – Action

The committee reported strong clinic performance for the first month of the 2026-2027 fiscal year. The clinic recorded 3,132 visits. Clinic gross revenues were $1,152,817, with total clinic revenues of $1,064,496 and total expenses of $671,782, resulting in net clinic revenues over expenses of $392,714 for July.

Discussion also addressed balance-sheet reconciliations, deferred settlement revenue of $543,220, and the review of reserve balances and targets. As of July 31, 2026, reserves and contingencies totaled $10,276,524, with $33,977 in interest earned during July.

Upon the Finance Committee's recommendation, the Board accepted the July 2026 financial statements as presented.
Motion to approve: Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 5
Nays: 0

9. <u>Closed Session:</u> Closed session began at: 10:44 A.M.

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

Quorum: Yes

1. Public Employee Performance Evaluation.

   Gov't Code 54957(b)(1)

   Title: Chief Executive Officer

10. Reconvene to Open Session: At 12:26 P.M.

1. Report and Vote if Action Was Taken in Closed Session

Ms. Reed reported two actions approved unanimously in closed session. Each action was followed by a roll-call vote in open session:

Blue Path Contract:
Approval of a contract with BluePath at $350 per hour, not to exceed $98,000.
Ayes: Reed, Sellick, Hack, Randolph, Vermeltfoort.
Nays: 0. Abstentions: 0. Motion carried, 5–0.

Interim Medical Director Contract:
Approval of an interim Medical Director contract with an existing in-house provider, Dr. Salom, in support of the CEO's plan.
Ayes: Reed, Sellick, Hack, Randolph, Vermeltfoort.
Nays: 0. Abstentions: 0. Motion carried, 5–0.

11. Board Comment and Request for Future Agenda Items:

- Announcements of interest to the Board or the Public.
  - West Calaveras County Rotary Thank you letter

No additional Board comments or requests were made.

12. Next Meeting:
September 23, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

13. Adjournment:
Public Comment – Action Hearing none.
Motion to adjourn: Ms. Reed
Second: Mr. Randolph
Ayes: 5
Nays: 0
Time: 12:30 P.M.

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

Thursday, September 3, 2026

11:00am

Minutes

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

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

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

Meeting called to order by Ms. Reed at 11:00 a.m.

2. **Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of arrival
Linda Reed	X			
Debbra Sellick	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: Ms. Vermeltfoort
Second: Ms. Hack
Ayes: 4
Nays: 0

4. **Public Comment On Matters Not Listed On The Agenda:**
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The public was in attendance and voiced support for the District administration.

5. **Closed Session**: Began at 11:04 a.m.

   Chief Executive Officer (CEO) Performance Evaluation: Pursuant to Gov. Code Section 54957

6. **Reconvene to Open Session:** Reconvened at 1:14 p.m.
   - Report and Vote if Action Was Taken in Closed Session: Public Comment – Action

There was no action to report from the closed session.

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

   The Board discussed upcoming meeting dates and remote participation requirements.

8. **Next Meeting:**

   September 23, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

9. **Adjournment:**

Public Comment – Action
Motion to adjourn by Ms. Vermeltfoort
Second: Ms. Hack
Ayes: 4
Nays: 0
Time: 1:20 p.m.

Valley Springs Health & Wellness Center
BluePath Health Introduction

BluePath Health Proprietary and Confidential

BluePath Health Introduction

16

We are California-based consultants with many years of experience across the healthcare industry, including providers, payers, health IT leaders and policy makers.

Our team brings skills in facilitation, convening, strategy, policy analysis, technology implementation, data sharing and communication.

Our client engagements create efficiencies, expand patient access, increase reimbursement, and improve practice engagement.

We work with providers and payers across California and the U.S.

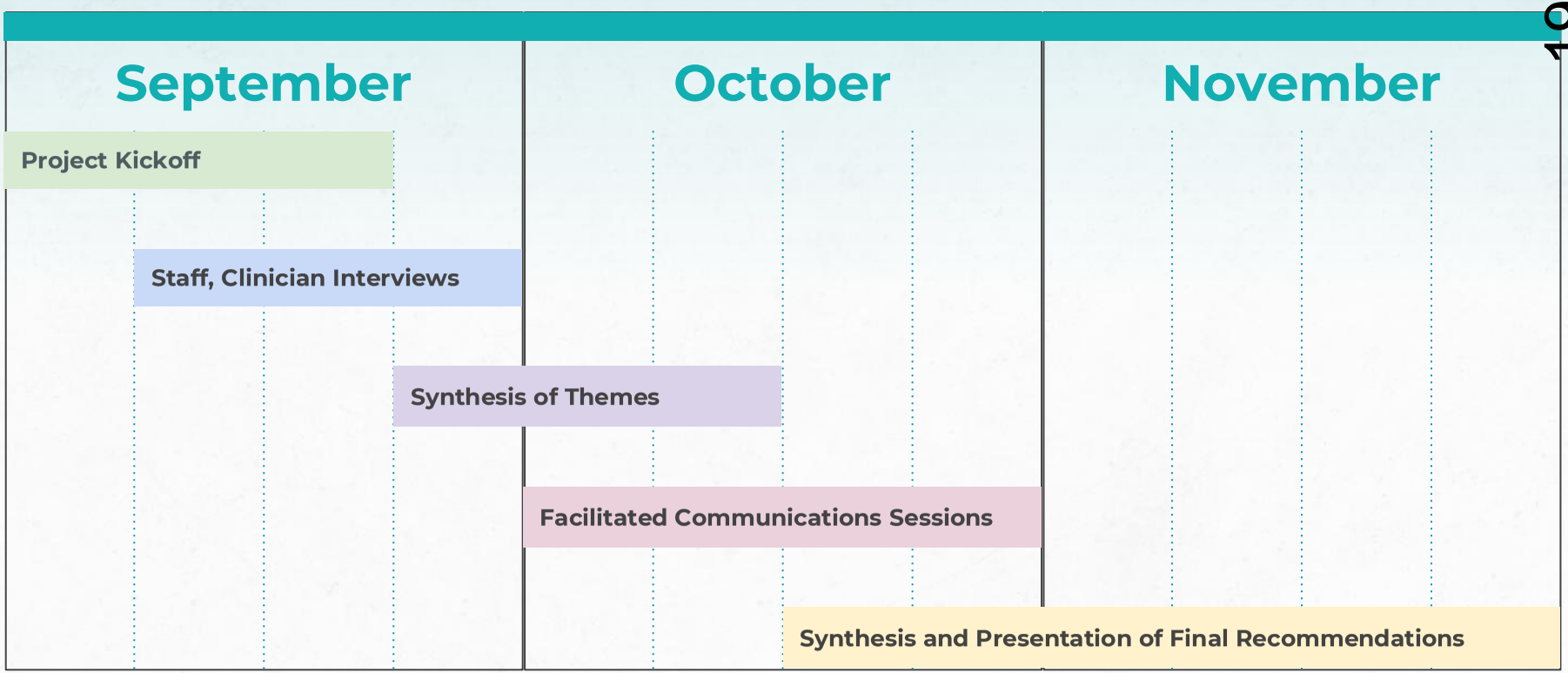
BluePath Health Proprietary and Confidential

Organization-Wide Communications Goals and Objectives

BluePath will partner 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

Project Timeline



Next Steps

- Meeting with VSHWC operational and clinical staff to capture feedback regarding operational needs
- Facilitated sessions to reach consensus on improving communications
- Sharing recommendations With VSHWC regarding cross-organizational communications plans

BluePath Health Proprietary and Confidential

BluePath HEALTH

Thank You

bluepathhealth.com

BluePath Health Proprietary and Confidential

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 August 2026**

Type: **Action**

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

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

BACKGROUND:

The August financial statements were presented to the Board, with the District's total revenues exceeding expenses by $121,576 for the month and $256,948 year-to-date. Clinic revenues remained steady, with net patient revenue of $963,836 and overall net revenue of $116,435 for the month. Year-to-date net revenue for the clinic continued strong, totaling $513,171 through August. Adjustments through the prior fiscal year ending June 30, 2026 will continue until the audit is completed later this year. The District's financial position remains strong, supported by strong operating performance and continued fiscal oversight.

Mark Twain Health Care District
Direct Clinic Financial Projections

August 31, 2026

	Actual Month	Y-T-D Actual	2026/2027 Budget
Total Other Revenue	**964,295**	**2,028,760**	**12,553,038**
Labor related costs	**(442,600)**	**(732,737)**	(6,489,971)
Net Expenses over Revenues	**116,435**	**513,171**	**258,778**

Mark Twain Health Care District
Annual Budget Recap

	08/31/26 Actual Y-T-D	2026 - 2027 Annual Budget				
		Total District	Clinic	Rental	Projects	Admin
Revenues	2,859,567	15,559,690	12,553,038	1,171,652	0	1,835,000
Total Revenue	2,859,567	15,559,690	12,553,038	1,171,652	0	1,835,000
Expenses	(2,085,802)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Total Expenses	(2,085,802)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Surplus(Deficit)	773,765	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**

Mark Twain Health Care District
Direct Clinic Financial Projections

8/31/26 **VSHWC**

		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	1,121,747	(82,420)	93.16%	2,408,335	2,274,564	(133,770)	94.45%	14,450,007
4083.60	Contractual Adjustments	(159,164)	(157,911)	1,253	99.21%	(318,328)	(246,326)	72,002	77.38%	(1,909,969)
	Net Patient revenue	1,045,003	963,836	(81,167)	92.23%	2,090,007	2,028,239	(61,768)	97.04%	12,540,038
4083.90	Uncovered Health Services Revenue		428.95				521.95			
4083.91	Medical Records copy fees	83	30	(53)	0.36	167				1,000
9108.00	Other - Plan Incentives	1,000	-	(1,000)	-	2,000	-			12,000
		1,083	459	(1,053)	42.36%	2,167	522			13,000
	Total Other Revenue	**1,046,087**	**964,295**	**(81,792)**	**92.18%**	**2,092,173**	**2,028,760**	**(63,413)**	**96.97%**	**12,553,038**
7083.09	Other salaries and wages	(421,562)	(362,784)	58,778	86.06%	(421,562)	(594,861)	(173,300)	141.11%	(5,058,740)
7083.10	Payroll taxes	(29,793)	(25,341)	4,452	85.06%	(59,586)	(41,718)	17,868	70.01%	(357,513)
7083.12	Vacation, Holiday and Sick Leave	(25,715)	0	25,715	0.00%	(51,431)	0	51,431	0.00%	(308,583)
7083.13	Group Health & Welfare Insurance	(46,372)	(51,012)	(4,640)	110.01%	(92,744)	(89,232)	3,512	96.21%	(556,462)
7083.15	Pension and Retirement	(12,647)	0	12,647	0.00%	(25,294)	0	25,294	0.00%	(151,762)
7083.16	Workers Compensation insurance	(4,216)	(3,463)	753	82.15%	(8,431)	(6,926)	1,505	82.15%	(50,588)
7083.18	Dental Insurance	(527)	0	527	0	(527)	0			(6,323)
	Total taxes and benefits	(119,269)	(79,816)	39,453	66.92%	(238,012)	(137,876)	100,136	57.93%	(1,431,231)
	Labor related costs	(540,831)	**(442,600)**	98,231	81.84%	**(659,573)**	**(732,737)**	(73,164)	111.09%	(6,489,971)
7083.05	Marketing	(1,542)	0	1,542	0.00%	(3,083)	0	3,083	0.00%	(18,500)
7083.20.01	Medical - Physicians	(97,838)	(88,570)	9,268	90.53%	(195,677)	(178,143)	17,534	91.04%	(1,174,058)
7083.20.03	Behavioral Health - Providers	(41,531)	(18,859)	22,672	45.41%	(83,061)	(49,702)	33,359	59.84%	(498,368)
7083.22	Consulting and Management fees	(6,375)	(7,099)	(724)	111.35%	(12,750)	(8,715)	4,035	68.36%	(76,500)
7083.23	Legal - Clinic	(3,333)	(10,234)	(6,901)		(6,667)	(10,234)	(3,567)	153.51%	(40,000)
7083.26	Other contracted services	(87,500)	(96,145)	(8,645)	109.88%	(175,000)	(162,532)	12,468	92.88%	(1,050,000)
7083.27	Other- IT Services	(11,667)	(9,913)		84.97%	(23,333)	(30,568)			(140,000)
7083.29	Other Professional fees	(6,250)	(3,536)	2,714	56.57%	(12,500)	(7,215)	5,285	57.72%	(75,000)
7083.36	Oxygen and Other Medical Gases	(100)	0	100	0.00%	(200)	(97)	103	48.54%	(1,200)
7083.41.01	Other Medical Care Materials and Supplies	(31,667)	(21,043)	10,624	66.45%	(63,333)	(39,867)	23,467	62.95%	(380,000)
7083.41.02	Dental Care Materials and Supplies - Clinic	(37,500)	(16,281)	21,219	43.41%	(75,000)	(30,497)	44,503	40.66%	(450,000)
7083.41.03	Behavioral Health Materials	(483)	(396)	87	82.01%	(967)	(900)	67	93.07%	(5,800)
7083.41.04	O.U.R. Veterans Materials and Supplies		(6,656)				(10,542)			
7083.62	Repairs and Maintenance Grounds	(6,250)	(3,183)	3,067	50.93%	(12,500)	(5,991)	6,509	47.93%	(75,000)
7083.72	Depreciation - Bldgs & Improvements	(64,625)	(55,000)	9,625	85.11%	(129,250)	(110,000)	19,250	85.11%	(775,500)
7083.74	Depreciation - Equipment	(14,688)	(12,500)	2,188	85.11%	(29,375)	(25,000)	4,375	85.11%	(176,250)
7083.80	Utilities - Electrical, Gas, Water, other	(9,583)	(4,262)	5,322	44.47%	(19,167)	(12,226)	6,940	63.79%	(115,000)
7083.43	Food	(2,250)	(2,933)	(683)	130.34%	(4,500)	(5,406)	(906)	120.14%	(27,000)
7083.46	Office and Administrative supplies	(4,167)	(2,297)	1,870	55.13%	(8,333)	(4,083)	4,250	48.99%	(50,000)
7083.69	Other purchased services	(4,125)	(2,104)	2,021	51.00%	(8,250)	(4,414)	3,836	53.50%	(49,500)
7083.81	Insurance - Malpractice	(4,694)	(4,694)	(0)		(9,388)	(9,388)	(0)		(56,326)
7083.82	Other Insurance - Clinic	(2,703)	(2,703)	0		(5,407)	(6,665)	(1,258)		(32,440)
7083.83	License renewals	(1,833)	(2,721)	(887)	148.40%	(3,667)	(3,036)	630	82.81%	(22,000)
7083.85	Telephone and Communications	(3,833)	(2,804)	1,029	73.14%	(7,667)	(6,735)	931	87.85%	(46,000)
7083.86	Dues, Subscriptions & Fees	(1,042)	(254)	788	24.38%	(2,083)	(769)	1,314	36.93%	(12,500)
7083.87	Outside Training	(5,583)	(3,765)	1,818	67.44%	(11,167)	(4,036)	7,130	36.15%	(67,000)
7083.88	Mileage - VSHWC	(4,583)	(7,818)	(3,235)	170.58%	(9,167)	(14,907)	(5,740)	162.62%	(55,000)
7083.89	Recruiting	(7,500)	0	7,500	0.00%	(15,000)	(2,200)	12,800	14.67%	(90,000)
8870.00	Interest on Debt Service	(20,446)	(19,492)	954	95.34%	(40,891)	(38,984)	1,907	95.34%	(245,346)
	Non labor expenses	(496,191)	(405,260)	90,931	81.67%	(967,382)	(782,852)	184,530	80.92%	(5,954,288)
	Total Expenses	(1,037,022)	(847,860)	189,162	81.76%	(1,626,955)	(1,515,589)	111,366	93.15%	(12,444,259)
	Net Expenses over Revenues	**9,065**	**116,435**	**107,370**	**174%**	**465,218**	**513,171**	**47,953**	**190.1%**	**258,778**

Mark Twain Health Care District
Projects, Grants and Support
8/31/2026

		2023/2024 Budget	2024/2025 Budget	2025/2026 Budget	2026/2027 Budget	Month 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)	(94,917)	(5,728)	(12,331)	1.08%
8890.00	Miscellaneous (TBD)	(100,000)	(500,000)	(500,000)	(950,000)	(79,167)			0.00%
8890.01	AED for Life	(40,000)	(40,000)	(40,000)	(45,000)	(3,750)	(1,788)	(4,626)	10.28%
8890.02	Stay Vertical Calaveras	(37,900)	(64,500)	(64,500)	(48,000)	(4,000)	(3,940)	(7,705)	16.05%
8890.03	Doris Barger Golf		(2,500)	(4,000)	(7,500)	(625)			0.00%
8890.04	San Andreas Rotary Club-Hospice				(3,500)	(292)			0.00%
8890.06	Office of Education (Med. Science)		(25,000)		(2,500)	(208)			0.00%
8890.07	Veterans Support				(5,000)	(417)			0.00%
8890.09	Friends of the Calaveras County Fair		(2,500)	(2,500)	(2,500)	(208)			0.00%
8890.10	Community Grants			(50,000)	(65,000)	(5,417)			0.00%
8890.11	Calaveras Senior Center Meals				(10,000)	(833)			0.00%
	Project grants and support	**(177,900)**	**(634,500)**	**(661,000)**	**(1,139,000)**	**(94,917)**	**(5,728)**	**(12,331)**	**1.08%**

Mark Twain Health Care District
Rental Financial Projections

Rental

8/31/26

		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%	72,000	144,000	72,000	200.00%	864,000
	Rent Revenues	72,000	**72,000**	**0**	**100.00%**	**72,000**	**144,000**	**72,000**	**200.00%**	**864,000**
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(66,387)	(38,387)	237.09%	(28,000)	(121,922)	(65,705)	22.97%	(336,000)
9521.80	Utility Reimbursements- MTMC	0	16,486				28,217			
9520.72	Depreciation	(25,093)	(18,907)	6,186	75.35%	(25,093)	(37,814)	(12,721)	150.70%	(301,116)
	Total Costs	**(53,093)**	**(68,807)**	**(15,714)**	**129.60%**	**(53,093)**	**(131,519)**	**(78,426)**	**247.71%**	(637,116)
	Net	18,907	3,193	(15,714)	16.89%	18,907	12,481	(6,426)	151.48%	**226,884**
9260.02	MOB Rents Revenue	24,785	24,583	(203)	99.18%	24,785	49,518	24,733	199.79%	297,421
9521.75	MOB rent expenses	(24,596)	(23,781)	815	96.69%	(24,596)	(47,562)	(22,966)	193.37%	(295,151)
	Net	189	802	612	423.71%	189	1,956	1,767	1034.02%	**2,270**
9260.03	Child Advocacy Rent revenue	853	844	(8)	99.01%	853	1,688	836	198.02%	10,231
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(200)	(179)	21	0.00%	(2,400)
	Net	653	844	192	129.35%	653	1,510	857	231.33%	**7,831**
	Total Revenues	97,638	113,913	16,275	116.67%	97,638	223,423	125,786	228.83%	1,171,652
	Total Expenses	(77,889)	(92,589)	(14,700)	118.87%	(77,889)	(179,259)	(101,371)	230.15%	(934,667)
	Summary Net	**19,749**	**21,324**	1,575	107.98%	19,749	44,164	24,415	223.63%	**236,985**

Mark Twain Health Care District
General Administration Financial Projections **8/31/26** **ADMIN**

		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	36,667	12,501	151.73%	48,333	72,296	23,963	149.58%	290,000
9160.00	Property Tax Revenues	138,750	138,758	8	100.01%	277,500	277,508	8	100.00%	1,665,000
9010.00	Gain on Sale of Asset									
9101.00	Gain and Loss on Sale of Asset						-			
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)	6,864	16,864		(20,000)	3,359			(120,000)
	Summary Revenues	152,917	182,289	29,372	119.21%	305,833	361,028	55,194	118.05%	**1,835,000**
8610.09	Other salaries and wages	(23,184)	(20,683)	2,501	89.21%	(46,367)	(34,034)	12,333	73.40%	(278,204)
8610.10	Payroll taxes	(1,613)	(2,400)	(787)	148.78%	(3,226)	(3,873)	(647)	120.04%	(19,358)
8610.13	Group Health & Welfare Insurance	(2,550)	(4,131)	(1,581)	161.99%	(5,100)	(7,230)	(2,130)	141.75%	(30,602)
8610.15	Pension and Retirement	(696)	0	696	0.00%	(696)	0	696	0.00%	(8,346)
8610.16	Workers Compensation insurance	(232)	0	232	0.00%	(232)	0	232	0.00%	(2,782)
8610.18	Other payroll related benefits	(29)	0			(29)	0			(348)
	Benefits and taxes	(6,534)	(6,531)	3	99.96%	(12,111)	(11,103)	1,008	91.67%	**(78,406)**
	Labor Costs	(29,718)	(27,214)	2,504	91.58%	(58,479)	(45,137)	13,341	77.19%	**(356,610)**
8610.22	Consulting and Management Fees	(4,167)	(8,393)	(4,227)	201.44%	(8,333)	(8,923)	(589)	107.07%	(50,000)
8610.23	Legal	(4,167)	(9,776)	(5,610)	234.63%	(8,333)	(9,776)	(1,443)	117.32%	(50,000)
8610.24	Accounting /Audit Fees	(4,167)	(1,074)	3,092	25.78%	(8,333)	(1,965)	6,368	23.58%	(50,000)
8610.05	Marketing	(2,083)	0	2,083	0.00%	(4,167)	0	4,167	0.00%	(25,000)
8610.43	Food and Staff Appreciation	(417)	(2,776)	(2,359)		(833)	(3,045)	(2,212)		(5,000)
8610.46	Office and Administrative Supplies	(2,000)	(1,480)	520	74.00%	(4,000)	(2,565)	1,435	64.13%	(24,000)
8610.62	Repairs and Maintenance Grounds	(1,500)	0	1,500	0.00%	(3,000)	(3,953)	(953)		(18,000)
8610.69	Other- IT Services	(2,917)	(4,918)	(2,001)	168.62%	(5,833)	(6,929)	(1,096)	118.78%	(35,000)
8610.82	Insurance	(6,667)	(4,899)	1,768	73.49%	(13,333)	(11,348)	1,985	85.11%	(80,000)
8610.86	Dues, Subscriptions & Fees	(3,333)	(132)	3,201	3.96%	(6,667)	(8,778)	(2,111)	131.67%	(40,000)
8610.87	Outside Trainings	(2,083)	0	2,083	0.00%	(4,167)	(182)	3,984	4.38%	(25,000)
8610.88	Travel	(2,083)	(345)	1,738	16.56%	(4,167)	(578)			(25,000)
8610.89	Recruiting	(708)	0	708	0.00%	(1,417)	0	1,417		(8,500)
8610.90	Other Direct Expenses	(500)	(500)	0	100.00%	(1,000)	(900)	100	90.00%	(6,000)
8610.95	Other Misc. Expenses		795	795		0	0	0		
	Non-Labor costs	(36,792)	(33,499)	3,293	91.05%	(73,583)	(58,942)	11,052	80.10%	(441,500)
	Total Costs	(66,509)	(60,713)	5,796	91.28%	(132,062)	(104,080)	24,393	78.81%	(798,110)
	Net	86,408	**121,576**	35,169	140.70%	173,771	**256,948**	79,587	147.87%	**1,036,890**

Mark Twain Health Care District
Balance Sheet
As of August, 2026

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	528,411
1001.20 Umpqua Bank - Money Market	6,447
1001.30 Bank of Stockton	337,840
1001.45 Five Star Bank - MTHCD Checking NEW	811,251
1001.50 Five Star Bank - Money Market	877,057
1001.60 Five Star Bank - VSHWC Checking	259,314
1001.65 Five Star Bank - VSHWC Payroll	254,964
1001.90 US Bank - VSHWC	213,616
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**3,366,820**
Accounts Receivable	
1201.00 Accounts Receivable	-23,214
1210.00 Grants Receivable	2,632,554
Total Accounts Receivable	**2,609,340**
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	35,356
1003.20 CLASS Operational Reserve Fund	1,531,876
1004.10 CLASS Lease & Contract Reserve Fund	1,976,351
1004.20 CLASS Loan Reserve Fund	2,418,939
1004.30 CLASS Capital Improvement Reserve Fund	2,917,865
1004.40 CLASS Technology Reserve Fund	297,719
1004.50 Community Programs Reserve Fund	114,707
1004.60 Lease Termination Reserve Fund	563,191
1150.05 Due from Calaveras County	-112,517
1160.00 Lease Receivable	162,790
1205.50 Allowance for Uncollectable Clinic Receivables	53,149
1205.51 Cash To Be Reconciled	113,780
1300.00 Prepaid Expense (USDA)(MTMC rent)	0
1300.10 General Prepaid	124,314
Total Other Current Assets	**10,197,520**
Total Current Assets	**16,173,679**
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,223,529
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	718,485
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildings	6,893,228
1220.20 VSHWC - Equipment	1,253,059
1221.00 Pharmacy Construction	0
1250.12 CIP - Sunrise Pharmacy	0

1250.13 CIP - Dental Expansion	0
1250.14 CIP - West Wing Expansion	1,780,115
1250.15 CIP - Technology Reserve	0
1250.16 CIP - District Refresh	0
1521.20 CIP - Buildings - BHCiP	1,592,590
1521.30 CIP - Equipment	180,600
1600.00 Accumulated Depreciation	-10,540,922
Total Fixed Assets	**9,576,562**
Other Assets	
1710.10 Minority Interest in MTMC - NEW	398,590
1810.60 Capitalized Lease Negotiations	271,156
1810.65 Capitalized Costs Amortization	13,905
Total Intangible Assets	**285,061**
2219.00 Capital Lease	5,161,719
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	**6,687,144**
TOTAL ASSETS	**32,437,385**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	549,887
Total 200.00 Accts Payable & Accrued Expenes	**549,887**
2001.00 Other Accounts Payable (Credit Card)	29,653
Total 200.00 Accts Payable & Accrued Expenes	**29,653**
2010.00 USDA Loan Accrued Interest Payable	122,936
2021.00 Accrued Payroll - Clinic	99,585
2022.00 Accrued Leave Liability	90,344
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	48,385
2110.10 Valley Springs Security Deposit	2,385
2140.00 Lease Payable - Current	168,699
2260.00 Deferred Rental Revenue	518,643
2265.00 Deferred Settlement Revenue	543,220
2271.00 Deferred Hospital Lease Rent	92,000
Total Other Current Liabilities	**1,765,698**
Total Current Liabilities	**2,345,238**
Long-Term Liabilities	
2129.00 Other Third Party Reimbursement - Calaveras County	-277,508
2130.00 Deferred Inflows of Resources	203,473
2210.00 USDA Loan - VS Clinic	6,341,384
2240.00 Lease Payable - Long Term	117,960
Total Long-Term Liabilities	**6,385,309**
Total Liabilities	**8,730,547**
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	2,564,286
Net Income	773,765
Total Equity	**23,706,839**
TOTAL LIABILITIES AND EQUITY	**32,437,385**

Investment & Reserves Report
31-Aug-26

Reserve Funds	Minimum Target	6/30/2026 Balance	2026/2027 Allocated	2026/2027 Interest	8/31/2026 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve	2,200,000	2,051,525	-500,000	15,523	1,567,047	
Lease, Contract, & Utilities Reserve	1,700,000	1,963,598		12,754	1,976,351	
Loan Reserve	1,300,000	2,403,329		15,610	2,418,939	
Capital Improvement	3,000,000	2,900,644		17,221	2,917,865	
Technology Reserve	250,000	295,798		1,921	297,719	
Community Programs Reserve	250,000	113,967		740	114,707	
Lease Termination Reserve	3,250,000	559,557		3,634	563,191	
Reserves & Contingencies	11,950,000	10,288,416	-500,000	67,404	9,855,820	0

Reserves	8/31/2026	2026-2027 Interest Earned
Valley Springs HWC - Operational Reserve	35,356	185
Total Cal-Trust Reserve Funds	**35,356**	**185**
Valley Springs HWC - Operational Reserve	1,567,047	15,523
Lease & Contract Reserve	1,976,351	12,754
Loan Reserve	2,418,939	15,610
Capital Improvement	2,917,865	17,221
Technology Reserve Fund	297,719	1,921
Community Programs Reserve	114,707	740
Lease Termination reserve	563,191	3,634
General Operating Fund	466,524	0
Total CA-CLASS Reserve Funds	**10,322,344**	**67,404**
Five Star		
General Operating - NEW	283,408	81
Money Market Account	597,488	4,568
Valley Springs - Checking	162,423	21
Valley Springs - Payroll	123,822	18
Total Five Star	**1,167,141**	**4,688**
Columbia/Umpqua Bank		
Checking	205,694	0
Money Market Account	6,447	0.11
Investments	0	0
Total Savings & CD's	**212,141**	**0.11**
Bank of Stockton	**212,971**	**19**
Total in interest earning accounts	**11,949,953**	**72,296**
Beta Dividends 2		
Umpqua Rebate		
Total Without Unrealized Loss		**72,296**

CA CLASS		Interest Rate
Prime	2,158,491	**3.75%**
Enhanced	4,881,759	**3.84%**
Term Series II	3,282,094	**3.95%**
Total	**10,322,344**	

3.91%

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

MARK TWAIN
HEALTH CARE DISTRICT

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

CEO Report to the Board of Directors for date: September 23, 2026

Community Health and Outreach to enhance Community Engagement and build public trust:
HHSA: Nothing to report. **Board of Supervisors**: Nothing to report. **MTMC:** Doug and I continue our regular CEO-to-CEO meetings, we discuss various projects such as seismic, walkway, any community related events that we can partner and support access to health care. We discuss financials, encounters, county wide support. **ACHD** : Continued participation with ACHD and collaboration with healthcare district leaders throughout California. I serve on this Board **CSDA Calaveras Chapter:** Continued participation and planning for upcoming meetings and countywide program opportunities. I serve as VP on this Board **CCOE:** Nothing to report **Chamber of Commerce:** ETP training logs continue to be completed weekly and submitted to the Chamber for grant funding. Still waiting for final word. Attended the yearly State of the County meeting for Calaveras County. **Community Relations:** Continued community outreach and communications efforts to support MTHCD and VSHWC visibility and public engagement, including recent press releases regarding Interim Medical Director Dr. Salom and locum providers Dr. Giesemann and Dr. Cooper. VSHWC participating in 2 health fairs 9/24 & 9/26. We will also participate in the Life & Longevity Conference in October.
Finance: Kristine and I continue to work on financial reporting and processes to better prepare for monthly activities and reporting. Continually looking at ways to improve and manage costs. We have been working on outside partners for cost analysis and bids.
Grants: VSHWC grant submission for a Behavioral Health opportunity is pending
Construction/Facilities: West Wing final medical equipment installations and MA workstations are being completed. IT and data ports are complete, with remaining construction and final touches anticipated by the end of September. South parking lot striping and asphalt paving are also being completed.

Quality of Care – Enhance patient experience through surveys

District Office:

1. Continued collaboration regarding financials, benefits administration, policy review, and organizational planning.
2. Continued participation in Personnel, Policy, Finance, and other District committee activities.
3. Continued work on Board policies, compliance requirements, and District administrative processes.
4. **BluePath Health:** Weekly update meetings continue, and BluePath Health will provide a high-level presentation at the September 23, 2026 Board meeting.
5. **Bizhaven:** Continued work on HR, safety, and compliance, including fine-tuning job descriptions and salary bands and reviewing clinic policies for current compliance and state regulatory requirements.
6. **Workflow Improvements:** Reception and scheduling workflow improvement processes have been completed. Phase 2 has been approved for implementation and is expected to begin in September/October.
7. **NAGPRA:** Research regarding artifacts held at Sacramento State is ongoing. Early discussions regarding the project are anticipated, and jurisdiction remains undetermined at this time.

VSHWC:

1. Continued partnering with Clinic leadership on recruitment, onboarding, staff development, and operational needs.
2. Dr. Salom has transitioned into the Interim Medical Director role. We continue to meet regularly regarding clinic operations, staffing, and continuity of care, in support of each of our respective roles.
3. Recruitment/Staffing: Working with Clinic leadership on 3 new hires: a DA sterilization tech, referral coordinator, and behavioral health LCSW. We continue to partner with two recruitment firms on an additional locum assignment and hold biweekly calls regarding permanent provider recruitment. One in-person physician interview is scheduled for September 24, with another candidate anticipated to interview in approximately two weeks.
4. Continued department and staff meetings to promote communication, transparency, and employee engagement.
5. Continued collaboration with the Spirit Committee regarding staff appreciation activities and the upcoming annual VSHWC party in October.
6. **Website:** Continued work on the new VSHWC website, scheduled to launch October 1, 2026. We continue working through the remaining account access requirements with Doteasy.
7. **Behavioral Health:** The telehealth psychiatrist has submitted a 60-day resignation. We are working with Orbit Staffing on replacement and transition planning.
8. **Revenue Cycle:** Collections posted were $926,484, a 20% decrease MoM. Charges posted were $1.12M. DAR was 22.4 days and Time to Bill was 5.93 days. Wins for the month include denials below 2%, DAR remaining at approximately 22 days, and the net collection rate remaining approximately 98.7%.

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ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

ACHD

THE ADVOCATE

CURIOUS ABOUT ACHD MEMBER BENEFITS?

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WHAT'S NEW IN SEPTEMBER

CEO MESSAGE

California's 2026 legislative session has come to a close and ACHD is proud of the progress that we and our members made on issues that directly impact your ability to provide accessible, high-quality care in your communities.

This year, ACHD focused on solutions to some of the most pressing challenges facing health care districts, including physician and workforce recruitment and maintaining access to care in rural and underserved communities. ACHD's sponsored bills, **AB 2311** and **AB 1811**, successfully passed both houses and are now awaiting action by the Governor.

AB 2311, authored by Assemblymember Pilar Schiavo, would give qualifying district hospitals the ability to directly employ physicians. This legislation addresses a longstanding inequity in California law and provides district hospitals with another important tool to recruit and retain physicians. ACHD was proud to sponsor this effort and grateful to Assemblymember Schiavo and our legislative partners for their leadership.

AB 1811, authored by Assemblymember Rogers, seeks to protect access to health care by preserving the use of Health Professional Shortage Area (HPSA) designations in state programs. For health care districts serving rural and underserved communities, maintaining these

designations is critical to preserving workforce resources and supporting efforts to recruit and retain health professionals.

While the legislative session has ended, our advocacy work does not. ACHD will continue to advocate for the Governor's signature on these bills and other high-priority bills. We will keep members informed as we await the Governor's decisions. Please see **Sarah Bridge's** message below for a comprehensive update on other legislative outcomes.

We look forward to seeing you next month at **ACHD's 74th Annual Meeting** in Monterey. In the meantime, thank you for everything you and your districts do every day to keep care close to home.

With gratitude,

Cathy Martin
Chief Executive Officer

LEGISLATIVE UPDATE

The California Legislature adjourned the second year of the 2025–26 regular session at 11:59 p.m. on August 31, 2026, closing out a two-year cycle in which health care access, workforce, and affordability issues, including several measures directly affecting healthcare districts, moved through to the Governor's desk. The final weeks of session were dominated by budget-trailer cleanup, and hundreds of bills needing to clear both houses before the deadline. ACHD was actively engaged through the end of session on a number of high-priority issues.

With the legislative session concluded, all bills passed by the Legislature now move to Governor Newsom for action. The Governor has until September 30, 2026, to sign or veto bills sent to him in the closing days of session; any bill not acted on by that date becomes law without his signature. ACHD will issue a Governor's Signature/Veto recap once final action is known on the bills below.

Bills of Note:

AB 1811 (Rogers) — Health Professional Shortage Areas **- ACHD CO-SPONSOR**
AB 1811, ACHD's co-sponsored bill, passed both houses with unanimous support. AB 1811 would preserve Health Professional Shortage Area (HPSA) designations that were in place as of January 1, 2025, including roughly 285 designations that had been proposed for withdrawal,

through January 1, 2035. HPSA status drives state prioritization for loan repayment, workforce placement, and other programs relevant to rural and underserved districts.

AB 2282 (Alanis) — Health Facilities: Emergency Medical Services **- ACHD SUPPORT**
AB 2282, sponsored by Del Puerto Health Care District, would authorize the CA Department of Public Health to issue a special permit allowing Del Puerto to operate a rural emergency stabilization and care unit in Patterson (Stanislaus County), waiving certain general acute care hospital licensure requirements. The district must maintain transport/transfer agreements with every licensed ED within a 30-mile radius; the permit sunsets once a general acute care hospital with an operating ED is licensed in the area. The bill is currently awaiting Governor action.

To join ACHD in supporting Del Puerto Healthcare District in their efforts, **please utilize this** link to send a letter of support to the Governor and encourage his signature.

AB 2311 (Schiavo) — Health Care Districts: Employment **- ACHD SPONSOR**
ACHD-sponsored bill, passed the Legislature nearly unanimously and is pending Governor's action. AB 2311 establishes a ten-year pilot to allow district hospitals meeting specified conditions to directly employ physicians and surgeons and bill for their services. Like other pilots in this space, the bill is accompanied by guardrails prohibiting interference with clinical judgment and requiring new positions to supplement, not displace, existing medical staff.

SB 947 (McNerney) — Employment: Automated Decision Systems **- ACHD OPPOSE**
SB 947, also known as "No Robo Bosses Act", is the reboot of SB 7 last year, which ACHD successfully helped defeat. The modified version now sits in front of the Governor for signature or veto.

Beginning July 1, 2027, the bill would require meaningful human review before an automated decision system can finalize employment actions such as discipline or termination, require notice to affected workers, and restrict predictive use of certain employee-monitoring data. However, the bill is nuanced in its definitions and applicability, making it problematic and difficult to comply with from an employer standpoint.

AB 2575 (Ortega) — Health Care Services: Artificial Intelligence **– ACHD OPPOSE**
AB 2575 would require health facilities to maintain and disclose an inventory of clinical decision support system (CDSS)/AI tools in use, protect clinicians' ability to override AI-generated recommendations without retaliation, and bar AI developers from using a clinician's failure to override as a liability defense. ACHD is part of a broad coalition opposed to the bill alongside the California Hospital Association and California Chamber of Commerce.

2026-27 State Budget:

Governor Newsom signed the main 2026–27 Budget Act on June 29, 2026. The enacted budget for the Department of Health Care Services totals $226.3 billion ($45.7 billion General Fund), with the overall Medi-Cal budget at $222.4 billion ($48.8 billion General Fund), covering an estimated 14 million Californians. Rather than implementing the deepest Medi-Cal reductions immediately, the Legislature and Governor largely delayed the most painful decisions —

including cuts to dental benefits for adults with unsatisfactory immigration status (UIS), reinstatement of the asset test, and reduced clinic payment rates — to July 1, 2027, leaving them for the next Governor and Legislature to resolve.

- Medi-Cal solutions adopted in the 2025–26 budget continue to ramp up, growing from roughly $4.7 billion in savings in 2025–26 to a projected $8.6 billion by 2028–29 — with many of the larger solutions first taking effect in 2026–27.

- The budget sets aside $300 million to support increased Covered California subsidies as enhanced federal premium tax credits expire, and roughly $2 million for an HR 1 Navigators for Clinics Program to support Medi-Cal outreach and enrollment.

- Hospitals are slated to receive $340 million in grant funding as the state continues to respond to federal Medicaid reductions under H.R. 1, which is expected to strip roughly $800 billion in federal Medicaid funding nationally over the coming decade.

- The Managed Care Organization (MCO) tax — a major Medi-Cal funding source — faces continued uncertainty as federal rules under H.R. 1 push the state to restructure the tax, likely reducing the revenue it generates going forward.

- Beginning in 2026–27, the state discontinues federally funded coverage of Medicaid emergency services for UIS members delivered through managed care, a change scored as more than $600 million in budget-year savings; the state is providing transitional care-coordination funding as members move to fee-for-service Medi-Cal.

The Legislative Analyst's Office continues to caution that even with these solutions, the state faces sizable structural deficits in future years, meaning further Medi-Cal policy fights are likely in the 2027–28 budget cycle.

August Health Budget Package: AB 113 and AB 173

Beyond the main June budget act, the Legislature closed out session by passing a package of 16 additional budget bills on August 31, 2026, to finalize items that were budgeted in June but not yet appropriated, and to make technical and policy cleanup changes. Two of those bills are worth flagging for ACHD members: AB 113, the "Budget Bill Junior," and AB 173, the omnibus health budget trailer bill.

AB 113 Budget Act of 2026: Budget Bill Junior

A "Budget Bill Junior" is the informal term for any bill that amends the Budget Act itself, typically by adding, increasing, or reallocating appropriations that were agreed to in principle in June but finalized later in the year. AB 113 is this year's primary Budget Bill Junior. It increases General Fund spending by under $100 million above the June agreement (largely to cover an unexpected loss of federal funds at the Department of Rehabilitation), appropriates $2.66 billion in Proposition 4 climate bond funds, and appropriates $450 million in Greenhouse Gas Reduction

Fund dollars, alongside a long list of one-time, district-specific, and program appropriations across nearly every policy area.

Health Items of Note:

- Appropriates $1 million to support research on how House Resolution 1 (H.R. 1) implementation is changing insured/uninsured populations and health care utilization trends.

- Increases General Fund authority from $1 million to $3 million for HCAI to administer the Uncompensated Care Program and Abortion Practical Support Program.

- Appropriates $10 million for HCAI to support gender-affirming care services for children and youth who lost federal Medi-Cal matching funds under recent federal rule changes.

- Appropriates $30 million from the 988 State Suicide and Behavioral Health Crisis Services Fund across CalHHS, DHCS, and Cal OES for 988 system oversight, interoperability, and crisis-line operations, including a dedicated LGBTQ+ "Press 3" option.

- allcove youth mental health centers: Item 67 of AB 113 specifies recipients of funding previously adopted in the 2026 Budget Act for allcove centers.

AB 173 is the companion health "trailer bill" to the budget. It doesn't move new money so much as it changes the underlying statutes needed to implement health provisions of the 2026 Budget Act. Most notably for ACHD members, AB 173 implements the statutory authority needed to facilitate the transfer of assets from Palomar Health District to the newly formed Palomar UC San Diego Health Authority, a district affiliation/transfer structure that other member districts exploring similar hospital partnership or governance transitions will want to watch closely as a potential model or point of comparison.

Other items of note:

- Expands DHCS provider-oversight authority in Medi-Cal, including the new ability to deny, suspend, or place a 180-day moratorium on provider enrollment to safeguard program integrity, with notice to the Joint Legislative Budget Committee.

- Requires DHCS and the California Department of Aging to study Community-Based Adult Services (CBAS) center closures and report back to the Legislature by March 1, 2029.

- Provides, effective October 1, 2026, coverage of medically necessary outpatient maintenance dialysis for individuals on restricted-scope Medi-Cal.

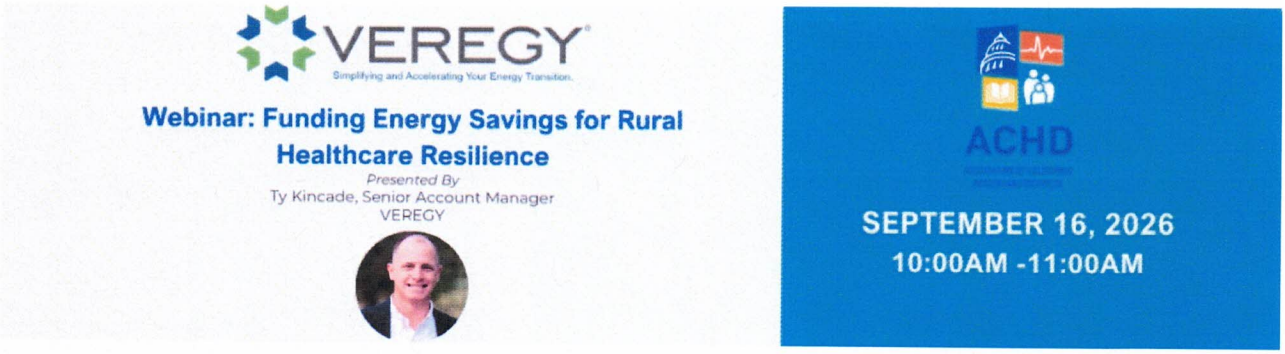
- Extends the existing nurse-to-patient staffing ratio penalty exemption — currently available to general acute care hospitals under specified circumstances — to acute psychiatric hospitals.

- Implements a series of 988 Suicide & Crisis Lifeline changes, including new interoperability, training, and governance requirements for how 911, 988, and mobile crisis teams coordinate calls.

- Makes technical changes to align Medi-Cal eligibility rules with federal H.R. 1 requirements and clarifies AIDS Drug Assistance Program (ADAP) rules.

Other News:

Yesterday, ACHD joined Assemblymember Juan Alanis and Del Puerto Health Care District leadership for a press conference at Del Puerto's Patterson campus in support of AB 2282, the district-sponsored bill to authorize a rural emergency stabilization and care unit on the west side of Stanislaus County. The press conference was an opportunity for Assemblymember Alanis and district trustees and administration to underscore why the bill matters well beyond Patterson.



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California Special Districts Association
Districts Stronger Together
CSDA eNews

View Web Version

September 19, 2026

CSDA Advocates to Protect Local Wildfire Recovery Funds

CSDA is advocating to protect special districts' ability to fully recover wildfire-related costs from investor-owned utilities. As state leaders consider changes to utility liability, CSDA is urging lawmakers to preserve full recovery for damaged infrastructure, emergency response, mutual aid, insurance subrogation, and lost property tax revenue.

READ THE ARTICLE

Comment Opportunity: Board of Forestry and Fire Protection Advances Phased Approach to Zone Zero Compliance

California's Board of Forestry and Fire Protection advanced emergency Zone Zero wildfire regulations establishing ember-resistant requirements within five feet of structures. Proposed rules address vegetation, fencing, combustible materials and defensible space, with phased compliance for existing properties. Public comments on the regulations are due September 2.

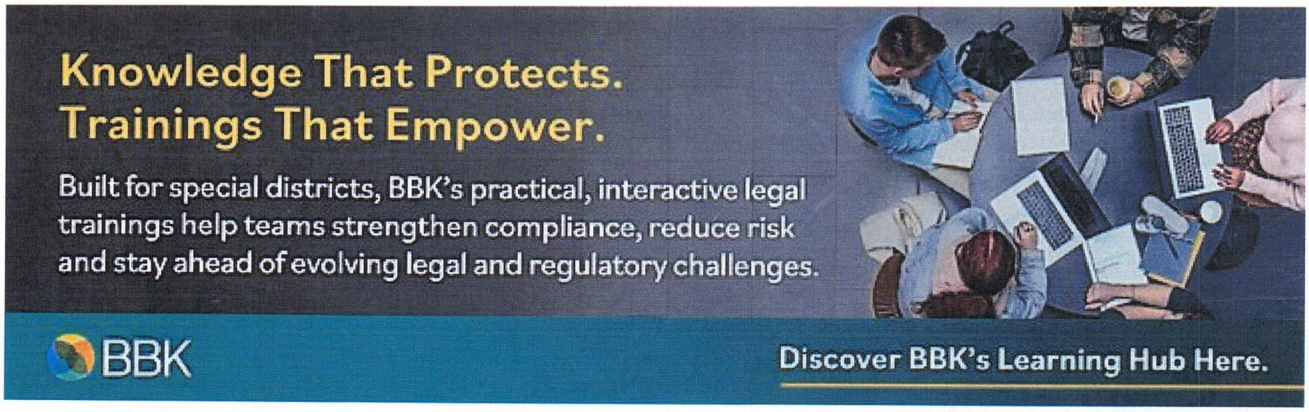
LEARN MORE

September 16 Webinar Offers Practical Insight into Expansive CARB ACF ZEV Mandate

Join CSDA September 16 for a webinar covering the latest changes to CARB's Advanced Clean

Fleets zero-emission vehicle regulations. Learn about available exemptions, annual reporting requirements, and compliance strategies for special district fleets. The webinar is free for CSDA members and $125 for non-members.

LEARN MORE



Upcoming Events

2-3 Sep

SDLA Module 3: The Board's Role in Finance & Fiscal Accountability

Virtual Workshop

9:00 am - 12:00 pm each day
$265 CSDA Member
$530 Non-member

Register Now

8 Sep

Securing Your Greatness in the Eyes of the Public

Webinar

10:00 - 11:00 am
Free CSDA Member
$125 Non-member

Register Now

9 Sep

SB 827 Required Training - Navigating Governance and Finance in Special Districts

In-Person Workshop

San Bernardino Valley Municipal Water District – San Bernardino, CA
9:00 am – 12:00 pm
Free to special districts in San Bernardino County (sponsored by San Bernardino LAFCO)
$75 CSDA Member, $150 Non-member (not in San Bernardino County)

Register Now

13-16 Sep

Special District Leadership Academy Conference

San Luis Obispo

Embassy Suites by Hilton San Luis Obispo – San Luis Obispo, CA
$890 CSDA Member
$1,780 Non-member

Register Now

22 Sep

Mastering Difficult Conversations at Work

Webinar

10:00 - 11:30 am
Free CSDA Member
$125 Non-member

Register Now

Earn Your First-Time Attendee Certificate at the Board Secretary / Clerk Conference!

Are you new to your position or new to the conference? Join us at the Board Secretary / Clerk Conference November 3-5 in Santa Barbara and earn your first-time certificate with sessions on topics such as legal considerations and updates, public records, meeting minutes, website compliance, and board member liability issues. Sign up now and save with early bird pricing!

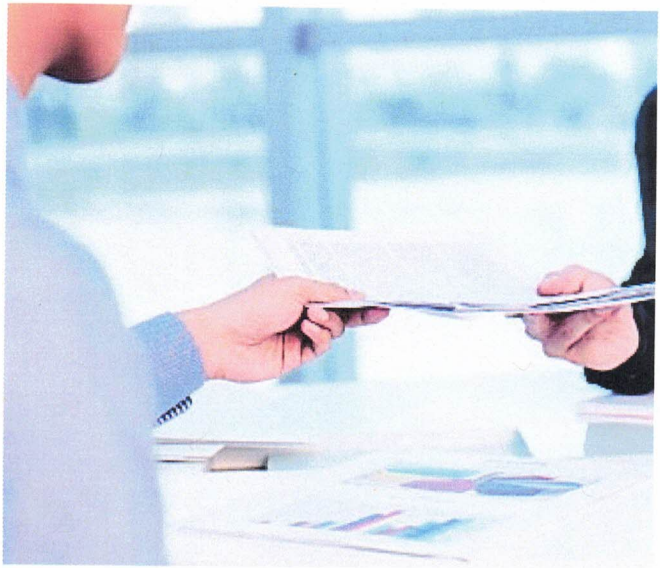
REGISTER TODAY!

Evolving Legacy: District Programs Staying Relevant Over Generations

Magazine Article

Special districts are finding new ways to keep long-standing programs relevant for today's communities. East Bay Regional Park District's Trails Challenge demonstrates how embracing digital tools, improving accessibility, and expanding participation can help legacy programs evolve while preserving what works.

LEARN MORE



Final Call: 2027 Legislative Proposal Submissions

CSDA members have until September 2 to submit legislative proposals for consideration in the 2027 legislative year. Districts are encouraged to share ideas for creating or improving laws affecting special districts statewide. Proposals will be reviewed by CSDA staff and considered by the Legislative Committee.

READ THE ARTICLE

Weekly Grants Update

CSDA members receive access to grants and additional resources through the National Special

Districts Association. Check out this week's latest grants:

- Innovative Water Infrastructure Workforce Development Grant
- Public Safety and Mental Health Initiative
- Community Forest and Open Space Conservation Program

LEARN MORE

Career Center

Recent Job Postings

- **Construction Project Manager, Santa Margarita Water District**
- **Workers' Compensation Manager, Alameda-Contra Costa Transit District**
- **Assistant Parks & Recreation Director, City of Santa Clara**
- **SAFER Firefighter, Cambria Community Services District**

CSDA Career Center

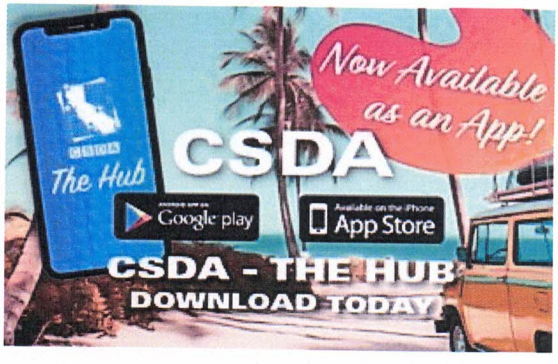
RFP Clearinghouse

Recent RFPs & RFQs

- RFP: Creative Design Printing & Mailing Services
- RFP: Information Technology (IT) Strategic Plan
- RFP: Microsoft Dynamics 365 Finance & Operations Post Go Live Support
- RFP: On-Call Grant Research, Writing, And Management Services

To post an RFP or receive notifications when a new RFP is posted, join the **RFP Clearinghouse Community**.

Visit the RFP Community



Outlook

Your September CSDA Take Action Brief is Here

From Dane Wadle, CSDA <danew@csda.net>
Date Wed 9/9/2026 1:22 PM
To Darrie Gillespie <dgillespie@mthcd.org>

Sierra Network News

CSDA legislative advocates were at the State Capitol around the clock as Legislators worked late nights over the final weekend of August until midnight Monday, August 31, and then returning Tuesday, September 1—one day past their end-of-session deadline. While CSDA and other stakeholders staved off a late-session attempt to shift wildfire utility liability onto local governments and others, the State Legislature sent Governor Gavin Newsom hundreds of bills in the waning days and hours of the 2025-2026 session. See what bills that matter most to special districts are now awaiting final action on the Governor's desk and much more!

Inside this edition of the Take Action Brief:

- Bills Awaiting Governor Newsom's Signature or Veto That Matter Most to Special Districts
- Tell Us What to Prioritize for Advocacy Next Legislative Session
- Highlights from Recent NSDA Federal Legislative Activity
- Can't Miss CARB ACF ZEV Mandate Webinar

CARB ACF ZEV Regulation Webinar on September 16th

Have questions about the new CARB ACF ZEV regulations that went into effect?

CSDA is hosting a free 2-hour webinar on this topic on September 16th. The update will take place from 1:00pm to 3:00pm.

The webinar will discuss the new regulations, what vehicles are affected, and possible exemptions for special districts.

Please register for this webinar here.

Sacramento Area Chapter of the California Special Districts Association becomes 30th Affiliated Chapter

On August 25, the CSDA Board of Directors approved an affiliation agreement with the Sacramento Area Chapter of the CSDA. The Sacramento Chapter is CSDA's 30th affiliated Chapter.

This newly formed Chapter is the culmination of multiple years of local leadership. Conversations resumed in earnest last October and continued with three formation meetings in 2026. Through this process, the Chapter adopted bylaws, elected officers, and approved the affiliation agreement with CSDA.

The formation committee elected the following District officials as the inaugural officers for two year terms:

- **President:** Rich Lozano, Board Director, Cosumnes CSD

- **Vice President:** Patrick Larkin, General Manager, Cordova Recreation and Park District
- **Secretary:** Belinda Ellis, District Manager, Galt-Arno Cemetery District
- **Treasurer:** Scott Brown, General Manager, Reclamation District 1000

The new Chapter held a small celebration at the CSDA Annual Conference to commemorate the creation of the new Chapter and to discuss the future.

All Sacramento area CSDA member districts are invited to attend meetings. An annual meeting is planned for the first week of November at a date, time and location to be determined.

Congratulations to the (new) Sacramento Area Chapter!

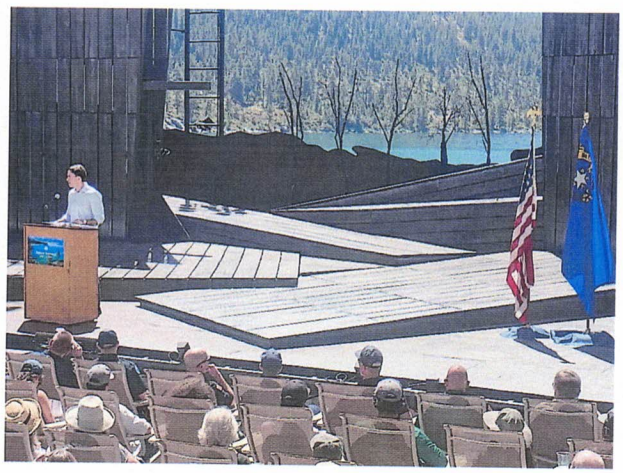
Out and About in the Network

Roundtable Meeting with Representative Matsui's District Office

On August 17, local districts and I met with the local office of Representative Doris Matsui. The three districts, Cosumnes CSD, Reclamation 1000, and Sacramento Municipal Utility District, provided updates on their current priorities and projects. I highlighted the National Special District Association and our ongoing efforts to define special districts in federal law through HR 2766 and S. 2014.

The meeting was beneficial to advocate for federal, state and local districts.

Lake Tahoe Summit



On August 19, I attended the 30th annual Lake Tahoe Summit. This event brings together federal, state, tribal and local leaders along with conservation groups, community members and local special districts to discuss the protection and conservation of the Lake Tahoe Basin.
I interacted with multiple federal, state and local leaders along with CSDA members to support the Summit's mission. I was especially proud when Representative Kevin Kiley mentioned "special districts" as part of local governments that serve an important role in the Lake Tahoe area.

Chapter Meetings

The following Sierra Network Chapters have scheduled their next meetings for 2026:

Calaveras County Chapter
Meeting Date: October 21, 2026
Meeting Time: 1:30pm-3:30pm
Meeting Location: Calaveras County Water District (120 Toma Court, San Andreas)

Sacramento Area Chapter
Meeting Date: November 5, 2026
Meeting Time: 12:00pm-1:30pm
Meeting Location: Cordova Recreation and Park District (2197 Chase Dr. Rancho Cordova - Building 1)

Hiring this fall?

Use code **AUTUMN2026** in the CSDA Career Center to receive 20% off your job postings through November 30.

Visit the Career Center

Join Us at the 2026 Board Secretary/Clerk Conference in Santa Barbara

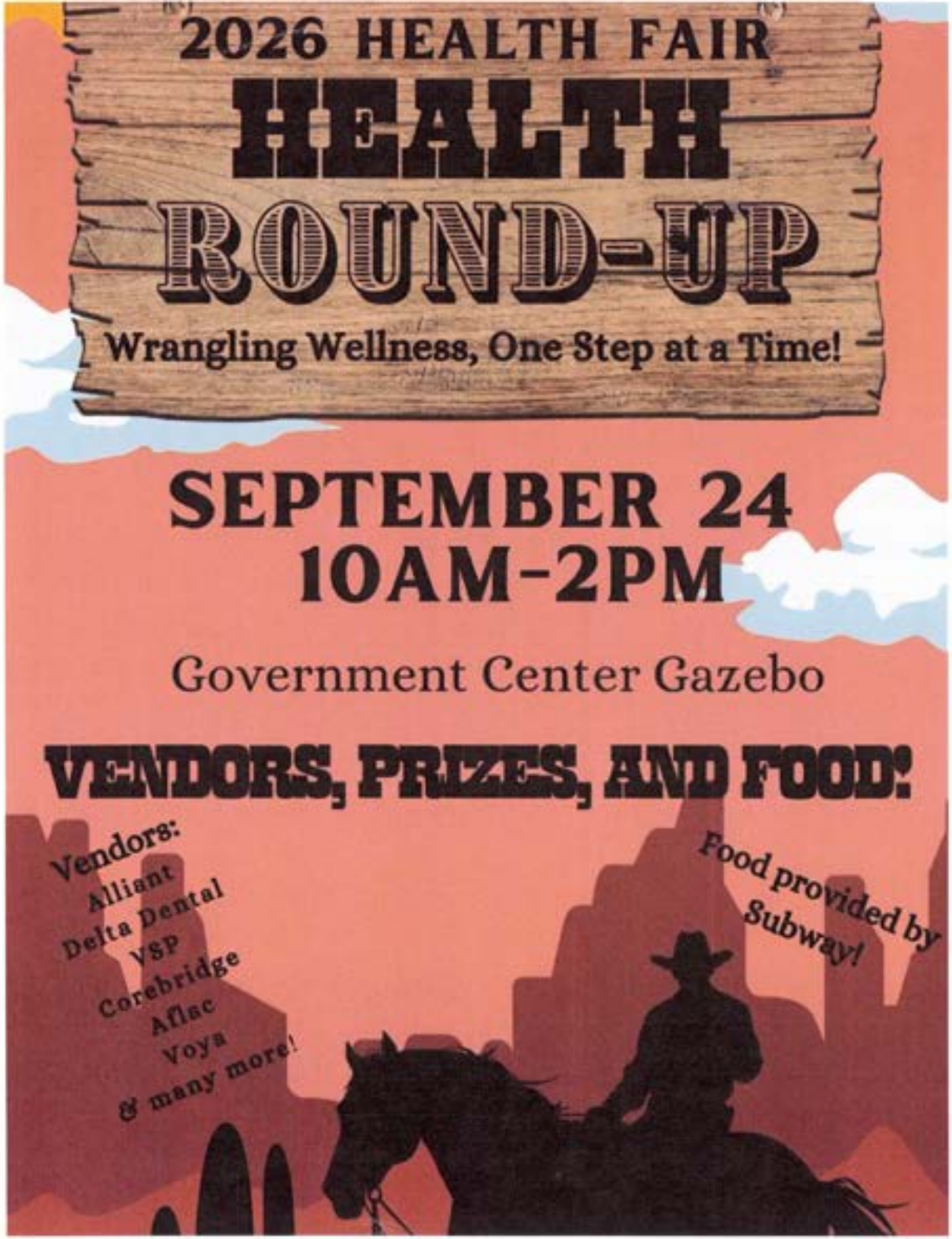
Whether you're new to the role or a returning attendee, strengthen your skills at the 2026 Board Secretary/Clerk Conference. Earn your certificate or explore advanced track sessions featuring new topics and speakers.

Register by October 2 to save with early bird pricing!

Register Now

Best Regards,

Dane Wadle
Director of State Field Operations
California Special Districts Association
Sierra Network
danew@csda.net
916-947-6432 cell
www.csda.net


2026 HEALTH FAIR
HEALTH
ROUND-UP
Wrangling Wellness, One Step at a Time!
SEPTEMBER 24
10AM-2PM
Government Center Gazebo
VENDORS, PRIZES, AND FOOD:
Vendors:
Alliant
Delta Dental
VSP
Corebridge
Aflac
Voya
& many more!
Food provided by
Subway!

HEALTH + COMMUNITY RESOURCES FAIR SEPT 26

Saturday 7AM to Noon

EMPLOYMENT

One Medical — Orange County, CA
Physician, per diem — April 2026 - present

MedPearl (Health Endeavors, previously owned by Providence) — Scottsdale, CA
Medical Publisher and Editor — January 2025 - present
SaaS point of care clinical decision making tool for clinicians at point of care
Provides latest guidelines and best practices in primary care
Provides physicians and APPs with CME

Edwards Lifesciences, Total Well-being Center — Irvine, CA
Primary care physician lead of a multidisciplinary team — May 2019 - December 2024
Development of office protocols and procedures
Webinars: Metabolic health, Diabetes, Hyperlipidemia, HTN, MI-IT, Influenza, Mind Heart connection
Contributed to development of successful Tobacco Cessation Program, Metabolic Health Program

Hoag Medical Group — Aliso Viejo, CA
Primary and urgent care physician — October 2015 - April 2019
Physician Site Director — February 2016 - April 2019
Own It Program facilitator (patient-centered communication workshop)
Community education: Nutrition and Dementia

U.S. Department of State — U.S. Embassy - Warsaw, Poland
Primary care physician — February 2014 - May 2015

U.S. Department of State — U.S. Embassy - Moscow, Russia
Primary, urgent, and emergency care physician — February 2011 - June 2013

MemorialCare Medical Group — Westminster/Huntington Beach, CA
Urgent care physician (transition to overseas tour) — July 2009 - March 2010

Medicine-In-Motion — San Marcos, CA
Primary and urgent care physician — July 2005 - June 2009

Golden Door Spa — Escondido, CA
Medical Consultant — July 2005 - June 2009
Provided medical care for clients of world renowned spa

Neighborhood Healthcare Hospitalist Group — Escondido, CA
Palomar-Pomerado Health System
Admitting physician from ED — 2005 - 2007

Scripps Coastal Medical Group — Escondido, CA
Primary care physician (inpatient and outpatient) — July 2002 - June 2005
Quality Assurance Committee — 2003-2005

Medical Institute of Little Company of Mary, Providence — Torrance,CA
Primary care physician (inpatient and outpatient) — August 2000 - June 2002

EDUCATION

Harbor-UCLA Medical Center — Torrance, CA
Internship and Residency in Family Medicine — 1997 - 2000
Top choice for 4th year co-chief resident

Selective Seven-Year Joint BS/MD Program - Union College/Albany Medical College:
Albany Medical College — Albany, New York
Doctor of Medicine — 1997

Union College — Schenectady, New York
Major: Biology — Interdepartmental Major with thesis: Spanish
Bachelor of Science in Biology — 1994
National Spanish Honor Society-Sigma Delta Pi — 1991 - 1993

LICENSURE, CERTIFICATION, TRAINING

California License: A067809 — DEA: FG2453140
American Board of Family Practice — Board Certified since July 2000
AHA BLS — August 2026
American College of Lifestyle Medicine
Lifestyle Medicine & Food as Medicine Essentials — May 2025

Epic, Allscripts, eClinicalWorks experience
Conversational and medical Spanish; Procedures: skin biopsies, laceration repair, I&D, toenail removal, IUD removal.

HONORS & APPOINTMENTS

American School of Warsaw, Guest Speaker — 2013 - 2015
Substance Use in Adolescents: Prevention, Detection and Intervention
In conjunction with the U.S. Department of State and DEA
Update on Immunizations; Adolescent Health and Well-being

Overseas School Health Nurses Association (OSHNA) Annual Conference, Guest Speaker
Acute Asthma Management in the School Setting — April 2015

U.S. Department of State Meritorious Honor Award — November 2012
For "outstanding leadership and service to the Medical Unit- U.S. Embassy, Moscow and to the Mission community..." and "...saving the life of a U.S. mission employee."

Harbor-UCLA Department of Family Medicine
Fred Matthies Award — June 2000
The department's highest recognition awarded to the graduating resident who personifies the "special qualities" of the traditional family physician.

Summer Urban Fellowship Program — June 1999
Award of Commendation from the LA County Board of Supervisors
Leadership in a program to improve social and health equity in the city of Wilmington, CA
Primary speaker at a health summit addressing key health issues to local politicians

Dr. Daniel Cooper, D.O.

[redacted]

Professional Summary

Board-certified physician with more than 30 years of experience in emergency medicine, family medicine, hospital leadership, and rural healthcare. Proven track record of providing exceptional patient care while leading clinical teams and hospital operations. Extensive experience serving as Chief of Staff, Emergency Medical Director, Clinical Director, and locum physician across California and other states.

Education

University of California, Davis Medical Center
Residency
July 1992 – June 1994

University of California, Davis Medical Center
Internship
July 1991 – June 1992

College of Osteopathic Medicine of the Pacific (COMP)
Pomona, California
Doctor of Osteopathic Medicine (D.O.)
1987 – 1991

California State University, San Bernardino
Bachelor of Arts in Biology
1987

Professional Licenses

- California Medical License #20A6218
- Nevada Medical License #D02211
- South Dakota Medical License #11169

Professional Experience

Catalina Island Health — Oct 2024 – Present
Physician

Surprise Valley Hospital — Jul 2022 – Nov 2024
Physician

Seneca District Hospital — Aug 2019 – Jul 2022
Physician

University of California, Davis — Apr 2019 – Jul 2019
Physician

Locum Tenens Physician — Oct 2018 – Mar 2019
Provided physician coverage for multiple healthcare facilities.

Sutter Gould Medical Group — Oct 2017 – Oct 2018
Physician

Culinary Health Fund — Apr 2017 – Oct 2017
Physician

Solo Family Practice — May 1995 – Oct 2017
Family Physician
Owned and operated a successful family medicine practice providing comprehensive primary care and preventative medicine.

Valley Emergency Physicians — Jun 1993 – May 1995
Emergency Physician

Leadership Experience

- Chief of Staff – Seneca District Hospital
- Clinical Director – Seneca Healthcare
- Chief of Staff – Folson Hospital
- Emergency Medical Director – San Andreas Hospital

Core Competencies

- Emergency Medicine
- Family Medicine
- Rural Healthcare
- Acute Patient Care
- Clinical Leadership
- Hospital Administration
- Medical Staff Leadership
- Emergency Department Operations
- Patient Safety & Quality Improvement
- Team Development & Mentorship

Candidate Submission

Daniel Cooper, D.O. | CA – Family Medicine / Internal Medicine, Valley Springs (Job #38607)

Hi Darrie,

Attached is the CV for Daniel Cooper, D.O., for the CA – FM/IM (38607) Valley Springs opening. This practitioner is currently being reviewed through our internal PreCheck evaluation process to verify licensure, experience, and background. Should any additional information arise regarding malpractice or disciplinary history during that review, we will let you know immediately.

Highlights:

- Local Placerville, CA physician with 30+ years of experience in Family Medicine, Emergency Medicine, and primary care across California health systems
- Owned and operated a solo Family Practice for over 20 years (1995–2017)
- Extensive hospital leadership background, including Chief of Staff, Clinical Director, and Emergency Medical Director roles
- Highly experienced in adult outpatient preventive care and chronic disease management
- Fully comfortable with a 12–20 daily patient volume and clinic workflow
- Board-certified D.O. with active medical licenses in California, Nevada, and South Dakota, and an active DEA

Please let me know if you'd like to move forward with this candidate or if you have any questions.

Best,

Candidate: Daniel Cooper, D.O.

Specialties	Family Practice; Emergency Medicine
Board Certification Status	Family Medicine (Certified)
Certifications	ACLS; DEA; PALS
State Licenses	California (#20A6218); Nevada (#D02211); South Dakota (#11169)

Recent Clinical Experience:

Catalina Island Health | Physician
Oct 2024 – Present

Surprise Valley Hospital | Physician
Jul 2022 – Nov 2024

Seneca District Hospital | Physician
Aug 2019 – Jul 2022

University of California, Davis | Physician
Apr 2019 – Jul 2019

Locum Tenens Physician
Oct 2018 – Mar 2019
Provided physician coverage for multiple healthcare facilities.

Sutter Gould Medical Group | Physician
Oct 2017 – Oct 2018

Culinary Health Fund | Physician
Apr 2017 – Oct 2017

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Auxiliary Aids and Services for Persons with Disabilities	REVIEWED: 11/9/18; 9/23/20; 8/2/21; 11/07/22; 12/13/23;2/7/25 8/3/26
SECTION: Civil Rights	REVISED: 8/3/26
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Auxiliary~~: Auxiliary Aids and Services for Persons with Disabilities

Objective: The Clinic will take appropriate steps to ensure that ~~persons~~people with disabilities, including ~~persons~~people who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights; consent to treatment forms, financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be ~~provided~~provided with written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

Response Rating:

Required Equipment:

Procedure

1. Identification and assessment of need:

The Clinic provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our outreach documents and print advertisements and through notices posted in waiting rooms and treatment rooms. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests ~~an auxiliary~~auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

The Clinic shall provide the following services or aids to achieve effective communication with ~~persons~~people with disabilities:

a. For Persons Who Are Deaf or Hard of Hearing

i. For ~~persons~~people who are deaf/hard of hearing and who use sign language as their primary means of communication, the ~~Clinic Manager~~Director of Clinic Operations (209) 772-7070 is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

~~In the event that~~If an interpreter is needed, the Clinic Manager is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability;

The manager or designee is responsible for contacting the appropriate interpreter on staff to ~~interpret,~~interpret if one is available and qualified to interpret; or obtaining an outside interpreter if a qualified interpreter on staff is not available. Language Line Solutions has agreed to provide interpreter services. The agency's telephone number(s) ~~is (~~is (staff has access code), 24 hours per day, seven days per week, holidays included.

ii. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

The Clinic utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is:

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

TTY/TDD	*Dial 711 or*
English TTY/TDD	*(800) 735-2929*
Spanish TTY/TDD	*(800) 855-3000*
Voice	*(800) 735-2922*

iii. For the following auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

iv. Some ~~persons~~people who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and *after* an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member

or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

NOTE: Children and other patients will *not* be used to interpret, ~~in order to~~to ensure confidentiality of information and accurate communication.

2. For Persons who are Blind or Who Have Low Vision

i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to ~~persons~~people who are blind or who have low ~~————————~~vision.

ii. The following types of large print, taped, Braille, and electronically formatted materials are available: patient forms, patient education materials. These materials may be obtained by calling the Clinic Manager at (209) 772-7070.

iii. For the following auxiliary aids and services, staff will contact the ~~Clinic Manager~~Director of Clinic Operations who ~~————————~~is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist ~~persons~~people who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

3. For Persons with Speech Impairments

To ensure effective communication with ~~persons~~people with speech impairments, staff will contact the Clinic Manager (209) 772-7070, who is responsible to provide the aids and services in a timely manner:

Writing materials; TDDs; computers; communication boards; and other communication aids.

4. For Persons with Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact the ~~Clinic Manager~~Director of Clinic Operations (209) 772-7070 who is responsible to provide the aids and services in a timely manner.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Biohazard Material Management	REVIEWED: 3/1/19; 11/20/20; 8/25/21; 11/07/22; 12/13/23;2/10/25; 8/3/26
SECTION: Infection Control	REVISED: 11/07/22; 8/3/26
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Biohazard Material Management

Objective: To instruct Clinic personnel ~~on~~in the proper way to handle and dispose of hazardous material.

Policy Notes:

- Biohazardous waste management is a program used for controlling the generation, collection, and storage of hazardous waste in the laboratory. The responsibility for storage and movement of these materials is that of the Clinic personnel.
- All hazardous materials will be contained in sealable waterproof covered containers with tight fitting lids.
- When collecting biohazardous waste, employees must wear personal protective equipment (PPE).
- Healthcare workers involved in handling regulated medical waste must receive safety training in accordance with the Department of Transportation's (DOT) guidelines.

Response Rating: Mandatory

Required Equipment: Personal protective equipment (PPE): gowns, disposable gloves, face shield; trash bin with lid (marked biohazardous waste); biohazard bags (red); 10% bleach solution, or other EPA approved cleaning solution, for spill cleanup.

Definitions:

Regulated Medical Waste – any reusable material that contains an infectious substance and is generated in the diagnosis, treatment, or immunization of people or animals. Materials generated in research or in the production and testing of biological products are also considered regulated medical waste. The DOT definition of regulated waste includes blood and blood products, sharps, pathological wastes, certain wastes from surgery, dialysis and the lab, as well as other infectious materials.

Universal Precautions – "health workers should follow universal precautions by using masks, eye protection and face shields whenever splashes, spray atomized particles, splatter or droplets of blood or other potential infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated."

Procedure:

Accidents and Spills

Immediate action

- Assess the type of spill and degree of hazard involved.
- Determine the most effective and least hazardous approach to clean up and decontaminate the spill. Refer to the SDS when necessary.

"Dry" spill with no significant aerosol formation

- Evacuation of the room is probably not indicated.
- Gloves, lab coat, and face shield must be worn for a clean-up.
- Flood area with disinfectant solution.
- Soak up the disinfectant and contaminated materials with absorbent material.
- All absorbent and contaminated material must be placed in a red biohazard bag.

Liquid spills on a bench or floor

- If significant aerosols are formed, the area should be evacuated and not reentered until the aerosols settle.
- Gloves, lab coat, and face shield must be worn during clean up.
- Cover the spill with absorbent material.
- Dispose of the absorbent and contaminated material in red plastic biohazard bags.
- The spill area should be thoroughly washed with a disinfectant solution after ~~clean~~cleaning ~~up~~.

Centrifuge spills

- Shut off the instrument and evacuate the area at once.
- Do not re-enter the area until the aerosols have settled.
- The individual entering the area to clean up must wear protective clothing, gloves and a mask.
- If liquids are present, soak up in absorbent material and handle as above. If not, clean the instrument and room thoroughly before allowing employees to return to work.

Spills in incubators, autoclaves or other closed areas

- Soak up liquids with an absorbent and dispose of as outlined above.
- The unit should be washed thoroughly after decontamination.

Reports

- Major accidents and spills must be documented and reported in detail to ~~clinic manager~~Director of Clinic Operations
- Accident reports should include the cause of the accident, the type of contamination or hazard, the list of personnel possibly exposed, decontamination procedures used, and actions taken to prevent reoccurrences.

SHARPS containers

- The RED SHARPS containers are for disposing of hazardous waste such as needles, scalpels, tips, glass, etc.
- Do not overfill SHARPS containers – between 2/3 and ¾ full is considered capacity.
- Make sure that the top is in a locked position before using.
- Never reach into containers: drop sharps straight into the opening 3”-4” above the mount of the container.
- Never dispose of several sharps at once; take time to dispose of each sharp one at a time.
- Always virtually inspect the opening to ensure that there is room for the sharps – always look before putting sharps into a container. Never reach into the mouth of a sharp’s container.
- Never force anything into a sharps container that is larger than the opening. An alternative means of disposal must be found.
- Securely fasten the top by shaking down the sharp’s container.
- When a sharps container is 2/3 – ¾ of the way full secure the top and immediately replace the container with a new one.
- Full sharps containers are then transported to the hazardous waste storage area.

Handling and disposing of hazardous waste

- Never put a sharps container into a hazardous waste bag or box unless the container is damaged.
- Do not use a hazardous waste container that is damaged. If a container is damaged, but has already been used, place it inside another hazardous waste container and seal. Handle the damaged container with extreme caution.
- All hazardous waste containers (i.e., bags, cardboard, plastic, plastic containers, etc.) are to be treated as if they were hazardous to your health. All hazardous waste containers will be picked up and held:

  With gloved hands

  At arm’s length away from the body

  Securely by the least amount of area held by the hands

  Wear a lab coat, gloves, and face shield. Additional shielding such as gowns, masks, face shields, etc. will be at the discretion of the health worker.

- Check the bottom of all bags for leaks, when bags become heavy with glass they tend to leak.
- In the event of a leak or spill, follow the procedure for biohazardous waste cleanup waste cleanup procedure.
- Wear a lab coat, gloves and a face shield.
- Remove waste bags from bins, gently shake bag while holding the top of the bag to distribute waste evenly, twist the top of bag to close (do not apply pressure to any part of the bag).

- Place double bags in all empty bins. Look for leaks around or in the bin. If a leak has occurred, clean the area with a 10% bleach solution, or other EPA approved cleaning solution, following the biohazardous waste clean-up procedure.

- After transferring the double-bagged laboratory waste, remove your lab coat and gloves, wash hands.

Reducing the volume of hazardous waste

- Waste discarded into biohazardous waste containers should be limited to those materials that come into contact with infectious materials (body fluids).

    Body fluid containers

    Stoppers, wipes, disposable shields, etc. which have come into contact with body fluids

    Used gloves and lab coats

    Slides, pipettes tips, etc. (in sharps containers)

    Body fluids

    Used media

    Any physical item contaminated with body fluids or hazardous materials

    Paper goods contaminated with body fluids

    Waste not discarded in biohazardous containers (no contact with biohazardous materials)

        Paper items

        Cardboard boxes

        Exterior kit containers

        Office supplies

        All items not contaminated with body fluids

Safety reminders

- Place double bag in all empty bins.
- Only dispose of biohazardous waste in the biohazardous bins.
- Use common sense to determine if trash is 2/3 full

Waste bags are considered full when a bin is halfway full, when used for glass disposal, specimen tubes and microbiology plates

Waste ~~bin is~~bins are considered full if it is 2/3 full. Periodically lift bag to determine if it is full.

- Always wash your hands after handling biohazardous material.

Safety precautions on medical waste handling

- The inner bags of regulated medical waste are closed securely, keeping them low to the ground and away from the body.
- The bags are handled only by the neck to avoid injury from stray or improperly contained sharp objects.
- General laboratory hygiene includes washing hands after every contact with medical waste containers, scrubbing thoroughly and vigorously.
- If an extensive exposure occurs, wash or flush the area with an approved ~~hand washing~~hand-washing agent or irrigating solution. If that exposure was to the eyes, ears or mouth, wash that area generously with water and report the incident immediately to see if any further precautions are needed.
- Exposure protection

  Gloves are the first line of defense and must be worn at all times.

  Gloves should be puncture resistant.

  Gown and face shield are required to be worn while handling waste materials

- Methods of avoiding accidents

  Avoid eating, drinking, gum chewing, smoking, applying makeup or handling contact lenses when working around medical waste.

Transportation of medical waste

- Transportation of medical waste is performed by MedPro (~~Barnett~~SteriCycle).
- MedPro (~~Barnett~~Stericycle) is responsible for the packaging, shipping, and transportation of all regulated medical waste.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY~~: Blood~~: Blood-borne Pathogen Exposure	REVIEWED~~: 3~~: 3/1/19; 12/30/2020; 9/29/21; 11/07/22; 12/13/23; 2/10/26; 8/3/26
SECTION: Infection Control	REVISED: 12/13/23; 8/3/26
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Blood-borne pathogen exposure policy

Objective: To present an overview of the Exposure Control Plan for Blood Borne Pathogens or Other Potential Infectious Materials (OPIM); to protect the health and safety of the persons directly exposed to biohazard/infectious materials by ensuring the safe handling, storage, use, processing, and disposal of biohazardous/infectious medical waste; to train workers to minimize exposure by using the appropriate engineering controls, protective personnel equipment, and work practices.

Response Rating: Mandatory

Required Equipment:

Definitions:

Health Care Worker (HCW): people who are in contact with patients, blood, or other physiological fluids.

Employee Health Service (EHS): the Infection Control physician, nurse, and appropriate members of the Infection Control Committee.

Personal Protective Equipment (PPE): use of the appropriate equipment (gowns, gloves, goggles, masks, etc.) to minimize/prevent exposure to blood and other physiological fluids.

Hepatitis B Virus (HBV): the blood borne virus that causes Hepatitis B.

Hepatitis C Virus (HCV): the blood borne virus that causes Hepatitis C.

Human Immunodeficiency Virus (HIV): the blood borne virus that causes HIV infection and has been linked to Acquired Immune Deficiency Syndrome (AIDS).

Biological Hazard: refers to any viable infectious agent (etiologic agent) or injurious agent that presents a risk, or a potential risk, to the well-being of any human. Blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, and any other bodily fluid with visible blood ~~are considered to be~~are biological hazardous materials. Not included under universal precautions are feces, urine, nasal secretions, sputum, tears, vomitus, and sweat.

Medical Waste/Infectious Waste: all waste emanating from human or animal tissues, blood or blood products, or fluids, all cultures of tissues, cells of human origin, or cultures of etiologic agents; specimens of human or animal parts or tissues removed by surgery, autopsy, or necropsy.

Universal Precautions: refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires that every employee exposed be protected as though such body fluids were infected with blood borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2.2.44A).

Engineering Controls: the tools/equipment used to minimize exposure risks (i.e. sharps containers, biohazard bags, etc.).

Work practices: habits/procedures used by employees to minimize exposure risk.

Introduction: By law, an infection control plan must be prepared for every person that handles, stores, uses, processes, or disposes of infectious medical wastes. This infection control plan complies with the OSHA requirement 29 CFR 1910.1030, Blood Borne Pathogens. This plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

Exposure Categories

Category I

- The normal work routine involves exposure to blood, body fluids, and/or tissues. Any procedure or job-related task that has the potential for spills or splashes of the same.
- Employees are required to use personal protective equipment and procedures.

Category II

- The normal work routine involves no exposure to blood body fluids, or tissue, but the employee might be required to perform an unplanned Category I type task (i.e. clean up spills, etc.)

Category III

- The normal work routine involves no exposure to blood, body fluids, or tissues. Category I tasks are not a part of this job. ~~Persons~~People who perform these duties are not called upon as a part of their work to be potentially exposed in some other way. Category III tasks involve handling implements or utensils; using public or shared bathrooms or telephones; and personal contact **such as hand shaking.**

Exposure Determination

- The normal work in the laboratory involves exposure Category I and II.

Methods of Compliance

- All employees will receive Infection Control and Universal Precaution education and training when hired, and annually thereafter.
- Universal Precautions shall be observed to prevent contact with blood or Other Potential Infectious Material (OPIM). All physiological materials will be considered infectious.

- Failure to use universal precautions is subject to disciplinary action, up to and including termination.

Engineering Controls

- Needles/sharps will not be recapped, bent or clipped. Any attempts to recap or remove needles must be made with a mechanical device or by using a one-handed technique.
- Needle/sharps disposal containers are located throughout the Clinic. Dispose of all needles/sharps in these containers only.
- Biohazard disposal containers are puncture resistant, lined with a red plastic bag labeled with a biohazard insignia, and leak-proof on the sides and bottom.
- All biohazard disposal containers will be double-bagged and closed with a container lid when not in use.
- Biological Safety Cabinets will be certified to meet manufacturer's specifications.

Infection Control Strategies

Work Practice

General

- Practice proper segregation of infectious/non-infectious waste.
- The laboratory director will ensure that the staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper clean-up and disposal techniques.
- All personnel will be advised of the potential biohazard before being allowed to enter the work area.
- A universal biohazard symbol will be always posted on all access doors.
- Refrigerator/cabinets storing blood or other biohazardous materials must be labeled with a biohazard label indicating the presence of these materials.
- Eating, drinking, smoking, applying cosmetics or lip balms, or handling contact lenses where there is potential exposure to blood or other potentially infectious materials is not allowed. The above actions may only be performed in designated areas.
- Food or drinks will not be stored in refrigerators, freezers, cabinets, or shelves where there is a potential exposure to blood or other potentially infectious materials is not allowed. The above actions may only be performed in designated areas.
- Food or drinks shall not be stored in refrigerators, freezers, cabinets, or shelves where blood or other potentially infectious materials are stored.
- No employee shall pipette or suction blood or other potentially infectious materials by mouth.
- Good hygiene practices will be expected. Employees will practice washing of hands before entering administrative areas.

Waste

- Infectious waste shall never to mixed with non-infectious waste.
- All infectious waste will be placed into designated infectious waste containers.
- Infectious waste containers must be labeled with biohazard labels; red biohazard bags must be used as liners; container lids must be fit tightly and properly and must remain closed when not in use; foot operated mechanisms are required.
- All biohazardous waste is deposited into red waterproof bags.
- Infections/biohazardous waste must be picked up and disposed of by a contracted, licensed vendor.
- Biohazard disposal containers will be double bagged and ¾ filled before starting new waste bag.

Environment

- The Clinic environment is to always remain clean and sanitary. PPE will be used to clean contaminated areas and/or equipment.
- Each department must clean and decontaminate all equipment and working surfaces before and after each working shift with 1:10 bleach solutions or other EPA approved cleaning agent after contact with blood or other potentially infectious materials.
- All reusable equipment or apparatus that is contaminated or has a reasonable likelihood of becoming contaminated must be disinfected in an autoclave or soaked in a disinfecting agent prior to being reused.
- Contaminated broken glassware shall be picked up by mechanical means, not by hand.
- Liquid germicidal soap dispensers must be available in work areas. Cleaning equipment used for biohazardous materials should not be used for non-biohazardous materials.
- Stock solutions of suitable disinfectants must be maintained in the Clinic.

Spill Clean Up

- Employees will wear appropriate Personal Protective Equipment when cleaning up spills or biohazardous wastes.
- All spills will be cleaned with suitable, non-reusable materials.
- Spills areas will be disinfected with a 1:10 bleach solution or other EPA approved cleaning agent.
- Body areas contaminated with a spill will be flushed with generous amounts of running water, followed by an anti-germicidal soap.

Personal Protective Equipment

- The Clinic will provide suitable equipment to protect employees from hazards in the workplace. The ~~Clinic Manager~~Director of Clinic Operations or Safety Coordinator can advise the employee on what protective equipment is required for the task.
- The ~~Clinic Manager~~Director of Clinic Operations must obtain the PPE and ensure that it is used regularly and properly.
- Protective clothing is not a substitute for adequate caution and common sense in dealing with infectious and hazardous waste or other potentially injurious situations. Protective clothing, however, shall be worn and effectively maintained as a condition of continued employment and part of the mutual obligation to comply with the Occupational Safety and Health Act.
- Personal protective equipment (i.e. gloves, gowns, masks, and goggles in various sizes) is provided, maintained, repaired and/or replaced at no cost to the employee.
- All employees will wear the appropriate protective clothing (i.e. gowns, aprons, lab coats, or other similar garments) whenever there is a potential for exposure. The type of garment will depend on the task or degree of exposure anticipated.
- All employees will wear masks, eye protections, and face shields whenever there is a risk of splashes, sprayed atomized particles, splatters or droplets of blood or other potentially infectious material and in stances where eye, nose, or mouth contamination can be reasonably anticipated.
- Preventive measures will be taken to minimize splashing, spraying, spattering, and generating droplets when working with blood or other potentially infectious material (i.e., before removing a rubber stopper from a specimen tube, it will be covered with gauze to reduce splatter).
- Cover gowns and gloves shall be worn when working with biological waste and infectious materials.
- Specified footwear must be worn.
- Respirator masks must be worn when there is potential for inhalation of toxic fumes.
- Back supports must be worn when lifting heavy equipment and supplies.
- No jewelry shall be worn during invasive procedures.
- Seat belts shall be worn when driving vehicles during the performance of business.
- Employees must wear gloves when it can be reasonably anticipated that the employee may have contact with blood or OPIM, (i.e., mucous membranes, and non-intact skin) when performing vascular access procedures, when touching contaminated items or surfaces, and when mixing chemotherapy agents.
- Disposable gloves are supplied in different sizes. Avoid petroleum-based lubricants since they may eat through latex.
- Personnel who are sensitive to regular gloves must tell the ~~Clinic Manager~~Director of Clinic Operations so hypoallergic gloves can be ordered.
- Disposable gloves will:

Be replaced as soon as possible if they are contaminated, torn, punctured, etc., and disposed of in the red biohazard waste bags.

Not be washed, decontaminated or reused.

Skin Conditions

- Employees shall refrain from high-risk exposure tasks when a skin condition exists

  Cuts, scratches, and abrasions must be suitably dressed and covered during exposure situations.

  Rashes, skin disorders and diseases should have medical attention and clearance for work.

Hand washing

- Hands will be washed with a suitable germicidal agent under, but not limited to, the following situations:

  Upon ~~arrival to~~arriving and leaving the work area

  After the removal of protective barriers and gloves

  Immediately or as soon after possible contamination with blood or body fluids

- The proper ~~hand washing~~hand-washing technique will be to lather the hands with a suitable germicidal agent and warm water, followed by a vigorous rubbing of palms, the fingers, and in-between the fingers.

Hepatitis B Vaccination

- Hepatitis B Vaccination shall be made available to employees after they have received the required safety training and within 30 working days of initial assignment to all employees who have occupational exposure except under the following conditions:

  The employee has previously received the complete Hepatitis B vaccination series.

  Antibody testing reveals that the employee is immune.

  The vaccine is contraindicated for medical reasons.

- If the employee initially declines hepatitis B vaccination but later, while still covered under the stand, decides to accept the vaccination, the employer shall make available the Hepatitis B vaccine at the time.
- The employer shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the Hepatitis B vaccination declination form. If the U.S. Public Health

Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) shall be made available.

- All medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series, post-exposure evaluation and follow-up, including prophylaxis are available at no cost to the employee and provided according to recommendations of the U.S. Public Health Service.

Exposure

- All employees with accidental exposure to blood or OPIM must notify the ~~Clinic Manager~~Director of Clinic Operations immediately so prompt and immediate attention can be initiated. The Clinic recommends compliance with the current CDC guidelines for exposure to HBV, HCV, and HIV.
- An occurrence report must be completed, and the ~~Clinic Manager~~Director of Clinic Operations must be notified of the incident as soon as feasible. There are employee and Source patient packets with clear instructions that are to be followed and used as a resource in the event of an exposure incident.
- Following a report of an exposure incident, the employee shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

  The route(s) of exposure, and the circumstances under which the exposure incident occurred.

  The identity of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

- The Source patient's individual's blood shall be tested as soon as feasible and after consent is obtained ~~in order to~~to determine HBV, HCV, and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations.
- The employer shall provide for collection and testing of the employee's blood for HBV, HCV, and HIV serological status:

  The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

  If an employee consents to baseline blood collection but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of

the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

- The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- The employer shall provide for counseling and evaluation of reported illnesses.
- Any employee may refuse to consent to post-exposure evaluation and follow-up from the Clinic. When consent is refused, we shall make immediately available to exposed employees a confidential medical evaluation and follow-up from an outside healthcare professional.
- Employee health files are confidential and will not be disclosed without the written consent of the employee.

Labels and Signs

Labels

- Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.
- Labels will use the OSHA standard legend for blood borne disease prevention and shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in contrasting color.
- Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or a method that prevents their loss or unintentional removal.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

Signs

- The Clinic shall post signs at the entrance to work areas showing the name of the infectious agent, special requirements for entering the area, and the name and telephone number of the Laboratory Director or other responsible person.
- These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

Employee Education and Training

- All employees will receive Infection Control and Universal Precautions education and training when hired, and annually thereafter. Training will be documented and kept with the employee record.

- Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

References

- Federal Register/Volume 56, No. 235
- 1001/Rules and Regulations, Department of Labor, Occupational Safety and Health Administration, Final Rule.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Crash Cart	REVIEWED~~: 2~~: 2/1/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; 2/12/25; 8/3/26
SECTION: Patient Care	REVISED:
EFFECTIVE~~: 3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Crash~~: Crash Cart

Objective~~: An~~**: An** emergency crash cart will be maintained for easy accessibility in the event of a medical emergency.

Acuity Rating: Severe

Policy~~: The~~**:** The Clinic provides adequate supplies, equipment, and medication required for a medical emergency. An emergency crash cart will be maintained for easy accessibility in the event of a medical emergency.

Procedure:

1. The emergency crash cart(s) will be inventoried after each use and monthly by the~~____~~designee to assure that all equipment is in working order.

2. All medications' quantity and expiration dates shall be current. This inventory will be logged, dated and initialed by the designee. It is the responsibility of the designee to immediately replace expired or used medications and supplies.

3. Emergency crash cart(s) will contain the medical supplies, medications, and medical equipment, adjusted to coincide with local conditions, such as response of EMS and hospital transfer capabilities as approved by the Medical Director.

4. The list of crash cart(s) contents will be reviewed by the Medical Director annually and/or upon notification that patient safety and local conditions require a revision. The list is not included as a part of this policy.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Culture Transmittal	REVIEWED~~: 2~~: 2/1/19; 11/23/20; 8/25/21; 11/07/22; 12/13/23; 2/10/25; 8/3/26
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Culture~~: Culture Transmittal

Objective~~: To~~: To ensure correct handling of collected cultures.

Acuity Rating: Mandatory

Procedure:

1. The practitioner will enter an order for the collection and testing of the specimen.

2. The practitioner OR nurse will collect the specimen to be cultured. The nursing staff will ensure proper labeling of the specimen to include:

   a. Patient name
   b. Patient date of birth
   c. Date and time of collection
   d. Provider ordering the culture
   e. Source of culture.

3. Nursing staff will print the laboratory requisition form and labels.

4. Culture will be placed in a laboratory biohazard bag with the requisition.

5. Specimen will be placed in appropriate laboratory basket in the laboratory refrigerator.

6. Nursing staff will document the collection, type of culture, receiving laboratory, and specimen number in the EMR.

7. At the end of each day, nursing staff will ensure that specimens have been picked up by the laboratory courier.

VALLEY SPRINGS
HEALTH & WELLNESS CENTER

VALLEY SPRINGS HEALTH & WELLNESS CENTER

EMERGENCY OPERATIONS PLAN

TABLE OF REVIEW AND APPROVAL

Date Reviewed	Date Approved
03/09/2020	3/25/2020
03/28/2020 (COVID-19)	3/30/20
10/28/2020 (Vendor/Staff Changes)	11/02/2020
10/07/2021	10/27/2021
11/07/22 (Staff changes)	11/30/2022
8/21/23 (Review + Staff Changes)	9/27/23
8/26/24	9/25/24
8/01/2025	8/27/2025
7/01/2026	8/26/2026

The Emergency Plan (EP) was originally written and approved on 08/29/2019.
As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all the EP should be changed.

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Use/Deployment of Volunteers in an Emergency Situation
Water Contamination - Disaster

I. ORGANIZATION INFORMATION

Facility: **Valley Springs Health & Wellness Center**

Address: 51 Wellness Way

City: Valley Springs State: CA Zip Code: 95252

Phone Number: 209-772-7070

Primary Contact E-mail Address: Randall Smart, MD, Medical Director
randy.smart@mthcd.org

Tina Terradista, RN, CRHCP, Director of Clinic Operations
tina.t@vshwc.org

Administrator/ Chief Executive Officer/Manager:

Office Address: **MTHCD - 768 Mountain Ranch Road (Mailing: PO Box 95)**

City: San Andreas State: CA Zip Code: 95249

Phone Number: 209-754-2644

E-mail Address: Darrie Gillespie, CEO
dgillespie@mthcd.org

Tina Terradista, RN, CRHCP, Director of Clinic Operations
tina.t@vshwc.org

II. INTRODUCTION TO THE PLAN

To provide for changes in demographics, technology, and other emerging issues, this plan will be reviewed and updated annually, during incidents, and after incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the patients, staff, and guests of this facility are kept safe from harm. The safety and well-being of the patients and staff take first priority over all other considerations. This plan is intended to safely maximize healthcare capacity and efficiency during an emergency or disaster that requires changes to the normal daily operations of the clinic.

Demographics:

A. This facility is located at 51 Wellness Way, Valley Springs, CA 95252. The cross streets are Vista del Lago and Highway 26. A map showing the location is attached as Tab 1.

B. The facility has one building(s). There is one floor. There is an access to the roof located at the left rear of the building. A floor plan is attached as Tab 2. The facility management office is located at the Mark Twain Health Cre District Office 768 Mountain Ranch Road, San Andreas, CA 95249. Mailing address PO Box 95, San Andreas, CA 95249.

C. The building has appropriate placement of exit signs, clearly designated on floor plans.

D. Oxygen and liquid nitrogen and butane are stored in the clinic. Other than cleaning products, located in the housekeeping closet, there are no hazardous materials on the premises. SDS are maintained on all materials on the premises.

B. This facility provides primary care, pediatric care, behavioral health, women's health, dermatology, phlebotomy and radiological services to patients that are children, adults, older adults, over 90 years of age. Some patients are non-ambulatory and must use assistive devices to access and move through the Clinic facility.

III. EMERGENCY PLAN

Risk Assessment

A. This facility does an biennial all hazard vulnerability assessment (HVA Worksheet) (Tab 3). This EOP is written based on the risk assessment. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events or changes in CMS or licensing requirements. A copy of the annual HVA will be kept with the EOP.

B. A copy of the EOP will be kept in the Director's office and the plan will be prominently posted *in the Nursing Station, Dental Department, and in the reception area.*

C. The major hazards that could affect this facility as determined by the all-hazard vulnerability assessment are listed in the Annex portion of this EOP.

Command and Control

A. The facility shall develop and document an Organizational Chart (Tab 4). The organizational chart will include a Delegation of Authority that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. If the indicated person by position is not present in the facility or available, the next person in the Delegation of Authority or the lead person's designee will assume the person in charge position.

B. Depending on the type of emergency, the person in charge will enact the Orders of Succession (Tab 5) for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all patients, guests, and staff that are present in the facility. If the list is originated in electronic form, a printed copy should be made also if electricity is lost, or evacuation is required.

C. The person in charge will determine whether to lockdown the facility, shelter in place, modify patient care operations, or evacuate based on the emergency. If the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in Receiving Facilities (Tab 6).

D. Only the person in charge can issue an "all clear" for the facility indicating that the facility is ready to assume normal operations.

Coordination

A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats, such as fire or threat of violence, call 911. During infectious disease emergencies, such as epidemics or pandemics, the facility will coordinate with the county Office of Emergency Services (OES) and the local Public Health Department. Clinic leadership will make every effort to follow CDC, California, and local public health guidance.

B. During activation for an incident or exercise, communications with State, County, and City authorities can be made by contacting authorities listed in Tab 7.

IV. POLICIES AND PROCEDURES

Facility Lockdown

A. Facility Lockdown means that the staff, patients, and guests at the facility will remain in the facilities' building(s) with all doors and windows locked.

B. Facility Lockdown can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a significant other or other unknown person or any other event that threatens the safety of the staff, patients, or visitors.

C. The facility will remain in Lockdown until the authorities or facility person in charge gives an "all clear".

D. Each facility should review this plan carefully and ensure that doors are strong and can fend off someone that is attempting to gain access to the facility. It is recommended that staff, patients, and guests be secured behind at least two locked doors. (Main entrance door and interior room door.)

Shelter in Place

A. Shelter in Place means that the staff, patients, and guests will remain in the facility's building(s). Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.

B. Windows and doors will be firmly closed and checked for soundness. Storm shutters, if available, will be closed. If a storm gets very strong, and windows are threatened, staff, patients, and guests will move to interior rooms and hallways.

C. In the event of a tornado warning, staff, patients, and guests will move to interior hallways.

D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditions and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors.

E. The facility will staff in Shelter until the authorities give an all clear or the emergency threat has ended as determined by the person in charge.

Evacuation Plan

A. There are several hazards that could cause an evacuation. The most common would be a fire in or near the facilities' building, rising floodwaters or an evacuation order issued by the police, fire department, or other governmental authority.

B. The facility person in charge will order an evacuation.

C. If the emergency is limited to a single building or area, staff, patients, and guests will move to a safe distance.

D. If the entire facility must be evacuated staff, patients, and guests will move to a predestinated evacuation site listed in Receiving Facilities at Tab 6.

E. Staff will verify that all staff, patients, and guests are accounted for either at the evacuation site or listing where they went.

F. Notifications to others, by staff, will be made as needed.

G. Notification to proper authorities is the responsibility of the person in charge.

Suspension of Services

A. If the emergency results in the inability of the facility being able to continue providing services at the facility, the facility has a plan for continuity of services.

B. Patients will be notified that the facility will not be able to provide services.

C. The facility has pre-identified facilities that can deliver required services. The facilities are listed in Tab 6.

Modified Clinic Operations:

A. During an emergency or disaster event where normal clinic operations, policies, and procedures need to be modified in real-time to provide optimum patient care and safety, clinic leadership or the person in charge is authorized to take the following actions:

    a. Activate the Emergency Operations Plan

    b. Change patient workflow to optimize care and safety

    c. Modify staff scheduling

    d. Procure necessary supplies that are not available

    e. Temporarily suspend rules and policies

    f. Secure the facility

B. During an emergency or disaster event that requires additional provider staffing the Clinic CEO or designee may:

    a. Expedite credentialing of new providers by:

        i. Verifying current licensure

        ii. Verifying photo ID of provider

        iii. Confirming skills and identity through a reference/colleague

    b. Ensure there is a procedure for rapid orientation

    c. Ensure new provider performance and competence is monitored

    d. Ensure new and volunteer providers are identifiable to clinic staff, patients, and guests (arm bands)

C. During an emergency or disaster event that requires rapid expansion of the clinic workforce the person in charge may:

    a. Expedite the employee hiring process bypassing procedures that result in unnecessary delay

    b. Ensure there is a procedure for rapid orientation

    c. Ensure new employee performance and competence is monitored in real time

d. Ensure that employees who are hired through the expedited process above are identifiable to regular clinic staff, patients, and guests (armbands, etc).

D. After the emergency, the Clinic will return to non-emergency hiring, onboarding, and training practices and will retroactively complete background checks for all persons hired during the emergency and standard steps including background check and documentation of demonstrated competency for any emergency hires who remain on the permanent staff.

Documentation

A. During an emergency, documentation should continue for all patients in the process of treatment. The person in charge is authorized to transition from electronic medical records to paper records when necessary. All paper records will be organized, collected, and secured for later entry into the electronic format.

B. During an emergency, evaluation should be made on whether to start treatment for patients at the facility when treatment has not been initiated. Document decision and plan of care based on patient's condition and facility's ability to provide treatment during the emergency.

C. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency, unless waived by a higher state or federal authority. Patients will be notified on a per case basis, if such waivers are in place and apply to them.

D. Should the Electronic Medical Record (EMR) not be accessible due to power failure, internet access issues, equipment failure, patient registration and care will be documented on approved downtime forms. Completed forms will be scanned into the patient's EMR when the system has been restored.

Volunteers

A. Volunteers may be used at this facility consistent with the policy Volunteer Deployment, found in the annex portion of this document. Refer to Modified Clinic Operations above.

V. COMMUNICATIONS

Internal

A. A list of all employees, including their contact number and emergency contact is in the Dental, reception and nursing station areas of the clinic, in the Director of Clinic Operation's office (in the EOP Binders), and with Human Resources at the District Office. Further, each staff member is provided with a copy of the employee

listing and is encouraged to add their colleagues to the contact list in their personal mobile telephones. Emergency hires and volunteers will be added to the list as they are included in Clinic staffing.

B. In the event of an emergency that requires notification to staff not on duty, physicians, vendors (Tab 8) or to patients expected to arrive at the facility when it is not operational, notification will be given by the person in charge and/or their designee. A list of all physicians and mid-level practitioners (nurse practitioners/physician assistants), including their contact number and emergency contact number is in the reception and nursing station areas of the clinic (in the EOP Binders) and with Human Resources at the District Office.

A list of vendors and contact numbers that may be needed during an emergency is attached as Tab 7.

C. If telephone and cell phone services are not available, redundant communications are available. The communication system equipment is listed in Tab 9 with its location. All redundant communication systems are tested monthly.

External

A. Call "911" for an emergency that threatens the safety or life of staff, patients, or guests.

B. This EOP contains the name of corporate and/or ownership persons that must be notified on page: **FACILITY INFORMATION.**

C. This EOP contains a list of all State, County, and City emergency management persons that should be notified in Tab 6.

D. This EOP contains a listing of contact information for other facilities that can provide required services for patients and a listing of nearby hospitals that can provide emergency services at Tab 5.

Communications with Patients and Guests

A. During an emergency, the person in charge and/or designee is responsible for notifying patients and guests about the emergency and what actions to take.

Communications with Healthcare Providers

A. Only the person in charge, or their designee, is authorized to release information on the location or condition of patients. Information may be released to other healthcare providers with consent of the patient and consistent with HIPAA regulations, or emergency state and federal guidelines.

Surge Capacity and Resources

A. Based on staffing and active cases, this facility may be available to surge to accept patients from other outpatient clinics requiring like services or when a disease, such as influenza or COVID-19, requires a rapid expansion of clinic patient care capacity. A surge situation will be identified by the person in charge and communicated both up and down the chain of command.

B. As requested by local and regional governmental representatives, the facility will provide excess supplies and/or equipment not needed for their own use. The person in charge will be authorized to make excess supply decisions.

Requesting Assistance

A. Should the facility need resources to SIP, evacuate or return to service, assistance should be requested as follows:

1. From the corporate, ownership entity
2. From the City, County, and State representatives. These representatives are listed on Tab 7.

VI. TRAINING

A. The current staff will be trained on the new or updated EOP at the time of its publication.

B. All new staff will be trained on the EOP in orientation.

C. Physicians, vendors performing services on site and volunteers must be trained on the EOP.

D. Emergency Preparedness training will be conducted annually.

E. Documentation of the training on the EOP and annual emergency preparedness training will be maintained by the Human Resource Department in the PayCom platform.

F. Knowledge of EOP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program.

VII. TESTING

A. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based full-scale exercise will be done biennially.

B. If the facility experiences actual natural or man-made emergencies that require activation of the EOP, the facility is exempt from engaging in an individual full-scale exercise for one (1) year following the onset of the actual event.

C. The facility must conduct a second exercise every year. The second exercise can be another full-scale exercise or a tabletop exercise.

D. After full-scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and update the EOP, if required. A template for review is found on Tab 10.

TAB 1

Facility Location Map

TAB 2

Facility Floor Plan

TAB 3
Vulnerability Assessment

TAB 4

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Person in Charge	Tina Terradista, RN	Tonia Cook, RN	
Human Resources	Darrie Gillespie, CEO	Tina Terradista, RN	Some records may be electronic
Logistics	Janie Willis, MA	Nathan Henry, MA Rad Tech	
Patient Care Supervision	Diana Coleman, FNP	James Mosson, MD	
Finance Reporting	Kristine Slocum	Jessica Gwaltney	Some records may be electronic

Emergency Operations Plan Template
Organizational Chart
(on next page)

TAB 5

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3
District Leadership/Incident Commander	Darrie Gillespie, CEO	Kristine Slocum	Jessica Gwaltney	Tina Terradista, RN
Human Resources	Darrie Gillespie, CEO	Tina Terradista, RN	Jessica Gwaltney	
Finance Tracking and Reporting	Kristine Slocum	Darrie Gillespie, CEO	Jessica Gwaltney	
Logistics (Supplies)	Janie Willis	Nathan Henry		
Communications (to media/community)	Darrie Gillespie, CEO	Lin Reed		

TAB 6

Receiving Facilities

Temporary Evacuation Site for Office	Back Parking Lot (end of court area)
Long Term Evacuation Site for Office	District Office
Hospitals (include contact numbers)	Mark Twain Medical Center 209-754-3521
	Adventist Health Sonora 209-536-5000
	Doctors Medical Center 209-578-1211
	Memorial Medical Center 1-800-696-1169/209-572-7144
Transfer Agreement Agencies (include contact numbers)	Mark Twain Medical Center 209-754-3521
RHCs In Calaveras County	
Angels Camp Medical Clinic (James Dalton Medical Offices)	590 Stanislaus Ave Angels Camp, CA 95222 209-736-0813
Family Medical Center – Arnold	2182 Highway, S4 Arnold, CA 95223 209-795-4193
Family Medical Center – Copperopolis	430 Sawmill Creek Rd, Copperopolis, CA 95228 1-209-785-7000 888-579-6901
San Andreas Medical Clinic	702 Mountain Ranch Rd San Andreas, CA 95249 1-209-400-9051
Tribal Clinics Tri-County	
Tuolumne Me-Wuk Indian Health Center	18880 Cherry Valley Blvd N, Tuolumne Ca 95379 209-928-5400
MACT Health Board-	905 Morning Star Dr, Sonora Ca 95370 (209) 533-9600 52 S Main St, Ste B, Angels Camp Ca 95222 (209)-674-6181 1906 Vista del Lago Drive, Suite K & L , Valley Springs Ca 95252 (209) 755-1490
Mathiesen Memorial Health Clinic	18144 Seco St, Jamestown, Ca 95327 (209) 984-4820

TAB 7

State, County, City Governmental Contacts

Agency	Contact Name and Title	Contact E-Mail and Phone
California Department of Public Health	Sacramento, CA	916-558-1784
County Department of Public Health	Calaveras County Public Health 700 Mountain Ranch Rd. Ste C-2 San Andreas, CA 95249	209-754-6460
Calaveras County Sheriff's Office	1045 Jeff Tuttle Drive San Andreas, CA 95249	209-754-6500
Valley Springs Sheriff Sub-Station	200 Hwy 12 Valley Springs, CA 95252	209-772-1039
Calaveras County Office of Emergency Services	891 Mountain Ranch Rd San Andreas, CA 95249 Chad Cossey	209-754-2890
Valley Springs Consolidated Fire Department	Chief Dickinson	209-772-1268
CAL FIRE Valley Springs, CA		209-772-1330
California Highway Patrol	749 Mountain Ranch Rd San Andreas, CA 95249	209-754-3541
FEMA Emergency Management Agency	Oakland, CA	510-627-7100
FEMA Distribution Center	1547 Grant Line Road Tracy, CA 95304	
US Department of Homeland Security	Sacramento, CA	916-807-8012

TAB 8

Vendor Listing

Vendor Name	Vendor Purpose	Vendor Contact Number
AT&T	Phone/Internet Services	1-800-750-2355
Alpine Natural Gas		1-800-227-2600
Benco Dental	Dental Supplies	1-800-462-3626
Cisco Fire Maintenance	Fire Extinguisher Maintenance	Matt 209-753-8454 209-785-8454
Clark Pest Control	Pest Control	1-800-936-3339
Gasper's Electric	Electrical Services	Jerry 209-601-1171
Ooma	Phone Service	
Industrial Electrical Company	Generator Maintenance Rich Hodge Service Manager	209-527-8095 C: 209-652-8252
Henry Schein	Medical Supplies	1-800-772-4346
J.M. Keckler	Medical Equipment	1-800-523-1010
McKesson	Medical Supplies/Medications Cleaning Supplies	1-866-625-2679 Daniel 916-295-0572
MedPro Waste	Biohazard Management	1-866-924-9339
Medi-Tek (Randy Hanna)	Bio/Equipment Maintenance	1-707-746-1115
Midmark	Equipment	1-310-974-2990
Modesto Gas & Air	Oxygen, Liquid Nitrogen	209-527-0982
Shred-It	Shredding Services	209-568-7361
Quest	Laboratory Services	1-800-877-7484
Signal Service Alarms	Alarm Services	1-888-728-3883 1-800-983-5300 service
POWER	Print/Copy/Fax Maintenance & Service	Sandra Kraft 209-768-4074 1-833-769-3129
Universal Data Tech	Printing /Secured Scripts	209-536-4268
Yosemite Pathology	Laboratory & Pathology	
RJ Pro	IT	209-920-4077
Olympic Cleaning Services	Janitorial Services	1-855-609-1127 Cell 1-510-563-0483
Vaccines for Children	Vaccines	1-877-243-8832
GSK	Vaccines	1-661-932-3636
Merck	Vaccines	1-877-829-6372

TAB 9

Communications Systems/Emergency Equipment

Emergency Resources (include number available)	Location
Portable radio (extra batteries)	Manager Office x2/ Reception/RN Station
Flashlights (extra batteries)	Clinic Reception Area
Trauma Grab Bag (1) (Bright Orange)	Nursing Station
Downtime Forms (2 Binders)	Reception/ Nurse Station
Satellite Cell phone (1)	Manager's Office
Rolling Carts for outside "infectious" visits supplies	Shed X2, Clean Room X1, Procedure Hall X1
Code Cart (2)	X-Ray Hall
O2 Tanks (6)	Biohazard Room Crash Cart
XL Tent/ Cover	Shed
Pop up Tent (1)	Shed
Convertible Dolly (1)	IT Room
(30) Wool Blankets	Shed
Room Dividers	Shed
Stethoscopes	Orange bags & on carts
Pen Lights	In Clinic and on carts
Headlamps	Reception + Flashlights
Manual BP Kits (Bright Orange Bags)	Nurse Station
Air Purifiers + Filters (Shed)	Throughout Clinic

TAB 10

Notification Call List

Staff Notification

A list of telephone numbers for staff for emergency contact is located at *the Clinic Reception Area and Nursing area, Dental Department and Director of Clinic Operation's Office in the EOP Binder and in Human Resources*

During an emergency *the* Person in Charge/designee is responsible for contacting staff to report for duty.

The alternate contact is District Office Administrative Assistant.

Patient Notification

During an emergency Receptionist #1 is responsible for contacting patients.

The alternate contact is Receptionist #2.

Provider Notification

During an emergency Person in Charge/Designee is responsible for contacting medical staff.

The alternate contact is Medical Director.

Community Resources Call Protocol

During an emergency, Person in Charge is responsible for contacting resources (i.e. Red Cross, County Medical Reserve Corps, Area Agency on Aging, etc.).

TAB 11

After Action Review and Improvement Plan

A template for a Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report/Improvement Plan is available at:

https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Reference Resources	REVIEWED: 1/30/20; 3/5/20; 8/2/21; 9/11/23; 8/27/24; 8/3/26
SECTION: Medical Staff	REVISED: 3/5/20; 8/2/21; 8/27/24; 8/3/26
EFFECTIVE: ~~9/25/24~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Medical Staff Reference Resources List

Objective: The Medical and Dental Staff, under the direction of the Medical Directors, will maintain a list of approved medical reference resources. This list will be included in both the Policy and Procedure Manual and as a part of the Standardized Procedure Mid-Level Practitioners and will be reviewed and updated according to the Policy Development and Review policy.

Response Rating: Required

Required Equipment:

Procedure:

1. In-house protocols

    a. List of scheduled drugs (as a part of the formulary)
    b. Schedule II Patient Specific Protocol for Acute Conditions; Chronic, Acute, Recurring, and Persistent Limited Conditions; Severe Pain, Attention Deficit Hyperactivity Disorder

2. Examples of References

    a. Open Evidence
    ~~a.~~b. Up-to-Date (online resource, quick link on all computers)
    ~~b.~~c. Epocrates (embedded in athenahealth EMR, quick link on all computers)
    ~~c.~~d. Taber's Cyclopedic Medical Dictionary
    ~~d.~~e. The 5 Minute Clinical Consult (29th Edition 2020)
    ~~e.~~f. Epidemiology and Prevention of Vaccine Preventable Diseases (13th Edition)
    ~~f.~~g. The Harriet Lane Handbook
    ~~g.~~h. Wolters Kluwer Nursing 2025-26 Drug Handbook
    ~~h.~~i. Drug Information Handbook for Dentistry
    ~~i.~~j. CDT-2020 (Dental Terminology)
    ~~j.~~k. CDT-2024 (Current Dental Terminology)
    ~~k.~~l. SDS sheets for all medications and supplies where available
    ~~l.~~m. Red Book (Pediatrics)

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Scrub Allowance Policy	REVIEWED: 6/15/2023; 5/6/24;7/28/25; 7/01/26
SECTION:	REVISED: 7/01/26
EFFECTIVE: ~~9/24/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Employee Scrub Allowance

Objective: To clarify perimeters of employee scrub allowance

Response Rating: All Non-Exempt Employees

Required Equipment:

Procedure:

Mark Twain Health Care District provides a scrub allowance of $~~50.00~~150.00 annually for all non-exempt employees.

Qualification:

Employees qualify after completing a successful first 90 days of employment, then annually. Annually is defined as the start of the new ~~calendar~~ fiscal year starting ~~January~~ July 1st. This change is effective as of July 1, 2026.

Procedure:

After meeting qualification requirements, an employee may purchase any amount of scrub tops and/or bottoms at whatever online or store they wish to purchase from. The employee will submit the receipt (totaling $150.00 or more) for the purchased items to the ~~Clinic Manager~~Director of Clinic Operations. The manager will complete an Employee Reimbursement form, listing the purchased items individually. The Director of Clinic Operations~~manager~~ will sign and date the reimbursement form and fax or scan the form and printed receipt to Accounting Department for review and reimbursement. **The total reimbursed amount will not exceed $150.00** despite the total of the receipts submitted.

Allowable Items for Reimbursement:

Items allowed for reimbursement include appropriate scrub tops or bottoms or work shoes. Items not covered for reimbursement include non-scrub items, undergarments, accessories (such as stethoscopes, name badges, compression socks, etc.).

All final decisions will be determined by Management.

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; 7/14/26
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randy Smart, MD

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: Autoclave Use and Maintenance	REVIEWED: 10/1/19; 9/09/20; 8/2/21: 10/17/22; 9/19/23;12/13/23; 1/09/25; 8/3/26
SECTION: Infection Control	REVISED: 9/09/20: 10/17/22; 9/26/23; 12/13/23
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Autoclave Use and Maintenance

Objective: To safely sterilize, by steam, instruments and other utensils, and to ensure integrity of the sterilization procedure. No cold sterilization will be utilized at this facility.

Response Rating: Mandatory

Required Equipment: Autoclave, sterilization pouches (assorted sizes), biological indicator strips

Procedure:

1. All instruments and equipment should be scrubbed with approved enzymatic cleaner only.

    a. Hinged implements will be cleaned in the open position.

2. After cleaning the instruments, they are placed in approved disinfectant for 30 minutes and then are scrubbed,

    a. Hinged implements will be disinfected in the open position.

    b. Dental instruments will be placed in the Ultrasonic per manufacturer instructions.

3. Allow instruments to dry air.

    a. Hinged implements will dry in the open position. Then sprayed with lubricant.

4. Instruments will be placed into sterilization pouches.

    a. Hinged implements will be placed into sterilization pouches in the open position.
    b. A biological Indicator strip will be placed in the center of each pouch with the implement.

5. Packets will be labeled with load #, initials, date of sterilization and expiration date which will be based on manufacturer's recommendations. A pre-labeled stamp may be used with lines for initials and dates.

6. Place packets on the shelf in autoclave. DO NOT STACK ITEMS.

7. Select and press the appropriate preprogrammed button.

8. Place spore tests in opposite corners (rotating) of the autoclave with each sterilization load. For Dental, the 2 spore tests are to be placed in opposite corners (rotating) of the autoclave with the first load of the day, but all following batches will still be documented.

8. Press the start button.

9. Record autoclave load on the autoclave log. The Medical and Dental Departments will maintain separate load logs.

Autoclave Maintenance

Weekly:

1. Clean external surfaces with a soft dry cloth and occasionally with a damp cloth and mild detergent.

2. Wipe internal surfaces with damp cloth.

3. Drain water from reservoir using drain tube on front of unit. Drain into large basin.

4. Using Speed-Clean Autoclave Cleaner and distilled water, wash inside of chamber, trays, door, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.

5. Refill reservoir with clean distilled water.

   Record cleaning on Autoclave Log. The Medical and Dental Departments will maintain separate maintenance and cleaning logs.

6.

Monthly:

1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.

2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.

3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one

unwrapped cycle.

4. Drain reservoir and allow unit to cool.

5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean/ Sterilizer Cleaner and clean distilled water. A small stiff brush will aid the procedure. After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.

6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on end of tray plate and slide assembly of the chamber.

7. Locate chamber filters on bottom and back of chamber. Grasp filter and pull outward while twisting slightly. If necessary, a pair of pliers may be used. ~~Filter~~Filters may be cleaned with mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. If cleansing methods do not effectively clean the filter~~, replacement~~, replacement may be necessary. Reinstall filters by pressing inward and twisting slightly.

8. DO NOT OPERATE UNIT WITHOUT FILTERS.

9. Wipe off all trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.

10. Angles on end of plate must be toward back of chamber to prevent interference with temperature probe behind the chamber.

11. Fill the reservoir with clean distilled water.

12. Sterilizer is now ready for use.

13. Record cleaning on Autoclave Log. The Medical and Dental Departments will maintain separate cleaning logs.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: BH Mission and Vision Statement	REVIEWED: 2/26/25; 7/14/26
SECTION: Behavioral Health	REVISED:
EFFECTIVE: ~~8/26/26~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: BH~~**:** BH Mission and Vision Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

Along with the District and Clinic's Mission Statement, the Behavioral Health Department has created a Vision and Mission Statement, based on their growth and future goals.

Vision Statement:

To create a healthier rural community by integrating behavioral health into primary care, ensuring every patient receives compassionate, evidence-based mental health support that empowers them to thrive.

Mission Statement:

Our mission is to provide accessible, high-quality behavioral health care within the primary care setting, addressing mental health and well-being as essential components of overall health. Through collaboration with medical providers, we deliver patient-centered, culturally competent, and evidence-based care, reducing barriers to mental health services and improving outcomes for individuals and families in our rural community.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Billing for Services Provided Off-Site	REVIEWED: 4/1/20; 5/29/21; 8/04/22; 9/19/23; 2/10/25; 8/3/26
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: ~~1/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Billing for services provided by Clinic Medical staff from a non-Clinic location (i.e. off-site)

Objective: To accurately document patient encounters performed away from the Clinic location ~~so as to~~to ensure accurate billing.

Response Rating: Mandatory

Required Equipment: Electronic Medical Record (EMR); telephone; downtime forms if the EMR is not available

Procedure:

1. During the COVID-19 pandemic response and at other times as may be deemed necessary by CMS, the State of California, the Board of Directors and/or the Medical Director, Medical Staff members may be called upon to work from a location other than the physical Clinic for the purpose of rendering patient care.
    a. The Provider will ensure they are preserving patient privacy by interacting with patients in a secure location behind a closed door without others in the room with them.

2. Medical staff members will be equipped with Clinic-provided computer equipment and will utilize that equipment to access the Electronic Medical Record for the purpose of documenting patient care rendered via telephone or for the purpose of following up on open patient care items (ex. Clinical Inbox, messaging, patient portal contact).

3. Standard documentation for patient follow-up (Clinical Inbox, messaging, patient portal contact) will be completed using the same standard and utilized during in-office patient interaction.

4. If a patient is being contacted by telephone for an arranged telephone appointment, the patient will be pre-registered and checked by the registration staff and will be instructed to have their medications at hand for provider review and reconciliation against the EMR.

5. The provider will utilize the standard EMR encounter documentation and will complete the clinical note including:

    a. Patient acknowledgement and consent to have a telephone encounter with the provider
    b. Documentation of the total minutes spent on the call with the patient
    c. Diagnosis code(s)

d. CPT code(s)

6. The biller will review the clinic note for completeness and notify the provider if they are missing time or code documentation

7. The biller will ensure the appropriate CPT code(s) is selected.

8. If the EMR is not available, the physician will utilize downtime forms and retain those in a secure location pending their being scanned into the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Correction Of Information ~~In~~in t~~T~~he Medical Record	REVIEWED: 4/1/19; 12/30/20; 9/29/21; 11/07/22; 12/13/23; 2/10/25; 8/3/26
SECTION: Medical Records	REVISED:
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Correction~~: Correction of information in the medical record

Objective: Information placed in the medical record will be accurate.

Response Rating~~: Mandatory~~: Mandatory

Required Equipment:

Procedure:

1. All entries into a paper medical record (chart) will be made in blue or black ink.

2. Should it be necessary to correct information in a paper medical record, the following steps will be taken:

   a. Draw a single fine line through the error
   b. Print "error" on the cross out and initial and date
   c. Enter the correct information adjacent to the correction and initial and date

3. Corrections to the Electronic Medical Record (EMR) will be documented as correcting entries or late entries, depending upon the reason for the additional information and/or revision.

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

POLICY: Depression/Anxiety Screening	REVIEWED: 1/12/2022; 6/14/23; 8/22/24; 8/3/26
SECTION: Behavioral Health	REVISED: 6/14/23; 8/22/24
EFFECTIVE: ~~9/25/24~~8/26/26	MEDICAL DIRECTOR: Dr. Randy Smart

Subject~~: Depression~~: Depression/Anxiety Screening

Objective: Valley Springs Health and Wellness Center's Integrated Behavioral Health program conducts regular anxiety/depression screening utilizing the Patient Health Questionnaire PHQ-4 (and PHQ-9/GAD-7 if indicated) for all patients ages 18 and over. The PHQ-9 and GAD-7 for teens is used for patients at each well child visit or as clinically indicated.

Response Rating: This Guideline applies to all VSHWC staff.

Required Equipment:

Procedure:

1. Administration of PHQ-4

   1.1 The Patient Health Questionnaire (PHQ-4) will be provided to all patients 18 and over at each medical visit by the front office staff.

   1.2 If the patient needs assistance filling out the PHQ-4, the Medical Assistant will provide the patient with support in completing the questionnaire.

   1.3 If the patient refuses to complete the form, document as such in the patient's chart. The provider may discuss verbally, if indicated.

   1.3 The PHQ-4 score will be input into the patient's Electronic Health Record (Athena) by the Medical Assistant as part of the process of recording patient vitals and the scored questionnaire will be verbally given to the provider to address during the visit.

   1.4 On each subscale, a score of 3 or greater is considered positive for screening purposes. If the depression subscale is 3 or greater, the PHQ-9 is administered. If the anxiety subscale is 3 or greater ~~the GAD~~the GAD-7 is administered.

   1.5 Next steps are determined by cross-referencing PHQ-9 & GAD-7 scores with the "Proposed Treatment Recommendations" document created by the IBH Team. Providers can use clinical discretion when using these guidelines.

1.6 If a patient does not accept services, staff may also provide the patient with community resources, as well as a follow-up call to monitor symptoms.

1.7 IBH staff will also provide the PCP with the outcome of the referral including whether the patient is interested in psychotropic medications, when indicated.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Dissemination of Non-Discrimination Policy	REVIEWED: 11/20/18; 9/24/20; 8/2/21; 11/07/2212/13/23; 2/10/25; 8/3/26
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Dissemination~~: Dissemination of Non-Discrimination Policy

Objective: To inform staff, patients, and the public that the Clinic does not discriminate on the basis of race, color, national original, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, or status as a parent.

Response Rating: Mandatory

Required Equipment:

Procedure:

The Clinic disseminates the nondiscrimination statement in the following ways:

To the General Public:

- A copy of the nondiscrimination statement is posted in our facility for visitors, clients/patients to view.
- The nondiscrimination statement is printed in the brochure which is available for distributed to patients, referral sources, and the community.

For the Patients:

- The nondiscrimination statement is included in the patient admissions packet and contained within the Statement of Patient's Rights.
- The nondiscrimination statement is discussed with patients upon their initial visit with the facility.
- A copy of the nondiscrimination statement is available upon request.

To Employees:

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19; 9/11/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22; 7/25/23; 8/22/24; 2/12/25; 8/3/26
SECTION: Patient Care	REVISED: 9/22/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22; 3/17/25
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Emergency~~: Emergency Medications and Supplies

Objective: To ensure appropriate and rapid response to medical emergencies in the Clinic that require medications**.**

Response Rating~~: Mandatory~~: Mandatory

Required Equipment:

Procedure:

1. Under the supervision and approval of the Medical Director, the Clinic will maintain emergency medications, which will be stored in the crash cart.
2. At a minimum, these medications will include:
   a. Narcan (nasal spray)
   b. Epinephrine Snap-V Injectable
3. Current medication inventory includes:
   a. Albuterol Sulfate
   b. Oral Glucose Gel
   c. Solu-Medrol
   d. Diphenhydramine HCL (Adult & Children's)
   e. Atropine
   f. Glucose Tablets
   g. Aspirin (chewable)
   h. ~~Narcan (~~Narcan (Naloxone 0.4mg/ml) injectable

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i. Normal Saline

j. Nitroglycerin Sublingual

k. Epinepherine IV (1mg/10ml)

l. Glucagon Emergency Kit

4. The drawer will be clearly labeled “Emergency Medications”.

5. Easily accessible and clearly legible in the drawer will be a dosage chart that is consistent with the Clinic’s patient population.

6. The kit will be checked to ensure the contents are in-date. This inspection will take place monthly and will be documented on the Crash Cart log. The inspector will document their findings and sign the log upon completion of the inspection.

7. Medications which are used or removed due to outdating will be replaced immediately. Replacement of medications will be documented in the log.

8. Emergency supplies will include, but not be limited to:

a. Oxygen tank with regulator, tubing, and nasal cannula/mask
b. Non-rebreather masks (adult and pediatric

c. Airways (oral and nasopharyngeal) are in sizes consistent with the patient population served.

d. Ambu bags in sizes consistent with the patient population served.

e. Blood pressure cuff(s) and stethoscope

f. EKG machine (in labeled cabinet)

g. AED (on crash cart)

h. CPR backboard
i. Emergency backboard with straps
j. Adult and Child C-collars
k. Suction Machine with Yanker (on crash cart)
l. ~~Dopplar~~Doppler and gel (on crash cart)
m. IV Start Kits, IV Tubing
n. Glucometer

The Medical Director has reviewed this policy and agrees with the choice of emergency medications listed in this policy:

Randall Smart, MD, ~~CEO/~~Medical Director

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Employee COVID-19 Vaccine and Precautions Policy	REVIEWED: 1/11/2022; 9/11/23; 8/28/24; 8/3/26
SECTION:	REVISED: 3/01/22; 6/28/22: 9/11/23; 8/28/24; 8/3/26
EFFECTIVE: ~~9/25/24~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Employee COVID-19 Vaccine vs. Exemption

Objective: VSHWC seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations.

This COVID-19 Vaccination Policy and Procedure establishes how VSHWC will comply with the "Medicare and Medicaid Program; Omnibus COVID-19 Health Care Staff Vaccination," CMS Guidelines, as well as other current applicable federal, state, and local guidelines.

Response Rating: This COVID-19 Vaccination Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

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

Procedure:
The Clinic will follow all current guidelines regarding Employee Vaccination and Booster requirements as put forth by the CDC, Federal and State authorities.

Under guidelines (as of 5/22/24):

UPDATE: COVID-19 Prevention – Non-Emergency Regulation
May 22, 2024
On January 9, 2024, the California Department of Public Health updated its State Public Health Officer Order. This change impacted Cal/OSHA's COVID-19 Prevention Non-Emergency Standards, in particular with respect to isolation of COVID-19 cases. Cal/OSHA's regulations took effect on February 3, 2023, and will remain in effect for two years after the effective date, except for the recordkeeping subsections that will remain in effect for three years.

Effective May 22, 2024, CDPH retired its COVID-19 Isolation and COVID-19 Testing Guidance. This change does not impact Cal/OSHA's COVID-19 Prevention Non-Emergency Standards, although we have updated our FAQs to ~~reflect~~show that the CDPH guidance is no longer in effect. The State Public Health Officer Order remains in place and is unchanged from January 9, 2024.
Note: These regulations apply to most workers in California who are not covered by the Aerosol Transmissible Diseases standard.

****The Clinic Guidance provided by the Medical Director regarding time frames for return-to-work guidelines will override the new regulations****

No change to definition of "infectious period"
• "Infectious period" for the purpose of cases in the Cal/OSHA COVID-19 Prevention Nonemergency Standards, is still defined as:
○ For COVID-19 cases with symptoms, it is a minimum of 24 hours from the day of symptom onset:
 COVID-19 cases may return if 24 hours have passed with no fever, without the use of fever-reducing medications, AND
 Their symptoms are mild and improving.
○ For COVID-19 cases with no symptoms, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria above will apply.
Important requirements in the COVID-19 Prevention regulations that remain the same:
• Employers must address COVID-19 as a workplace hazard under the requirements found in section 3203 (Injury and Illness Prevention Program, IIPP), and include their COVID-19 procedures to prevent this health hazard in their written IIPP or in a separate document.
• Employers must take measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards in the workplace, including but not limited to remote work, physical distancing, reducing the density of people indoors, moving indoor tasks outdoors, implementing separate shifts and/or break times, and restricting access to the work area.
• Employers must continue to make COVID-19 testing available at no cost and during paid time to all employees with ~~a close~~close contact, except for asymptomatic employees who recently recovered from COVID-19. (Continued on next page)

• In workplace outbreaks or major outbreaks, the COVID-19 Prevention regulations still require testing of all close contacts in outbreaks, and everyone in the exposed group in major outbreaks. Employees who refuse ~~to~~to take the test and have symptoms must be excluded for at least 24 hours from symptom onset, and can return to work only when they have been fever-free for at least 24 hours without the use of fever-reducing medications, and symptoms are mild and improving.
• Employers must exclude COVID-19 cases from the workplace during the infectious period.
• COVID cases who return to work must wear a face covering indoors for 10 days from the start of symptoms or if the person did not have COVID-19 symptoms, 10 days from the date of their first positive COVID-19 test. Employees have the right to wear face coverings at work and to request and receive respirators from the employer when working indoors and during outbreaks. Employers must provide face coverings and ensure they are worn by employees when required by the Cal/OSHA COVID-19 Prevention Standard or CDPH.

• Employers must report information about employee deaths, serious injuries, and serious occupational illnesses to Cal/OSHA, consistent with existing regulations.
• Employers must notify all employees, independent contractors, and employers with an employee who had close contact with a COVID-19 case.
• Employers must review CDPH and Cal/OSHA guidance regarding ventilation, including CDPH and Cal/OSHA Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments. Employers must also develop, implement, and maintain effective methods to prevent COVID-19 transmission by improving ventilation.
This guidance is an overview, for full requirements see
Title 8 sections 3205, 3205.1, 3205.2, and 3205.3

COVID Vaccine Requirement for Employees
Updated 5/31/2023 – CMS eliminated the Covid-19 vaccination requirements for health care workers.

The Centers for Medicare & Medicaid Services May 31 released regulatory changes to the COVID-19 health care staff vaccination requirements and long-term care facility testing requirements. The rule withdrew the COVID-19 health care staff vaccination requirements including removing the requirement for COVID-19 vaccination policies and procedures for health care staff. CMS' quality measures assessing the proportion of health care workers who are vaccinated for COVID-19 remain in place.

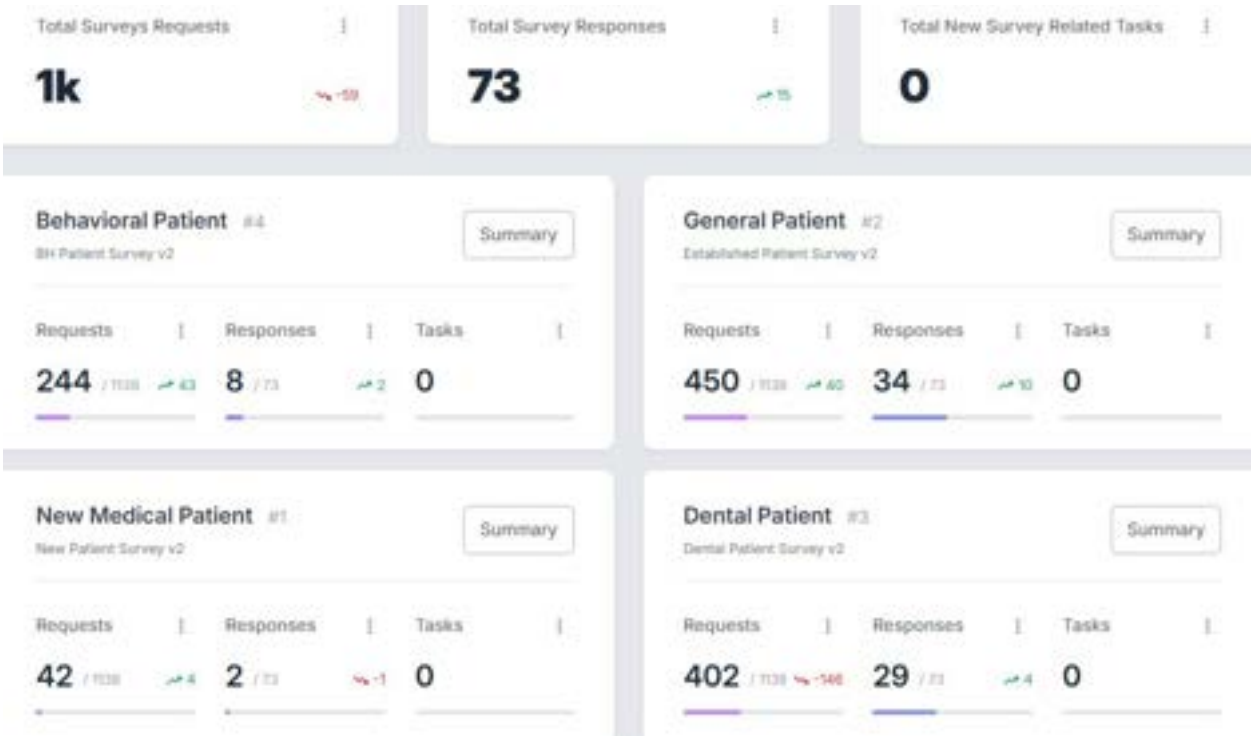
https://www.aha.org/news/headline/2023-05-31-cms-eliminates-covid-19-vaccination-requirements-health-care-workers
May 31,2023

IN THE EVENT OF A PANDEMIC:
SAFETY GUIDELINES, STANDARDS and PRECAUTIONS:

1. Staff will wear a mask during patient care, subject to State and Federal law and Medical Director guidance.
2. If infection levels increase, with Medical Director guidance, staff and vendors may be screened at entry (temperature and review of symptoms). Any employee who is displaying signs or symptoms of illness, or has a known exposure will contact the ~~Clinic Manager~~Director of Clinic Operations or Medical Director and not come in to work until instructed to do so by the Medical Director and/or ~~Clinic Manager~~Director of Clinic Operations.
3. Any employee providing patient care to a patient with or suspected of having COVID-19 will increase their PPE to a N95 with eye protection, a gown, and gloves.
4. See Standardized Procedure for Employee COVID-19 Rapid Testing.

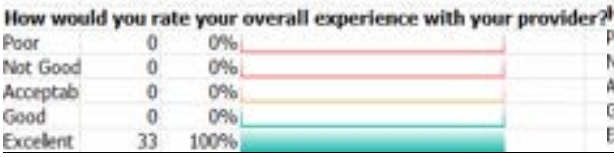
Quality Metric'	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Apr-27	May-27	Jun-27	Total	Census Fiscal YTD	MTD Payor Mix	Fiscal YTD Payor Mix	Historical Payor Mix
Patient Visits Total	3132	3111											6243	6243			
Medi-Cal	2243	2245											4488	4488	72%	72%	72%
Medicare	412	388											800	800	13%	13%	13%
Cash Pay	14	22											36	36	1%	1%	1%
Commercial	463	456											919	919	15%	15%	15%
Pediatrics 0-16 yrs	571	561											1132				
Behavioral Health	714	626											1340				
Dental	789	899											1688				
Main	1629	1586											3215				
Total Empanelled Patients	7132	6358															
Total New Patients SEEN	96	86											182				
Total New Pt's REGISTERED	95	100											195				
Robo Doc Calls	0	40											40				
Incident Reports																	
Patient Satisfaction																	
Peer Review/Fallouts																	
Employee turnover																	
Wait time for appointments																	
Patient No-shows	321	313															
Monthly % of NO Shows	9%	9%															
Employee Satisfaction																	

1=All Financial data in Finance Report

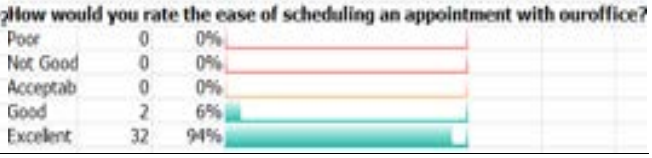


Response rate: Total 7.3% (prior 6.2%); BH 3.2% (prior 3%); Dental 7.2% (prior: 4.6%); General Medical 7.5% (prior: 6.0%); (prior: New Patient 4.8% (prior 7.9%)

MEDICAL:

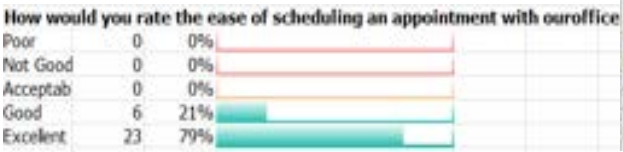


How would you rate your overall experience with your provider?		
Poor	0	0%
Not Good	0	0%
Acceptab	0	0%
Good	0	0%
Excellent	33	100%



How would you rate the ease of scheduling an appointment with ouroffice?		
Poor	0	0%
Not Good	0	0%
Acceptab	0	0%
Good	2	6%
Excellent	32	94%

Dental:



How would you rate the ease of scheduling an appointment with ouroffice		
Poor	0	0%
Not Good	0	0%
Acceptab	0	0%
Good	6	21%
Excellent	23	79%

How would you rate your overall experience with yourdentist/hygienist?		
Poor	0	0%
Not Good	0	0%
Acceptab	1	3%
Good	6	21%
Excellent	22	76%

Behavioral Health:

My BH Provider acts professionally, empathetically, and with care.		
Agree	8	100%
Disagree	0	0%
About the	0	0%
I have nc	0	0%
N/A-I did	0	0%

My BH provider understands my problems and concerns and isknowledgeable about how to help me feel better.		
Agree	6	75%
Disagree	0	0%
About the same	0	0%
I have not received thera	2	25%
N/A-I did not receive this	0	0%

Mark Twain Health Care District Policy No. 13

Appointments to the District Board:

Any vacancy upon the Board of Directors may be filled by appointment by the remaining members of the Board of Directors or by special election, for such term and under such conditions as may be specified by law. (Reference Elections Code Sect. 10554)

Mark Twain Health Care District Policy No. 14

Conduct Related To Elections:

Public elections shall be held to fill all seats on the Board of Directors, except seats becoming vacant prior to the expiration of a Director's elected term, or as otherwise provided by law. Elections shall be conducted as provided in the Local Health Care District Law and the California Elections Code.

Elections shall be held in even-numbered years and consolidated with general elections, when feasible. The person receiving the highest number of votes for each office to be filled shall be elected. The election of the Directors shall be staggered in alternatively even-numbered years so that three (3) Directors will be elected in a given even-numbered year and the remaining Directors will be elected in the following even-numbered year. (Reference Election Code Sect. 10554)

Note: For Further Information Refer to:
The County Clerk-Recorder
Calaveras County Elections Office
891 Mountain Ranch Rd
San Andreas, CA 95249
(209) 754-6376
Fax (209) 754-6733

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. Community Programs Reserve Fund: To be used in conjunction with the Grants Committee and their recommendations to the full Board.

g. 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

Outlook

Re: August 19 Board Meeting

From Samantha Lukow <samantha.lukow@hospiceofamador.org>
Date Wed 8/19/2026 4:26 PM
To Jessica Gwaltney <admassist@mthcd.org>; Melissa Justice <melissa.justice@hospiceofamador.org>
Cc Darrie Gillespie <dgillespie@mthcd.org>

Dear Jessica, Darrie and Members of the Mark Twain Health Care District Board,

Thank you sincerely for welcoming me today and for giving me the opportunity to share more about the mission, current objectives, and Calaveras County impact of Hospice of Amador & Calaveras.

A special thank-you to Jessica & Darrie for coordinating this opportunity, and to the entire Board for your time, thoughtful attention, and genuine engagement throughout the presentation. I deeply appreciated the questions and ideas shared, as well as your interest in learning how our services directly support patients, families, children, and community members throughout Calaveras County.

We are grateful that our $3,000 sponsorship request will be presented to the Finance Committee for consideration next month. If approved, we would be honored to return and report on how the funds were used to benefit Calaveras County residents. I greatly value that level of accountability and look forward to sharing the meaningful impact of the District's investment.

I am also excited about the opportunities for continued communication and collaboration that emerged from today's discussion. I look forward to connecting with Dr. Smart about strengthening communication and collaboration between our organizations, supporting Debbie's efforts to include hospice education in the Cancer Support Groups and providing hospice informational materials, and continuing the conversation regarding the respite-relief needs Lin raised. We are also very touched by Pat's surprise donation!

Today's meeting reinforced how much we can accomplish when local organizations come together around the shared goal of caring for our community. These potential partnerships are incredibly meaningful to us and will help ensure that Calaveras County residents better understand and can access the support available to them.

Thank you again for your consideration, your thoughtful conversation, and your commitment to the health and well-being of Calaveras County. It was truly a pleasure spending time with you today, and I look forward to continuing our partnership. Please do not hesitate to reach out with any questions, concerns, or needs. We are here to support!

Sincerely,
Samantha M. Lukow, MHA
Executive Director
Hospice of Amador & Calaveras
Office: 209-223-5500
Cell: 484-403-9522

Donate: www.hospiceofamadorandcalaveras.org
Follow us on Facebook:
www.facebook.com/HospiceofAmadorandCalaveras
LinkedIn: https://www.linkedin.com/company/hospice-of-amador-calaveras/
Hospice of Amador & Calaveras is recognized as a We Honor Veterans partner

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