MARK TWAIN
HEALTH CARE DISTRICT

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

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

Wednesday, August 19, 2026
9:00am

Agenda

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

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

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

2. **Roll Call:**

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 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

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

7. **MTHCD Reports:**

A. President's Report:……………………………………………………………………Ms. Reed

- Association of California Health Care Districts (ACHD):
- California Special Districts Association (CSDA):

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

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

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

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

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

- Medical Staffing Updates
- Construction Updates
- 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

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

- Encounter Report – July 2026
- Clinect – July 2026

8. **Committee Reports:**

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

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

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

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

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

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

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

- Financial Statements – July 2026: Public Comment – Action

9. **Closed Session:**

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

Quorum:

1. Public Employee Performance Evaluation.
   Gov't Code 54957(b)(1)
   Title: Chief Executive Officer

10. **Reconvene to Open Session:**
    1. Report and Vote if Action Was Taken in Closed Session

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

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

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Aug 19, 2026 08:00 AM Pacific Time (US and Canada)

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

View meeting insights
https://zoom.us/launch/edl?muid=61646c0d-0680-487e-ac29-2dc711579cb6

Meeting ID: 987 7281 8798
Passcode: 538886

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

Join by SIP
• 98772818798@zoomcrc.com

Join instructions
https://zoom.us/meetings/98772818798/invitations?signature=OA5aItTORaoSM1S1lWm96zzuqpiA0xo96BcdvNLxJN4

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

Finance Committee Meeting

Mark Twain Health Care District Board Room

Mark Twain Medical Center

768 Mountain Ranch Road

San Andreas, CA

Friday July 17, 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 8:02 AM.

2. **Roll Call:**

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

Quorum: Yes

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

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

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

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the 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

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A. Un-Approved Minutes:

- Finance Committee Meeting – June 24, 2026: – Action

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

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

- General Comments

Ms. Gillespie provided updates on community partnerships, ACHD and CSDA activities, the CalRHT grant program, and other District initiatives. The committee also discussed potential telehealth expansion into West Point, lease restrictions, and the process for returning archaeological artifacts recovered from District property.

- Construction in Progress

Ms. Gillespie reported continued progress on the parking project, delays associated with the Caltrans permit, suspension of the solar project, and an updated completion timeline for the West Wing project of late August to early September.

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

Mr. Randolph reported there were no significant real estate updates. Discussion centered on locating the executed master lease and related amendments, as well as obtaining CAM reconciliation information from the property management company to assist with upcoming lease renewals and planning.

8. **Accountant's Report:**………………………….…..…… Ms. Hack / Mr. Wood / Ms. Slocum

- Financial Statements – June 2026: Public Comment – Action

Ms. Slocum reported that the June monthly financial information was accurate; however, the year-to-date financial statements contained an error resulting from a QuickBooks journal entry that had been unintentionally removed for a prior period which reduced reported revenues by $600,000. She also reviewed year-to-date clinic gross revenues and clinic net expenses over revenues which were amended to be $11,716,388 and ($98,319), respectively. The amended year-to-date financial performance for the MTHCD ("Surplus") were $702,660. The committee reviewed the corrected financial impacts and discussed ongoing fiscal year-end adjustments that will continue until completion of the annual audit.

Additional discussion included physician contract expenses, recruiting costs, accounting workload, additional accounting support, reserve balances, credit card reconciliation procedures, and investment performance.

Motion to approve the Investment and Reserve Report as presented and accept the June financial information as preliminary, subject to year-end audit adjustments: Ms. Hack
Second: Mr. Randolph
Ayes: 2
Nays: 0

9. Treasurer's Report:……………………………………………………………………………Ms. Hack
Ms. Hack reported no Treasurer's Report. Future agenda items will include review of reserve targets and reconciliation of reserve categories.

10. Comments and Future Agenda Items:
- Reserve policy review and reserve target reconciliation.
- Continue discussions regarding clinic expansion feasibility and remote healthcare access.
- Review lease documents and reserve categories with Mr. Wood and Dr. Smart.

11. Next Meeting:
Next Finance Committee Meeting – August 19, 2026 at 8:00am.

12. Adjournment: Public Comment: – Action Hearing none.
Motion to adjourn: Ms. Hack
Second: Mr. Randolph
Ayes: 2
Nays: 0
Time: 8:50 AM

MARK TWAIN
HEALTH CARE DISTRICT

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

Friday, July 17, 2026

9:00 a.m

Minutes

Zoom – 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:**

Meeting called to order by Ms. Reed at 9:02 AM.

2. **Roll Call:**

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

Quorum: Yes

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

Dr. Smart requested that the Calaveras Wellness Foundation be listed as a separate item on future agendas rather than under Valley Springs Health & Wellness Center.
Motion to approve agenda as presented: Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 4
Nays: 0

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

not on the agenda.

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 June 24, 2026: – Action

Motion to approve: Ms. Hack
Second: Mr. Randolph
Ayes: 4
Nays 0

- Board of Director Meeting Minutes June 24, 2026: – Action

Motion to approve: Ms. Hack
Second: Mr. Randolph
Ayes: 4
Nays 0

6. **Mark Twain Medical Center:**

- Fiscal Year 2025-2026 Recap ………………………………………….. Doug Archer

Mr. Archer presented the hospital's FY 2025-2026 results and FY 2026-2027 outlook. The hospital ended the year with positive EBITDA of approximately $279,000, although results were approximately $2.5 million below budget. Lower surgical volume following the loss of one of two general surgeons and a decline in yield affected performance.

Highlights included completion of the $7.5 million surgical services project, acquisition and renovation of the Arnold Clinic, more than $800,000 in new equipment, and patient experience improvement to the 85th percentile among Dignity Health facilities in California. A new general surgeon is expected to begin in August. The swing-bed program has launched, with a podiatry agreement still needed for full implementation.

- Capital Improvements 2026-2027

Capital updates included sterile processing renovations, replacement of an X-ray room, the covered walkway, automatic door replacements, a new C-arm and table, and water and fuel tank projects. Mr. Archer will provide quarterly updates focused on FY 2026-2027 initiatives and performance measures.

7. **MTHCD Reports:**

A. President's Report:……………………………………………………………………Ms. Reed

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

President Reed reported that ACHD and CSDA information will be incorporated into District reporting to strengthen collaboration and sharing of best practices.

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

Nothing to report.

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

Nothing to report.

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

- General Comments:
    - VSHWC Operational staff announcements
    - NAGPRA – California State University held archeological artifacts
    - Mark Twain Medical Center 75th Anniversary event 8/22/2026
    - Community Benefits Report
    - Board Calendar FY 2026-2027

Ms. Gillespie recognized staff accomplishments and announced the promotions of Tina Terradista to Director of Clinic Operations and Tonia Cook, RN, to Clinical Operations Supervisor. Sharon Pearson was recognized upon her retirement and will continue assisting with billing and reporting.

June clinic revenue was approximately $773,180. The average claims-processing time was 5.4 days, with 4.6% of accounts over 90 days.

The District will pause participation in the first CalRHT grant opportunity because of the accelerated application and implementation timeline. Ms. Gillespie also reported on the careful return of archaeological materials held by California State University, with appropriate review under NAGPRA and applicable state requirements.

The updated Community Benefits Report has been published. A District calendar will be maintained for Board and committee meetings and will include follow-up reports from grant and sponsorship recipients.

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

- Medical Staffing Updates
- Construction Updates
- Calaveras Wellness Foundation Annual Meeting report – Action
    - Member at Large – Randall Smart

    Motion to approve: Ms. Hack
    Second: Mr. Randolph
    Ayes: 4
    Nays 0

    - Executive Director of the Foundation – Darrie Gillespie

    Motion to approve: Ms. Hack
    Second: Mr. Randolph
    Ayes: 4
    Nays 0

    - Foundation bylaw amendment providing for quarterly verbal reports and financial reports during the second and fourth quarters of each calendar year.

    Motion to approve: Ms. Hack
    Second: Mr. Randolph
    Ayes: 4
    Nays 0

- Approval of Foundation Officers:

    - Pat Bettinger – Chair
    - Mickey Phillips – Secretary
    - Dr. Randy Smart – Member at Large
    - Darrie Gillespie – Ex Officio Executive Director
    - Vacant - Treasurer

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

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

Dr. Smart reported continued difficulty recruiting medical providers in a highly competitive market. Compensation demands for a recent candidate approached $400,000 annually, illustrating the District's recruitment challenges.

Construction updates were provided for three projects. The South Parking project remains dependent on a Caltrans encroachment permit and is required before the West Wing can open. The solar project with NC Solar has not progressed as expected; District-owned panels have been secured and legal remedies are being reviewed. The West Wing expansion remains behind schedule, and the District is monitoring contractual and operational impacts.

The Real Estate Committee will meet to review the construction matters and determine whether a special closed session is warranted.

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

- Encounter Report – June 2026

The June encounter report reflected 3,047 monthly visits and 34,003 year-to-date visits, an increase of 6,330 visits over the prior fiscal year. The no-show rate declined to 9%.

- Clinect – June 2026

For June, 974 patient-satisfaction surveys were sent and 60 responses were received, representing an approximately 6% response rate. Ms. Terradista will continue working with Clinect to verify the survey parameters, confirm that surveys are being sent correctly, and encourage patient participation.

8. Committee Reports:

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

The rescheduled class had 13 participants registered. Ms. Gillespie will follow up with Marcos Muñoz regarding future AED for Life activity.

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

Nothing to report.

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

- Policy No. 23 – Requests for Public Funds, Community Grants & Sponsorships – Action

The Board reviewed the revised Policy No. 23, including updated terminology, operating guidance, and accountability provisions requiring appropriate follow-up from grant and sponsorship recipients.

Motion to approve: Ms. Vermeltfoort
Second: Ms. Hack
Ayes: 4
Nays 0

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

Nothing to report.

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

- Policy No.12 Conflict of Interest Code and Ethics
- Policy No. 32 Debt Management
- Policy No. 34 Artificial Intelligence (AI) Usage

- Resolution 2026 – 03 District Policies # 12, 32, & 34 Public Comment – Action

The Board reviewed Policy No. 12, Conflict of Interest Code and Ethics; Policy No. 32, Debt Management; and Policy No. 34, Artificial Intelligence Usage.

Motion to approve: Ms. Hack

Second: Mr. Randolph
Ayes: 4
Nays 0

F. Ad Hoc Real Estate:……………………….……………….………..Ms. Gillespie / Mr. Randolph
The committee had not met. A telephone meeting was planned to review the parking, solar, and West Wing projects

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

- Financial Statements – June 2026: Public Comment – Action

The June monthly financial information was reported as accurate; however, the year-to-date financial statements required correction after a prior-period QuickBooks journal entry was unintentionally removed, reducing reported revenue by approximately $600,000. After correction, year-to-date clinic gross revenue was $11,716,388, clinic net expenses over revenue were $98,319, and the District's year-to-date surplus was $702,660. The financial statements remained preliminary and subject to additional year-end and audit adjustments.

The Finance Committee noted improved performance compared with the prior year and recommended revisiting reserve fund targets in September.

The Board accepted the June 2026 monthly financial statements, pending updates to the year-to-date figures, and accepted the investment and reserve report as presented, all subject to audit.
Motion to approve: Ms. Hack
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

9. Board Comment and Request for Future Agenda Items:
- Announcements of interest to the Board or the Public.
    - Mark Twain Medical Center – Thank you

10. Next Meeting:

- August 19, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

11. Adjournment:

Public Comment – Action Hearing none.
Motion to adjourn: Ms. Reed
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0
Time: 10:50 a.m

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

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

Friday, August 7, 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		☒		
Debbra Sellick	☒			
Lori Hack	☒			
Richard Randolph	☒			
Johanna Vermeltfoort	☒			

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:
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. **Closed Session:**

   1. Conference with Legal Counsel – Anticipated Litigation. Closed Session began at 9:02 a.m.

      Gov't Code 54956.9(d)(2).

      Significant exposure to litigation. Number of cases (2); facts and circumstances.

   2. Public Employee Performance Evaluation. Closed Session began at 10:00 a.m.

      Gov't Code 54957(b)(1)

      Title: Chief Executive Officer

6. **Reconvene to Open Session:**

   1. Report and Vote if Action Was Taken in Closed Session: Public Comment – Action

The Board reconvened to open session at 9:59 a.m.
The Board gave direction to District staff and legal counsel regarding the anticipated litigation item.
Motion: Mr. Randolph
Second: Ms. Hack
Ayes: 5
Nays: 0

   2. Report and Vote if Action Was Taken in Closed Session: Public Comment – Action

The Board reconvened to open session at 11:38 a.m.
The Board approved to hire outside facilitator for team development.
Motion: Ms. Hack
Second: Mr. Randolph
Ayes: 5
Nays: 0

7. **Board Comment and Request for Future Agenda Items:**
   Hearing none.

8. **Next Meeting:**

   - August 19, 2026 – Finance Committee at 8:00 a.m.; Board of Directors Meeting at 9:00 a.m.

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

Hearing none.
Motion to adjourn Ms. Hack
Second: Mr. Randolph
Ayes: 5
Nays: 0
Time 11:40 a.m.

Remote Board Member: Lin Reed 5 Hinckley Circle Osterville, MA 02655

ACHD ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS (/)

2026 Annual Meeting

Register Now! (https://associationofcaliforniahealthcaredistrictsachdca.growthzoneapp.com/ap/Events/Register/EqFR67WCgC6C9)

ACHD 74th Annual Meeting
OCTOBER 7-9, 2026 | MONTEREY, CA

(https://www.achd.org/?attachment_id=61130)

REGISTER HERE! (https://associationofcaliforniahealthcaredistrictsachdca.growthzoneapp.com/ap/Events/Register/EqFR67WCgC6C9)

VIEW THE ANNUAL MEETING SCHEDULE (https://www.achd.org/2026-annual-meeting-wednesday-schedule/)

(The schedule is still tentative and is subject to change)

This year's event will start with Governance Day on October 7, featuring an opportunity for attendees to access SB 827 Fiscal & Financial required training. The remainder of the day will feature additional presentations focused on health care district governance.

On October 8 and 9, we will dedicate our time to the official ACHD 74th Annual Meeting, which will feature Keynote Speaker Michelle Gielan (https://michellegielan.com/). Michelle's Keynote will focus on how to thrive in the age of AI.

Our District Best Practices workshops will be back with more presentations than ever, and, of course, our ACHD Annual Awards reception (https://www.achd.org/achd-annual-awards-2026/).

Learning Outcomes:

ACHD's Annual Meeting promises to deliver an exceptional learning experience with important takeaways, such as

- Strengthening governance and leadership skills
- Exploring emerging trends impacting healthcare districts
- Understanding innovation and AI in governance
- Networking and collaboration with peers from across California
- Sharing best practices and real-world solutions

ACHD (/)

ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

ACHD Annual Awards 2026

Thank you to everyone who submitted nominations for the 2026 ACHD Annual Awards. We received an outstanding group of nominations recognizing the exceptional leadership, innovation, and service of California's healthcare districts, trustees, and CEOs.

Nominations are now closed and are being reviewed by an independent panel of judges. Award recipients will be announced during the Awards Reception at ACHD's 74th Annual Meeting.

The 2026 Awards Brochure, featuring all nominees, will be available here soon. Please check back soon!

Please **contact us (mailto:info@achd.org)** if you have any questions.

Trustee of the Year Award −

Recognizes a healthcare district Trustee who has notably impacted their healthcare district and community by taking significant steps to deliver outstanding governance, strategic planning and partnership. To learn more about the Trustee of the Year criteria or to submit a nomination, click the form below.

2026 Trustee of the Year Nomination Form (https://fs6.formsite.com/9P4lAo/TrusteeOfTheYear/index)

CEO of the Year Award +

District of the Year Award +

Association of California Healthcare Districts

(tel:19162665200) (916) 266-5200 (tel:19162665200)

(https://www.google.com/search?q=1127+11th+street%2C+%23905+sacramento&sxsrf=APwXEdcU8pV
YiA4&ved=0ahUKEwiltOGY6rH_AhX6kmoFHYIPBuEQ4dUDCBA&uact=5&oq=1127+11th+street%2C+%2
wiz-serp)

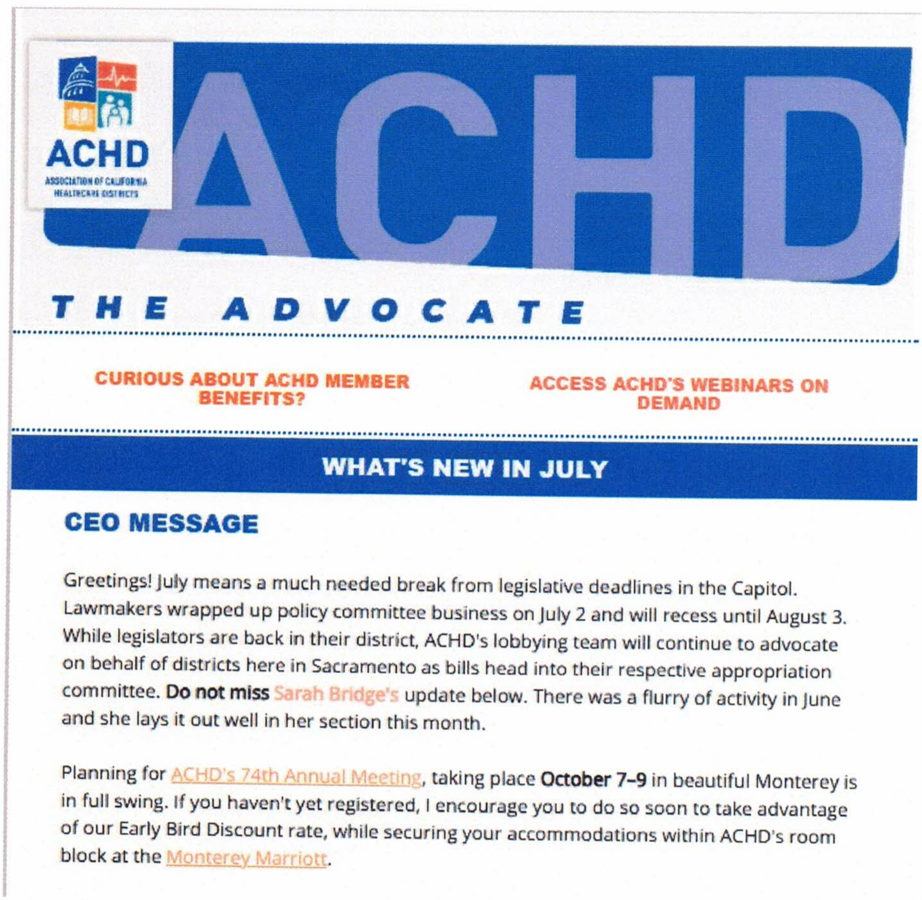
(mailto:info@achd.org) Email Us (mailto:info@achd.org)

ACHD ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS (/)

ACHD News

July 2026: Legislature Adjourns for Summer Recess –

To Read the July Advocate, Click Here (https://myemail.constantcontact.com/July-Advocate--Legislature-Adjourns-for-Summer-Recess.html?soid=1102296513759&aid=WDjgI4IZSNY)



ACHD ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

ACHD

THE ADVOCATE

CURIOUS ABOUT ACHD MEMBER BENEFITS?

ACCESS ACHD'S WEBINARS ON DEMAND

WHAT'S NEW IN JULY

CEO MESSAGE

Greetings! July means a much needed break from legislative deadlines in the Capitol. Lawmakers wrapped up policy committee business on July 2 and will recess until August 3. While legislators are back in their district, ACHD's lobbying team will continue to advocate on behalf of districts here in Sacramento as bills head into their respective appropriation committee. **Do not miss** Sarah Bridge's update below. There was a flurry of activity in June and she lays it out well in her section this month.

Planning for ACHD's 74th Annual Meeting, taking place **October 7-9** in beautiful Monterey is in full swing. If you haven't yet registered, I encourage you to do so soon to take advantage of our Early Bird Discount rate, while securing your accommodations within ACHD's room block at the Monterey Marriott.

(https://www.achd.org/achd-news/july-advocate/)

June 2026: Registration Now Open for ACHD's 74th Annual Meeting! +

May 2026 Governor Newsom Releases May Revision +

April 2026 ACHD Launches Advocacy On-Demand Video Resource +

Network News

August 31 marks the final deadline for passing bills in the 2025-2026 California State Legislative Session. Governor Gavin Newsom will then have until the end of September to sign or veto any legislation arriving on his desk. These final weeks and hours often include frantic action on some of the biggest and hottest public policy questions of the year, with the impending deadline serving as the mother of invention. Moreover, with nearly 100 State Legislators standing for election in November, difficult votes begin to carry with them added weight from outside campaign scrutiny.

Out and About in the Network

Georgetown Divide PUD 80th Anniversary

On July 24th, I attended the Georgetown Divide PUD's 80th Anniversary celebration and community event. The District provides water and wastewater services to the Georgetown Divide area in El Dorado County. Congratulations GDPUD!

Meeting with Congressman Ami Bera and Placer County Water Agency

On August 4th, I participated in a briefing with Congressman Ami Beri and the Placer County Water Agency. This briefing educated the Congressman about the Agency as well as providing an update on national special district priorities. Thank you to PCWA for hosting this discussion!

State Senate Majority Leader Angelique Ashby Interview In Current CSDA Magazine

Senate Majority Leader Ashby is in the spotlight in the current CSDA magazine that. Each magazine features a “From the Capitol” interview with a legislator highlighting the legislator’s priorities and how their work connects to special districts.

As the Majority Leader representing a significant portion of Sacramento County, Senator Ashby is in a unique position to influence state policy that impact Sierra Network districts.

The magazine article on Page 24-25 can also be accessed on the CSDA website at this link.

CSDA Magazine

NSDA Federal Update

On July 30, the National Special Districts Association hosted a federal legislative update. The presentation from that webinar is linked here.

Chapter Meetings

Gold Country Chapter
Meeting Date: August 20, 2026
Meeting Time: 9:00am-11:00am
Meeting Location: Placer County Water Agency
(144 Ferguson Road, Auburn, CA 95604)

The 2026 CSDA Member Satisfaction

Survey is Now Open!

The survey takes less than five minutes, and your feedback directly shapes CSDA's priorities for the year ahead. As a bonus, every member who completes the survey will be entered into a raffle to win one $100 Amazon gift card or one of three $50 gift cards. Every perspective matters, so please take a moment to respond.

Take The Survey

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
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MARK TWAIN
HEALTH CARE DISTRICT

CEO Report to the Board of Directors for date: August 19, 2026

Community Health and Outreach to enhance Community Engagement and build public trust:
HHSA: Nothing to report **Board of Supervisors**: Attended Board of Supervisors meetings and continued discussions regarding countywide healthcare and community partnership initiatives. **MTMC:** Doug and I only met once due to both our vacation schedules **Community/Legislative Relations**: Participated in ACHD Board meetings and ongoing collaboration with healthcare district leaders throughout California. **CSDA Calaveras Chapter:** I am now the Vice President of this Board. Met with Jessica Self, President to establish plan for next quarter. I will lead next meeting in September with Veteran program options for County**.** Will ask County and VSHWC to present **CCOE:** Nothing to report **Chamber of Commerce: Still** submitting ETP forms for grant reimbursement but since we are the only one, they do not yet have enough to submit for first round funding. Continued collaboration with Sierra Hope, Hospice Amador-Calaveras, Habitat for Humanity, and other community partners regarding healthcare access and community support initiatives.
Finance: We are having strategic zoom meetings with Kelly H, Rick W and Kristine to fine-tuning of financials and ongoing training to better prepare for each months activities and reporting. **401K program:** Working with Kristine and Hicks Plan administrator for year end match and funding. Will partner with them on potential modification of current program to be more conducive and supportive of our current employee demographics.
Financial Stability to improve operating margin by 2% and deliver transparency and efficiency:
Grants: None at this time. We have decided not to respond to any application for the current CALRHT due to current staffing conditions.
EV Charging Stations: This program now seems to be completely "washed" no return phone calls are being made. Program could not get fully "off the ground" with participants.
Construction/Facilities: Rick Randolph is now partnering to see both projects come to a success end and finals issued. Parking lot should be wrapped up by end of August. West Wing is still on track for 9/4/26
Quality of Care – Enhance patient experience through surveys

District Office:

1. Continued collaboration regarding financials, benefits administration, policy review, and organizational planning.
2. Participated in Personnel Committee

VSHWC:

1. Continued partnering with the Clinic Director on recruitment, onboarding, staff development, and performance reviews.
2. Conducted department meetings to promote communication, transparency, and employee engagement.
3. Continued collaboration with the Spirit Committee regarding employee appreciation initiatives.

Summary: VSHWC

- Finalizing the VSHWC website with anticipated launch by the end of August.
- Continued progress on the West Wing and South Parking Structure projects.
- Ongoing recruitment, staff development, and operational planning activities.

Summary: District Office

- Continued engagement in community partnerships, healthcare collaboration, grant development, employee benefits planning, and preparation of the 2026/2027 District budget.
- Ongoing participation in countywide and regional meetings supporting healthcare access and community well-being.

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:

<u>Procedure</u>

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."

<u>Procedure:</u>

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: Cash On Hand Management	REVIEWED: 11/12/18; 9/23/20; 8/2/21; 11/07/22;12/13/23; 2/12/25; 8/3/26
SECTION: Admitting	REVISED: 9/23/20; 2/12/25; 8/3/26
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Cash~~: Cash on hand management

Objective: The Clinic will maintain cash drawers with a specific amount of cash on hand for the efficient operation of the Clinic. The cash drawer funds will be available to provide change for patients who make cash payments either at the time of service or upon receipt of a bill from the Clinic.

Response Rating:

Required Equipment:

Procedure

Cash Drawer

1. The Clinic will have a cash drawer/box that will be located adjacent to the first receptionist during the business day.
2. The cash drawer/box will be removed from the receptionist area at the end of the business day and placed in the agreed secure location.
3. As part of the Clinic Opening Procedure, and daily, the ~~Front Office Coordinator~~opening receptionist ~~or their designee a~~and a second staff member will count the cash drawer funds and confirm the amount of money on hand. Cash on hand will equal the cash drawer fund total.
4. The amount of cash on hand will be documented in the cash box log in the Starting Balance column. The two staff members will sign the log, attesting to the amount.
5. During the business day, change may be made for patients who make cash payments.
6. As part of the Clinic Closing Procedure, and daily, the ~~Front Office Coordinator~~closing receptionist ~~or their designee~~ and a second staff member will count the cash drawer fund and confirm the amount of money on hand. Cash on hand will equal the Cash Drawer fund total. The cash box will be locked up. Any funds ~~in excess of~~more than the cash drawer fund total will be put aside, into the "DAY END MONEY" payment envelope, as they are payments received from patients.

7. Should the Starting or Ending Balance not match the total anticipated, the staff members will document their findings on the cash box log and will notify the ~~Clinic Manager~~Director of Clinic Operations immediately.

8. The ~~Clinic Manager~~Director of Clinic Operations or their designee will recount the contents of the cash box. Should it be confirmed that funds are missing, the ~~Clinic Manager~~Director of Clinic Operations will investigate the shortage and document their findings, completing an Incident Report.

   a. If necessary, staff will be counseled regarding proper cash management and documentation.

   b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.

9. It is the goal of the Clinic that the cash box will accurately reconcile each day. If the funds do not reconcile, the ~~Clinic Manager~~Director of Clinic Operations will request replacement funds from the District Accounting Department.

10. The cash box logs will be maintained as a part of the Clinic's operational records.

Patient Payments

1. The Clinic will have a cash drawer/box that will be located ~~adjacent to each~~in a central location to the receptionists during the business day.

2. During the business day, change may be made for patients who make cash payments.

3. As part of Clinic Closing procedure, each person who logged into the EMR who functioned as a receptionist must close their daily batch and submit. The cash drawer will be counted per the process outlined above. The ~~cash total~~total cash for each drawer should equal the total of patient payments collected by that receptionist plus the cash drawer fund amount.

4. Daily, the ~~Front Office Coordinator or their designee~~closing receptionist and a second staff member will count the deposit and confirm that the amount equals the patient payment receipts. These receipts will be signed by both employees and will be placed in the "DAY END MONEY" payment envelope. The envelope is given to ~~Billing staff~~the Director of Clinic Operations who will recount and confirm the cash amount. This will be placed in a lockbox in the clinic until such time that it can be delivered to a Biller. The Biller will then place the cash in a secure locked location, which is reconciled, then deposited into the VSHWC Medical Clinic's Umpqua account by the billing staff. The deposit slip/receipt is then sent via email to the Accounting Department and the CFO.

8. Should the starting or ending balance not match the total anticipated, the staff members will document their findings on the receipt paperwork and notify the ~~Clinic Manager~~Director of Clinic Operations and District Accounting office immediately.

9. The ~~Clinic Manager~~Director of Clinic Operations, designee, or Billing staff personnel will recount the deposit. Should it be confirmed that funds are missing, the ~~Clinic Manager~~Director of Clinic Operations, designee and/or Billing Staff personnel will investigate the shortage and document their findings, completing an Incident Report.

   a. If necessary, staff will be counseled regarding proper cash management and documentation.

b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Communicable Disease Reporting	REVIEWED: 7/1/19; 7/14/20; 8/2/21;11/07/22; 12/13/23; 2/10/25; 8/3/26
SECTION: Mandatory Reporting	REVISED: 7/14/20; 12/13/23; 2/10/25; 8/3/26
EFFECTIVE: ~~3/26/25~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Communicable Disease Reporting

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

Response Rating: Mandatory

Required Equipment: Morbidity Report Form

1. REPORTING GUIDELINES

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the "Confidential Morbidity Report" (CMR) for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies
For extremely urgent cases, call the CDC Emergency Operations Center at (700) 488-7100 within 4 hours of a case meeting the notification criteria
For reportable disease list and report forms:
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx
updated ~~April 2, 2024~~3/2026
https://www.medlineplus.gov/ency/article/001929.htm
Updated Review Date 5/12/2025~~March 15, 2024~~

2. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf Revised 03/2026 ~~Revised 08/2022~~ **CONDITIONS TO BE REPORTED IMMEDIATELY**

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

a. Anthrax (human or animal)
b. Botulism (infant, foodborne, wound)
c. Brucellosis, human
d. Cholera
e. Ciguatera fish poisoning

f. Dengue virus infection
g. Diptheria
h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
i. Escherichia Coli 0157:H7 Infection
j. Flavivirus infection of undetermined species
k. Hemolytic Uremic Syndrome
l. Influenza, novel strains (human)
m. *Measles (Rubeola)
n. *Meningoccoccal Infections
o. Novel virus infection with pandemic potential
p. Paralytic Shellfish Poisoning
q. Plague (Human or Animal)
r. Rabies (Human or Animal)
s. Scomboroid Fish Poisoning
t. Shiga toxin (detected in feces)
u. Smallpox (Variola)
v. Tularremia, human
w. Viral Hemorrhagic Fevers
x. Yellow Fever
y. Zika virus
z. Occurrence of any unusual disease
aa. Outbreaks of any disease

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

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

a. Amebiasis
b Babesiosis
c. Campylocacteriosis
d. Chickenpox
e. Chikungunya virus
f Crytosporidiosis
g Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
h *Foodborne Disease
i Haemmophilus Influenza Invasive Disease, all serotypes
j. Hantavirus infection
k. *Hepatitis A (acute infection)
k. Human Immunodeficiency Virus (HIV), acute infection
l Listeriosis
m Malaria
n Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
*Pertussis (Whooping Cough)
o Poliovirus Infection
p Psittacosis
q Q Fever

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r Relapsing Fever
s Salmonellosis (other than typhoid fever)
t Shigellosis
u Streptococcal Infections (Outbreaks of any type and Individual cases of food handlers and dairy workers only).
v Syphylis
w Trichnosis
x. *Tuberculosis/Tuberculosis suspect
y. Typhoid Fever, cases and carriers
z Vibrio Infections
aa. West Nile Virus (WNV) Infection
bb Yersiniosis
bb. COVID-19 (Coronavirus)

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

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

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

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

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

6. COVID-19 RESPONSE: Clinic will test and report based current on State and County requirements.

7. FOLLOW-UP PROCEDURES

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

8. INTERNAL DOCUMENTATION

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

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

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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After Action Review and Improvement Plan

SITUATIONAL RISKS ANNEXES

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Alternate Communications in Emergency Situations
Bioterrorism Threats
Bomb Scare
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Disruption of Electric Service
Disruption of Sewer Service
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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

INTEGRATED BEHAVIORAL HEALTH POLICY AND PROCEDURES

POLICY: Patient Engagement and Re-engagement	REVIEWED: 1/12/2022; 2/22/23; 7/25/23; 10/10/24;7/14/26
SECTION: Behavioral Health	REVISED: 7/25/23; 10/10/24; 8/3/26
EFFECTIVE: ~~10/23/24~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Patient~~**:** Patient Engagement and Re-engagement

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

Response Rating: This Guideline applies to all IBH personnel.

Required Equipment:

Procedure:

1. Referrals to IBH

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

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

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

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

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

2. Communication with Patients

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

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

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

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

3. Missed Appointments

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

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

3.3 When a patient no-shows a scheduled initial IBH Consultation, the referral is closed. If the patient cancels an IBH Consultation, IBH staff will offer the patient an alternate appointment date. When a patient misses an IBH Follow-Up appointment, patients will be automatically contacted via the Electronic Health Record's "no-show" campaign.

3.4 IBH staff should contact the patient via phone, monitor the reason for cancellation, and offer to reschedule the patient's missed appointment if indicated. The staff member may also ask if there were any barriers to attending treatment, such as difficulties with transportation, and should either engage patient in problem solving around the barrier or consult with clinician regarding the patient's stated barrier.

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: 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~~ July1st. 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: Appointment Scheduling	REVIEWED~~: 11~~: 11/12/18; 2/12/20; 3/5/20; 5/04/21; 5/3/22; 6/05/23; 5/6/24;7/28/25; 6/18/26
SECTION: Admitting	REVISED: 2/12/20; 3/5/20; 6/13/23
EFFECTIVE: ~~9/24/25~~7/15/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Appointment Scheduling

Objective: Patient appointments will be scheduled to manage/decrease patient waiting time, increase patient satisfaction, and manage clinic workflow.

Response Rating:

Required Equipment: EHR

Procedure:

1. Patients will be encouraged to schedule appointments to decrease wait time and improve workflow in the Clinic.

2. Medical patients will be scheduled in 20-minute intervals, unless otherwise indicated by the practitioner, the visit type, or the patient's acuity.

3. Dental patients will be scheduled in 30 minutes intervals for emergency/urgent care and 60-minute intervals for other appointment types.

3. When scheduling an appointment, staff will confirm the patient's address and telephone number as it is recorded in the scheduling system and remind the patient that any co-payment required will be due.

4. If the patient has not been seen in the Clinic previously, staff will capture all patient demographic information, if time permits.

5. New patients will be asked to arrive at the Clinic before their scheduled appointment time, so that their demographic record and signed new patient documents may be entered into the system.

    a. Patients who will bring completed paperwork with them should be asked to arrive 15 minutes before their scheduled appointment time.

    b. Patients who will not bring completed paperwork with them should be asked to arrive 20 minutes before their scheduled appointment time.

6. Patients will be pre-registered before their appointment.

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

ADVANCED ACCESS SCHEDULING

1. Schedulers will schedule all patient appointments within same or next business day when requested by the patient.
2. Schedulers may schedule appointments farther out than same day or next business day when requested by the patient, or follow-up per the provider is requested.

Appointment access

The next available appointment date and time can be either in-person or via telehealth. Healthcare providers must make appointments for members from the time of request as follows.

General appointment scheduling	
Emergency examination	Immediate access, 24/7
Urgent (sick) examination	Within 48 hours of request if authorization is not required or within 96 hours of request if authorization is required, or as clinically indicated. **These timeframes include weekends and holidays.**
Routine primary care examination (nonurgent)	Within 10 business days of request
Nonurgent consults/specialty referrals	Within 15 business days of request
Nonurgent care with non-physician mental health care provider or substance use disorder (SUD) care provider (where applicable)	Within 10 business days of request
Nonurgent follow-up care with non-physician mental health care provider or SUD care provider	Within 10 business days of request
Nonurgent ancillary	Within 15 business days of request
Mental health appointment, non-physician	Within 10 business days of request

SB221 — Effective July 1, 2022, non-physician mental health/SUD appointments are subject to the timely access standards outlined in the chart above. This bill also requires that all health plans ensure that enrollees who are undergoing a course of treatment for an ongoing mental health or SUD condition can schedule a follow-up appointment with their non-physician mental healthcare or SUD care provider within 10 business days of the prior appointment.

Services for members under the age of 21	
Initial health assessments	
Children from birth to 20 years of age	Within 120 days of enrollment
Preventive care visits	Within 14 days of request
Services for members 21 years of age and older	
Initial health assessments	Within 120 days of enrollment
Preventive care visits	Within 14 days of request
Routine physicals	Within 30 days of request

Wait times

When a care provider's office receives a call from an Anthem member **during regular business hours** for assistance and possible triage, the care provider or another healthcare professional must either take the call or call the member back within 30 minutes of the initial call.

When an Anthem member arrives **on time** to an appointment, the member should be seen within 15 minutes of the scheduled appointment.

When Anthem members or prospective members call a physician's office, they should not be placed on hold for longer than 10 minutes.

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MARK TWAIN HEALTH CARE DISTRICT

RURAL HEALTH CLINICS

POLICY AND PROCEDURES/

POLICY: AR Credit Balance Management	REVIEWED: 3/10/20;5/29/21; 8/04/22;9/19/23; 9/10/25; 8/3/26
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: ~~10/25/23~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Accounts Receivable Credit Balance Management

Objective: To maintain a current, accurate Accounts Receivable, credit balances will be reviewed monthly and adjudicated promptly.

Response Rating:

Required Equipment:

Procedure:

1. For credit balances that are due to patients:
   a. Run credit balance accounts on a month-end basis

      i. AthenaNet/Financials/Patient Refund Worklist

         Select all Departments

   b. Generate Refund Worklist
   c. Audit the accounts
   d. If not a true refund, document findings and edit the record to accurately reflect what has taken place.
   e. If a true refund, determine ~~whether or not~~whether the patient has another open account against which the overpayment may be posted.
      i. If another account is available, contact the patient by telephone to request their permission to transfer the credit balance from one account to the open balance account.
      ii. If the patient does not have an open balance account and the patient paid by credit card contact patient by telephone, ask if they prefer the balance be put back on the credit card or refund check sent to them.
      iii. if the patient refuses to apply their overpayment to the open balance account: print copy of billing statement, EOB and any other financial transactions that apply to the date of service and complete the Credit Balance Request Form for review and approval by the Chief Executive Officer or their designee no later than the 20th of the month.
      iv. When refund is approved, forward the packet to the District Accounting office ~~in order to~~to have a check prepared.
      v. District Accounting Office will retain a copy of the packet for their records and return the packet and check to the Clinic.

vi. The Biller will post the refund to the patient's account, scan the refund packet to AthenaNet, and send the check with an explanation letter to the patient.

2. For credit balances that are due to insurance
    a. Check Manager Hold weekly
    b. Prioritize credit balance review for government payors (Medicare, Medi-Cal, Managed Medi-Cal)
    c. Audit the accounts
    d. If not a true refund, document findings and edit the record to accurately reflect what has taken place.
    e. For Government payors, print a copy of the billing statement, EOB and any other financial transactions that apply to the date of service and complete the Credit Balance Request Form for review and approval by the Chief Executive Officer or their designee for each week's Operations Meeting.
    f. When refund is approved, forward the packet to the District Accounting office ~~in order to~~to have a check prepared.
    g. District Accounting Office will retain a copy of the packet for their records and return the packet and check to the Clinic.
    h. The Biller will post the refund to the patient's account, scan the refund packet to AthenaNet, and send the check based on the instructions obtained from the payor as to their preferred process to receive the credit balance

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.

<u>Autoclave Maintenance</u>

<u>Weekly:</u>

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.

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

<u>Monthly:</u>

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:

<u>Procedure:</u>

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.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Director Direction of Practitioners in the Clinic	REVIEWED~~: 7~~: 7/1/19; 5/04/21; 5/6/22; 7/21/23; 10/10/24; 8/3/26
SECTION: Medical Staff	REVISED: 5/14/21; 8/9/23
EFFECTIVE: ~~10/23/24~~8/26/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Direction~~**:** Direction of Practitioners in the Clinic

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

Response Rating:

Required Equipment:

Procedure

1. Medical Supervision

   a. The Medical Director, or the designee, shall handle all problems concerning medical patient management, which are beyond the scope and capabilities of the attending practitioner or support staff.

   b. The Medical Director, or the designee, has the following responsibilities:

      1. Be on site on a routine basis and receive reports on the patients by ~~Clinic Manager~~Director of Clinic Operations, a medical assistant, nurse and/or the practitioner on duty.
      2. Review and/or co-sign charts as indicated for supervision of appropriate care to Clinic patients.
      3. Be available for consultations regarding patient management
      4. Perform Peer Review and provide feedback to practitioner(s).

   c. The Medical Director, Nurse Practitioner, and ~~Clinic Manager~~Director of Clinic Operations are responsible for recommending and approving policies and procedures. They will meet on a regular basis through QAPI meetings, but not less than quarterly to discuss any problem areas, review and revise policies and procedures, review and recommend new equipment, review charts/peer review of selected patients and identify areas to assist in educational activities of clinic for physicians, mid-level practitioners and other staff personnel.

d. The QAPI Committee is composed of the following:
~~Clinic Manager~~Director of Clinic Operations who shall act as Chairperson.
Mid-level practitioner~~: Nurse~~: Nurse practitioner or Physician Assistant
Medical Director
CEO or designee
Behavioral Health Director
Registered Nurse

2. Medical Director

a. The Medical Director and/or their designee shall be responsible for scheduling all physicians and mid-level practitioners so that practitioner coverage is maintained during operating hours.

b. The Medical Director shall:

1. Direct and be responsible for the professional medical staff.
2. Direct care rendered by the physicians and the mid-level practitioners.
3. Be available for consultation with other members of the staff.
4. Assist in formulating and enforcing policies and objectives.
5. Develop and enforce medical policies and procedures in conjunction with the ~~Clinic Manager~~Director of Clinic Operations and CEO.
6. Respond to patient complaints involving medical care.
7. Assist in assuring that the Clinic ~~is in compliance with~~is following all state, federal, and accrediting-body standards.
8. Assist in providing and coordinating educational opportunities for the various disciplines within the facility.
9. Ensure the appropriate consultations and referrals are obtained on patients seen in the facility.
10. Act as consultant to staff and all other professional disciplines.
11. Perform as a member of the QAPI Committee and assist in coordinating the Medical Quality Improvement Program at the facility.

															Census	MTD	Fiscal YTD	Historical
Quality Metric'	26-Jun	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	Fiscal YTD	Payor Mix	Payor Mix	Payor Mix
Patient Visits Total	3047	3132												3132	3132			
Medi-Cal	2206	2243												2243	2243		72%	72%
Medicare	380	412												412	412		13%	13%
Cash Pay	25	14												14	14		0%	0%
Commercial	436	463												463	463		15%	15%
Pediatrics 0-16 yrs	528	571												571				
Behavioral Health	716	714												714				
Dental	844	789												789				
Main	1487	1629												1629				
Total Empanelled Patients	7058	7132																
Total New Patients SEEN	70	96												96				
Total New Pt's REGISTERED	95	95												95				
Robo Doc Calls														0				
Incident Reports																		
Patient Satisfaction																		
Peer Review/Fallouts																		
Employee turnover																		
Wait time for appointments																		
Patient No-shows		321																
Monthly % of NO Shows		9%																
Employee Satisfaction																		
1=All Financial data in Finance Report																		

Total Surveys Requests	Total Survey Responses	Total New Survey Related Tasks
1k (223)	58 (-2)	0

Behavioral Patient #4 — BH Patient Survey v2 — Summary

Requests	Responses	Tasks
201 / 1197 (-1)	6 / 58 (2)	0

General Patient #2 — Established Patient Survey v2 — Summary

Requests	Responses	Tasks
410 / 1197 (119)	24 / 58 (-2)	0

New Medical Patient #1 — New Patient Survey v2 — Summary

Requests	Responses	Tasks
38 / 1197 (26)	3 / 58 (2)	0

Dental Patient #3 — Dental Patient Survey v2 — Summary

Requests	Responses	Tasks
548 / 1197 (79)	25 / 58 (-4)	0

Response rate: Total 6.2% (prior 6.5%); BH 3% (prior 2%); Dental 4.6% (prior: 6.2%); General Medical 6.0% (prior: 12.44%); (prior: New Patient 7.9% (prior 8.33%)

MEDICAL:

How would you rate your overall experience with your provider?		
Poor	0	0%
Not Good	0	0%
Acceptab	0	0%
Good	2	8%
Excellent	22	92%

Did the facility appear clean, professional, and equipped withappropriate technology for your care?		
Poor	0	0%
Not Good	0	0%
Acceptab	0	0%
Good	3	13%
Excellent	21	88%

Dental:

How would you rate your overall experience with yourdentist/hygienist?		
Poor	0	0%
Not Good	0	0%
Acceptable	0	0%
Good	1	4%
Excellent	23	96%

How would you rate your overall experience with our office?		
Poor	0	0%
Not Good	0	0%
Acceptable	0	0%
Good	1	4%
Excellent	24	96%

Behavioral Health:

My BH Provider acts professionally, empathetically, and with care.		
Agree	6	100%
Disagree	0	0%
About the same	0	0%
I have not received therapy long enough to determine	0	0%
N/A-I did not receive this service	0	0%

I deal more effectively with daily problems and relationships becauseof therapy.		
Agree	6	100%
Disagree	0	0%
About the same	0	0%
I have not received therapy long enough to determine	0	0%
N/A-I did not receive this service	0	0%

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

Type: **Action**

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

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

BACKGROUND:

The July District financial statements were presented to the Board, with total revenues exceeding expenses by $133,871 for the month and year-to-date for the new 2026-2027 fiscal year. Clinic revenues began strong, with net revenues of $392,714 for the month and year-to-date. Adjustments to the past 2025-2026 fiscal year 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

7/31/26

	Actual Month	Y-T-D Actual	2026/2027 Budget
Total Other Revenue	**1,064,496**	**1,064,496**	**12,553,038**
Labor related costs	**(293,236)**	**(293,236)**	(6,489,971)
Net Expenses over Revenues	**392,714**	**392,714**	**258,778**

Mark Twain Health Care District
Annual Budget Recap

	07/31/26 Actual Y-T-D	2026 - 2027 Annual Budget Total District	Clinic	Rental	Projects	Admin
Revenues	1,436,800	15,559,690	12,553,038	1,171,652	0	1,835,000
Total Revenue	1,436,800	15,559,690	12,553,038	1,171,652	0	1,835,000
Expenses	(905,709)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Total Expenses	(905,709)	(15,166,037)	(12,294,260)	(934,667)	(1,139,000)	(798,110)
Surplus(Deficit)	531,091	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

7/31/26 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	1,152,817	(51,350)	95.74%	1,204,167	1,152,817	(51,350)	95.74%	14,450,007
4083.60	Contractual Adjustments	(159,164)	(88,415)	70,749	55.55%	(159,164)	(88,415)	70,749	55.55%	(1,909,969)
	Net Patient revenue	1,045,003	1,064,403	19,399	101.86%	1,045,003	1,064,403	19,399	101.86%	12,540,038
4083.90	Uncovered Health Services Revenue		93							
4083.91	Medical Records copy fees	83	0	(83)	0	83				1,000
9108.00	Other - Plan Incentives	1,000	-	(1,000)	-	1,000	-			12,000
		1,083	93	(1,083)	8.58%	1,083	0			13,000
	Total Other Revenue	**1,046,087**	**1,064,496**	**18,409**	**101.76%**	**1,046,087**	**1,064,403**	**18,316**	**101.75%**	**12,553,038**
7083.09	Other salaries and wages	(421,562)	(232,077)	189,484	55.05%	(421,562)	(232,077)	189,484	55.05%	(5,058,740)
7083.10	Payroll taxes	(29,793)	(16,377)	13,416	54.97%	(29,793)	(16,377)	13,416	54.97%	(357,513)
7083.12	Vacation, Holiday and Sick Leave	(25,715)	0	25,715	0.00%	(25,715)	0	25,715	0.00%	(308,583)
7083.13	Group Health & Welfare Insurance	(46,372)	(41,318)	5,054	89.10%	(46,372)	(41,318)	5,054	89.10%	(556,462)
7083.15	Pension and Retirement	(12,647)	0	12,647	0.00%	(12,647)	0	12,647	0.00%	(151,762)
7083.16	Workers Compensation insurance	(4,216)	(3,463)	753	82.15%	(4,216)	(3,463)	753	82.15%	(50,588)
7083.18	Dental Insurance	(527)	0	527	0	(527)	0			(6,323)
	Total taxes and benefits	(119,269)	(61,158)	58,111	51.28%	(119,269)	(61,158)	58,111	51.28%	(1,431,231)
	Labor related costs	(540,831)	**(293,236)**	247,595	54.22%	**(540,831)**	**(293,236)**	247,595	54.22%	(6,489,971)
7083.05	Marketing	(1,542)	0	1,542	0.00%	(1,542)	0	1,542	0.00%	(18,500)
7083.20.01	Medical - Physicians	(97,838)	(89,573)	8,266	91.55%	(97,838)	(89,573)	8,266	91.55%	(1,174,058)
7083.20.03	Behavioral Health - Providers	(41,531)	(30,844)	10,687	74.27%	(41,531)	(30,844)	10,687	74.27%	(498,368)
7083.22	Consulting and Management fees	(6,375)	(1,617)	4,758	25.36%	(6,375)	(1,617)	4,758	25.36%	(76,500)
7083.23	Legal - Clinic	(3,333)	0	3,333		(3,333)	0	3,333	0.00%	(40,000)
7083.26	Other contracted services	(87,500)	(66,386)	21,114	75.87%	(87,500)	(66,386)	21,114	75.87%	(1,050,000)
7083.27	Other- IT Services	(11,667)	(20,655)		177.04%	(11,667)	(20,655)			(140,000)
7083.29	Other Professional fees	(6,250)	(3,680)	2,570	58.87%	(6,250)	(3,680)	2,570	58.87%	(75,000)
7083.36	Oxygen and Other Medical Gases	(100)	(97)	3	97.08%	(100)	(97)	3	97.08%	(1,200)
7083.41.01	Other Medical Care Materials and Supplies	(31,667)	(18,824)	12,843	59.44%	(31,667)	(18,824)	12,843	59.44%	(380,000)
7083.41.02	Dental Care Materials and Supplies - Clinic	(37,500)	(14,217)	23,283	37.91%	(37,500)	(14,217)	23,283	37.91%	(450,000)
7083.41.03	Behavioral Health Materials	(483)	(503)	(20)	104.13%	(483)	(503)	(20)	104.13%	(5,800)
7083.41.04	O.U.R. Veterans Materials and Supplies		(3,886)				(3,886)			
7083.62	Repairs and Maintenance Grounds	(6,250)	(2,808)	3,442	44.93%	(6,250)	(2,808)	3,442	44.93%	(75,000)
7083.72	Depreciation - Bldgs & Improvements	(64,625)	(55,000)	9,625	85.11%	(64,625)	(55,000)	9,625	85.11%	(775,500)
7083.74	Depreciation - Equipment	(14,688)	(12,500)	2,188	85.11%	(14,688)	(12,500)	2,188	85.11%	(176,250)
7083.80	Utilities - Electrical, Gas, Water, other	(9,583)	(7,965)	1,619	83.11%	(9,583)	(7,965)	1,619	83.11%	(115,000)
7083.43	Food	(2,250)	(2,474)	(224)	109.94%	(2,250)	(2,474)	(224)	109.94%	(27,000)
7083.46	Office and Administrative supplies	(4,167)	(1,786)	2,381	42.86%	(4,167)	(1,786)	2,381	42.86%	(50,000)
7083.69	Other purchased services	(4,125)	(2,310)	1,815	56.00%	(4,125)	(2,310)	1,815	56.00%	(49,500)
7083.81	Insurance - Malpractice	(4,694)	(4,694)	(0)		(4,694)	(4,694)	(0)		(56,326)
7083.82	Other Insurance - Clinic	(2,703)	(3,961)	(1,258)		(2,703)	(3,961)	(1,258)		(32,440)
7083.83	License renewals	(1,833)	(316)	1,518	17.22%	(1,833)	(316)	1,518	17.22%	(22,000)
7083.85	Telephone and Communications	(3,833)	(3,932)	(98)	102.56%	(3,833)	(3,932)	(98)	102.56%	(46,000)
7083.86	Dues, Subscriptions & Fees	(1,042)	(515)	526	49.48%	(1,042)	(515)	526	49.48%	(12,500)
7083.87	Outside Training	(5,583)	(271)	5,312	4.85%	(5,583)	(271)	5,312	4.85%	(67,000)
7083.88	Mileage - VSHWC	(4,583)	(7,089)	(2,506)	154.67%	(4,583)	(7,089)	(2,506)	154.67%	(55,000)
7083.89	Recruiting	(7,500)	(2,200)	5,300	29.33%	(7,500)	(2,200)	5,300	29.33%	(90,000)
8870.00	Interest on Debt Service	(20,446)	(20,446)	(0)	100.00%	(20,446)	(20,446)	0	100.00%	(245,346)
	Non labor expenses	(496,191)	(378,546)	117,645	76.29%	(483,691)	(378,546)	105,145	78.26%	(5,954,288)
	Total Expenses	(1,037,022)	(671,782)	365,240	64.78%	(1,024,522)	(671,782)	352,740	65.57%	(12,444,259)
	Net Expenses over Revenues	**9,065**	**392,714**	**383,649**	**167%**	**21,565**	**392,621**	**371,056**	**167.3%**	**258,778**

Mark Twain Health Care District
Rental Financial Projections

Rental

7/31/26

		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	72,000	0	100.00%	864,000
	Rent Revenues	72,000	**72,000**	**0**	**100.00%**	**72,000**	**72,000**	**0**	**100.00%**	**864,000**
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(55,536)	(27,536)	198.34%	(28,000)	(55,536)	(15,804)	50.42%	(336,000)
9521.80	Utility Reimbursements- MTMC	0	11,731				11,731			
9520.72	Depreciation	(25,093)	(18,907)	6,186	75.35%	(25,093)	(18,907)	6,186	75.35%	(301,116)
	Total Costs	**(53,093)**	**(62,711)**	**(9,618)**	**118.12%**	**(53,093)**	**(62,711)**	**(9,618)**	**118.12%**	(637,116)
	Net	18,907	9,289	(9,618)	49.13%	18,907	9,289	(9,618)	203.55%	**226,884**
9260.02	MOB Rents Revenue	24,785	24,936	150	100.61%	24,785	24,936	150	100.61%	297,421
9521.75	MOB rent expenses	(24,596)	(23,781)	815	96.69%	(24,596)	(23,781)	815	96.69%	(295,151)
	Net	189	1,155	965	610.31%	189	1,155	965	610.31%	**2,270**
9260.03	Child Advocacy Rent revenue	853	844	(8)	99.01%	853	844	(8)	99.01%	10,231
9522.75	Child Advocacy Expenses	(200)	(179)	21	0.00%	(200)	(179)	21	0.00%	(2,400)
	Net	653	666	13	101.98%	653	666	13	101.98%	**7,831**
	Total Revenues	97,638	109,511	11,873	112.16%	97,638	109,511	11,873	112.16%	1,171,652
	Total Expenses	(77,889)	(86,671)	(8,782)	111.28%	(77,889)	(86,671)	(8,782)	111.28%	(934,667)
	Summary Net	**19,749**	**22,840**	3,091	115.65%	19,749	22,840	3,091	115.65%	**236,985**

Mark Twain Health Care District
Projects, Grants and Support
7/31/2026

		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)	(6,602)	(6,602)	0.58%
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)	(2,837)	(2,837)	6.31%
8890.02	Stay Vertical Calaveras	(37,900)	(64,500)	(64,500)	(48,000)	(4,000)	(3,765)	(3,765)	7.84%
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)**	**(6,602)**	**(6,602)**	**0.58%**

Mark Twain Health Care District

General Administration Financial Projections **7/31/26** **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	35,628	11,462	147.43%	24,167	35,628	11,462	147.43%	290,000
9160.00	Property Tax Revenues	138,750	138,750	0	100.00%	138,750	138,750	0	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						0			
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)	0	10,000		(10,000)	0			(120,000)
	Summary Revenues	152,917	174,378	21,462	114.03%	152,917	174,378	21,462	114.03%	**1,835,000**
8610.09	Other salaries and wages	(23,184)	(13,352)	9,832	57.59%	(23,184)	(13,352)	9,832	57.59%	(278,204)
8610.10	Payroll taxes	(1,613)	(1,473)	140	91.31%	(1,613)	(1,473)	140	91.31%	(19,358)
8610.13	Group Health & Welfare Insurance	(2,550)	0	2,550	0.00%	(2,550)	0	2,550	0.00%	(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)	(1,473)	5,061	22.54%	(6,534)	(1,473)	5,061	22.54%	**(78,406)**
	Labor Costs	(29,718)	(14,825)	14,893	49.89%	(29,718)	(14,825)	14,893	49.89%	**(356,610)**
8610.22	Consulting and Management Fees	(4,167)	(529)	3,637	12.70%	(4,167)	(529)	3,637	12.70%	(50,000)
8610.23	Legal	(4,167)	0	4,167	0.00%	(4,167)	0	4,167	0.00%	(50,000)
8610.24	Accounting /Audit Fees	(4,167)	(1,130)	3,036	27.13%	(4,167)	(1,130)	3,036	27.13%	(50,000)
8610.05	Marketing	(2,083)	0	2,083	0.00%	(2,083)	0	2,083	0.00%	(25,000)
8610.43	Food and Staff Appreciation	(417)	(269)	147		(417)	(269)	147		(5,000)
8610.46	Office and Administrative Supplies	(2,000)	(1,085)	915	54.26%	(2,000)	(1,085)	915	54.26%	(24,000)
8610.62	Repairs and Maintenance Grounds	(1,500)	(3,953)	(2,453)	0.00%	(1,500)	(3,953)	(2,453)		(18,000)
8610.69	Other- IT Services	(2,917)	(2,011)	906	68.95%	(2,917)	(2,011)	906	68.95%	(35,000)
8610.82	Insurance	(6,667)	(6,449)	218	96.74%	(6,667)	(6,449)	218	96.74%	(80,000)
8610.86	Dues, Subscriptions & Fees	(3,333)	(8,646)	(5,313)	259.38%	(3,333)	(8,646)	(5,313)	259.38%	(40,000)
8610.87	Outside Trainings	(2,083)	(182)	1,901	8.76%	(2,083)	(182)	1,901	8.76%	(25,000)
8610.88	Travel	(2,083)	(233)	1,851	11.16%	(2,083)	(233)			(25,000)
8610.89	Recruiting	(708)	0	708	0.00%	(708)	0	708		(8,500)
8610.90	Other Direct Expenses	(500)	(400)	100	80.00%	(500)	(400)	100	80.00%	(6,000)
8610.95	Other Misc. Expenses		(795)	(795)		0	(795)	0		
	Non-Labor costs	(36,792)	(25,683)	11,109	69.81%	(36,792)	(25,683)	10,053	69.81%	(441,500)
	Total Costs	(66,509)	(40,508)	26,001	60.91%	(66,509)	(40,508)	24,946	60.91%	(798,110)
	Net	86,408	**133,871**	47,463	154.93%	86,408	**133,871**	46,408	154.93%	**1,036,890**

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	434,805
1001.20 Umpqua Bank - Money Market	6,447
1001.30 Bank of Stockton	212,980
1001.45 Five Star Bank - MTHCD Checking NEW	775,024
1001.50 Five Star Bank - Money Market	1,098,992
1001.60 Five Star Bank - VSHWC Checking	111,252
1001.65 Five Star Bank - VSHWC Payroll	66,845
1001.90 US Bank - VSHWC	209,392
1001.98 Calaveras Wellness Foundation	77,460
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**2,993,599**
Accounts Receivable	
1201.00 Accounts Receivable	-28,508
Total Accounts Receivable	**-28,508**
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	35,246
1003.20 CLASS Operational Reserve Fund	2,025,303
1004.10 CLASS Lease & Contract Reserve Fund	1,969,950
1004.20 CLASS Loan Reserve Fund	2,411,104
1004.30 CLASS Capital Improvement Reserve Fund	2,408,409
1004.40 CLASS Technology Reserve Fund	296,755
1004.50 Community Programs Reserve Fund	114,336
1004.60 Lease Termination Reserve Fund	561,367
1150.05 Due from Calaveras County	-148,132
1160.00 Lease Receivable	162,790
1205.50 Allowance for Uncollectable Clinic Receivables	148,237
1205.51 Cash To Be Reconciled	155,392
1300.00 Prepaid Expense (USDA)(MTMC rent)	109,367
1300.10 General Prepaid	128,176
Total Other Current Assets	**10,378,298**
Total Current Assets	**13,343,388**
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	718,485
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,894,714
1220.20 VSHWC - Equipment	958,963
1221.00 Pharmacy Construction	3,536
1250.12 CIP - Sunrise Pharmacy	98,358
1250.13 CIP - Dental Expansion	1,149,232

1250.14 CIP - West Wing Expansion	1,256,956
1250.15 CIP - Technology Reserve	45,020
1250.16 CIP - District Refresh	99,851
1521.20 CIP - Buildings - BHCiP	1,587,921
1521.30 CIP - Equipment	180,600
1600.00 Accumulated Depreciation	-10,473,422
Total Fixed Assets	**9,119,770**
Other Assets	
1710.10 Minority Interest in MTMC - NEW	287,213
1810.60 Capitalized Lease Negotiations	272,149
1810.65 Capitalized Costs Amortization	12,912
Total Intangible Assets	**285,061**
2219.00 Capital Lease	5,180,626
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	**6,594,675**
TOTAL ASSETS	**29,057,833**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	548,896
Total 200.00 Accts Payable & Accrued Expenes	**548,896**
2001.00 Other Accounts Payable (Credit Card)	61,544
Total 200.00 Accts Payable & Accrued Expenes	**61,544**
2010.00 USDA Loan Accrued Interest Payable	79,740
2021.00 Accrued Payroll - Clinic	99,585
2022.00 Accrued Leave Liability	90,344
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	69,750
2110.10 Valley Springs Security Deposit	2,385
2140.00 Lease Payable - Current	168,699
2200.00 Due to Calaveras Wellness Foundation	77,404
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	**1,744,046**
Total Current Liabilities	**2,354,486**
Long-Term Liabilities	
2129.00 Other Third Party Reimbursement - Calaveras County	-138,750
2130.00 Deferred Inflows of Resources	203,473
2210.00 USDA Loan - VS Clinic	6,477,960
2240.00 Lease Payable - Long Term	117,960
Total Long-Term Liabilities	**6,660,643**
Total Liabilities	**9,015,128**
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	
3900.00 Retained Earnings	-857,174
Net Income	531,091
Total Equity	**20,042,705**
TOTAL LIABILITIES AND EQUITY	**29,057,833**

Investment & Reserves Report
31-Jul-26

Reserve Funds	Minimum Target	6/30/2026 Balance	2026/2027 Allocated	2026/2027 Interest	7/31/2026 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve	2,200,000	3,013,664	-500,000	8,949	2,522,613	
Lease, Contract, & Utilities Reserve	1,700,000	1,961,688		6,352	1,968,040	
Loan Reserve	1,300,000	2,400,992		7,775	2,408,767	
Capital Improvement	3,000,000	2,397,824		7,765	2,405,589	
Technology Reserve	250,000	295,510		957	296,467	
Community Programs Reserve	250,000	113,856		369	114,225	
Lease Termination Reserve	3,250,000	559,013		1,810	560,823	
Reserves & Contingencies	11,950,000	10,742,547	-500,000	33,977	10,276,524	0

Reserves	7/31/2026	2026-2027 Interest Earned
Valley Springs HWC - Operational Reserve	35,246	75
Total Cal-Trust Reserve Funds	**35,246**	**75**
Valley Springs HWC - Operational Reserve	2,522,613	8,949
Lease & Contract Reserve	1,968,040	6,352
Loan Reserve	2,408,767	7,775
Capital Improvement	2,405,589	7,765
Technology Reserve Fund	296,467	957
Community Programs Reserve	114,225	369
Lease Termination reserve	560,823	1,810
General Operating Fund	12,393	0
Total CA-CLASS Reserve Funds	**10,288,917**	**33,977**

CA CLASS		Interest Rate
Prime	2,151,643	**3.72%**
Enhanced	4,865,878	**3.81%**
Term Series II	3,271,396	**3.95%**
Total	**10,288,917**	

Five Star			
General Operating - NEW	283,408	40	
Money Market Account	597,488	1,504	**3.82%**
Valley Springs - Checking	162,423	13	
Valley Springs - Payroll	123,822	10	
Total Five Star	**1,167,141**	**1,567**	

Columbia/Umpqua Bank		
Checking	205,694	0
Money Market Account	6,447	0.05
Investments	0	0
Total Savings & CD's	**212,141**	**0.05**
Bank of Stockton	**212,971**	**9**
Total in interest earning accounts	**11,916,416**	**35,628**
Beta Dividends 2		
Umpqua Rebate		
Total Without Unrealized Loss		**35,628**

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.

West Calaveras Rotary Club

PO Box 1161
Valley Springs, CA 95252

July 23, 2026

Darrie Gillespie
Chief Executive Officer
Mark Twain Health Care District
PO Box 95
San Andreas CA 95249

Dear Darrie,

I need to apologize for the lateness of this letter. Upon taking office this month as president of our club and during approval of our charities foundation budget, I noticed we failed to send a thank you letter to you and the district for your generous donation of $2,500. Please accept my apology.

It is my pleasure to let you know how our foundation is allocating those funds. The foundation's budget for this fiscal year includes a $1,500 donation to the Calaveras County Veterans Services Office for gas and food cards to distribute to vets in need and starting a sustaining scholarship for Calaveras High School students who will receive a total of $4,000 for all four years of college.

The club's major fundraiser for the year is our Veterans Day Dinner. This year's event is planned for Saturday, Nov. 7, and we will acknowledge the district's support to our foundation by placing the district's logo on the dinner's placemats. In addition, I will be sending you a pair of tickets to be our guest at the dinner.

Sincerely,

Nick Baptista

Nick Baptista
2026-27 West Calaveras
Rotary President