

**BOARD OF DIRECTORS**

*Becky Campo, President
Luis Avila, Vice-President
George Gallo MacMaster, Secretary
Anne Stokman, RN, Treasurer
Steve Pittson, DC, Board Member*

*PO Box 187, Patterson, CA 95363
Phone (209) 892-8781 Fax (209) 892-3755*

BOARD OF DIRECTORS MEETING

Monday November 28, 2022 @ 6:30 pm

Del Puerto Health Center, 1700 Keystone Pacific Parkway, South Conference Room

PUBLIC COMMENT PERIOD: Matters under the jurisdiction of the Board, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda. If you wish to speak on an item on the agenda, you are welcome to do so during consideration of the agenda item itself. If you wish to speak on a matter that does not appear on the agenda, you may do so during the Public Comment period, however California law prohibits the Board from acting on any matter which is not on the posted agenda unless it is determined to be an emergency by the Board of Directors. Persons speaking during the Public Comment will be limited to five minutes or, depending on the number of persons wishing to speak, it may be reduced to allow all members of the public the opportunity to address the Board. Public comments must be addressed to the board through the President. Comments to individuals or staff are not permitted.

CONSENT CALENDAR: These matters include routine financial and administrative actions and are identified with an asterisk (*). All items on the consent calendar will be voted on as a single action at the beginning of the meeting under the section titled "Consent Calendar" without discussion. If you wish to discuss an item on the Consent Calendar, please notify the Clerk of the Board prior to the beginning of the meeting or you may speak about the item during Public Comment Period.

REGULAR CALENDAR: These items will be individually discussed and include all items not on the consent calendar, all public hearings, and correspondence.

CLOSED SESSION: Is the portion of the meeting conducted in private without the attendance of the public or press to discuss certain confidential matters specifically permitted by the Brown Act. The public will be provided an opportunity to comment on any matter to be considered in closed session prior to the Board adjourning into closed session.

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA: Please raise your hand or step to the podium at the time the Board President announces the item. In order that interested parties have an opportunity to speak, any person addressing the Board will be limited to a maximum of 5 minutes unless the President of the Board grants a longer period.

BOARD AGENDAS AND MINUTES: Board agendas and minutes are typically posted on the Internet on Friday afternoons preceding a Monday meeting at the following website: <https://dphealth.specialdistrict.org/board-meetings>.

Materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet are available for public inspection in the District office at 875 E Street, Patterson, CA during normal business hours. Such documents are also available online, subject to staff's ability to post the documents before the meeting, at the following website <https://dphealth.specialdistrict.org/board-meetings>.

NOTICE REGARDING NON-ENGLISH SPEAKERS: Board of Director meetings are conducted in English and translation to other languages is not provided. Please arrange for an interpreter, if necessary.

REASONABLE ACCOMMODATIONS: In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (209) 892-8781. Notification 72 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to this meeting.

Cell phones must be silenced or set in a mode to not disturb District business during the meeting.

BOARD OF DIRECTORS MEETING

Monday, November 28, 2022 @ 6:30 pm

1. **Call to Order**
2. **Pledge of Allegiance**
3. **Board of Directors Roll Call**
4. **Reading the Vision, Mission, and Value Statements**
Vision: "A locally cultivated, healthier community."
Mission: "To provide, promote, and partner in quality healthcare for all."
Values: "Compassion – Commitment – Excellence"
5. **Public Comment Period** [Members of the public may address the Board on any issues on the Consent Calendar and items not listed on the agenda that are within the purview of the District. Comments on the agenda are made when the Board considers each item. Each speaker is allowed a maximum of five minutes. Board members may not comment or act on items not on the agenda.]
6. **Declarations of Conflict** [Board members disclose any conflicts of interest with agenda items]
7. **Approval of Agenda** **Action**
*[*Directors may request moving any consent calendar item to the regular calendar or change the order of the agenda items.]*
8. **Consent Calendar*** [Routine committee reports, minutes, and non-controversial items] **Action**
 - A. *Approve Board Meeting Minutes September 26, 2022
 - B. *Resolution 2022-17: Option to Continue Use of Emergency Meeting Protocols
 - C. *Ratification of \$500,000 transfer from Op Acct to LAIF Account
 - D. *Approval of Finance Committee Meeting Minutes September 21, 2022
 - E. *Approval of Financial Report for September 30, 2022
9. ***Regular Calendar**
 - A. **Any Consent calendar items moved to the regular calendar* **Action**
 - B. DPHCD Logo Final Selection **Action**
 - C. Participation as PP-GEMT-IGT Funding Entity **Action**
 - D. Presentation of Draft Audit **Action**
 - E. Extended Sick Leave Policy Amendment **Action**
 - F. Purchase Request Required Computer Updates **Action**
10. **Reports**

A. <u>Employee Anniversaries & New Hires</u>	<u>October/November</u>	<u>Years</u>
Ambulance	Lisa Ford	2
	Kirsten Nelson	8
	Brandon Cousins	8
	Paul Rodriguez	2
	Roberto Sanchez	3
Health Center	Yaneth Casillas	7
	Tina Uanrachawong	12
Administration	Cheryle Pickle	4
	Danae Skinner	4
B. Del Puerto Hospital Foundation – Director Mac Master		
C. West Side Health Care Task Force – Director Avila		
D. Ambulance – Director Paul Willette		
E. Health Center – Manager Suzie Benitez		
F. Administration – Administrative Director/CEO Karin Hennings		
G. CSDA Leadership Conference – Director Avila (Part II)		
H. Building Project Update		
11. **Strategic Planning**
 - A. District Operations and Legislation Training for Board Members
12. **Director Correspondence, Comments, Future Agenda Items** **Information**

BOARD OF DIRECTORS MEETING

Monday, November 28, 2022 @ 6:30 pm

- 13. **Closed Session** *[Board of Directors may recess to closed session for discussion of certain matters as legally permitted. Any action taken shall be reported in an open session.]*
 - A. Gov't Code § 54956.2 Report Involving Trade Secret
The discussion will concern new service.
Estimated date of public disclosure: March 2023
 - B. Gov't Code § 54956.9 Existing Litigation
Case CV-21-003566 Stanislaus County
Parente & Parente v. Del Puerto Health Care District
 - C. Gov't Code § 54956.9(b) Conference with Legal Counsel; anticipated
litigation or significant exposure to litigation
 - D. Gov't Code section 54957.6 Conference with Labor Negotiator
Employee Organization: USW TEMSA Local 12911
Negotiators: David Ritchie, JD, Karin Freese
 Paul Willette
- 14. **Upcoming Regular Board and Standing Committee Meeting Dates Information**

Finance – Wed. Dec 21, 2022 @ 8:00 AM	Board – Mon, Jan 16, 2023 @ 6:30 PM
Finance – Wed. Jan 25, 2022 @ 8:00 AM	Board – Mon, Jan 30, 2023, @ 6:30 PM
Finance – Wed. Feb 22, 2022 @ 8:00 AM	Board – Mon, Feb 27, 2023, @ 6:30 PM
- 15. **Recognition of end of term Board members – Directors Pittson & Mac Master Action**
- 16. **Administer Board of Directors' Oath of Office – Becky Campo (Seat term 22-26)**
- 17. **Adjourn**

**BOARD OF DIRECTORS**

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**BOARD OF DIRECTORS MEETING MINUTES
Monday September 26, 2022 @ 6:30 pm**

1. **The meeting was called to order at 6:31 PM by Director Campo.**
2. **Pledge of Allegiance**
3. **Roll Call was conducted by Ms. Pickle, Board Clerk**

Directors Present:	President, Becky Campo Vice President, Luis Avila Secretary, George Gallo Mac Master Treasurer, Anne Stokman
Director Absent	Director, Steve Pittson
Staff Present:	Administrative Director/CEO, Karin Freese Ambulance Director, Paul Willette Health Center Manager, Suzie Benitez Financial Accounting Manager, Maria Reyes-Palad Board Clerk, Cheryle Pickle
District Legal Council:	Dave Ritchie, Cole Huber, LLP
Members of the Public:	None
4. **The draft vision, mission, and value statements were read**

Vision:	<i>"A locally cultivated, healthier community"</i>
Mission:	<i>"To provide, promote, and partner in quality healthcare for all."</i>
Values:	<i>"Compassion, Commitment, Excellence"</i>
5. **Public Comment Period** – None
6. **Declarations of Conflict** – No conflicts were declared by board members or staff
7. **Approval of Agenda**

Motion:	The Board approves the agenda as presented.
M/S:	Stokman/Avilla
Ayes:	Campo, Avila, Stokman, Mac Master
Nays:	- None
Abstain:	- None
Motion Passed	
8. **Consent Calendar*** [*Routine committee reports, minutes, and non-controversial items*]
 - A. *Approve Board Meeting Minutes August 29, 2022
 - B. *Resolution 2022-16: Option to Continue Use of Emergency Meeting Protocols
 - C. *Approve 2022-08-24 Finance Committee Mtg Minutes
 - D. *Accept 2022-08-31 Financials
 - E. *Adoption of Vision, Mission, and Values

Motion: The Board of Directors accepts the consent calendar.

M/S: Stokman/Mac Master

Ayes: Campo, Avila, Stokman, Mac Master,

Nays: - None

Abstain: - None

Motion Passed

9. **Regular Calendar**

A. *Any Consent calendar items moved to the regular calendar - *None*

B. Board Member Stipends

Discussion: Ms. Hennings presented a report that showed what other districts in Stanislaus were compensating their directors. The reason we would provide a stipend would be to get more participation by providing money that could help a director to pay a babysitter and order pizza for their family. It may help to encourage younger people to participate. It would help to promote better attendance at board meetings. A discussion was had. It was decided to table the item for at least 2 months

C. 2022 In Lieu of Election Appointments

Discussion: Ms. Freese shared how they had advertised the open board position by sending the information to Health Center patients that were over the age of 18 and that we had email addresses. The information was also sent to the high school, Middle school and elementary schools email list.

We have had 7 responses. 1 resided in Newman. This was referred to Westside. Another resided in Diablo Grande. This is not an open seat for this election. We sent a thank you and an application to the remaining candidates. The candidate information has been forwarded to the ad hock committee who will vet the candidates and present them to the board.

10. **Reports**

A. **Employee Anniversaries & New Hires**

	<u>September</u>	<u>Years</u>
Health Center	Aracely Ortiz-Rodriguez	5
	Jessica Herrera-Gomez	1
	Yesenia Sanchez	7
Administration	Maria Reyes-Palad	4

B. Del Puerto Hospital Foundation – Director MacMaster

No Report

C. West Side Health Care Task Force – Director Avila

No Report

D. Ambulance – Mr. Willette

Discussion: Mr. Willette attended the CAA Conference. He stated that one of the sessions led by Lee Almeida, President of the local Temsa. There was a lot of discussion regarding Fire EMS.

Also, there was information about PAGA lawsuits and how to avoid them. All the information in addition to the networking was very beneficial.

An update on AB1705 was given. The proposed rates were shared (see attached copy of slide). This could improve our revenue significantly. The current Fee Scheduled Rate is \$118.20. The proposed amount payment would be \$1065.12.

Fire is interested because they can make money and not make the investments in equipment by subleasing the services. This may represent some big challenges in the future. But we have the best representation in the state working on it for us.

Mr. Willette reviewed the monthly report. August was a busy month, however; we were able to Respond to 96.23% of calls in the District. Mutual Aid was reviewed.

C. Health Center – Ms. Benitez

Discussion: Ms. Benitez reviewed the report. There were 1322 visits this month. That is the highest level since Covid, and we only had 3 providers. They are busy completing the requests of the health plans.

We have monthly meetings with our major health plans. Healthnet is going to do another 1 stop clinic where on a Saturday they provide the Nurse Practitioner, and we offer visits to their patients. Often, they will incentivize the patient and we get to bill for the visit.

Saturday will be the third Saturday for well child checks. This is especially beneficial for our teens.

Healthnet has provided backpacks as incentive for the patients.

We are working with the Health plans on a big barrier to service for many of our patient. Quest has gone to an online appointment only service which requires the patient to have an email. The staff is assisting the patients and setting up the email to come to the district so the patient can have access to the lab. The health plans are helping us address this barrier with Quest.

D. Administration – Ms. Freese

Discussion: Ms. Freese presented her written report.

The Fire Department for the City of Patterson is now recruiting EMTs. This could have a big effect on our staffing. They can offer a higher rate of compensation than we can provide.

Ms. Freese attended the ACHD conference. It provided networking as well as practical sessions. There was a session on Legislative coaching where they taught you how to make the most of your time when you take part in Legislative Days and meet the lawmakers.

E. CSDA Leadership Conference- Director Avila

Discussion. Director Avilla was able to attend the conference. He presented a slide show which Covered the highlights of what he learned. (see attached). The conference was very beneficial. Director Avilla recommended directors and staff to attend in the future.

11. Strategic Planning

A. Update on Westside Healthcare Access Mtg held Sept 8, 2022

Discussion: Ms. Hennings reviewed the slides from the meeting. She attended the West Side Access Forum. Several of the board member were there also. They are studying the concept of a hospital and what is required. Part of the goal is education.

12. **Strategic Objectives Updates****A. Building Project**

Discussion. Ms. Freese informed the board that site surveyors were out to identify utility locations. The next step will be presented in November.

B. Radiology/Imaging on the West Side

Discussion. Ms. Freese presented a report which gave the history of radiology services. It also outlined the number of potential visits. Staff would like to request to have x ray and Ultrasound services offered. Discussion ensued about the possibilities including during the interim looking into mobile services.

13. **Director Correspondence, Comments, Future Agenda Items**

None

14. **Upcoming Regular Board and Standing Committee Meeting Dates**

Finance – Wed. Oct 19, 2022 @ 8:00 AM	Board – Mon, Oct 24, 2022 @ 6:30 PM
Finance – Mon. Nov 28, 2022 @ 5:00 PM	Board – Mon, Nov 28, 2022 @ 6:30 PM
Finance – Wed. Dec 21, 2022 @ 8:00 AM	Board – Mon. Dec 5, 2022 @ 6:00 PM

15. **Adjourn** - Meeting adjourned at 8:14 pm

Voted to reconvene @ 8:15 pm

16. **Presentation of Proposed logos**

Discussion. Ms. Freese presented the images of proposed logos. Discussion was had with directors stating what they liked about the images and what they did not like. Ms. Freese will take this information to the designers and have them develop 3 of the images further.

17. **Adjourn** - @ 8:25 pm

Respectfully Submitted:

George Gallo Mac Master, Board Secretary

Date

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors

RESOLUTION NO. 2022-17

A RESOLUTION OF THE BOARD OF DIRECTORS OF THE DEL PUERTO HEALTH CARE DISTRICT PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY DATED MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES OF THE DEL PUERTO HEALTH CARE DISTRICT FOR THE PERIOD **NOVEMBER 30, 2022 THROUGH DECEMBER 30, 2022**, PURSUANT TO BROWN ACT PROVISIONS.

WHEREAS, the Del Puerto Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Del Puerto Health Care District's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the jurisdictions that are within the District's boundaries, caused by natural, technological, or human-caused disasters; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, the Board of Directors previously adopted a Resolution, Number 2021-08 on September 29, 2021, finding that the requisite conditions exist for the legislative bodies of Del Puerto Health Care District to conduct remote teleconference meetings without compliance with paragraph (3) of subdivision (b) of section 54953; and

WHEREAS, as a condition of extending the use of the provisions found in section 54953(e), the Board of Directors must reconsider the circumstances of the state of emergency that exists in the District, and the Board of Directors has done so; and

WHEREAS, emergency conditions now exist in the District, specifically, continuing impacts from the Covid-19 pandemic that resulted in the proclamation of a State-wide public health emergency by Governor Gavin Newsom on March 4, 2020, that remains active with modified restrictions as set out in the Governor's Executive Order N-08-21; and

WHEREAS, Stanislaus County California, within which the Administrative offices of the Del Puerto Health Care District are located, currently maintains a Public Health Emergency Isolation Order a Public Health

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors

Emergency Quarantine Order and a Public Health Indoor Mask Order pursuant to the Health and Safety Code Sections 101040, 101085, 120175, 120215, 120220 and 120225; and

WHEREAS, the Board of Directors does hereby find that the ongoing Covid-19 pandemic, AND Local Public Health Department social distancing and masking requirements are indicative of existing continuing conditions that have caused, and will continue to cause, conditions of peril to the safety of persons within the District that are likely to be beyond the control of services, personnel, equipment, and facilities of the District if its governing body were to meet in person, and desires to proclaim a local emergency and ratify the proclamation of state of emergency by the Governor of the State of California; and

WHEREAS, as a consequence of the local emergency, the Board of Directors does hereby find that the legislative bodies of the Del Puerto Health Care District shall conduct their meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, the Del Puerto Health Care District has and will provide remote access to meetings, an ability to comment on each agenda item, will provide a roll-call vote on each action item, and will otherwise comply with the requirements of AB 361 (2021).

NOW, THEREFORE, THE BOARD OF DIRECTORS OF THE DEL PUERTO HEALTH CARE DISTRICT DOES HEREBY RESOLVE AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Affirmation that Local Emergency Persists. The Board hereby proclaims / affirms that a local emergency now exists throughout the District, and in-person meetings at the facilities available to it are insufficient to adequately provide opportunities for social distancing or other health directives of Stanislaus County for assemblies of moderate to large groups of persons including members of the public, that are consistent with those requirements.

Section 3. Re-Ratification of Governor's Proclamation of a State of Emergency. The Board hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its initial issuance date of March 4, 2020, which state of emergency has continued in place until further notice and which has been the subject of restrictions most recently amended in Executive Order N-08-21.

Section 4. Remote Teleconference Meetings. The Administrative Director / CEO and legislative bodies of the Del Puerto Health Care District are hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) **December 30, 2022**, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the legislative bodies of the Del Puerto Health Care District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

DEL PUERTO HEALTH CARE DISTRICT

Board of Directors

PASSED AND ADOPTED by the Board of Directors of the Del Puerto Health Care District, this **28th** day of **November 2022**, by the following vote:

Motion Made By	Motion	Second
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Mac Master</i>		
<i>Director Pittson</i>		
<i>Director Stokman</i>		

Roll Call Vote	Aye	No	Abstain	Absent
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Mac Master</i>				
<i>Director Pittson</i>				
<i>Director Stokman</i>				

RESOLUTION IS:

_____ *Adopted*

_____ *Failed*

I, Cheryle Pickle, Clerk of the Board of Directors of the DEL PUERTO HEALTH CARE DISTRICT, do hereby CERTIFY that the foregoing is a full, true, and correct copy of a resolution duly adopted at a regular meeting of said Board of Directors held the 26th day of September 2022.

Cheryle Pickle, Board Clerk

Date

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – November 30, 2022****Item # Title 8C. Ratification of Transfer of Operating Cash to LAIF Fund****Page 1 of 1**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: Yes

4/5 Vote Required: No

SUBJECT: Ratification of Transfer of Operating Cash to LAIF Fund

STAFF REPORT: The Operating account at Tri-Counties bank is non-interest bearing. Our monthly expenses are less than \$500,000. Local Agency Investment Fund (LAIF) is an existing district account with the State of California, an interest-bearing money market account. Cash can be transferred with one day's notice. After discussing with the Finance Committee, we had \$1,500,000 in the operating account and moved \$500,000 to the LAIF account. This is a board ratification of that action.

DISTRICT PRIORITY: Cash Management**FISCAL IMPACT:** Earning an estimated \$400 in interest each quarter**STAFFING IMPACT:** None**CONTACT PERSON:** Karin Freese / Maria Reyes-Palad**ATTACHMENT(S):** None**RECOMMENDED BOARD ACTION:**

The board ratify the movement of \$500,000 in operating cash from the non-interest-bearing checking account to the State of California LAIF account.

DEL PUERTO HEALTH CARE DISTRICT
875 E Street, Patterson, California 95363
FINANCE MEETING
MINUTES September 21, 2022

1. Call to order/Attendance

The meeting was called to order by Anne Stokman, Committee Chair, 8:11 AM

Other Board Members Present: George Gallo Mac Master, Committee Member

Staff Members Present: Karin Freese, Administrative Director/CEO; Paul Willette, Ambulance Director (arrived 8:20am); and Maria Reyes-Palad, Financial Accounting Manager; Danae Skinner, Administrative Staff Accountant.

2. Public Participation – there were no comments**3. Acceptance of Agenda**

M/S/C George Gallo Mac Master/Anne Stokman to accept the agenda as presented.

4. Finance Report Review**A. Review for Approval: August 24, 2022 Finance Meeting Minutes**

M/S/C George Gallo Mac Master/Anne Stokman to accept the minutes for August 24, 2022 as presented.

B. Review Financial Reports for August 2022

Maria Reyes-Palad reviewed the Financial Reports for August 2022 and answered all questions regarding the reports.

M/S/C George Gallo Mac Master/Anne Stokman to recommend to the Board to accept the August 2022 Financial Reports as presented.

C. Review for Recommendation August 2022 Warrants

Maria Reyes-Palad reviewed the report and answered all questions regarding the Warrants.

M/S/C Anne Stokman/George Gallo Mac Master to recommend to the Board to accept the Warrants as presented.

5. Old Business – None**6. New Business****A. Sandra Hedstrom Wheeler, Vice President/Investments, Stifel Investment Services, presented a portfolio review for the district's account.**

Information Only – No Action Taken.

7. Accounting and Finance Manager Report**A. Audit Week – October 17 to 21, 2022**

Information Only – No Action Taken

B. Update on COVID19 Stimulus P&L

Information Only – No Action Taken

B. Set Schedule for Committee Review of Account Reconciliations

Anne Stokman and George Gallo Mac Master will review the Account Reconciliations before the Board of Directors Meeting on Monday, September 26, 2022.

8. Meeting adjourned – 9:03 AM

Next Meetings: Wednesday, October 19th at 8:00 AM
Monday, November 28th at 5:00 PM

Respectfully submitted,

Anne Stokman, Treasurer

Del Puerto Health Care District
Balance Sheet
As of September 30, 2022

	Sep 30, 22	Aug 31, 22	% Change	Sep 30, 21	% Change	NOTES
ASSETS						
Current Assets						
Total Checking/Savings	2,968,276	3,151,697	(6%)	2,514,845	18%	
Total Accounts Receivable	370,973	301,325	23%	778,596	(52%)	
Total Other Current Assets	586,663	449,134	31%	550,609	7%	
Total Current Assets	3,925,912	3,902,156	1%	3,844,050	2%	
Fixed Assets						
Total 151.000 - Capital assets	5,053,978	5,074,237	(0%)	5,114,035	(1%)	
Total Fixed Assets	5,053,978	5,074,237	(0%)	5,114,035	(1%)	
TOTAL ASSETS	8,979,890	8,976,393		8,958,085	0%	
LIABILITIES & EQUITY						
Liabilities						
Total Current Liabilities	373,790	395,053	(5%)	445,073	(16%)	
Total Long Term Liabilities	1,425,003	1,430,306	(0%)	2,113,677	(33%)	
Total Liabilities	1,798,793	1,825,359	(1%)	2,558,750	(30%)	
Equity						
350.000 - Unrestricted Assets	2,192,672	2,192,672		1,354,925	62%	
Total 360.000 - Assigned Fund Balance	2,004,002	2,004,002		2,250,961	(11%)	
Total 370.000 - Restricted Fund Balance	242,870	242,870		240,524	1%	
390.000 - Net Fixed Assets (Capital)	2,492,762	2,492,762		2,492,762		
Net Income	248,792	218,728	14%	60,161	314%	<i>YTD overall result</i>
Total Equity	7,181,098	7,151,034	0%	6,399,333	12%	
TOTAL LIABILITIES & EQUITY	8,979,891	8,976,393		8,958,083	0%	

	Sep 30, 22	Aug 31, 22
Month End Cash Balance	2,968,276	3,151,697
101.015 - TCB Keystone C 8641	(211,244)	(193,623)
103.100 - TCB USDA Debt Reserve 7237	(122,918)	(122,916)
370.010 - Mitigation Fees	(122,150)	(122,150)
360.030 - Asset Replacement Fund	(588,002)	(588,002)
AP & Payroll Liabilities	(319,424)	(340,328)
UNENCUMBERED CASH	1,604,538	1,784,678
Percent of Operating Reserve	113%	126%
360.070 - Operating Cash Reserve	1,416,000	1,416,000

Del Puerto Health Care District
Balance Sheet
As of September 30, 2022

	Total 00 Tax Revenue			Total 01 DPHCD			Total 02 Patterson District Ambulance			Total 03 Del Puerto Health Center			Total 06 Keystone Bldg C			OVERALL			
	Jul - Sep 22	Budget	FY22-23	Jul - Sep 22	Budget	FY22-23	Jul - Sep 22	Budget	FY22-23	Jul - Sep 22	Budget	FY22-23	Jul - Sep 22	Budget	FY22-23	Jul - Sep 22	Budget	FY22-23	
			Budget			Budget			Budget			Budget			Budget			Budget	Budget
Ordinary Income/Expense																			
Income																			
401.000 - Gross Patient Service Revenue							2,638,853	2,468,750	9,875,000	616,452	678,087	2,712,350				3,255,305	3,146,837	12,587,350	
403.000 - Adjustments							(1,824,352)	(1,696,448)	(6,785,791)	114,636	(12,598)	(50,392)				(1,709,716)	(1,709,046)	(6,836,183)	
405.000 - Bad Debt							(120,396)	(197,810)	(791,240)	38,512	(4,708)	(18,833)				(81,884)	(202,518)	(810,073)	
407.000 - Other Income				951	250	1,000	205	2,500	10,000	1,285	4,750	19,000				2,441	7,500	30,000	
Total Income				951	250	1,000	694,311	576,992	2,307,969	770,885	665,532	2,662,125				1,466,147	1,242,774	4,971,094	
Gross Profit				951	250	1,000	694,311	576,992	2,307,969	770,885	665,532	2,662,125				1,466,147	1,242,774	4,971,094	
Expense																		0	
601.000 - Salaries & Wages				123,498	120,013	470,314	397,848	363,031	1,441,300	285,660	329,084	1,266,155				807,006	812,128	3,177,769	
602.000 - Employee Benefits				31,978	32,792	131,157	89,074	82,549	330,200	95,104	94,952	379,847				216,156	210,293	841,204	
603.000 - Professional Fees				5,355	6,572	54,287	4,386	6,984	27,937	107,770	113,277	446,307				117,511	126,833	528,531	
604.000 - Purchased Services				3,348	3,101	12,405	61,615	60,964	243,857	67,712	49,415	197,662				132,675	113,480	453,924	
605.000 - Supplies				1,947	2,166	8,662	19,885	21,461	85,842	29,733	22,324	89,297				51,565	45,951	183,801	
606.000 - Utilities				1,813	2,028	8,108	6,044	5,100	20,402	11,426	11,382	45,526				19,283	18,510	74,036	
607.000 - Rental and Lease				1,078	1,088	4,352	95	95	378	581	672	2,690				1,754	1,855	7,420	
608.000 - Insurance Coverages				10,837	10,161	40,648	54,202	47,955	191,819	24,937	30,197	120,789				89,976	88,313	353,256	
609.000 - Maintenance & Repairs				230	547	2,188	10,876	18,362	73,447	6,164	8,736	34,944				17,270	27,645	110,579	
610.000 - Depreciation and Amortization				4,514	4,671	18,682	48,161	48,193	192,771	19,300	20,632	82,528	11,997	11,899	47,597	83,972	85,395	341,578	
611.000 - Other operating expenses							44,386	59,473	203,141	67,943	48,546	194,129				131,452	128,384	478,510	
Total Expense	5,823	23,293		203,721	197,680	808,750	736,571	714,167	2,811,094	716,328	729,218	2,859,874	11,997	11,899	47,597	1,668,617	1,658,787	6,550,608	
Net Ordinary Income	(5,823)	(23,293)		(202,770)	(197,430)	(807,750)	(42,260)	(137,175)	(503,125)	54,557	(63,686)	(197,749)	(11,997)	(11,899)	(47,597)	(202,470)	(416,013)	(1,579,514)	
Other Income/Expense																		0	
Other Income																		0	
701.000 - District Tax Revenues	369,725	369,725	1,478,898				61,000	61,000	244,000							430,725	430,725	1,722,898	
702.000 - Impact Mitigation Fees																		0	
703.000 - Investment Income				3,831			0			0						3,831		0	
704.000 - Interest Expense										(14,165)	(13,825)	(55,300)				(14,165)	(13,825)	(55,300)	
705.000 - Tenant Revenue													33,999	33,657	134,628	33,999	33,657	134,628	
710.000 - Misc Other Income																		0	
Total Other Income	369,725	369,725	1,478,898	3,831			61,000	61,000	244,000	(14,165)	(13,825)	(55,300)	33,999	33,657	134,628	454,390	450,557	1,802,226	
Other Expense																		0	
802.000 - Keystone District Expense													3,128	2,841	11,364	3,128	2,841	11,364	
810.000 - Misc Other Expense																		0	
Total Other Expense													3,128	2,841	11,364	3,128	2,841	11,364	
Net Other Income	369,725	369,725	1,478,898	3,831			61,000	61,000	244,000	(14,165)	(13,825)	(55,300)	30,871	30,816	123,264	451,262	447,716	1,790,862	
Net Income	369,725	363,901	1,455,605	(198,939)	(197,430)	(807,750)	18,740	(76,175)	(259,125)	40,392	(77,511)	(253,049)	18,874	18,917	75,667	248,792	31,702	211,348	

Del Puerto Health Care District
Balance Sheet
As of September 30, 2022

Type	Date	Num	Name	Credit	Notes
101.000 - Cash and cash equivalents					
101.010 - Tri Counties Bank					
101.011 - TCB-Operating Checking 1739					
Bill Pmt -Check	09/21/2022	ACH	ABW Medical, LLC	10,950.00	
Bill Pmt -Check	09/01/2022	EFT	U.S. Bank Equipment Finance - EFT	126.27	
Bill Pmt -Check	09/21/2022	EFT	City Of Patterson-H2O, sewer, garbage	719.63	
Bill Pmt -Check	09/23/2022	EFT	Umpqua Bank	6,023.73	
Bill Pmt -Check	09/28/2022	EFT	FP Mailing Solutions	300.00	
Bill Pmt -Check	09/01/2022	31348	MD - Rodriguez, Jose	35,333.33	
Check	09/01/2022	31349	Megeredchian Law	10.00	
Check	09/01/2022	31350	REFUND - Ambulance:REFUND - EMI	4,655.13	
Check	09/01/2022	31351	REFUND - Ambulance:REFUND - Ant	420.65	
Check	09/01/2022	31352	REFUND - Ambulance:REFUND - Aetr	791.43	
Bill Pmt -Check	09/01/2022	31353	Airgas USA, LLC	246.01	
Bill Pmt -Check	09/01/2022	31354	Bound Tree Medical LLC	35.64	
Bill Pmt -Check	09/01/2022	31355	Boy Scouts	90.00	
Bill Pmt -Check	09/01/2022	31356	DeliverHealth	237.00	
Bill Pmt -Check	09/01/2022	31357	McKesson Medical Surgical Inc.	440.56	
Bill Pmt -Check	09/01/2022	31358	Paul Oil Co., Inc.	3,807.57	
Bill Pmt -Check	09/01/2022	31359	PG&E	77.48	
Bill Pmt -Check	09/01/2022	31360	Riggs Ambulance Service, Inc.	214.60	
Bill Pmt -Check	09/01/2022	31361	Staples Advantage	256.30	
Bill Pmt -Check	09/01/2022	31362	TID Turlock Irrigation District +06	1,820.24	
Bill Pmt -Check	09/01/2022	31363	V2V Management Solutions	2,550.00	
Bill Pmt -Check	09/01/2022	31364	Verizon Wireless	459.91	
Bill Pmt -Check	09/08/2022	31365	Airgas USA, LLC	274.55	
Bill Pmt -Check	09/08/2022	31366	AMR-American Medical Response	8,520.00	
Bill Pmt -Check	09/08/2022	31367	AMS Software Inc.	193.00	
Bill Pmt -Check	09/08/2022	31368	BICSEC Security, Inc	25.00	
Bill Pmt -Check	09/08/2022	31369	Bound Tree Medical LLC	781.52	
Bill Pmt -Check	09/08/2022	31370	Comcast - Other	106.71	
Bill Pmt -Check	09/08/2022	31371	Data Path, Inc	9,592.66	
Bill Pmt -Check	09/08/2022	31372	Frontier-3755	227.22	
Bill Pmt -Check	09/08/2022	31373	Frontier - HC 8639	265.08	
Bill Pmt -Check	09/08/2022	31374	Graphic Print Stop	95.76	
Bill Pmt -Check	09/08/2022	31375	GreenWorks Janitorial Services	4,145.00	
Bill Pmt -Check	09/08/2022	31376	Jorgensen & Co.	77.00	
Bill Pmt -Check	09/08/2022	31377	Language Line	100.00	
Bill Pmt -Check	09/08/2022	31378	Life-Assist	1,617.42	
Bill Pmt -Check	09/08/2022	31379	McAuley Ford	1,464.82	
Bill Pmt -Check	09/08/2022	31380	McKesson Medical Surgical Inc.	5,790.38	
Bill Pmt -Check	09/08/2022	31381	Mission Linen Supply	765.24	
Bill Pmt -Check	09/08/2022	31382	Mr. Rooter Plumbing	294.36	
Bill Pmt -Check	09/08/2022	31383	O'Reilly Auto Parts	51.74	
Bill Pmt -Check	09/08/2022	31384	Patterson Irrigator	30.00	
Bill Pmt -Check	09/08/2022	31385	Paul Oil Co., Inc.	4,484.64	
Bill Pmt -Check	09/08/2022	31386	Physicians Service Bureau	273.17	
Bill Pmt -Check	09/08/2022	31387	Quest Diagnostics	100.00	
Bill Pmt -Check	09/08/2022	31388	Sanofi Pasteur, Inc	1,873.42	
Bill Pmt -Check	09/08/2022	31389	Stericycle / Shred-it	414.76	

Del Puerto Health Care District
Balance Sheet
As of September 30, 2022

Type	Date	Num	Name	Credit	Notes
Bill Pmt -Check	09/08/2022	31390	Streamline/Digital Deployment	260.00	
Bill Pmt -Check	09/08/2022	31391	Workbench True Value Hdwe.	28.82	
Bill Pmt -Check	09/08/2022	31392	Zoll	649.70	
Bill Pmt -Check	09/21/2022	31393	Airgas USA, LLC	104.16	
Bill Pmt -Check	09/21/2022	31394	Amazon	43.54	
Bill Pmt -Check	09/21/2022	31395	Barton Overhead Door	385.00	
Bill Pmt -Check	09/21/2022	31396	City Of Patterson-H2O, sewer, garbage	468.82	
Bill Pmt -Check	09/21/2022	31397	Cole Huber (Cota Cole)	3,355.00	
Bill Pmt -Check	09/21/2022	31398	Comcast - Other	192.79	
Bill Pmt -Check	09/21/2022	31399	Comcast Business Voice Edge	2,054.33	
Bill Pmt -Check	09/21/2022	31400	Data Path, Inc	10.00	
Bill Pmt -Check	09/21/2022	31401	DeliverHealth	79.00	
Bill Pmt -Check	09/21/2022	31402	MedStatix, Inc	160.00	
Bill Pmt -Check	09/21/2022	31403	MO-CAL Office Solutions	176.33	
Bill Pmt -Check	09/21/2022	31404	Pacific Records Management	961.42	
Bill Pmt -Check	09/21/2022	31405	Patterson Tire	880.15	
Bill Pmt -Check	09/21/2022	31406	Shenkman & Hughes	28,000.00	stopped/reissued ck
Bill Pmt -Check	09/21/2022	31407	Solutions Group	196.58	
Bill Pmt -Check	09/21/2022	31408	Terminix	68.00	
Bill Pmt -Check	09/21/2022	31409	Westside Landscape & Concrete	307.13	
Bill Pmt -Check	09/21/2022	31410	Wright, L'Estrange & Ergastolo	1,251.91	
Bill Pmt -Check	09/26/2022	31411	A West Side Self Storage	244.20	
Bill Pmt -Check	09/26/2022	31412	Barton Overhead Door	945.00	
Bill Pmt -Check	09/26/2022	31413	Beta Healthcare - Workers Comp	9,091.58	
Bill Pmt -Check	09/26/2022	31414	Beta Healthcare Group	16,682.10	
Bill Pmt -Check	09/26/2022	31415	Bound Tree Medical LLC	451.47	
Bill Pmt -Check	09/26/2022	31416	California Chamber of Commerce	699.00	
Bill Pmt -Check	09/26/2022	31417	FP Mailing Solutions	61.33	
Bill Pmt -Check	09/26/2022	31418	Manzo Lizarraga, Maria - REIMB	24.50	
Bill Pmt -Check	09/26/2022	31419	McKesson Medical Surgical Inc.	1,732.05	
Bill Pmt -Check	09/26/2022	31420	Mission Linen Supply	736.20	
Bill Pmt -Check	09/26/2022	31421	Patterson Police Services	100.00	
Bill Pmt -Check	09/26/2022	31422	Paul Oil Co., Inc.	4,317.88	
Bill Pmt -Check	09/26/2022	31423	PG&E	28.02	
Bill Pmt -Check	09/26/2022	31424	Stericycle	752.46	
Bill Pmt -Check	09/26/2022	31425	V2V Management Solutions	2,250.00	
Bill Pmt -Check	09/26/2022	31426	West Side Storage Baldwin	193.50	
Bill Pmt -Check	09/26/2022	31427	Staples Advantage	113.26	
Total 101.011 · TCB-Operating Checking 1739				189,184.16	
101.012 · TCB-Payroll Account 2999					
Liability Check	09/01/2022		Payroll Direct Deposit	1,681.95	
Liability Check	09/14/2022		Payroll Direct Deposit	63,335.09	
Liability Check	09/28/2022		Payroll Direct Deposit	70,565.34	
Liability Check	09/08/2022	EFT	AIG (VALIC)	948.02	
Liability Check	09/15/2022	EFT	AIG (VALIC)	12,066.81	
Liability Check	09/29/2022	EFT	AIG (VALIC)	12,170.49	
Liability Check	09/01/2022	E-pay	EDD State of California	5,632.41	
Liability Check	09/01/2022	E-pay	Internal Revenue Service	28,758.06	
Liability Check	09/15/2022	E-pay	EDD State of California	5,894.47	
Liability Check	09/15/2022	E-pay	Internal Revenue Service	29,345.64	

Del Puerto Health Care District
Balance Sheet
As of September 30, 2022

Type	Date	Num	Name	Credit	Notes
Liability Check	09/16/2022	E-pay	EDD State of California	39.79	
Liability Check	09/16/2022	E-pay	Internal Revenue Service	322.30	
Liability Check	09/29/2022	E-pay	EDD State of California	6,396.07	
Liability Check	09/29/2022	E-pay	Internal Revenue Service	31,298.22	
Paycheck	09/01/2022	25212	Employee Payroll	2,632.58	
Paycheck	09/01/2022	25213	Employee Payroll	2,625.23	
Paycheck	09/01/2022	25214	Employee Payroll	516.84	
Paycheck	09/01/2022	25215	Employee Payroll	1,038.79	
Paycheck	09/01/2022	25216	Employee Payroll	1,070.60	
Paycheck	09/01/2022	25217	Employee Payroll	1,098.50	
Liability Check	09/01/2022	25218	United Steelworkers	394.27	
Liability Check	09/01/2022	25219	AIG (VALIC)	12,176.64	
Liability Check	09/01/2022	25224	Court-Ordered Debt Collections	200.00	
Paycheck	09/15/2022	25225	Employee Payroll	2,128.05	
Paycheck	09/15/2022	25226	Employee Payroll	4,014.12	
Paycheck	09/15/2022	25227	Employee Payroll	1,496.05	
Paycheck	09/15/2022	25228	Employee Payroll	189.47	
Paycheck	09/15/2022	25229	Employee Payroll	1,087.60	
Paycheck	09/15/2022	25230	Employee Payroll	1,074.83	
Paycheck	09/15/2022	25231	Employee Payroll	1,098.50	
Liability Check	09/15/2022	25232	United Steelworkers	404.51	
Liability Check	09/15/2022	25233	Court-Ordered Debt Collections	200.00	
Paycheck	09/16/2022	25234	Employee Payroll	1,027.52	
Liability Check	09/21/2022	25235	AFLAC	1,682.86	
Liability Check	09/21/2022	25236	CA Choice	47,699.54	
Liability Check	09/21/2022	25237	LegalShield	485.60	
Liability Check	09/21/2022	25238	Principal Life Insurance Co	5,898.02	
Paycheck	09/29/2022	25239	Employee Payroll	2,503.04	
Paycheck	09/29/2022	25240	Employee Payroll	4,009.79	
Paycheck	09/29/2022	25241	Employee Payroll	384.25	
Paycheck	09/29/2022	25242	Employee Payroll	1,202.04	
Paycheck	09/29/2022	25243	Employee Payroll	1,152.66	
Liability Check	09/29/2022	25244	Court-Ordered Debt Collections	200.00	
Liability Check	09/29/2022	25245	United Steelworkers	396.46	
Total 101.012 · TCB-Payroll Account 2999				368,543.02	3 payrolls
101.015 · TCB - Keystone C 8641					
Bill Pmt -Check	09/01/2022	10306	Terminix	83.00	
Bill Pmt -Check	09/01/2022	10307	TID Turlock Irrigation District +06	562.65	
Bill Pmt -Check	09/21/2022	10308	City Of Patterson-H2O, sewer, garbage	205.48	
Bill Pmt -Check	09/21/2022	10309	DeHart Plumbing Heating & Air Inc	99.00	
Bill Pmt -Check	09/21/2022	10310	Gilberto Arroyo-06	325.00	
Total 101.015 · TCB - Keystone C 8641				1,275.13	
Total 101.010 · Tri Counties Bank				559,002.31	
Total 101.000 · Cash and cash equivalents				559,002.31	
103.000 · Restricted Funds					
103.100 · TCB-USDA Debt Reserve 7237					
Check	09/15/2022	eft	USDA Rural Development Loan-EFT	10,060.00	
Total 103.100 · TCB-USDA Debt Reserve 7237				10,060.00	
Total 103.000 · Restricted Funds				10,060.00	
TOTAL				569,062.31	

Del Puerto Health Care District
Balance Sheet
As of September 30, 2022

Type	Date	Num	Name	Credit	Notes
			Less; Irregular Items		
			3 Payrolls in Sept (\$58K for 1st PR tax)	(58,000.00)	
			Shenkman stopped & reissued check	<u>(28,000.00)</u>	
			Total	<u>(86,000.00)</u>	
			NET WARRANT ISSUED - September 2022	<u><u>483,062.31</u></u>	

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – June 25, 2022

9B. District Rebranding & Marketing Proposal 9B. District Rebranding Logo Decision Page 1 of 2

Department: Chief Executive Office

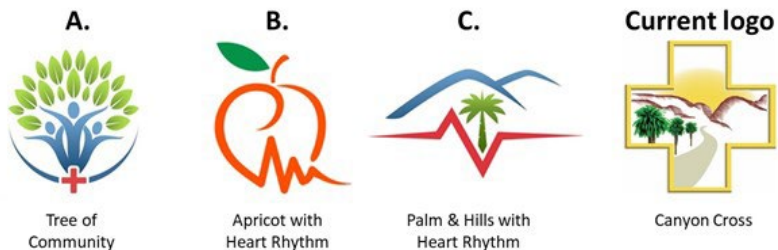
CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: 9B. District Rebranding Logo Decision

STAFF REPORT: DPHCD lacks recognition within the greater Patterson area and west side of Stanislaus County as a provider of health care and emergency medical services. The board selected the brand name “Del Puerto Health,” and the logo exploration has provided three results plus the current 2006 logo. A poll of existing patients and school families was conducted with the A, C, and Current logos, each receiving approximately 30% of the vote of 147 people. Palm & Hills with Heart Rhythm was the first choice.



RECOMMENDATIONS: A final choice is required from the board to move forward and update district branding.

DISTRICT PRIORITY: Increasing recognition in the community

FISCAL IMPACT: Initial investment into new stationary, electronic media, and business cards. Other proposals for building signs, interior signage, and ambulance replacement logos will be brought forward later.

STAFFING IMPACT: Coordination of work with contractor, board, and public.

CONTACT PERSON: Karin Hennings

ATTACHMENT(S): None

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: NO

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – June 25, 2022

**9B. District Rebranding & Marketing Proposal 9B. District Rebranding Logo Decision Page
2 of 2**

RECOMMENDED MOTION: *I move that the Board of Directors accept the _____ logo
and direct the CEO to move forward with rebranding activities.*

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – November 30, 2022****9B. Item # Title Participation in PP-GEMT-IGT****Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: Participation in PP-GEMT-IGT

STAFF REPORT: Assembly Bill 1705 mandated that all public providers of ground emergency medical transportation be reimbursed at a rate that is the average cost of medical transport for public entities throughout the state of California. Delayed for one year, the “Public Provider – Ground Emergency Medical Transport – Intergovernmental Transfer Program” will be implemented on January 1, 2023. The State of California is a 50/50 cost partner with the U.S. federal government to provide Medicaid (i.e., Medi-Cal) insurance coverage to those the state deems eligible for coverage. To ensure state participation, the federal government requires the state to send them 50% of the cost to provide services which the federal government then matches and returns the total cost of the benefits to the state. California is supposed to pay 50 percent. However, the state does not budget the amount necessary to pay 50% of the costs for all Medi-Cal enrollees. Therefore, they have devised a schema in which the service providers deliver the state’s percentage of the price in advance; this money is sent to the federal government, matched, and returned to the State of California for distribution to the Medi-Cal insurance companies will then pay the total amount to the service providers.

DISTRICT PRIORITY: Financial sustainability

FISCAL IMPACT: DPHCD will pay \$372,877.35, plus a 10% fee that is contributed to the cost of administration and providing Medi-Cal benefits, to the state of California. DPHCD will be paid \$1,065 per Medi-Cal and Medi-Medi transport provided after January 1, 2023.

The quarterly payment will be \$102,541.27 (including the 10% fee). Our auditor recommended we keep the IGT funds separate from the general operating account. Finance and administration recommend using the Tri Counties Bank money market fund with a transfer of \$100,000 operating funds (currently holds \$10,000).

As Medi-Cal transports are paid, we will return the \$415.15 IGT commitment back into the money market fund to make the next transfer.

STAFFING IMPACT: Accounting and money transfers**CONTACT PERSON:** Karin Freese**ATTACHMENT(S):** Financial Analysis

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – November 30, 2022

9B. Item # TitleParticipation in PP-GEMT-IGT

Page 2 of 2

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES / NO

RECOMMENDED MOTION: *I move the Board of Directors...*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Mac Master</i>		
<i>Director Pittson</i>		
<i>Director Stokman</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Mac Master</i>				
<i>Director Pittson</i>				
<i>Director Stokman</i>				



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

MICHELLE BAAS
DIRECTOR

DATE: June 1, 2022

Policy Letter 22-001

TO: PUBLIC PROVIDERS OF GROUND EMERGENCY MEDICAL
TRANSPORTATION (GEMT) SERVICES

SUBJECT: PUBLIC PROVIDER INTERGOVERNMENTAL TRANSFER PROGRAM
FOR GEMT SERVICES

PURPOSE:

The purpose of this Policy Letter is to provide public providers of ground emergency transport services, public funding entities, Medi-Cal Fee-For-Service (FFS) and managed care stakeholders with guidance on the Assembly Bill (AB) 1705 Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) program.

BACKGROUND:

Subject to obtaining necessary federal approvals, public providers of ground emergency medical transport, as defined in Welfare and Institutions (W&I) Code section 14105.945, will be transitioned out of the GEMT Quality Assurance Fee (QAF) program and into the PP-GEMT IGT program beginning on January 1, 2023.

In accordance with AB 1705 (Bonta, Chapter 544, Statutes of 2019), the Department of Health Care Services (DHCS) is in the process of implementing the PP-GEMT IGT program. The PP-GEMT IGT program authorizes DHCS to provide an add-on reimbursement to the FFS fee schedule base rates for specified procedure codes when the ground emergency medical transport services are provided by an eligible public provider to a Medi-Cal beneficiary.¹

POLICY:

Subject to federal approval, eligible public providers will be paid an add-on increase to FFS fee schedule base rates for each of the following ground emergency medical transportation procedure codes:

¹ See W&I Code § 14105.945.

PPL 22-001
Page 2
May 26, 2022

Procedure Code	Procedure Code Description
A0225	NEONATAL EMERGENCY TRANSPORT
A0427	ALS1-EMERGENCY
A0429	BLS-EMERGENCY
A0433	ALS 2
A0434	SPECIALTY CARE TRANSPORT

RATE DEVELOPMENT FOR THE PP-GEMT IGT PROGRAM:

Fee-For-Service

With a proposed effective date of January 1, 2023, eligible transports will be paid the add-on increase on a per-claim basis, as described above.

DHCS will calculate an initial statewide add-on increase amount based on the difference between: (a) the weighted average reimbursement paid pursuant to the applicable base Medi-Cal FFS payment fee schedule for an emergency medical transport, and (b) the weighted average cost directly associated with providing a Medi-Cal emergency medical transport under the Medi-Cal program by an eligible provider. The average cost data will be drawn from the most recently audited cost reports of eligible providers available at the time the add-on amount is developed, which is the 2017-18 audited reports. The initial add-on amount may be adjusted to account for inflation, trend, and other material changes as appropriate.² For subsequent calendar years, DHCS, in consultation with participating eligible providers, may adjust the statewide add-on increase amount to account for inflation, trend adjustments, or other material changes, in accordance with federal law and actuarial standards.³

Managed Care

Medi-Cal Managed Care Plans (MCPs) are obligated to pay non-contracted providers of emergency and post-stabilization services in accordance with Title 42 of the United States Code (U.S.C.), section 1396u-2(b)(2)(D), Title 42 of the Code of Federal Regulations (CFR) part 438.114(c), and W&I Code section 14105.945(e). Therefore, MCPs must reimburse eligible non-contracted public providers of GEMT services at the FFS reimbursement rate, including the add-on increase amount for specified GEMT services.

For each qualifying emergency ambulance transport billed with the specified procedure codes, total FFS reimbursement will be provided according to the following table:

² See W&I Code §§ 14105.945(d)(1)-(2).

³ See W&I Code § 14105.945(d)(3).

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Procedure Code	Procedure Code Description	Current Fee Schedule Rate*	Estimated Medi-Cal PP-GEMT IGT Add-on	Resulting Payment Amount
A0225	NEONATAL EMERGENCY TRANSPORT	\$179.92	\$946.92	\$1,126.84
A0427	ALS1-EMERGENCY	\$118.20	\$946.92	\$1,065.12
A0429	BLS-EMERGENCY	\$118.20	\$946.92	\$1,065.12
A0433	ALS 2	\$118.20	\$946.92	\$1,065.12
A0434	SPECIALTY CARE TRANSPORT	\$118.20	\$946.92	\$1,065.12

*These are the base rates associated with these codes, but are subject to further adjustments pursuant to the State Plan

Accordingly, MCPs are required to match the FFS reimbursement (“Rogers”) rate for non-contracted GEMT public providers for each qualifying emergency ambulance transport provided and billed with the specified procedure codes. MCPs must pay applicable providers in accordance with timely claim payment requirements in the MCP’s contract with DHCS. Further guidance to MCPs will be provided in a future All Plan Letter (APL).

DHCS will develop actuarially sound managed care rates that take into account the projected costs of these reimbursement obligations.

PARTICIPATION IN PUBLIC PROVIDER IGT PROGRAM

Voluntary Participation by Public Funding Entities

Pursuant to W&I Code section 14105.945(h), the nonfederal share of expenditures for the PP-GEMT IGT program will consist of voluntary IGT of funds provided by funding entities, including eligible providers and their affiliated governmental entities, and other public funding entities pursuant to W&I Code section 14164. After finalizing the list of participating funding entities for a given rating period, the collection amounts for each funding entity will be based on the projected trips for each funding entity as a percentage of the projected trips across all participating funding entities. FFS trips will be projected based on the most recent available paid claims data. Managed Care trips will be based on an actuarial analysis which will include historical trips and information that may inform future trips. To calculate the collection amounts, the proportional percentage for each funding entity will be applied to the total estimated nonfederal share of projected expenditures associated with the PP-GEMT IGT program, inclusive of expenditures for trips by providers electing not to voluntarily participate in the

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program. A ten-percent administrative fee will be assessed and included in the collection amount for each entity. This fee will be retained by DHCS for administrative costs associated with the PP-GEMT IGT Program.

Certification by each Public Funding Entity

DHCS will require public funding entities participating in the PP-GEMT IGT program that submit an IGT Certification Form to certify that the funds are eligible to be used as the nonfederal share in support of this program in accordance with all applicable state and federal laws. The IGT Certification Form, shall be sent to each participating entity no later than 45 days prior to the certification and accompanying IGT collection due date.

Invoicing Schedule

IGT invoices will be sent 45 days prior to the collection due date by DHCS to each funding entity along with the IGT Certification Form. Participating funding entities will have 45 calendar days to provide funds from the date the Certification Form and invoice are received.

Table 1: Schedule of IGT Funds Collection and Managed Care Payment

INVOICE/CERTIFICATION FORM SENT TO FUNDING ENTITY	MC & FFS COLLECTION QUARTER	MC & FFS COLLECTION DATE	MC CAPITATION MONTH	MC PAYMENT (CASH) MONTH
November/December 2022	Jan-March 2023	1/15/2023	Jan 2023	Feb 2023
			Feb 2023	March 2023
			March 2023	April 2023
February/March 2023	April-June 2023	4/15/2023	April 2023	May 2023
			May 2023	June 2023
			June 2023	July 2023
May/June 2023	July-Sept 2023	7/15/2023	July 2023	Aug 2023
			Aug 2023	Sept 2023
			Sept 2023	Oct 2023
August/September 2023	Oct-Dec 2023	10/15/2023	Oct 2023	Nov 2023
			Nov 2023	Dec 2023
			Dec 2023	Jan 2024

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GEMT Certified Public Expenditure Program

If the PP-GEMT IGT program is implemented effective January 1, 2023, DHCS will notify providers via e-mail regarding the due date for the final cost report submission under the GEMT Certified Public Expenditure (CPE) program. Close-out activities for the GEMT CPE program, such as interim and final reconciliations, will continue after the effective date of the PP-GEMT IGT program (proposed effective January 1, 2023). In accordance with the State Plan, Supplement 18 to Attachment 4.19-B, interim reconciliations will occur within two years of receipt of the as-filed cost report. Within three years of the postmark date of the cost report, the cost report will be audited and final reconciliations performed. For questions regarding the GEMT CPE program, please reach out to DHCS Safety Net Financing Division (SNFD) at GEMT@dhcs.ca.gov.

Reconciliations

For both Managed Care and FFS, reconciliations will be done for each rate year. Reconciliations leading to payments or future offsets would also include the 10% administrative fee.

Consequences of Delinquent Payment or Nonpayment

If a public funding entity fails to transfer its collection amount by the designated collection deadline, DHCS will send a notice of delinquency to the public funding entity.

DHCS reserves the right to terminate the public funding entity from the PP-GEMT IGT program if DHCS and the public funding entity are unable to resolve delinquent payments within 45 days after the date of the notice of delinquency.

In the event that DHCS does not receive sufficient voluntary IGT contributions for purposes of funding the nonfederal share of expenditures for the PP-GEMT IGT program, DHCS shall determine that the program is no longer financially and programmatically supportive of the Medi-Cal program. In this event, the PP-GEMT IGT program will cease to be operative on the first day of the Medi-Cal managed care rating period beginning on or after the date of such determination.⁴ Participating eligible providers will be consulted before DHCS makes a determination regarding the viability and continuation of the PP-GEMT IGT program.

⁴ W&I Code § 14105.945(j).

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If you have any questions regarding this Policy Letter, please contact
AB1705@dhcs.ca.gov.

Sincerely,

Rafael Davtian
Division Chief



P.O. Box 187
Patterson, CA. 95363

Phone 209-892-8781
Fax 209-892-3755

November 17, 2022

Rafael Davtian, Division Chief
Capitated Rates Development Division
Department of Health Care Services
1501 Capitol Avenue, MS 4413
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Mr. Davtian:

This letter confirms the intent of **Del Puerto Health Care District**, a governmental entity, Federal I.D. Number **94-6003380**, (Funding Entity) to work with the California Department of Health Care Services (DHCS) to participate in the Public Provider Ground Emergency Medical Transportation (GEMT) Intergovernmental Transfer (IGT) Program. Participation will include the Funding Entity providing an IGT in the amount of **\$372,877.35** payment to DHCS to be used for the non-federal share for the Public Provider GEMT IGT Program, for the service period of January 1, 2023, through December 31, 2023. This is a non-binding letter stating our interest in helping to finance health improvements for Medi-Cal beneficiaries receiving services in our jurisdiction. The governmental entity's funds are being provided voluntarily.

Below is a list of all NPI numbers associated with the Funding Entity mentioned above.

- **1841380763**

Del Puerto Health Care District will contribute to the non-federal share of the Public Provider GEMT IGT Program add-on increase for Calendar Year 2023 (January 1, 2023 – December 31, 2023). We recognize that there will be an additional 10-percent fee payable to DHCS on the IGT amount.

The following individual from our organization will serve as the point of communication between our organization (as applicable) and DHCS regarding our organization's participation in the Public Provider GEMT IGT Program:

Karin Freese, CEO, 875 E Street, Patterson karin.freese@dphealth.org (209) 894-8201

I certify, to the best of my knowledge, that the Funding Entity, defined as the governmental entity that provides the non-federal share of funding (i.e., cities, counties, special districts), is an eligible provider.

I attest that I am authorized to sign this certification on behalf of the Funding Entity and that the statements in this letter are true and correct.

Sincerely,

Karin Freese
Chief Executive Officer

Public Provider Ground Emergency Medical Transportation Intergovernmental Transfer Program FAQ

GEMT QAF Program

Q: By Qualify Assurance Fee (QAF) payment, does that mean collection of QAF fees?

A: Yes, this is the collection of the QAF fees.

Q: If a provider opts to not participate in Public Provider-Ground Emergency Medical Transportation Intergovernmental Transfer (PP-GEMT IGT) Program, will they be required to participate in the QAF Program?

A: No. Once the PP-GEMT IGT Program implements, public providers will no longer be eligible to participate in the GEMT QAF Program.

Q: How are the PP-GEMT IGT fee-for-service (FFS) collection amounts different from what we currently pay for GEMT QAF?

A: The PP-GEMT IGT collection amount is the non-federal share of expenditures for the PP-GEMT IGT Program based on the projected trips. Using data available at this time to analyze service A0429 Basic Life Support, the PP-GEMT IGT collection amount is anticipated to be approximately \$321.95 per transport in comparison to the current GEMT QAF rate for SFY 2021-22 of \$33.42 per transport. The estimated PP-GEMT IGT collection amount includes the 10 percent administration fee. Please note that the figures are estimates offered for illustrative purposes only and the PP-GEMT IGT collection amount is subject to change depending on provider participation. The higher the participation, then the lower the PP-GEMT IGT collection per transport will be for each funding entity.

Q: What are providers supposed to do if a Medi-Cal Managed Care Organization pays the QAF on transports with 2023 dates of service?

A: If you continue to receive historical Add-On Supplemental Payment amounts for 2023 service, contact your Managed Care Plan (MCP) and notify them or point them to that error and discrepancy and hopefully this will be sufficient to resolve. MCPs should be informed of the PP-GEMT IGT Program.

Eligibility

Q: Who is eligible for the PP-GEMT IGT Program?

A: Following implementation, a public provider is eligible for the PP-GEMT IGT Program if they continually meet all of the following requirements during the entirety of any Medi-Cal managed care rating period:

- Provides emergency medical transports to Medi-Cal beneficiaries,
- Is enrolled as a Medi-Cal provider for the period being claimed, and
- Is owned or operated by the state, a city, county, city and county, fire protection district, special district, community services district, health care district, or a federally recognized Indian tribe.

Additional details regarding eligibility are explained in [Assembly Bill 1705 section 14105.945](#).

Q: Would you please elaborate further about reviewing non-contracted services contracts to be eligible for the PP-GEMT IGT Program.

A: As part of the managed care (MC) delivery system, MCPs must reimburse eligible **non-contracted** public providers of GEMT services at the FFS rate, including any applicable FFS add-on amount (“Rogers Rate”) for specified GEMT services. Thus, only non-contracted providers are eligible to receive the PP-GEMT IGT add-on through the Rogers Rate. Qualifying emergency ambulance transports must be billed using specific Current Procedural Terminology (CPT) codes. MCPs may negotiate reimbursement rates with ambulance providers; however, as noted above, MCPs are required to pay non-contracted GEMT providers enhanced reimbursement for specific CPT codes.

Participation

Q: Is the PP-GEMT IGT Program and the associated reimbursement methodology voluntary?

A: The PP-GEMT IGT Program is mandatory for public providers, though enrolling as a funding entity is voluntary. The PP-GEMT IGT Program is a new program authorized by the Legislature, and is mandated as the only supplemental payment program for public providers of GEMT services. This reimbursement methodology applies to all public GEMT providers effective January 1, 2023, pending federal approval. For periods during which the new PP-GEMT IGT Program is in effect, public GEMT providers will be excluded from all other GEMT supplemental payment programs currently available, including the GEMT QAF Program and the GEMT Certified Public Expenditure (CPE) Supplemental Reimbursement Program.

Q: Why would a public provider want to participate as a funding entity and want this PP-GEMT IGT Program to succeed? What benefit does the Program have compared to the existing QAF and CPE Programs?

A: In enacting AB 1705, the Legislature sought to ensure that all public GEMT providers serving Medi-Cal beneficiaries receive sufficient reimbursement. Per transport, the total reimbursement under the new PP-GEMT IGT Program is expected to be higher than what was received historically under existing GEMT supplemental reimbursement programs, but the provider contribution through the IGTs is also expected to be higher than QAF payments when compared on a per transport basis. Moreover, the new Program will apply to both FFS and managed care providers. For reference, the GEMT CPE Supplemental Reimbursement Program only applies to trips covered under the Medi-Cal fee-for-service (FFS) delivery system. The vast majority of GEMT trips currently fall within the managed care (MC) delivery system. The current proportion of managed care trips to fee-for-service trips is expected to continue to increase as additional populations shift into managed care under CalAIM. However, public GEMT providers that contract with MCPs for a lower level of reimbursement will be paid at their negotiated rate.

The non-federal share of the PP-GEMT IGT Program is intended to be funded through voluntary contributions by eligible public providers and their affiliated governmental entities or other public entities, as permitted by federal law for federal fund matching. Contributions from funding entities (i.e. participation in the collection portion of the program as a funding entity) are voluntary; however, if DHCS determines that the projected amount of voluntary contributions is not sufficient to support implementation of the Program, the Program would not be continued in future rating periods.

If the Program ends, public GEMT providers would revert to reimbursement under existing programs, including the GEMT CPE Supplemental Payment Program and GEMT-QAF.

Q: How do I let DHCS know that I want to participate in this program?

A: Eligible providers are able to express interest in participating as a funding entity by emailing the PP-GEMT IGT Program at AB1705@DHCS.ca.gov. DHCS has extended the deadline for expressing interest in the CY 2023 year to October 1, 2022. When reaching out, interested providers will need to outline the following information:

- Legal name of participating funding entity
- All applicable email contacts (including titles)
- Any National Provider Identifiers (NPI) associated with your Funding Entity

DHCS will use this information to calculate your estimated contribution amount (i.e. the non-federal share of projected costs plus administrative fee).

Q: If we miss the participation deadline, will providers have the opportunity to opt in as a funding entity at a later time?

A: Yes. You can submit your required information after the deadline. However, DHCS strongly recommends meeting the extended deadline of October 1, 2022 in order to ensure the program will successfully fund the non-federal share of expenditures and remain functioning into CY 2024.

Q: Can you explain how the Letter of Intent works? Do public providers need to fill in the estimated collection dollars?

A: After providers submit the requested participation information to the Department, DHCS will use the information to calculate an estimated contribution amount (i.e. non-federal share of projected costs plus administrative fee), which will be included on a Letter of Intent (LOI) and sent back to the funding entity for completion. Please note, the Department will not have an estimated non-federal share calculation until we receive a final list of participating providers. To see a sample LOI, please visit our webpage [here](#).

Note: This amount is estimated to the best of the Department's ability and may change at the time of invoicing.

Q: Will public providers need to provide data such as cost reports or transports to DHCS to determine the amount included on the collection invoice? How is that amount calculated?

A: No. The collection amounts will be based on the projected number of FFS and managed care transports for each funding entity as a percentage of the projected transports across all participating funding entities. FFS trips will be projected based on the most recent available paid claims data. Managed care trips will be based on an actuarial analysis, which will include historical trips and information that may inform future trips. The proportional percentage for each funding entity will be applied to the total estimate non-federal share of projected expenditures, inclusive of expenditures for transports by providers electing not to voluntarily participate in the PP-GEMT IGT Program. A 10 percent administrative fee will also be assessed on each IGT fund transfer.

IGT Funding, Collection and Invoicing

Q: What does it mean that the PP-GEMT IGT Program will end when it “is no longer financially and programmatically supportive of the Medi-Cal program”?

A: The non-federal share of the PP-GEMT IGT Program is intended to be funded through voluntary contributions by eligible public providers and their affiliated governmental entities or other public entities, as permitted by federal law for federal fund matching. Contributions from funding entities (i.e. participation in the collection portion of the program as a funding entity) are voluntary; however, if DHCS determines that the projected amount of voluntary contributions is not sufficient to support implementation of the Program, the Program would end, and not be continued in future rating periods.

If the Program ends, public GEMT providers would revert to reimbursement under existing programs, including the GEMT CPE Supplemental Payment Program and GEMT QAF Program.

Q: Who is eligible to sign the IGT Certification?

A: An authorized representative on behalf of the funding entity may sign the IGT Certification.

Q: Will there be a reconciliation process for collection amounts? If so, how will it work?

A: For both managed care and FFS, reconciliations will be conducted for each rating period. In the event of under/over contributions, future collections will be evaluated for potential adjustments. Please note that reconciliations are retrospective and therefore the first reconciliation for CY 2023 collections will occur no earlier than CY 2024.

Add-on Calculation

Q: What is the add-on amount for eligible providers?

A: The PP-GEMT IGT Program proposed add-on for CY 2023 is \$946.92 per transport, pending federal approval. The managed care delivery system includes this add-on amount in MCP capitation rates.

Q: How is the add-on calculation amount determined?

A: DHCS calculated an initial statewide add-on increase amount for calendar year 2023 pursuant to Welfare and Institutions Code section 14105.945(d), based on the difference between:

- (a) the weighted average reimbursement paid pursuant to the applicable base Medi-Cal FFS payment fee schedule for an emergency medical transport, and
- (b) the weighted average cost directly associated with providing a Medi-Cal emergency medical transport under the Medi-Cal program by an eligible provider.

The average cost data was drawn from the most recently audited cost reports of eligible providers available at the time the add-on amount was developed, which are the 2017-18 audited reports. The proposed add-on amount was adjusted to account for inflation and trend. For subsequent calendar years, DHCS, in consultation with participating eligible providers, may adjust the statewide add-on increase amount to account for inflation, trend adjustments, or other material changes, in accordance with federal law and actuarial standards.

The managed care delivery system includes the add-on amount in managed care plans' capitation rates. Actuarially sound rates are based on projected number of applicable trips for a given rating period.

Reimbursement

Q: What is the Rogers rate?

A: The Rogers rate is the threshold for which MCPs must reimburse non-contracted eligible providers of GEMT services. The Rogers rate is equal to the FFS rate including any applicable FFS Add-On amounts.

Q: If we submit for the GEMT Cost Reporting program through DHCS and with this, we receive some reimbursements, will our reimbursements affect how much we would receive in PP-GEMT amount?

A: Public providers will no longer be able to participate in the GEMT CPE Supplemental Reimbursement Program once the PP-GEMT IGT Program implements. Therefore, reimbursements from the GEMT CPE Supplemental Reimbursement Program would not affect the new PP-GEMT Program, as they are separate and distinct and any payments received will be for different time periods.

Rate Range

Q: How is the Voluntary Rate Range Program (VRRP) related to the PP-GEMT IGT Program? Is this a separate program from the PP-GEMT IGT?

A: The PP-GEMT IGT Program may reduce undercompensated costs available to be reported on the VRRP declaration documents and therefore may impact available participation room at the provider level; however, this impact and other programmatic considerations are still being evaluated by DHCS. Regardless, VRRP will continue as a separate program from the PP-GEMT IGT Program. Please note that the VRRP is implemented on an annual basis **at the discretion of the State and is voluntary** whereas the PP-GEMT IGT Program is a mandatory program that is statutorily required. Additional information regarding VRRP timing is forthcoming.

Karin Freese

From: Bui, Tiffany@DHCS <Tiffany.Bui@dhcs.ca.gov>
Sent: Thursday, November 10, 2022 4:30 PM
To: Landry, Lina@DHCS; Karin Freese
Cc: Delis, Jesse@DHCS; Gelein, Teresa@DHCS; Tamai, Michelle@DHCS; Kung, Serina@DHCS; DHCS AB1705; Geisen, Katie@DHCS; Brandt, Tyler@DHCS
Subject: RE: [External]questions about nonfederal share amount

Follow Up Flag: Flag for follow up
Flag Status: Flagged

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon Karin,

Thank you for your patience. Please see the additional details pertaining to Fee-For-Service (FFS) IGT amount.

In the Fee-For-Service (FFS) delivery system, the Intergovernmental Transfer (IGT) amount is calculated by using the following components:

- Total historical FFS trips across all public providers
 - This includes dual Medicare/Medi-Cal (Medi-Medi) Emergency Transports, which account for approximately 2.6% of all public provider transports
- Total estimated non-federal share of PP-GEMT IGT expenditure anticipated to be paid to all FFS public providers, based upon projected GEMT utilization in CY 2023, and
- The proportional share of FFS trips by providers that intend to contribute IGT in support of the program.

DHCS calculated the estimated aggregate FFS PP-GEMT IGT total fund expenditure needed to fund the Program by multiplying the projected aggregate FFS transports in CY 2023 by the PP-GEMT IGT proposed add-on amount of \$946.92. The total estimated FFS PP-GEMT IGT expenditure is inclusive of all public provider trips, regardless of participation in the IGT funding component of the Program, that would be eligible for an add-on payment.

To calculate each provider's IGT amount, each individual provider's share of trips had to be determined. Calendar Year (CY) 2021 FFS paid claims data was used to estimate each participating provider's FFS share of trips because it the most recent available FFS claims data. Each individual provider's share of FFS trips was determined by looking at FFS CY 2021 paid claims data, not the quarterly transport data self-reported by GEMT providers to DHCS for the GEMT QAF Program. Paid claims data represents the ground emergency medical transports billed by providers and validated and paid through the Medi-Cal billing system. Paid claims data is a more accurate representation of each provider's actual number of transports, whereas GEMT QAF gross receipt data is self-reported.

DHCS then calculated the FFS non-federal share that must be funded by providers through IGTs by calculating the anticipated federal share using the current estimated Federal Medical Assistance Percentage (FMAP) for California. The FMAP assumes a continued increase to federal participation in accordance with the Families First Coronavirus Response Act. The FMAP federal and non-federal

split used in our calculations is 68% and 32%, respectively. These estimates are based upon current available data and may be subject to change.

FFS IGT collection amounts for each participating provider is calculated based on the provider's proportional percentage of trips across all participating providers. Note that depending on the number of participating providers, an individual participating provider's proportional share of trips could change. A provider's proportional share of trips is not based solely on that provider's individual transport data and is directly impacted by the number of providers who decide to participate in the program. The provider's proportional percentage of trips is then applied to the total estimated non-federal share of projected CY 2023 PP-GEMT IGT expenditures to get the provider's IGT amount. The amount included in each provider's LOI is their annual IGT amount. Additionally, DHCS will apply a 10% administrative fee to each participating provider's IGT to support health care coverage costs and costs associated with administering the program.

Because the PP-GEMT IGT is divided amongst participating providers, the higher the number of participating providers, the lower the PP-GEMT IGT collection will be for each funding entity. DHCS therefore encourages providers to participate in the PP-GEMT IGT program, which would lower the IGT contributions amounts and provide increased net reimbursement for all participating providers.

To help illustrate the process described above, we are providing FFS details pertaining to your specific data:

For NPI 1841380763, the estimated number of FFS trips in CY 2023 is 125, which was projected based on your CY 2021 FFS paid claims data. When 125 is divided by all participating FFS public provider trips (39,690 trips at the time of calculation), your provider's proportional percentage of trips is 0.31%. This percentage is then applied to the estimated aggregate FFS non-federal share of \$14.5 million, which yields an annual IGT collection amount of \$45,513.85. The above estimates are based upon available data at the time of your IGT calculation and may be subject to change.

Based on this information, Del Puerto Health Care District estimated FFS Net Benefits for CY 2023 are as follows:

- Estimated number of FFS trips in CY 2023: 125
- Base reimbursement rate per transport: \$118.20
 - *To simplify the illustration, base reimbursement is \$118.20 per transport, which is the fee schedule rate for 4 of the 5 procedure codes (A0427, A0429, A0433, A0434) that are eligible for the PP-GEMT IGT add-on. The fifth procedure code (A0225) eligible for the PP-GEMT IGT add-on has a fee schedule rate of \$179.92, so base reimbursement will likely be higher than estimated in this illustration.*
- PP-GEMT IGT Add-On amount per transport: \$946.92
- Estimated annual FFS IGT collection amount: \$45,513.85
- 10 percent administrative fee for participating in PP-GEMT IGT: \$4,551.38
- Estimated base reimbursement for CY 2023: 125 x 118.20 = **\$14,775.00**
- Estimated reimbursement from the PP-GEMT IGT Add-On for CY 2023: 125 x 946.92 = **\$118,365.00**
- Estimated total reimbursement for CY 2023: \$14,775.00+ \$118,365.00= **\$133,140.00**
Estimated net benefit: \$133,140.00 - \$45,513.85 - \$4,551.38 = **\$83,074.77**
 - Net Benefit = Total Reimbursement – IGT – admin fee

Please note that the figures above are offered for illustrative purposes and the PP-GEMT IGT collection amount is subject to change depending on changes in provider participation.

Best Regards,

Tiffany Bui

Associate Governmental Program Analyst| Provider Rates Section – Unit A
 Fee for Service Rates Development Division
 California Department of Health Care Services
 1501 Capitol Ave, Sacramento, CA 95814
 (916) 345-7853 | Tiffany.Bui@dhcs.ca.gov

From: Landry, Lina@DHCS <Lina.Landry@dhcs.ca.gov>

Sent: Thursday, November 10, 2022 10:28 AM

To: Karin Freese <Karin.Freese@dphealth.org>

Cc: Delis, Jesse@DHCS <Jesse.Delis@dhcs.ca.gov>; Gelein, Teresa@DHCS <Teresa.Gelein@dhcs.ca.gov>; Cathy Martin <cathy.martin@achd.org>; pwilliams@aptriton.com; Scott Clough <sclough@aptriton.com>; Tamai, Michelle@DHCS <Michelle.Tamai@dhcs.ca.gov>; Kung, Serina@DHCS <Serina.Kung@dhcs.ca.gov>; DHCS AB1705 <AB1705@dhcs.ca.gov>; Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov>; Brandt, Tyler@DHCS <Tyler.Brandt@dhcs.ca.gov>; Bui, Tiffany@DHCS <Tiffany.Bui@dhcs.ca.gov>

Subject: RE: [External]questions about nonfederal share amount

Hello Karin,

Apologies for the delay in our response. I am replying on behalf of Katie who is out of the office. The initial PP-GEMT IGT rating period is CY 2023 (one year). Future rating periods will also be one year long. To answer your question regarding trips, no the base period trips are not an estimate of 18-months of the PP-GEMT IGT Program. I've included some clarifying detail below. DHCS has been collaborating with CalChiefs' consultants, AP Triton to simplify methodology language but please let me know if you have any follow up questions based off what I'm sharing.

The equation directly below illustrates how the MC components (previously shared in Katie's email) work together to calculate your LOI:

Provider IGT = Share of Provider's Trips as a percent of all Participating Providers' Trips * CY 2023 Total non-federal share costs

- The Share of Provider's Trips is determined by reviewing the 18-month (July 2020 through December 2021) trip counts attributable to the NPI[s] associated with each provider divided by Total Participating Provider trips for the same period.
 - These trip counts are not a projection/estimate of CY 2023 trips. These are used solely to determine the share of the CY 2023 non-federal share costs associated with a given provider.
 - DHCS is relying on its internal data sources to identify each provider's trip count for the 18-month period.
- In Managed Care, the projected CY 2023 trips are done at an aggregate level (i.e. not at the provider level). These projected trips are calculated by DHCS' contracted actuaries, and the add-on for each trip is built into the Managed Care rates. DHCS estimates the CY 2023 DRAFT Total non-federal share at \$109M. Note, this is not six quarters of the non-federal share, this is the total non-federal share for the CY 2023 rating period.

The PP-GEMT IGT Program consists of two (2) different delivery systems, Managed Care (my team) and Fee-For-Service (FFS, a sister division). As you may have noticed, the LOI includes one collection figure, which is a combined MC and FFS IGT amount. The \$327,363.50 spoken to in Katie's email is the MC portion of those LOI collection dollars. Our FFS counterparts (CC'd on this email) can address the remaining dollars and methodology if you'd like. When you combine both they will add up to the amount you see on your LOI. I share this because it has been a topic of confusion for some. Also clarifying that the amount on your LOI is a lump sum preview of your annual IGT amount, which will be invoiced quarterly. Both the MC portion of those dollars as well as the FFS portion of those dollars are therefore annual collection figures (or as you referred to it, "one (1) year of IGT share").

The amount in your LOI is an *initial* view of your estimated non-federal share IGT amount but it will fluctuate with provider participation (or as you referred to it, total funding entities). In addition to developing simplified language, we have been working with AP Triton to maximize participation and they have been doing an excellent job! To date, we are seeing far more interested providers. Should this participation continue to increase, participating providers' collection amounts would decrease.

In addition to addressing your questions I also wanted to provide you with your estimated Managed Care (MC) CY 2023 net benefit for the PP-GEMT IGT Program. The amounts stated below are based off today's level of assumed provider participation. We are providing these projections for informational purposes and caveat that figures are subject to change. As stated, projected revenue is specific to MC, thus it does not include the Fee-For-Service (FFS) net benefit. Our FFS counterparts on this communication can speak to their revenue allowing you to budget your total estimated net benefit across both delivery systems.

- **Total Projected Managed Care Net Benefit:** \$409,445, which equates to the below,
- **Projected Managed Care Net Benefit per Trip:** \$538.54

The primary function of this information is to clarify how the annualized trip counts from Jul 2020 – Dec 2021 and the CY 2023 DRAFT non-federal share cost impact provider revenue, requested IGT, and the estimated CY 2023 net benefit within MC. This estimate leverages the current CY 2023 fee schedule rate plus Add-on and includes aggregate trend factors and assumptions in order to provide an estimated CY 2023 net benefit within MC. The trips in scope include beneficiaries with and without Medicare Part B. This calculated benefit does not account for the 10% administrative fee, however you can subtract 10% of what you see on your LOI from both the MC and FFS net benefit. For the avoidance of doubt, we reiterate that the actual net benefit in CY 2023 will vary based on a number of factors including, but not limited to, actual 2023 trip counts and Final CY 2023 rates/non-federal share.

Please "Reply All" to this email if you have any questions.

Thank you,

Lina Landry

Section Chief, Financial Management Section B
Capitated Rates Development Division
Department of Health Care Services

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From: Karin Freese <Karin.Freese@dphealth.org>
Sent: Wednesday, October 26, 2022 5:03 PM
To: Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov>
Cc: Landry, Lina@DHCS <Lina.Landry@dhcs.ca.gov>; Delis, Jesse@DHCS <Jesse.Delis@dhcs.ca.gov>; Gelein, Teresa@DHCS <Teresa.Gelein@dhcs.ca.gov>; Cathy Martin <cathy.martin@achd.org>; pwilliams@aptriton.com; Scott Clough <sclough@aptriton.com>; Tamai, Michelle@DHCS <Michelle.Tamai@dhcs.ca.gov>; Kung, Serina@DHCS <Serina.Kung@dhcs.ca.gov>; DHCS AB1705 <AB1705@dhcs.ca.gov>
Subject: Re: [External]questions about nonfederal share amount

Hi, Katie.

Thank you for the additional information.

Am I to understand that the numbers presented represent 18 months of the IGT program? \$109 million is six quarters of the non federal share? Does \$327k represent one year or 1.5 years of IGT share?

Can our \$327k share go up or down according to the final total funding entities?

What is the initial rating period? One year? One quarter?

Thank you,

Karin Freese, MBA
Chief Executive Officer

On Oct 26, 2022, at 1:30 PM, Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov> wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Karin,

Thank you for your patience as DHCS has worked to consolidate numerous inquiries about the PP-GEMT IGT Program administered by DHCS pursuant to AB 1705 (Welf. & Inst. Code, § 14105.945). DHCS has provided the following additional details pertaining to upcoming CY 2023 Program IGT fund collection and calculation methodology.

In the Medi-Cal managed care (MC) delivery system, your IGT amount is calculated by leveraging the following components:

1. Total non-federal share of AB 1705 built into the CY 2023 managed care rates,
2. Total historical trips across all public providers, and
3. Your proportional share of all trips by providers that intend to IGT in support of the program.

The total estimated non-federal share of expenditures associated with the Program is inclusive of all public provider trips (regardless of participation in the IGT funding component of the Program). Data used to inform each provider's share of trips is based off July 2020 – December 2021. While this is an 18-month period, extensive review showed that this yielded the least amount of volatility in provider counts as some NPIs began operation or shut down operation when restricted to a 12 month period. Please note that MC data, unlike Fee-For-Service (FFS) claims, has a data lag; meaning that more recent data (e.g. Jan-Jun 2022) is incomplete and also distorts projections. Fund collection amounts are calculated based off the proportional percentage of trips across all participating funding entities. This percentage is then applied to the total estimated non-federal share of projected expenditures.

As it relates to trips for dual beneficiaries with Medicare Part B coverage, it is important to note that the increased Medi-Cal reimbursement level will result in more crossover payment obligations from MCPs as compared to the previous GEMT program. This is a result of the add-on exceeding 80 percent of the Medicare fee schedule.

To help illustrate the details above we are also providing your specific managed care data:

NPI # 1841380763 estimated CY 2023 trips are 863. When applied to all public provider trips (regardless of their voluntary participation) your trips equate to 0.30% of total participating provider trips. The total estimated non-federal share is \$109M, which yields a collection amount of \$327,363.50. Note: These trips are an 18-month figure and are only used to determine your share of the non-federal share. It is not an estimated annual trip count.

DHCS appreciate entities that intend to IGT in support of the program as they are assisting in funding the total non-federal share required for the PP-GEMT IGT (including the shortage from those who choose not to participate). It should be noted that pursuant to Welfare and Institutions Code section 14105.945(j), if we do not receive participation from enough providers to support the non-federal share of this Program, the Program would sunset at the end of the rating period and revert to the previous GEMT program, which results in a significantly smaller add-on payment to providers GEMT. For this reason, we encourage broad provider participation. As Lina mentioned in her email, DHCS met with the CalChiefs yesterday to partner on providing collection calculation details to providers in order to obtain maximum participation in support of the Program. DHCS is continuing to receive requests for participation even though the deadline has passed and we are working to process these additional providers along with signed and returned LOIs. As a final reminder, the Letter of Intent (LOI) is intended to provide you with an initial view of your **estimated** non-federal share IGT amount. This amount is subject to change based off provider participation as well as the Final non-federal share of expenditures associated with the Program (currently estimated at \$109M as cited above).

We have also included our FFS counterparts so they may speak to any questions you may have specific to their delivery system. As you may have noticed, the LOI includes one collection figure, which is a combined MC and FFS IGT amount. We recognize that this email may not address all of your questions so please do not hesitate to reach out if further clarification is needed. Due to the high number of interested providers, we request that any follow-up questions be sent via email so we can promptly address further inquiries.

Thank you,
Katie

From: Landry, Lina@DHCS <Lina.Landry@dhcs.ca.gov>

Sent: Wednesday, October 26, 2022 10:46 AM

To: Karin Freese <Karin.Freese@dphealth.org>

Cc: Delis, Jesse@DHCS <Jesse.Delis@dhcs.ca.gov>; Gelein, Teresa@DHCS <Teresa.Gelein@dhcs.ca.gov>; Cathy Martin <cathy.martin@achd.org>; pwilliams@aptriton.com; Scott Clough <sclough@aptriton.com>; Tamai, Michelle@DHCS <Michelle.Tamai@dhcs.ca.gov>; Kung, Serina@DHCS <Serina.Kung@dhcs.ca.gov>; DHCS AB1705 <AB1705@dhcs.ca.gov>; Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov>

Subject: RE: [External]questions about nonfederal share amount

Hello Karin,

Confirming you have not missed one of our emails. DHCS met with the Association (CalChiefs) yesterday afternoon. Following that discussion we will be responding to your email with additional details; you can look for a DHCS response later today.

Best regards,
Lina

Lina Landry

Section Chief, Financial Management Section B
Capitated Rates Development Division
Department of Health Care Services

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From: Karin Freese <Karin.Freese@dphealth.org>

Sent: Wednesday, October 26, 2022 8:48 AM

To: Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov>

Cc: Delis, Jesse@DHCS <Jesse.Delis@dhcs.ca.gov>; Landry, Lina@DHCS <Lina.Landry@dhcs.ca.gov>; Gelein, Teresa@DHCS <Teresa.Gelein@dhcs.ca.gov>; Cathy Martin <cathy.martin@achd.org>; pwilliams@aptriton.com; Scott Clough <sclough@aptriton.com>; Tamai, Michelle@DHCS <Michelle.Tamai@dhcs.ca.gov>; Kung, Serina@DHCS <Serina.Kung@dhcs.ca.gov>; DHCS AB1705 <AB1705@dhcs.ca.gov>

Subject: Re: [External]questions about nonfederal share amount

Hi DHCS team,

Did I miss your response with the 1705 information for Del Puerto?

Thank you,

Karin Freese, MBA
Chief Executive Officer

On Oct 19, 2022, at 6:48 PM, Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov> wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Karin,

Given the October 31st deadline, we intend to get back to you within the next few days.

Thank you,

Katie

From: Karin Freese <Karin.Freese@dphealth.org>

Sent: Wednesday, October 19, 2022 4:40 PM

To: Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov>

Cc: Delis, Jesse@DHCS <Jesse.Delis@dhcs.ca.gov>; Landry, Lina@DHCS <Lina.Landry@dhcs.ca.gov>; Gelein, Teresa@DHCS <Teresa.Gelein@dhcs.ca.gov>; Cathy Martin <cathy.martin@achd.org>; pwilliams@aptriton.com; Scott Clough <sclough@aptriton.com>; Tamai, Michelle@DHCS <Michelle.Tamai@dhcs.ca.gov>; Kung, Serina@DHCS <Serina.Kung@dhcs.ca.gov>; DHCS AB1705 <AB1705@dhcs.ca.gov>; Burgess, Bianca@DHCS <Bianca.Burgess@dhcs.ca.gov>

Subject: Re: [External]questions about nonfederal share amount

Hi Katie,

I look forward to your response. Can you give an estimate when I might expect the information, so I can give a response prior to October 31st?

Karin Freese, MBA
Chief Executive Officer

On Oct 19, 2022, at 4:24 PM, Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov> wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Karin,

We are more than happy to provide details on the PP-GEMT IGT collection calculation and address your concerns. From the detail you have shared, we have identified differences in our calculation methodology; the Managed Care calculation is quite nuanced and therefore we would like to provide you with a detailed and complete response. We have copied our Fee-For-Service counterparts so they may speak to their delivery system. DHCS is currently working on processing returned LOIs and responding to provider inquiries. We appreciate your patience as we work to get you the details you requested.

Thank you,

Katie Geisen

Unit Chief, Financial Management Section B
 Capitulated Rates Development Division
 Department of Health Care Services
Katie.Geisen@dhcs.ca.gov

From: Karin Freese <Karin.Freese@dphealth.org>
Sent: Wednesday, October 19, 2022 12:20 PM
To: DHCS AB1705 <AB1705@dhcs.ca.gov>
Cc: Delis, Jesse@DHCS <Jesse.Delis@dhcs.ca.gov>; Landry, Lina@DHCS <Lina.Landry@dhcs.ca.gov>; Geisen, Katie@DHCS <Katie.Geisen@dhcs.ca.gov>; Gelein, Teresa@DHCS <Teresa.Gelein@dhcs.ca.gov>; Cathy Martin <cathy.martin@achd.org>; pwilliams@aptriton.com; Scott Clough <sclough@aptriton.com>
Subject: RE: [External]questions about nonfederal share amount

Dear DHCS,

You wrote in the FAQs, participating funding entities should submit *“Legal name of participating funding entity, all applicable email contacts (including titles), and any National Provider Identifiers (NPI) associated with your Funding Entity...[stating]...DHCS will use this information to calculate your estimated contribution amount (i.e., the non-federal share of projected costs plus administrative fee).”*

My figure of \$581 was based on \$372, 877.35 divided by my FY 2018 cost report transports 640. 2018 was the only point DHCS referenced for PP-GEMT-IGT calculations.

My projection for CY 2023 Medi-Cal FFS & MC transports is 700. Based on the \$372,877.35 LOI number that is still \$532.68 or \$484.26 non-federal share before the state 10% add on. A state “expense” add-on of approximately \$48.43/transport is shameful considering the state is administering the GEMT-QAF program for \$3.30 per transport.

Based on the DHCS initial estimate of \$322 NFS per transport and 700 projected transports, our NFS share should have been \$225,400. \$372,877 represents an increase greater than 165% of the initial estimate.

So again, I ask, how was the non-federal share calculated? And how is the non-federal share impacted by entities not participating in the funding?

Without a mandate that all public providers must contribute their portion to the non-federal share, the program is set up for failure and is not equitable for underserved populations of minorities and rural areas.

Karin R. Freese, MBA
 Chief Executive Officer

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – November 30, 2022****Item # Title 9D. Fiscal Year 2021-2022 Financial Audit****Page 1 of 1**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: The Fiscal Year 2021-2022 Financial Audit

STAFF REPORT: Presentation of the audit by Wipfli LLP.

DISTRICT PRIORITY: Fiscal Accountability and Transparency

FISCAL IMPACT: None

STAFFING IMPACT: None

CONTACT PERSON: Karin Freese / Maria Reyes-Palad

ATTACHMENT(S): Fiscal Year 2021-2022 Financial Audit

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors adopts the Fiscal Year 2021-2022 financial audit as presented.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Mac Master</i>		
<i>Director Pittson</i>		
<i>Director Stokman</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Mac Master</i>				
<i>Director Pittson</i>				
<i>Director Stokman</i>				

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – November 30, 2022****Item # Title 8E. Extended Sick Leave Policy Amendment****Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: Extended Sick Leave (ESL) Policy Amendment

STAFF REPORT: Due to only one week of sick time being included in PTO accrual rates and the likelihood that employees may be sick more than once per year, the administration proposes adjusting the policy for access to ESL. Currently, an employee must use one full week of PTO (aligning with the SDI waiting period of one week) prior to accessing the Extended Sick Leave bank of hours. I propose reducing the PTO requirement from one full regularly scheduled week to 60% of their scheduled work for that week (e.g., 24/40, 29/48, 43/72, 36/60). This policy adjustment is recommended because employees have had difficulties in the past with not leaving PTO available for rest and recreation.

DISTRICT PRIORITY: It is another way that the District can demonstrate that we value our loyal employees!

FISCAL IMPACT: Earlier use of ESL at the employee's current hourly rate.

STAFFING IMPACT: None

CONTACT PERSON: Karin Freese / Cheryle Pickle

ATTACHMENT(S): Amended policy

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES / NO

RECOMMENDED MOTION: *I move the Board of Directors...*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		
<i>Director Mac Master</i>		
<i>Director Pittson</i>		
<i>Director Stokman</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – November 30, 2022

Item # Title8E. Extended Sick Leave Policy Amendment

Page 2 of 2

<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Mac Master</i>				
<i>Director Pittson</i>				
<i>Director Stokman</i>				

EXTENDED SICK LEAVE (ESL) BENEFITS

FIRST ADOPTED: 2006

AMENDED: 10/24/2016

POLICY:

To minimize economic hardships resulting from unexpected extended, qualified illness or injury, the District provides eligible employees with Extended Sick Leave (ESL) Benefits. The ESL benefit is intended to coordinate with SDI or Worker's Compensation wage replacement benefit and provide up to 100% of your regular wages. Eligible Employees are in a Full-Time position, regularly working 60 or more hours per Pay Period, and are eligible to use accrued ESL after 90 days of employment.

Per state and federal law:

- During any leave paid by a disability benefit plan (outside of an unpaid waiting period), the District may not require you, but you may opt to use PTO and ESL to make up to 100% of your regular wages.
- During any leave that is unpaid by a disability benefit plan (such as a waiting period), employees are required by the District to use their PTO and ESL available hours to make up to 100% of their regular wages.

PURPOSE:**How ESL Works:**

ESL can be used as a 100% base wage **REPLACEMENT** if you are not eligible for another form of benefits such as State Disability Insurance (SDI), Paid Family Leave (PFL), or *Workers' Compensation* (WC). Or it can be coordinated with a state wage replacement benefit.

ESL benefit is maximized when used as a **SUPPLEMENT** and coordinated with a wage replacement benefit such as State Disability Insurance (SDI), Paid Family Leave (PFL), or *Workers' Compensation* (WC).

- When coordinated with SDI or PFL, you use fewer hours of ESL and still receive 100% of your regular base wages. Your ESL payment differs between the state benefit and your full wage paid at your regular hourly rate.
- ESL is redeemed at your average hourly rate (i.e., whole week regular wages divided by full-week regular hours).
- Please note: total coordinated payments cannot exceed 100% of your regular base weekly wages.

How ESL hours are used; calculated with and without coordination with state benefit	ESL as 100% Replacement; without state payment	ESL as Supplement; coordinated with state payment
ESL Accrual Hours - Beginning Balance	40 Hours	40 hours
Average weekly wages	\$400	\$400
Subtract any state payment received	\$-0-	\$220
ESL dollars to reach 100% of wages	\$400	\$180
Divide by your average hourly rate	\$10/hour	\$10/hour
Equals the number of ESL hours redeemed	40 hours	18 hours

EXTENDED SICK LEAVE (ESL) BENEFITS	FIRST ADOPTED: 2006
	AMENDED: 10/24/2016

Remaining ESL Hours	-0- hours	22 hours
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ESL Coordinated with State Benefit Requirements and Qualification

To access your ESL benefit without coordination with a disability benefit plan:

- For each episode, employees must use ~~one~~ 60% of their regularly scheduled hours that week of accrued PTO before accessing ESL.
- After using PTO, you will be paid 100% of your regular hours from ESL until State Disability payments can be coordinated.
- If, after one week, you are not receiving payments from a state disability plan, you will continue to be paid at a rate of 100% of your regular hours worked from accrued ESL hours.

To access your ESL benefit and coordinate with State Disability Insurance:

- You must be unable to do your regular or customary work for at least eight consecutive days.
- You must earn less or no money because of the disability.
- You must have a statutory, seven-day, non-payable waiting period, for which, if available, you may use PTO.
- For each episode, employees must use one week of accrued PTO before accessing ESL.

To access your ESL benefit and coordinate with Paid Family Leave, you must:

- Be approved by the state for PFL.
- Earn less or no money because of time taken off from work to bond with a new child as a mother, father, adoptive parent, or foster parent.
- Earn less or no money because of time taken off from work to care for a seriously ill family (see current state definition) member.
- Be off work for more than seven (not necessarily consecutive) days. There is a seven-day waiting period before benefits are paid.
- For each episode, employees must use one week of accrued PTO before accessing ESL (unless PFL follows SDI/Pregnancy Disability Leave).

To access your ESL benefit and coordinate with Workers' Compensation, you must be unable to do your regular work for at least:

- Three days if you are injured on the job (this is a statutory waiting period), or
- Immediately when injured on the job and hospitalized, the work injury extends more than 14 calendar days, or the injury results from criminal violence.

PROCEDURE:

Notification

- Please contact Human Resources immediately if you will or have taken time off for your or a family member's serious illness.

EXTENDED SICK LEAVE (ESL) BENEFITS	FIRST ADOPTED: 2006
	AMENDED: 10/24/2016

- You must notify Human Resources immediately if you receive any wage replacement benefits.

Use of PTO before ESL

- Employees MUST use up to one week of Paid Time Off (PTO) before requesting to use ESL benefits. If PTO hours are unavailable to cover [60% of the](#) entire first week, available PTO hours will be used, and the remaining hours to complete one week will be unpaid.
- During [60% of the initial](#) unpaid waiting period (usually one week), the employee must use PTO hours. The time will be unpaid if the employee does not have enough accrued PTO hours.
- After the first week and use of available PTO, employees determined to be eligible for a disability plan benefit may have their ESL benefit coordinated.

FAQs

What if I do not have enough PTO hours accrued to use during a waiting period?

- The waiting period will be without pay.
- The employee may apply to the Employee pool of "donated PTO hours."

How do I use ESL as a wage supplementation?

- You must notify the District immediately if you receive any wage replacement benefits.
- You will be required to authorize the California Employment Development Department to release information to the District about your claim to assist in coordinating with your State benefits.
- Wage replacement benefits you receive in combination with any PTO or ESL benefits cannot exceed your regular weekly wages.

What if I do not meet the requirements for receiving State *wage replacement* benefits?

- You may be entitled to take unpaid leave and can apply for an official Leave of Absence.
- Please see the Employee Policy on Leave and Leave of Absence.

Can I donate ESL to a coworker?

- You may gift another coworker up to two (2) weeks of ESL per calendar year if they do not have an accrued balance that would fully cover their illness.

What is required to access my accrued ESL?

- Proof of illness is required to access ESL. Your appropriately completed, doctor-certified FMLA, SDI, or PFL application is sufficient.

EXTENDED SICK LEAVE (ESL) BENEFITS	FIRST ADOPTED: 2006
	AMENDED: 10/24/2016

INFORMATION: EXTENDED SICK LEAVE (ESL)

The District provides Regular Full-time Employees with an Extended Sick Leave (ESL) Benefit to minimize economic hardship resulting from unexpected extended illness or injury.

You are eligible to use accrued ESL after 90 days of employment.

How ESL Works:

ESL is redeemed at your average hourly rate (i.e., whole week regular wages divided by full week regular hours).

ESL can be used as a 100% base *wage replacement* if you are not eligible for another form of benefits, such as State Disability Insurance (SDI), Paid Family Leave (PFL), or *Workers' Compensation* (WC). Or it can be coordinated with a state wage replacement benefit.

How ESL hours are used; calculated with and without coordination with state benefit	ESL as 100% Replacement; without state payment	ESL as Supplement; coordinated with state payment
ESL Accrual Hours - Beginning Balance	40 Hours	40 hours
Average weekly wages	\$400	\$400
Subtract any state payment received	\$-0-	\$220
ESL dollars to reach 100% of wages	\$400	\$180
Divide by your average hourly rate	\$10/hour	\$10/hour
Equals the number of ESL hours redeemed	40 hours	18 hours
Remaining ESL Hours	-0- hours	22 hours

ESL Coordinated with State Benefit Requirements and Qualification

As you can see above, your ESL benefit is maximized when used as a *wage supplement* and coordinated with a wage replacement benefit such as State Disability Insurance (SDI), Paid Family Leave (PFL), or *Workers' Compensation* (WC). Your ESL payment differs between the state benefit and your full wage at your regular hourly rate. You use fewer hours of ESL and still receive 100% of your normal base wages. Coordinated total payments cannot exceed 100% of your regular base weekly wages.

To access your ESL benefit and coordinate with State Disability Insurance:

- You must be unable to do your regular or customary work for at least eight consecutive days.
- You must earn less or no money because of the disability.
- You must have a statutory, seven-day, non-payable waiting period, for which, if available, you may use PTO.
- For each episode, employees must use one week of accrued PTO before accessing ESL.

To access your ESL benefit and coordinate with Paid Family Leave, you must:

EXTENDED SICK LEAVE (ESL) BENEFITS

FIRST ADOPTED: 2006

AMENDED: 10/24/2016

- Be approved by the state for PFL.
- Earn less or no money because of time taken off from work to bond with a new child as a mother, father, adoptive parent, or foster parent.
- Earn less or no money because of time taken off from work to care for a seriously ill family (see current state definition) member.
- Be off work for more than seven (not necessarily consecutive) days. There is a seven-day waiting period before benefits are paid.
- For each episode, employees must use one week of accrued PTO before accessing ESL (unless PFL follows SDI/Pregnancy Disability Leave).

To access your ESL benefit and coordinate with *Workers' Compensation*, you must be unable to do your regular work for at least:

- Three days if you are injured on the job (this is a statutory waiting period), or
- Immediately when injured on the job and hospitalized, the work injury extends more than 14 calendar days, or the injury results from criminal violence.

FAQs

What if I do not have enough PTO hours accrued to use during a waiting period?

- The waiting period will be without pay.
- The employee may apply to the Employee pool of "donated PTO hours."

How do I use ESL as a wage supplementation?

- You must notify the District immediately if you receive any wage replacement benefits.
- You will be required to authorize the California Employment Development Department to release information to the District about your claim to assist in coordinating with your State benefits.
- Wage replacement benefits you receive in combination with any PTO or ESL benefits cannot exceed your regular weekly wages.

What if I do not meet the requirements for receiving State *wage replacement* benefits?

- You may take unpaid leave and apply for an official Leave of Absence.
- Please see the Employee Policy on Leave and Leave of Absence.

Can I donate ESL to a coworker?

- You may gift another coworker up to two (2) weeks of ESL per calendar year if they do not have an accrued balance that would fully cover their illness.

What is required to access my accrued ESL?

- Proof of illness is required to access ESL. Your appropriately completed, doctor-certified FMLA, SDI, or PFL application is sufficient.

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting – November 30, 2022****9F Required Upgrades of District Computers** Item # Title**Page 1 of 2**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: Required Upgrades of District Computers

STAFF REPORT: The district has 42 desktop computers – 35 in the health center and seven in the district office – all are between 3-10 years old. All current computers use i5 processors. Startup times for most of the computers are 15 minutes or more. Advancements in our software programs require improvements in our computers.

The life expectancy for a computer is three years; we have replaced some computers with refurbished units to experience significant cost savings. Computers are depreciated over three years, contributions are made to the Asset Replacement Fund, and the uncommitted balance is \$429,000. The required investment currently is approximately \$1,000 per computer. There will be set-up and deployment charges. Quotes are being obtained from Data Path, HP, and Dell Computers.

STAFF REQUEST: Management is seeking approval for up to \$50,000 from the Asset Replacement Fund to upgrade all district desktop computers.

DISTRICT PRIORITY: Operational sustainability; providing employees with the right tools for their jobs.

FISCAL IMPACT: \$50,000 from the Asset Replacement Fund

STAFFING IMPACT: None

CONTACT PERSON: Karin Freese / Data Path

ATTACHMENT(S): None

RECOMMENDED BOARD ACTION:

ROLL CALL REQUIRED: YES

RECOMMENDED MOTION: *I move the Board of Directors approves an expenditure from the Asset Replacement Fund for up to \$50,000 to replace the district desktop PCs.*

<i>Motion Made By</i>	<i>Motion</i>	<i>Second</i>
<i>Director Avila</i>		
<i>Director Campo</i>		

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT

Board Meeting – November 30, 2022

9F Required Upgrades of District Computers Item # Title

Page 2 of 2

<i>Director Mac Master</i>		
<i>Director Pittson</i>		
<i>Director Stokman</i>		

<i>Roll Call Vote</i>	<i>Aye</i>	<i>No</i>	<i>Abstain</i>	<i>Absent</i>
<i>Director Avila</i>				
<i>Director Campo</i>				
<i>Director Mac Master</i>				
<i>Director Pittson</i>				
<i>Director Stokman</i>				



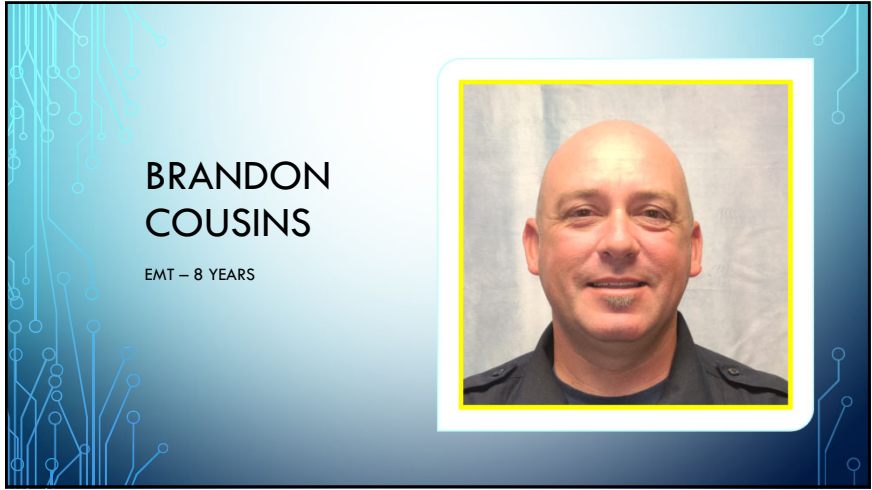
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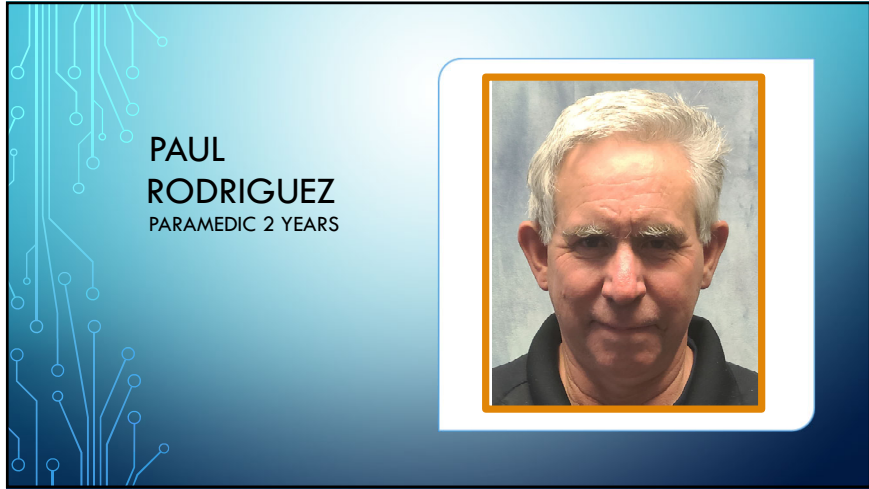
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3

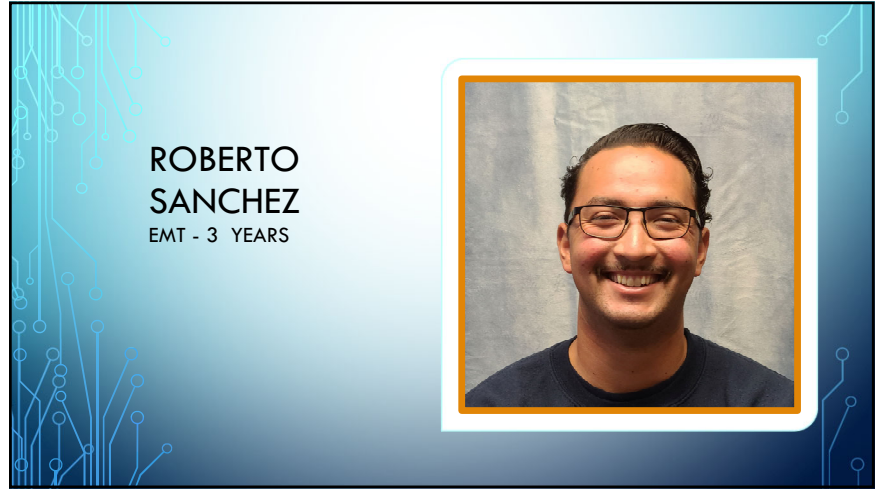


4



**PAUL
RODRIGUEZ**
PARAMEDIC 2 YEARS

5

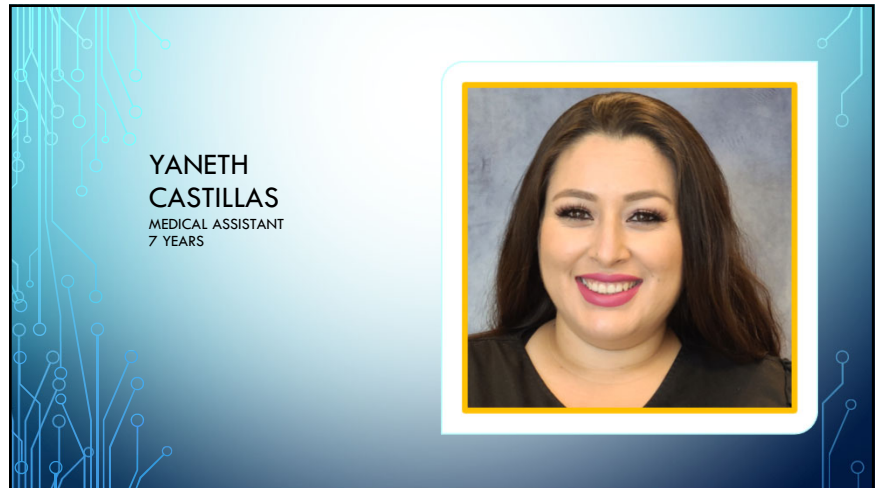


**ROBERTO
SANCHEZ**
EMT - 3 YEARS

6



7



**YANETH
CASTILLAS**
MEDICAL ASSISTANT
7 YEARS

8

TINA UANRACHAWONG
 FLOOR SUPERVISOR
 12 YEARS



9



DEL PUERTO
Health Care District

ADMINISTRATION

10

CHERYLE PICKLE
 HUMAN RESOURCES MANAGER
 4 YEARS



11

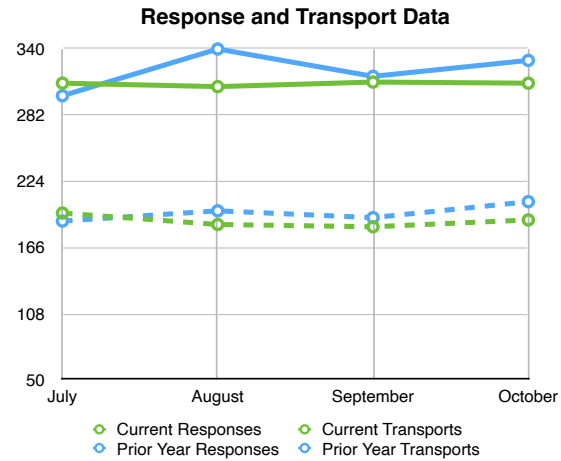
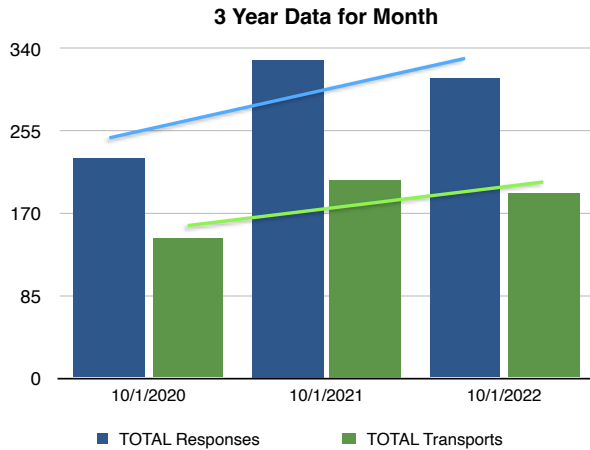
DANAE SKINNER
 ADMINISTRATIVE STAFF
 ACCOUNTANT
 4 YEARS



12

Patterson District Ambulance Response Report October 1, 2022 - October 31, 2022 Monthly Response Summary

	P91	P92	P93	P1	WS	AMR	PDA TOTALS	Other TOTALS	GRAND TOTALS
Responses	130	152	28	1	19	12	310	31	341
Transports	88	87	15	0	14	6	190	20	210
Transport %	67.69%	57.24%	53.57%		73.68%	50.00%	61.29%	64.52%	61.58%
Cancelled Response	15	21	3						
Adjusted Transport %	76.52%	66.41%	60.00%						



Mutual Aid Responses

	Westside		AMR	
	Responses	Transports	Responses	Transports
INTO District	19	14	12	6
OUT of District	14	7	96	33

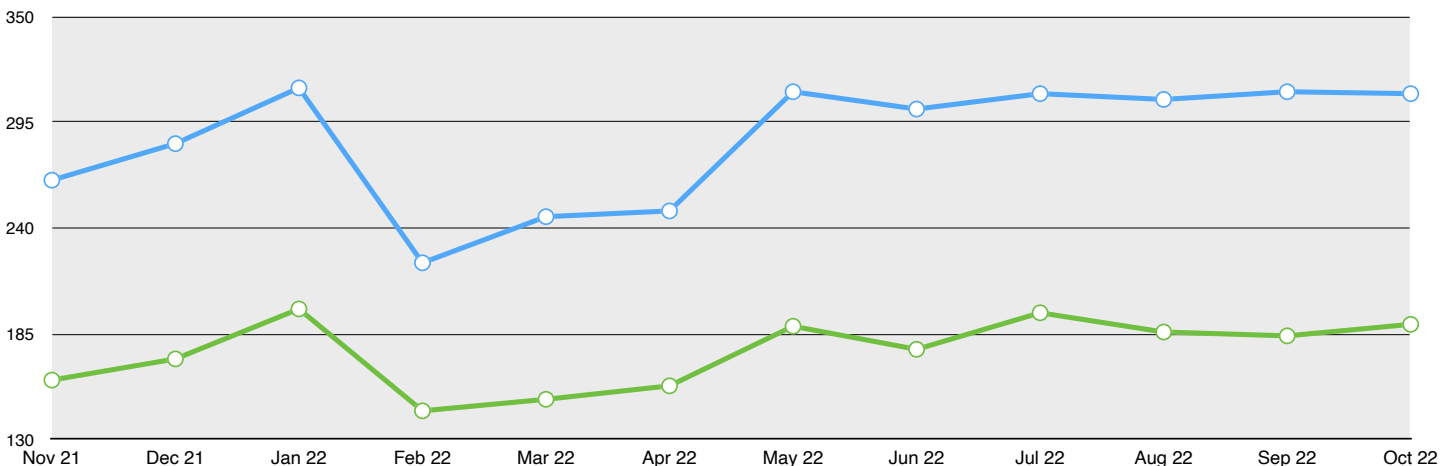
PDA In District Response %

Last Month %	This Month %	NET Change %
95.33%	90.91%	-4.42%

Rolling Compliance Periods - Snapshot on <Pending>

Urban		Suburban		Rural	
Code 3	Code 2	Code 3	Code 2	Code 3	Code 2
0%	0%	0%	0%	0%	0%

Rolling 12 Months - Responses / Transports



Del Puerto Health Care District

Chief Executive Report – November 30, 2022

Karin Freese

Financial Summary Report in Board Packet

- Financial position as of Oct 31, 2022
 - \$2.9 million in liquid assets
 - \$372k in accounts receivable)
 - \$442k in current liabilities
- Wipfli financial draft submitted to Board on November 30, 2022

2022 Election:

- Two empty board seats – requested direction from the Stanislaus County Board of Supervisors for filling the director positions

Health Center

- Quality update November 22, 2022 – we are working with athenaHealth to ensure that our quality measures are being tracked.

Program Name	Measure Name	Goal	Satisfaction %
Adult Preventive Care Guidelines	Blood Pressure Screening	100%	71%
Pediatric Preventive Care Guidelines	Well-child visits, birth-18 months	100%	69%
Diabetes Guidelines	BP Control in Diabetes (140/90)	90%	55%
Diabetes Guidelines	HbA1c Control < 8%	90%	50%
Pediatric Preventive Care Guidelines	Well-child visits 18 months-3 years	100%	48%
Pediatric Preventive Care Guidelines	Adolescent well-care visits	65%	41%
Adult Preventive Care Guidelines	Cervical Cancer Screening	65%	19%
Adult Preventive Care Guidelines	Colorectal cancer screening	65%	9%
Diabetes Guidelines	Diabetic Eye Exam	90%	1%
Diabetes Guidelines	Comprehensive Diabetic Foot Exam	90%	0%

Ambulance

- Hiring EMTs and Paramedics – highly competitive hiring market

Human Resources

- Corina Clark, PA-C, accepted a position with Stanford Health and will not return from FMLA leave. Seeking a replacement advanced practice provider (i.e., physician assistant or nurse practitioner)
- BambooHR, through the Employee Net Promoter score, seeks to evaluate how employees view working at DPHCD. November's findings (see attached) provide opportunities for improvement in communication and wages.

Legislation/Advocacy

- New legislative session - ACHD priorities – hospital seismic funding and deadline extension, Medi-Cal reimbursement rates,

Community:

- Watching City Council Agendas and will plan a presentation shortly.

Strategic Planning

- District Operations and Legislation Training for Board Members
- Radiology/Imaging on the West Side

Facilities

- No space in ambulance quarters for 3rd 24-hour crew

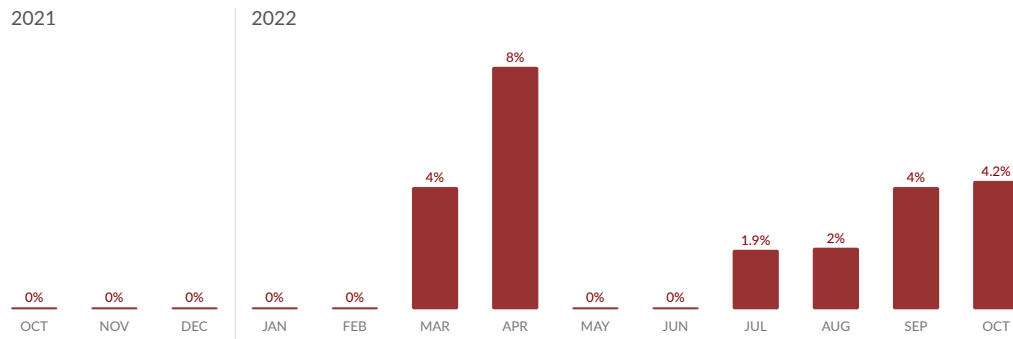
Board/Committee Deferred Items

- Appointment of two additional members of DPHCD BOD



11/22/2022 Employee Turnover

Dates
2021-10-01 - 2022-10-31



Oct 2021 - Oct 2022

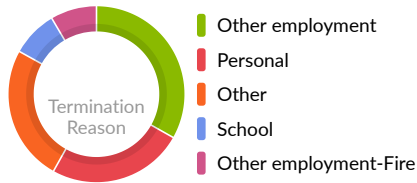
24.2% 12 people
Total Turnover

1.9% 0.9 people
Average Monthly Turnover

Quarter	Turnover %
Q1 (Mar)	~1.5%
Q2	~2.5%
Q3	~2.0%
Q4 (QTD)	~2.5%

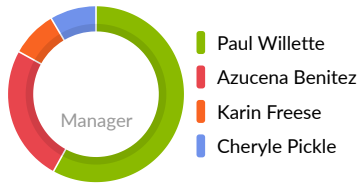
Termination Reason

View Details



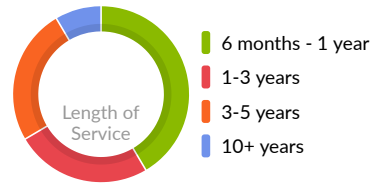
Manager

View Details



Length of Service

View Details

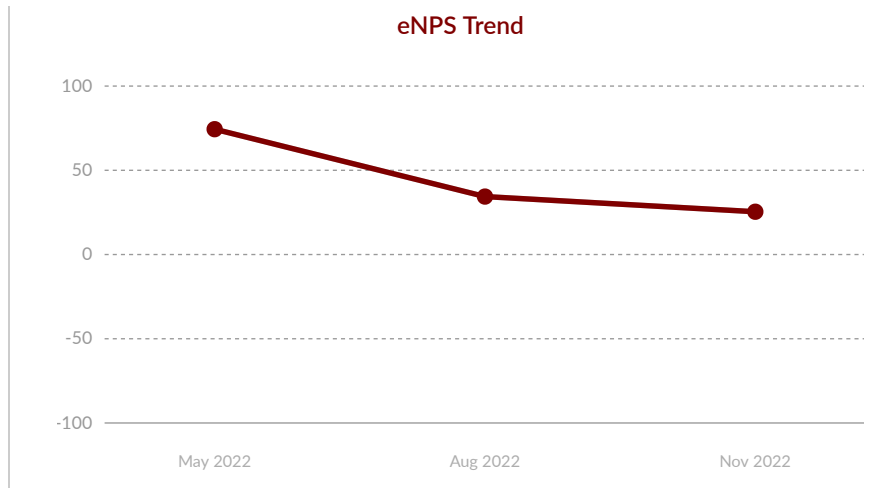
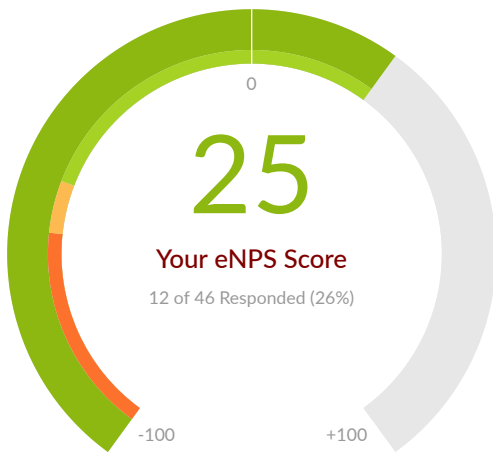


Name	Termination Date ↓	Termination Reason	Reported To	Length of Service	Location
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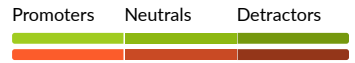
11/22/2022

Employee Satisfaction (eNPS®)

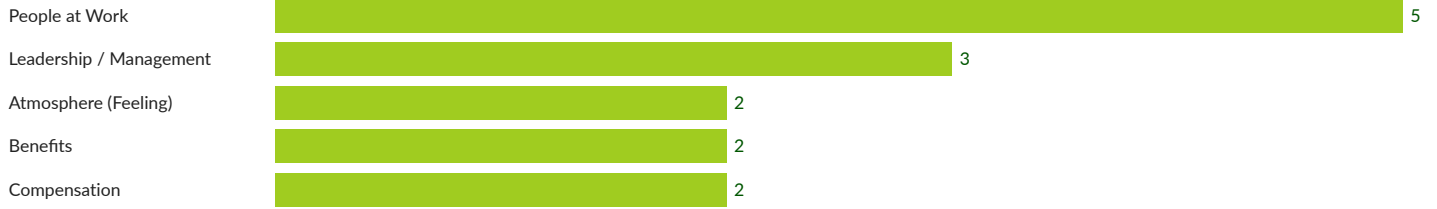


👍 Top 5 Likes

☰ Hide Details




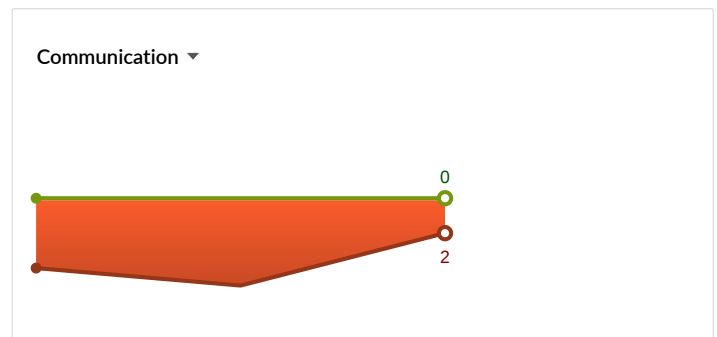
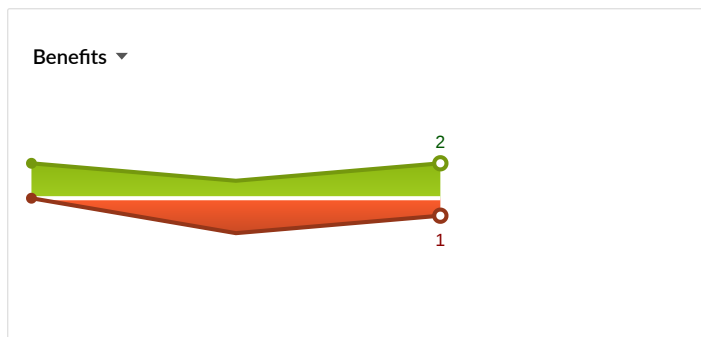
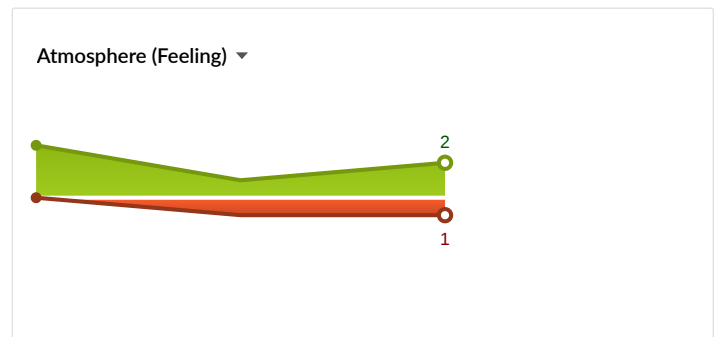
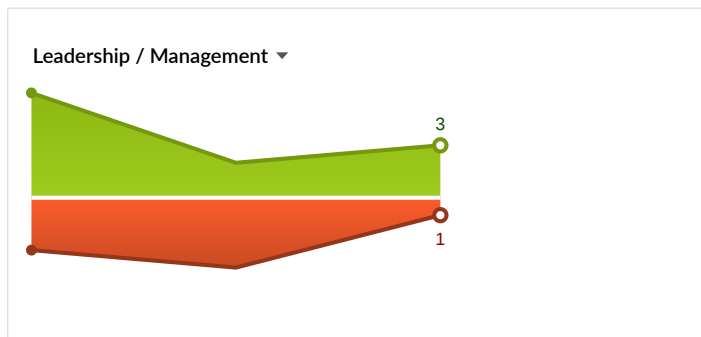
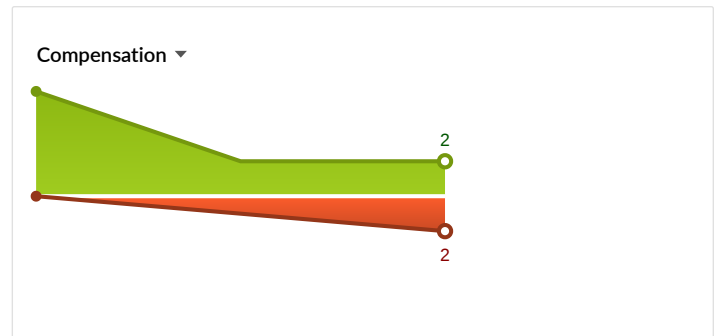
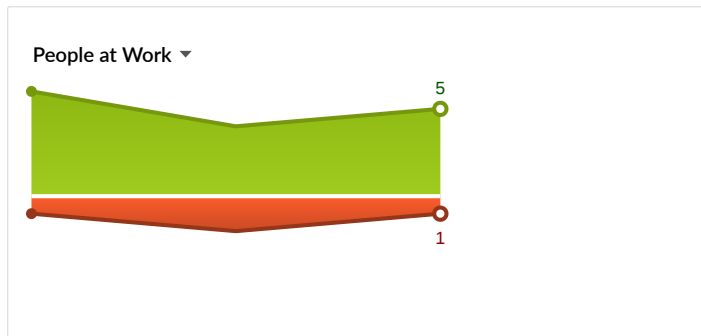
Number of responses



👎 Top 5 Dislikes

Number of responses



 Most Mentioned Topics Over Time

All Topics

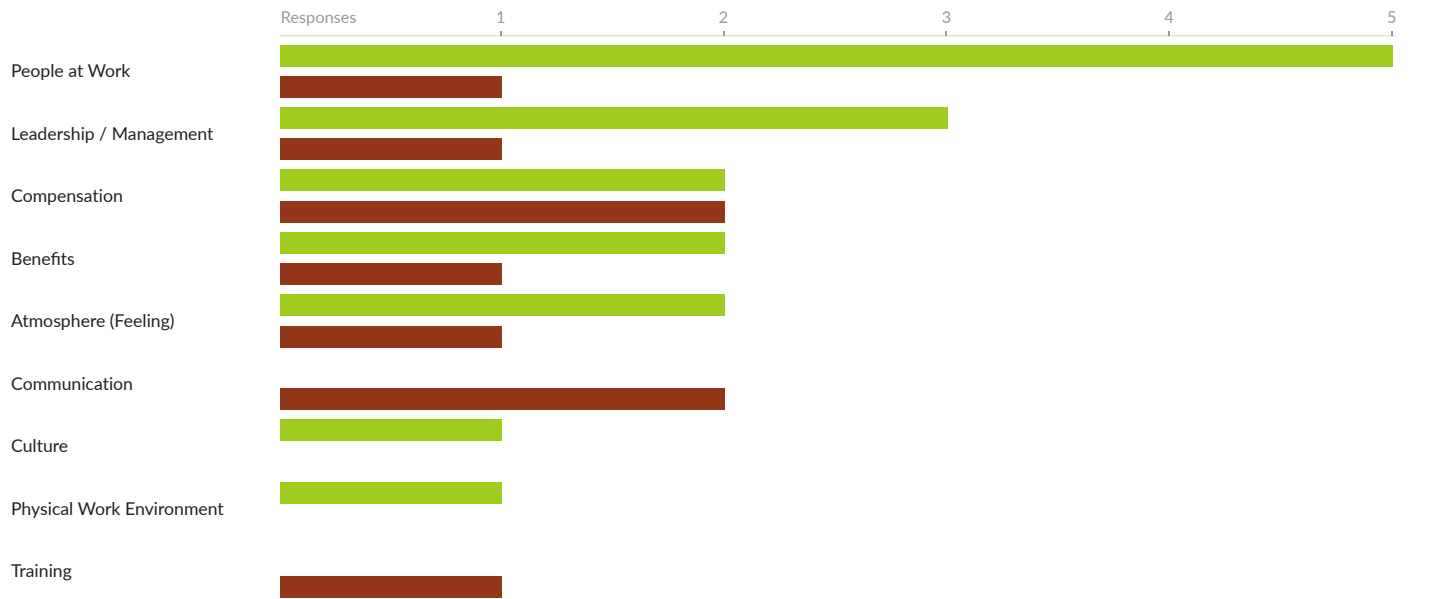
All Tags

Likes

Dislikes

Hide Details

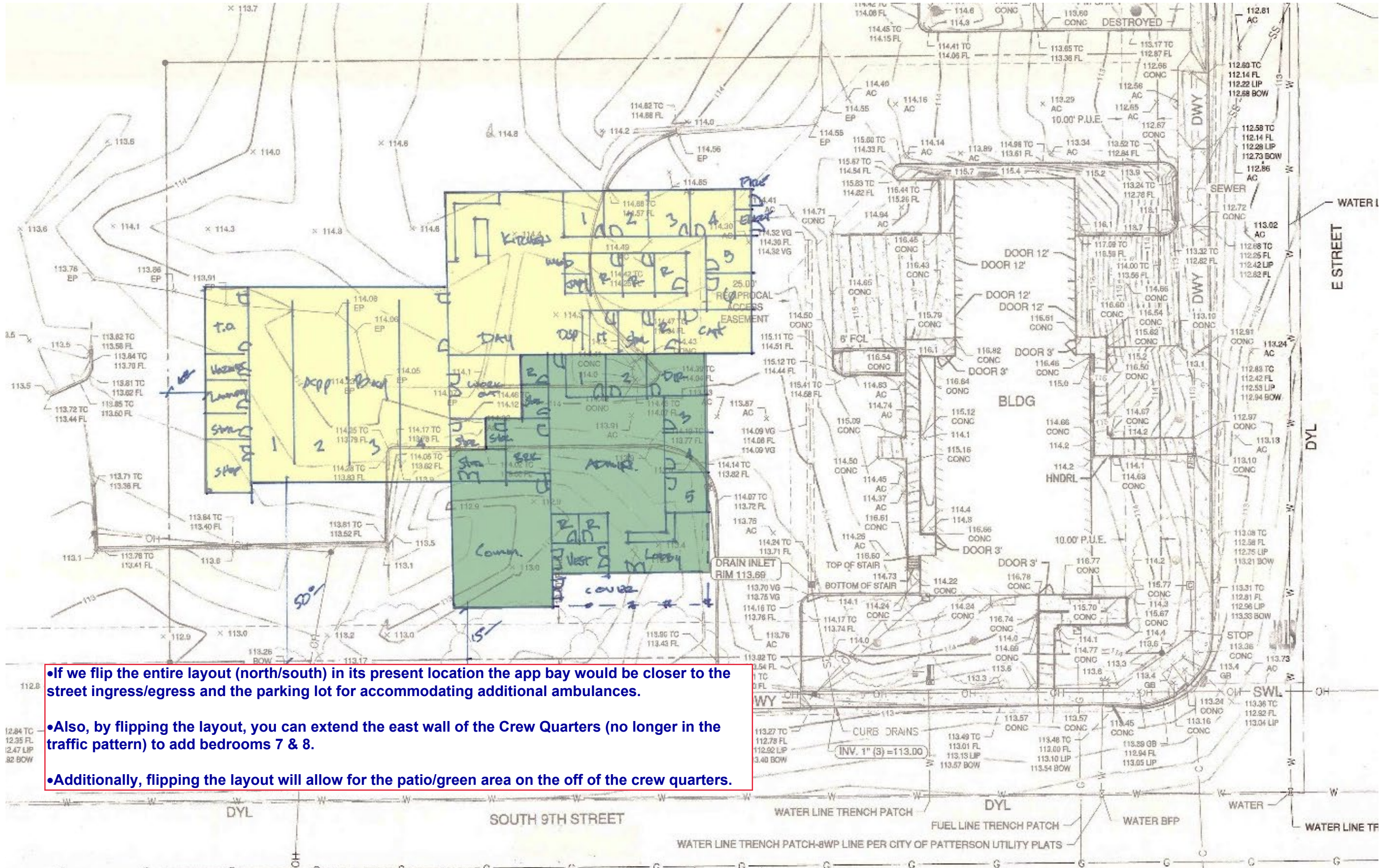
Promoters Neutrals Detractors



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Score	Text Response	Tags - Likes	Tags - Dislikes
10	Good wages and benefits. People want to make a difference	People at Work Benefits Compensation	
10	The people I work with and the good work that we do.	People at Work	
10	We have a great work group that is getting the job done from the field to the CEO! I am always recruiting for the agency when I hear people are looking for employment. 20 years in and look forward to 20 more...but that doesn't make this very anonymous now does it, haha	People at Work Leadership / Management	
10	The People	People at Work	
10	It is a fun warming place to work We have great equipment and great employees The only drawback I see is management needs to cut down on the micro managing.	Culture Leadership / Management Atmosphere (Feeling) Physical Work Environment	
10	Management	Leadership / Management	
9	Work environment among staff can definitely improve. We need to be more kind to others and work as a team. All providers are amazing and easy to work with. Benefits and compensation for employees are great.	People at Work Benefits Compensation Atmosphere (Feeling)	
7	Not so many fulltime employees. Not very many open shifts due to so many employees working fulltime. Parttime employees try to get there required hours in but you can't due to fulltime employees,		
6	Communication		Communication
5	Del Puerto Health Care District is a good place to work, however, the pay isn't comparable to others, and the benefits could be better. If someone were looking for a family environment I would recommend it, but if they were looking to pay off bills, or save money I would not recommend it.		Benefits Compensation Atmosphere (Feeling)
5	Better pay Better training		Compensation Training
3	Hire people that "really" want to work. Communication, communication and communication. Management needs to step it up more.		People at Work Leadership / Management Communication

Del Puerto Health Care District



- If we flip the entire layout (north/south) in its present location the app bay would be closer to the street ingress/egress and the parking lot for accommodating additional ambulances.
- Also, by flipping the layout, you can extend the east wall of the Crew Quarters (no longer in the traffic pattern) to add bedrooms 7 & 8.
- Additionally, flipping the layout will allow for the patio/green area on the off of the crew quarters.

BOARD OF DIRECTORS OF DEL PUERTO HEALTH CARE DISTRICT**Board Meeting –****Item # Title 11A. Board Member District Operations and Legislation Orientation Page 1 of 1**

Department: Chief Executive Office

CEO Concurrence: Yes

Consent Calendar: No

4/5 Vote Required: No

SUBJECT: Board Member District Operations and Legislation Orientation**STAFF REPORT:** Staff will suggest the Board adopt a policy that before a Board Director speaks at legislative or community events, they complete the following:

- 1) a four-hour ride along on an ambulance,
- 2) a “patient visit” experience at the health center,
- 3) attend one formal legislative training session through CSDA or ACHD, and
- 4) annually meet with the CEO to discuss legislative goals.

DISTRICT PRIORITY: Board members are prepared to address community questions, legislation review, and general networking on behalf of the district,**FISCAL IMPACT:** None**STAFFING IMPACT:** Each department head will work with Board members to orient and familiarize them with Ambulance and Health Center operations**CONTACT PERSON:** Karin Hennings**ATTACHMENT(S):** None**RECOMMENDED BOARD ACTION:**

Give direction to staff to proceed with creating Board Policy for future adoption

Del Puerto Health Care District

Resolution of Recognition and Appreciation

Resolution # 2022-18

WHEREAS, Steve Pittson, DC has served on the Board of Directors of Del Puerto Health Care District from November 2014 to November 2022: and

WHEREAS, George “Gallo” MacMaster has served on the Board Of Directors of Del Puerto Health Care District.

NOW THEREFORE BE IT RESOLVED THAT

The Board of Directors of the Del Puerto Health Care District recognize and appreciate their time, effort, and diligence in participating and advising the Del Puerto Health Care District.

*This Resolution of Recognition and Appreciation was adopted, inscribed, and conveyed to **Steve Pittson, DC, and George “Gallo” Mac Master** with a copy to be included in the official minutes of the November 28, 2022, meeting of the Del Puerto Board of Directors.*

Signed this 28th day of November, 2022

Becky Campo, President

Luis Avila, Vice President

George “Gallo” Mac Master, Secretary

Anne Stokman, Treasurer

Steve Pittson, DC., Director



BOARD OF SUPERVISORS

Buck Condit, 1st District
Vito Chiesa, 2nd District
Terry Withrow, 3rd District
Mani Grewal, 4th District
Chance Condit, 5th District

1010 Tenth Street, Suite 6500, Modesto, CA 95354
Phone: 209.525.4494 Fax: 209.525.4420

November 8, 2022

MS BECKY CAMPO
1701 E. MARSHALL RD.
PATTERSON CA 95363

Dear Ms. Campo,

Today you were re-appointed to the Del Puerto Health Care District. Your new term of office will end on December 4, 2026.

On behalf of the Board of Supervisors, I want to thank you for your willingness to serve in this capacity. As you know, this is a very important Board, and we appreciate the time and energy you are willing to devote to Stanislaus County.

If you have any questions, please contact Karin Hennings at 209-892-8781 or by Email at Karin.Hennings@dphealth.org.

I hope you find your term of office to be a rewarding experience.

Sincerely,

A handwritten signature in black ink that reads "Elizabeth A King". The signature is written in a cursive, flowing style.

Elizabeth A King, Clerk of the Board
Stanislaus County Board of Supervisors

cc: Karin Hennings, Del Puerto Health Care District

EAK/pg

Certificate of Appointment and Oath of Office

STATE OF CALIFORNIA,
COUNTY OF STANISLAUS } ss.

I, Elizabeth King, Clerk of the Board of Supervisors of the County of Stanislaus, State of California, do hereby certify that at a regular meeting of said Board of Supervisors held on Tuesday, November 8, 2022,

Becky Campo

was appointed to the Del Puerto Health Care District, to a term which will begin on December 2, 2022 and end on December 4, 2026.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal of the Board of Supervisors of the County of Stanislaus, State of California, today, November 8, 2022.



Elizabeth A. King
Clerk of the Board of Supervisors
County of Stanislaus, State of California

By Elizabeth King, Deputy

STATE OF CALIFORNIA,
COUNTY OF STANISLAUS } ss.

I, Becky Campo do solemnly swear that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Candidate Signature

Subscribed and sworn to before me, this _____ day of _____, 20_____.

Signature of Person Administering Oath

Title of Person Administering Oath