



AGENDA

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday, December 12, 2024, 3:30 pm
Modoc Medical Center Education Conference Room; Alturas, California

Parties with a disability, as provided by the American Disabilities Act, who require special accommodations or aids in order to participate in this public meeting should make requests for accommodation to the Modoc Medical Center Administration at least 48 hours prior to the meeting. Board Agenda packets are available to the public online at www.modocmedicalcenter.org or at the MMC Administration offices.

3:30 pm - CALL TO ORDER – J. Cavasso, Chair

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA – J. Cavasso, Chair

2. AGENDA APPROVAL - Additions/Deletions to the Agenda – J. Cavasso, Chair

3. PUBLIC COMMENT - This is the time set aside for citizens to address the Board on matters not on the Agenda or Consent Agenda. Comments should be limited to matters within the jurisdiction of the Board. If your comment concerns an item shown on the Agenda, please address the Board after that item is open for public comment. **By law, the Board cannot act on matters that are not on the Agenda.** The Chairperson reserves the right to limit the duration of each speaker to **three minutes**. Speakers may not cede their time. Agenda items with times noted, will be considered at that time. All other items will be considered as listed on the Agenda, or as deemed necessary by the Chairperson.

4. ANNUAL ORGANIZATIONAL MEETING

A.) K. Kramer - Acknowledgment of LFHD Board Chair, Jim Cavasso

B.) J. Cavasso - Election of Board Officers (*Newly elected officers will begin their tenure in office on January 1, 2025.*)

- Chair
- Vice Chair
- Secretary

C.) Chair - Appointment of Treasurer

- Treasurer

D.) Chair - Appointment of Board Members to Standing and Special Board Committees

- Finance Committee
- Quality Council
- New SNF/Hospital Addition Committee
-

5. VERBAL REPORTS

A.) K. Kramer – CEO Report to the Board

B.) E. Johnson – CNO Report to the Board

C.) J. Lin – FD Report to the Board

D.) A. Vucina – CHRO Report to the Board

E.) A. Willoughby – COO Report to the Board

F.) Board Member Reports

4. DISCUSSION

A.) A. Willoughby – SNF and HA Project Monthly Report

Attachment A

B.) J. Cavasso – Board Member Attendance Quarterly at Medical Staff Meetings

C.) J. Cavasso – Street Lighting at Intersection of 12th and Nagle

REGULAR SESSION

5. CONSENT AGENDA - Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.

A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes – October 31, 2024

Attachment B

B.) T. Ryan - Medical Staff Committee Meeting Minutes – October 30, 2024

Attachment C

- Medical Staff Committee Meeting Minutes – September 25, 2024
- Pathology Report – No Report

6. CONSIDERATION/ACTION

A.) J. Lin – October 2024 LFHD Financial Statement (*unaudited*)

Attachment D

B.) K. Kramer – Dr. Licauco Employment Agreement

Attachment E

C.) K. Kramer – Budget Amendments

Attachment F

- Parking Lot Sealing and Striping
- ER Provider Contract

EXECUTIVE SESSION

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –

Attachment G

(*Per Evidence Code 1157*)

- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –

REGULAR SESSION

9. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items – October 30, 2024

(*Per Evidence Code 1157*)

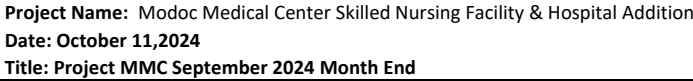
- Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – September 25, 2024

11. MOTION TO ADJOURN – J. Cavasso – Chair

POSTED AT: MODOC COUNTY COURTHOUSE / ALTURAS CITY HALL / MMC WEBSITE-(www.modocmedicalcenter.org)
ON December 6, 2024.

ATTACHMENT A

SNF and HA Project Monthly Report



Schedule Data Date: 11/11/2024
Reporting Period: 10-01-2024 thru 10-31-24

Modoc Medical Center - SNE & HA

Business Plan

- Design & Permitting
- Make Ready
- Building 400 Skilled Nursing
- Hospital Addition

Design & Permitting

- Inc. #1 Site Make Ready
- Inc. #2 UG / Foundations / SOG
- Inc. #3 Interiors
- Inc. #4 Roof Trusses
- Inc. #5 Breakout Structural
- Hospital Addition

Construction

- Building 400 Skilled Nursing
- Site Make-Ready
- Foundations and Slab on Grade
- Building Structure
- Exterior Skin & Roof
- Interiors
- Startup, Test & Commission
- Final Inspections
- Hospital Addition
- UG, Foundations, Structure & Skin
- Interiors
- Final Inspections

Legend

- Design Development
- Permitting
- Substantial Completion

Timeline

2002 2003 2004 2005

April 16, 2004

April 16, 2005

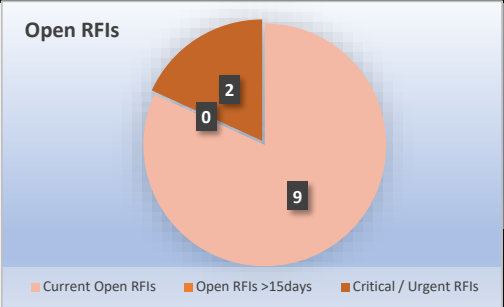
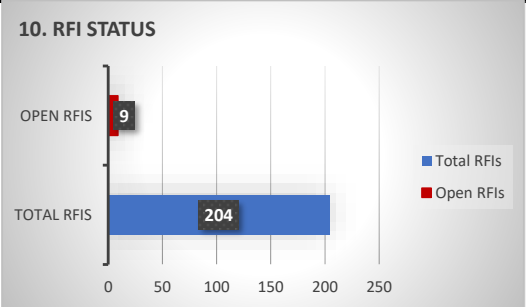
5. MAJOR MILESTONES	Baseline	Last Month	This Month
SNF Structure Complete	7/29/2024	9/25/2024	9/12/24AF
SNF Building Dry-in (all areas)	9/5/2024	10/16/2024	10/14/2024
HA Building Dry-In	9/5/2024	9/23/2024	10/8/2024

7. WEATHER ALLOWANCE		8. CONSTRUCTION DAILY REPORT STATISTICS		TOTAL
Planned	20	Status Through (date)	8/30/2024	
Used This Period	0	Project Work Day Since NTP	101	
Used To Date	19	Total Daily Reports Prepared	101	
Remaining	1	Total Daily Reports Submitted	101	



Submittals

Category	Count	Percentage
Pending Submittals	447	25%
Submitted to NM&R	15	1%
Approved Submittals	444	24%
Total Submittals	906	50%




11. SAFETY

A bar chart comparing 'Jobhours To Date' and 'Jobhours This Period 1'. The y-axis represents the number of jobhours, with a scale from 0 to 40,000 in increments of 20,000. The 'Jobhours To Date' bar is blue and reaches a value of 20,216. The 'Jobhours This Period 1' bar is orange and reaches approximately 10,000.

Category	Value
Jobhours To Date	20,216
Jobhours This Period 1	~10,000

12. SUBCONTRACTOR BUY-OUT STATUS

Total Anticipated Subcontracts	38
Executed Contracts	37
In Process	1
Remaining	0



13. MAJOR LONG LEAD & CRITICAL PROCUREMENTS

Major Procurement Item	Submittal Approval	Anticipated Delivery	Actual Delivery
Generator	9/6/2023	6/20/2024	TBD
Transfer Switches	9/6/2023	12/30/2024	TBD
Air Handlers	2/6/2024	11/15/2024	10/3/2024
Fans, Boiler, Rooftop Units	2/6/2024	11/15/2024	TBD

Project Name: Modoc Medical Center Skilled Nursing Facility & Hospital Addition
Date: October 11, 2024
Title: Project MMC September 2024 Month End

EXECUTIVE SUMMARY					
Design & Permitting Milestones					
GN MI-220	Receive Site Make Ready Permit	0d	0d	6-21-23 A	
GN MI-160	Receive Building 400 Increment 1 & 2 Permit (UG / Foundations / SOG)	0d	0d	9-14-23 A	
GN MI-160	Receive Hospital Addition (Bldg 120) HCAI Permit - All 2B	0d	0d	2-15-24 A	
GN MI-150	Receive Skilled Nursing Facility (Bldg 400 / 410) Increment 5 HCAI Permit	0d	0d	2-16-24 A	
GN MI-150	Receive Skilled Nursing Facility (Bldg 400 / 410) Increment 3 HCAI Permit	0d	0d	6-28-24 A	
GN MI-170	Receive Skilled Nursing Facility (Bldg 400 / 410) Increment 4 HCAI Permit	0d	0d	7-10-24 A	



Buyout of Division 10 scopes of work were put out to bid with no qualified bidders returning a bid. Swinerton will self-perform these scopes. Site activities in progress include: Site paving for the first lift has been completed for the entire site. Site concrete is 90% completed. Roofing is 90% completed with all area's dried in. EFIS finish coat started on SNF & HA working from the East elevation around to the West elevation, Green Girts are 90% completed. Electrical yard generators have been set on their concrete pads. In-wall rough is complete in area B and production drywall has started and above ceiling rough-in on going in SNF and HA. Billings: July's was funded 10-11-24 by USDA. August's was concurred by USDA at the end October with funding schedule 11-12-24. September's was submitted 10-25-24 and has been approved by USDA. October's Pay app submitted 11-11-24 for pencil review.

OWNER PROJECT MANAGER REPORT

As can be seen by comparing the photos from last month's report to the photos herein the construction is progressing at an exceptional pace. There is little doubt now that the Swinerton team will beat the upcoming winter season. The structure is nearly dried in with minor exception of a few window openings that can be easily covered. The sloped roofs are nearly all covered with underlayment and the TPO roof is 95% complete. Site concrete is all but complete. Site paving began in late September and will be completed in early October. Quality continues to be assured by a collaboration of the Swinerton quality engineer, the MMC IOR and special inspectors and the HCAI field staff. The 2 large change orders pending with the USDA State office mentioned in the last report have been concurred by the USDA. The District received a potential change order request of over \$500,000 for the cost impacts allegedly created by adherence to Davis Bacon wage rates and compliance. This request is under consideration by the District's CEO, PM and Attorney. Purchase orders for equipment were let in September continuing into October. Furniture was put out to bid in September. Signage will be put out in October. The district Board has approved the plan and amount of interim financing and closing for the financing is schedule for October 2nd. The District still has significant cash on hand. The State HCAI field staff continues to be pleased with the progression and quality of the construction. Project completion is still scheduled for April of 2025

PROGRESS PHOTOS



ATTACHMENT B

Adoption of LFHD Board of Directors Regular Meeting Minutes

October 31, 2024



REGULAR MEETING MINUTES

LAST FRONTIER HEALTHCARE DISTRICT BOARD OF DIRECTORS

Thursday October 31, 2024, at 3:30 pm
Modoc Medical Center, Education Conference Room.
Alturas, California

Directors present: **Edouard (Jim) Cavasso, Rose Boulade, Mike Mason, Carol Madison, Paul Dolby**
Directors absent:
Staff in attendance: **Kevin Kramer, CEO; Edward Johnson, CNO; Jin Lin, Finance Director; Adam Willoughby, COO; Amber Vucina, CHRO, Matt Edmonds, CMO.**
Staff absent: **Denise King, LFHD Clerk**

CALL TO ORDER

Jim Cavasso, Chair called the meeting of the Last Frontier Healthcare District (LFHD) Board of Directors (Board) to order at 3:30 pm. The meeting location was the Education Room at the new hospital building, located at 1111 N. Nagle Street, in Alturas, California.

1. PLEDGE OF ALLEGIANCE TO THE FLAG OF THE UNITED STATES OF AMERICA

2. AGENDA – Additions/Deletions to the Agenda

Kevin Kramer asked that a verbal report from Dr. Edmonds be added as item 4A and apologized that he missed this in the initial agenda for the meeting. **Carol Madison** moved that the agenda be approved as amended, **Paul Dolby** seconded, and the motion carried with all present voting “aye.”

3. PUBLIC COMMENT

4. VERBAL REPORTS

A.) M. Edmonds – CMO Report to the Board

- Provider Recruitment is going well. Ryan Ciantar will be joining us in January and with that change Ruth Moeller will transition to doing more Hospitalist work. We also have a current offer out to a PA that would replace Wendy Richardson in Canby and when we get a provider to backfill Wendy in Canby, Wendy would transition to walk-in clinic in Alturas.
- Providers want to be here. Production targets and the work environment are really good. Focus is on quality and not quantity here and that has been well received by providers.
- There is work being done on realignment of care coordinator functions to accommodate more efficiency and to transition more focus to preventive care and quality. This should help also bolster revenue to the organization.
- We have been able to bring on some specialty services that are not very common in rural areas, to include podiatry, gastrointestinal, surgery, and interventional radiology. We are always looking for opportunities to expand this as well.
- Overall the quality of care and level of care we are able to provide here is very good and Dr. Edmonds is pleased with this.

B) K. Kramer – CEO Report to the Board

Provider Recruitment

- Dr. Licauco is still talking with us about the Dentist position in Canby and I feel she will likely join our team sometime early next calendar year.

SNF Project

- Interim financing funds are available. We have not used those yet. We have been taking some of our money out of our treasury investments to help fund our portions of the project as needed to continue to provide enough cash for operations.
- Received a technical grant to pay for fees associated with having Anderson Engineering submit a full proposal for a reinjection well project to expand capacity of the school district's system. Still no contractor willing or able to do the well testing work at the high school. I called Ormat Technologies and left a message recently and am hoping to hear back from them on whether or not they can do this work. This is the company that came and presented a program to our local Rotary clubs recently.

340B Compliance

- In reviewing our accumulations that were incorrect we have discovered many of those accumulations were inaccurate. We are now going through a process to identify those overaccumulations and will reverse as many of those accumulations in our software as possible so that our liability to drug manufacturers is much lower and so that we are able to utilize lower our accumulation levels to help correct these mis accumulations that occurred within our hospital 340B program.
- Ambulance Donation
- Still have not reached out to local fire departments.

Old SNF/Warnerview Update

- CDPH has asked us to submit a formal proposal to CMS to keep the old SNF open. Ed and I will work on that over the next couple of weeks and submit it so that we can get formal notice from CMS if they will allow us to keep the old SNF open and retain our rate as a DP/SNF. Will keep you updated as this progresses and as we hear back from them.

Clinic Scope of Change

- Still working on getting things set up to do wound care out of the clinic so that we can file for a scope of change and increase our reimbursement rate from MediCal in the clinic.

MRI Services

- Our mobile MRI service is still not available. We are having conversations with two vendors that are interested in providing service to our area. We anticipate that this may take a few months to get back into place. We are having discussions internally to figure out what our best option may be in regard to MRI services. We have a few different options that we can exercise. The most appealing thing right now is to have a company provide the service and potentially take over management of the logistics if we want to share a unit amongst the five facilities in our region.

IV Solution Shortage

- We are still dealing with a shortage of some IV solutions. This was caused by Hurricane Helene and damage that was done to a Baxter facility in North Carolina that was a major producer of these solutions.
- Meeting weekly to make decisions about whether our available inventory should be utilized for outpatient surgery or not. Have canceled surgery to help conserve our stock for ER and Acute patients that may need these supplies during this busy time of the year.

Potential Budget Amendments

- ER Provider Group has approached me to ask about MMC funding Chantele Sahli's time in the ER completely rather than sharing the cost of her working the ER with the group. This will likely cost around \$80-90k per year but is something we are considering.
- New MRI relationship may translate to a budget amendment as well depending on projected annual cost differences between what was budgeted and what we may expect from these other vendors.
- Pavement Sealing and Striping that would be done in the Spring.

Other Items

- Kevin recommended that the November/December regular meeting be held on December 12. Board members agreed that this date would work. Meeting to be held in the Education Room at 3:30pm.

C.) E. Johnson – CNO Report to the Board

Warnerview

- Currently at a 3-star CMS rating.
- Census is at 49.
 - We are reviewing a patient now who is a resident of Renown Rehabilitation Hospital and is an Alturas resident.
- We will be scheduling the Warnerview Movie Night in November. It will be on Sunday and Wednesday evenings.
- Resident activities
 - Resident Fall Carnival is today with the residents doing the Trick or Treat for the community.
 - County Drives and new facility drive by.
- CDPH Surveyor was here on four complaints last week.
 - Three self-reports.
 - One community report.

Acute

- Census is at three today – we have been running a daily census of three patients.
 - Inpatient – Census 2.73
 - ALOS – 2.93
 - Swing – Census 1.63
 - ALOS – 6.13
- Zero Isolation patients on the floor at this time.
- Admissions
 - 28 Acute
 - 8 Swing
- Surgeries
 - 17 Surgeries

ER

- 476
- Census average of 16 per day with an increase in acuity level.

Ambulance

- 87 runs for the month.

Pharmacy

- Mike – Pharmacy Director is retiring in the next 30 days but is staying on Per Diem.
- Vahe, one of the current pharmacists, is being offered the Director position.
- 2,445 Scripts were filled.
- We are starting cycle fill medication at Warnerview starting September 1st.
 - The short hall will be filled on the 1st and the long hall will be filled on 16th.
 - Bubble packing will be the project.

Lab

- 4567 Test.

Radiology

- 261 X-Rays performed.
- 64 Ultrasounds performed.
- 128 CT Scans performed.

Wound Care Program

- We are looking to relocate this program from Outpatient to the Clinic.
- They will be moving into the old LCSW office.
- Currently they are seeing patients in Outpatient Physical Therapy, Acute and Warnerview.
- The goal is when they move into the Clinic setting, this will grow into a visiting nursing service.

D.) J. Lin – Finance Director Report to the Board

Accounting

- September was a busy month.
- We submitted almost all the items for the cost report - will have a follow up with the Auditors in the next two months.

- We have an Full Time Accounts Payable Tech that started two weeks ago, he has been doing a great job, and he should be able to work on his own with minimal supervision by the end of next month.
- Our controller should be able to start her normal shifts next week.

Floaters

- Our new Office Worker starts on Monday, she had her first day of training with Debbie Rogers yesterday. Debbie was very impressed and said she will be the right fit to replace her while she is on medical leave starting November 8th; The other three office workers have been filling in different departments as needed.

Purchasing

- Doing great.

E.) A. Vucina – CHRO Report to the Board

Permanent/Travel Staff

- We currently have 268 total staff.
- We have a total of 16 travelers.

Compliance

- Performance Evaluations 82% compliant
- TB 87% compliant
- Physicals 88% compliant

Customer Service Training

- This is scheduled to be done in January with around 60 front facing staff members and then will be done for all other staff later in the year.

F.) A. Willoughby – COO Report to the Board

Elkay

- The final consolidated archive is up and running and is being utilized by the applicable staff.
- Elkay is working with Cerner on the final step of accessing the archive directly from Cerner without any clicks in between Cerner and the archive itself (currently it takes to a landing page where you click on the link to the archive and then you're in).

Clinics

- Things are running smoothly in Alturas.
- In Canby, we have Dr. Reitz (Dentist) starting on Monday and his assignment is through early February. This is after the recent departure of Dr. Chen.
- We also have an offer out to Dr. Licaucio as Kevin mentioned so hopefully we'll have a more permanent dentist signed on here soon.
- On the medical side of Canby, we're making an offer to Miriam Arana (PA-C) to backfill Wendy as she transitions to Alturas so we'll see how that pans out.
- We also have a PHP site survey coming up that Julie has been preparing for so we're ready on that front.

Revenue Cycle

- Things are going really well on the Revenue Cycle front.
- I'll send out the final statistics for October as soon as the month closes but our numbers are looking amazing.
- We have received \$3.61 million in payments this month already, which is our highest cash month ever as our previous high was \$3.44 million.
- Last month, we brought in \$1.5 million in payments, which was \$700k short of our historical average. Even if you subtract that \$700k from this month's payments, we're still over \$2.9 million, which is \$700k above our average.
- Our AR >90 has reduced in dollars for the first time after going live with Cerner and the overall AR reduced over \$ 2 million. AR days are down and so are our DNFB days and dollars.
- Everything is looking great now that the big claim hold up issue has been resolved.

G.) Board Member Reports

- **Jim Cavasso** – Thought BBQ for Swinerton went well. Mentioned that we should consider a clinic in Surprise Valley.
- **Carol Madison** – Wants for MMC to consider partnering with TEACH for recuperative care if TEACH

provided housing piece. Kevin Kramer to do some research on this and follow up.

- **Paul Dolby** – Expressed gratitude for his experience with MMC. Asked about the side entrance to clinic and retail pharmacy being locked and if we have a plan to get that door to be unlocked during business hours.
- **Mike Mason** – Expressed gratitude for service provided to mother-in-law. Mother-in-law complimented the food while here.
- **Rose Boulade** – Attended Finance Committee and BBQ for Swinerton Builders. BBQ turned out good.

5. DISCUSSION

A.) A. Willoughby – SNF and HA Project Monthly Report

Adam Willoughby, COO advised the Board of the progress for the New SNF and HA and answered the questions the Board had, speaking from the monthly project report provided in the Board Packet.

REGULAR SESSION

6. CONSENT AGENDA - Items under the Consent Agenda heading do not require discussion before a vote. If discussion is needed, that item needs to be moved to the Consideration/Action part of the Agenda where discussion is allowed.

A.) D. King - Adoption of LFHD Board of Directors Regular Meeting Minutes –September 26, 2024

B.) T. Ryan - Medical Staff Committee Meeting Minutes –September 25, 2024.

- **Medical Staff Committee Meeting Minutes –August 28, 2023.**
- **Pathology Report – August 31, 2024**
- **Policy Review – September 2024**

C.) E. Johnson – Policy and Procedures

- **Radiology**
- **Physical Therapy**
- **Dietary – SNF**
- **Activities – SNF**
- **Infection Control – SNF**

Carol Madison moved that the Consent Agenda be approved as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye.”

6. CONSIDERATION/ACTION

A.) E. Johnson – Departmental Policy Manuals

- **Skilled Nursing Facility**
- **Skilled Nursing Facility Activities**
- **Skilled Nursing Facility Social Services**
- **Human Resources**

Ed Johnson, CNO explained the work that had been done and was in progress on the skilled nursing facility manuals. **Amber Vucina, CHRO** explained work that had been completed for the HR manual as well.

Paul Dobby moved to approve the Departmental Policy Manuals as presented, **Rose Boulade** seconded, and the motion carried with all present voting “aye”.

B.) J. Lin – September 2024 LFHD Financial Statement (unaudited).

J. Lin, Finance Director presented the *unaudited* Last Frontier Healthcare District Financial Statement for September 2024, from the narratives and financial statements provided in the Board meeting packet.

Carol Madison moved to accept the September 2024 LFHD Financial Statement (unaudited) as presented, **Mike Mason** seconded, and the motion carried with all present voting “aye.”

Mike Mason moved to close the Regular Session of the Board of Directors, **Paul Dolby** seconded, and the motion carried with all voting “aye.”

The Regular Session of the Last Frontier Healthcare District Board of Directors was adjourned at 5:05 pm.

EXECUTIVE SESSION

Executive Session was called to order by **Jim Cavasso, Chair**, at 5:05 pm.

7. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –September 25, 2024– (Per Evidence Code 1157).

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B –August 28, 2024.**

Based upon character, competence, training, experience and judgment, favorable recommendation by peers and credentialing criteria fulfillments, the Medical Executive Committee recommended the following appointments for Last Frontier Healthcare District Board of Directors' acceptance:

- Shannon Davidson, CRNA – Recommend reappointment of Allied Health status/privileges in the Anesthesia category.
- Rebecca Dyson, MD – Recommends reappointment of Telemedicine privileges in the Radiology Category.

Rose Boulade moved to close the Executive Session and resume the Regular Session of the LFHD Board of Director's meeting, **Paul Dolby** seconded, and the motion carried with all voting "aye."

The Executive Session of the Board of Directors was adjourned at 5:08 pm.

RESUME REGULAR SESSION

The Regular Session of the Board of Directors was called back to session by **Jim Cavasso, Chair**, at 5:08 pm.

8. CONSIDERATION / ACTION

A.) T. Ryan – Medical Executive Committee Minutes & Credentialing Items –September 25, 2024. (Per Evidence Code 1157)

- **Medical Executive Committee Minutes & Credentialing Items OPPE 2019B – August 28, 2024.**

Mike Mason moved to approve and accept Minutes, Credentialing, and Privileging items as outlined above, **Paul Dolby** seconded, and the motion carried with all members voting "aye."

11.) MOTION TO ADJOURN

Carol Madison moved to adjourn the meeting of the Last Frontier Healthcare District Board of Directors at 5:10 pm, **Paul Dolby** seconded, and the motion carried with all present voting "aye."

The next meeting of the Last Frontier Healthcare District's Board of Directors will be held on December 12, 2024, at 3:30 pm in the Education Conference Room, Modoc Medical Center in Alturas, California.

Respectfully Submitted:

Denise R. King
Last Frontier Healthcare District Clerk

Date

ATTACHMENT C

Medical Staff Committee Minutes



DATE: DECEMBER 12, 2024

TO: GOVERNING BOARD

FROM: T.RYAN – CREDENTIALING AIDE

SUBJECT: MEDICAL STAFF COMMITTEE MINUTES

*The following Medical Staff Committee Minutes were reviewed and accepted at the October 30, 2024, meeting and are presented for Governing Board review:

A. REVIEW OF MINUTES

1. Medical Staff Committee – September 25, 2024

B. PATHOLOGY REPORT – No Report

C. NEW BUSINESS

1. Policy Review – October 2024
2. Incomplete Records



MEDICAL STAFF COMMITTEE MEETING

September 25, 2024 – Education Building

MINUTES

In Attendance

Matthew Edmonds, MD Chief Medical Officer
 Edward Richert, MD Vice Chief Medical Officer
 Lisanne Burkholder, MD
 Landin Hagge, DO
 John Murnin, DO
 Barbara Howe, RDN

Mike Gracza- Pharmacist
 Kevin Kramer- CEO
 Alicia Doss- Risk Management
 Maria Morales- MSC/H.I.M Director
 Taylor Ryan- Credentialing Aide

SUBJECT	DISCUSSION	ACTION
I. CALL TO ORDER	After noting that the required members were present to constitute a quorum, the regularly scheduled Medical Staff Committee Meeting was called to order at 1210 by Dr. Edmonds, MD Chief Medical Officer.	
II. CONSENT AGENDA ITEMS	1. The following minutes were reviewed: A. Medical Staff Committee Meeting of August 28, 2024.	Minutes approved by motion, second, and vote. Forward to Governing Board.
III. PATHOLOGY REPORT	Review of Report, 08/21/2024.	Report at next meeting
IV. CHIEF MEDICAL OFFICER REPORT	Currently, there has not been too much going on. Our focus has been on providers lately. We have been interviewing for our provider's replacement and we are moving forward with that. If she ends up liking it and moves out to Canby, we can place Wendy Richardson as our walk-in provider. Ryan Ciantar is scheduled to take his medical license, so that is moving along. There have been some recent issues with Pap smears that we discussed at our last provider meeting. More so, the procedures and if anyone is doing anything differently, if there is new	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	equipment or new web prep. But it does not appear we are doing anything differently. However, the consensus is for providers who have not had any sent back, which most of us have, it appears to be a specific procedural item involving surgical lubricant. With that said, this is all being disseminated amongst the providers and that is really the only clinical issue. Mostly, we are just trying to expand, and we are looking for people that want to work here because we have places for them.	
V. EMERGENCY ROOM REPORT	Nothing to report.	
VI. CEO REPORT	On the provider front, we are still looking for a permanent Dentist for Canby. We did have a site visit from Dr. Kim last week who is interested so will reach out today and send over an offer and draft contract. Next week we have another site visit with a Dr. Licauco on Friday. Right now, she runs her own practice in Orange County but wants to get out of the big city. I think she can bring a lot of leadership to our dental and if she decides to stay long term, she would be the type of Dentist that could help us expand our dental footprint into Alturas if we wanted to go down that path. With the Skilled Nursing Facility project, interim financing was approved. The documents were approved by the board last week in a special board meeting and that is supposed to close October 2 nd . Currently, that is the focus to process those documents, signing, and making sure all the edits are in there that we requested and getting those off to the trustees so we can be done with that project. This is a 24-million-dollar loan that will be used to pay for construction costs and then the USDA will buy those notes at the end of the project, likely June or July, and then we'll have a USDA loan for 24-million-dollars. This project is on schedule for the most part. Also, we are still trying to pull off geothermal systems and trying to expand that with the school district. We have not found a vendor that is willing to test the well at the high school yet, so	Report at next meeting

SUBJECT	DISCUSSION	ACTION
	<p>Anderson engineering out of Lakeview is still working on that and test that well at the high school to see if it could serve as a reinjection well. We did get a small technical assistance grant, a ten thousand dollar grant to help with some of the fees with Anderson engineering, so that is all still in the works. Also related to the new Skilled Nursing Facility, we are exploring the viability of keeping the old Skilled Nursing Facility open as a composite distinct part SNF. So far, all signs showing CDPH will allow us to keep it open and if they allow us to remain licensed there, we will likely license it for 25 beds, we will license the new facility for 50, so we will have a total of 75 SNF beds. We would get the same reimbursement rate at the old SNF as we are getting today, so we would keep that rate at the new SNF as it will all remain distinct parts skilled, so that is probably the direction we are going to head. There is a financial analysis that needs to be done to make sure we are going to cover ourselves, cover the staffing that will be required down there, and make sure that at 25 capacity we are able to make money. That being, this is where we are at and making sure CDPH will approve this or not. With the providers, splitting the SNF patient population amongst 75 is likely not going to work, so we will probably look into layering a FNP or PA or have a position assigned to do that exclusively. The QIP Audit for DHCS/QIPR clinical depression and tobacco screenings and interventions went very well with really no issues, so big thank you for that. We overperformed on clinical depression screenings and the tobacco sensation screenings not so much when there is an intervention that needs to be done, so just a reminder to document that intervention and refer them to the California quits hotline. We also have cards that can be given to patients so reference all of that in your notes. Lastly, the senior leadership team has asked our managers to try and keep their</p>	

SUBJECT	DISCUSSION	ACTION
	departments open on any day that's not a recognized holiday so we can be available to the public and we only have 6 in our organization. The 6 are New Year's, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.	
VII. CNO/SNF REPORT	Absent.	
VIII. PHARMACY REPORT	Recently, we did get in our current COVID boosters, so we now have both enough Influenza and COVID vaccines for the upcoming season. These are being administered in the outpatient pharmacy and Judy is going around to administer for employees in the next few weeks. The new retail pharmacy manager seems to be working out fine. He is tackling some issues, so far so good.	Report at next meeting
NEW BUSINESS IX. POLICY REVIEW & APPROVAL	The following New Business was presented for review/approval: 1. Policies of September 2024	After review and discussion, a recommendation was made to implement the September 2024 Policies. The recommendation was ratified by motion, second, and vote. Recommendations will be forwarded to the Governing Board for final approval.
X. ADJOURNMENT	The meeting was adjourned at 1230.	


 Matthew Edmonds, MD Chief Medical Officer

10/30/2024
 Date

REFERENCE #	LEAVE BLANK	EFFECTIVE:	
SUBJECT:	RISK ASSESSMENT AND PROCESS FOR BEHAVIORAL HEALTH PATIENTS	REVISED	
DEPARTMENT:	EMERGENCY DEPARTMENT		

PURPOSE:

The purpose of this policy is to ensure an effective method for suicidal assessment, monitoring and treatment of patients at risk for suicide. These prevention techniques will be accomplished by a comprehensive approach that identifies and mitigates process and system level issues contained within the hospital environment that contribute to suicide attempts.

AUDIENCE:

Department Staff

POLICY:

It is the policy of Modoc Medical Center (MMC) to complete a suicide risk assessment on all patients ages 12 and above using the Columbia-Suicidal Severity Rating Scale (C-SSRS), on admission to the emergency department and upon any relevant change in condition.

PROCEDURE:

Initiate a 1:1 observation of the patient if the patient's chief complaint is:

- Suicidal ideation
- Homicidal ideation
- Self-injurious behavior

Complete the Columbia Suicide Severity Rating Scale (C-SSRS) on every patient during triage (ages 12 and above).

- If the patient answers "no" to C-SSRS screening questions 1, 2, and 6, the patient is considered not at risk for suicide currently.
- Safety interventions are initiated on patients screened to be at moderate or high risk for suicide on the C-SSRS. These interventions may be modified as a result of a rescreening, assessment, reassessment, transfer to a different level of care, or discharge.
- An environmental risk assessment will be completed to identify features in the physical environment that could be used to attempt suicide or otherwise impose harm. The room/environment will be modified by removing objects that pose a risk if they can be removed without adversely affecting the patient's care.
- Place patient in room 3 if available. This room is equipped with a camera for continuous patient monitoring at the nursing station.
- Contact Behavioral Health for evaluation.

REFERENCE #	LEAVE BLANK	EFFECTIVE:	
SUBJECT:	RISK ASSESSMENT AND PROCESS FOR BEHAVIORAL HEALTH PATIENTS	REVISED	
DEPARTMENT:	EMERGENCY DEPARTMENT		

- Document all assessment findings and safety interventions initiated in the patient's electronic medical record.

Room clearance checklist for suicide precautions:

- Remove the patient's belongings out of the room. This includes cellular phones, charging cables, knives, lighters or matches, and personal medications.
- Remove patient's clothing. Place patient in paper gown/scrubs.
- Remove all personal items that are ligature and/or suffocation risks (e.g. belts, gloves, plastic bags).
- Remove any ingestible liquids including hand sanitizer bottles and cleaning agents.
- Remove all tubing and cords not actively used for medical care.
- Remove all medical equipment that is sharp or could be used as a weapon if thrown or swung when not in use.
- Lock cabinets and drawers in the room to prevent patient access.

Patients placed on a 5150 hold:

- Remove the patient's belongings out of the room. This includes cellular phones, charging cables, knives, lighters or matches, and personal medications.
- Remove patient's clothing. Place patient in paper gown/scrubs.
- Remove all personal items that are ligature and/or suffocation risks (e.g. belts, gloves, plastic bags).
- Remove any ingestible liquids including hand sanitizer bottles and cleaning agents.
- Remove all tubing and cords not actively used for medical care.
- Remove all medical equipment that is sharp or could be used as a weapon if thrown or swung when not in use.
- Lock cabinets and drawers in the room to prevent patient access.
- No visitation from any family members or friends. (This is to prevent any stress or escalation in the patient's behavior.)
- Meals will be provided on a safety tray from dietary. This includes paper products and plastic utensils.
- Sitter at bedside.

REFERENCE #	LEAVE BLANK	EFFECTIVE:	
SUBJECT:	RISK ASSESSMENT AND PROCESS FOR BEHAVIORAL HEALTH PATIENTS	REVISED	
DEPARTMENT:	EMERGENCY DEPARTMENT		

- If a patient on a 5150 hold elopes from the emergency department, staff will contact 9-1-1 to notify law enforcement.

Education:

All patients treated for psychiatric, emotional or behavior disorders will receive the following information and instructions in written form upon discharge:

- “If you feel unsafe or feel that you might harm yourself or others you can:

Call 1-800-273-8255 for the National Suicide Prevention Lifeline

Call 911 or go to your nearest emergency room.

Call Modoc County Behavioral Health Crisis Lines 24/7 at 1-530-233-6312.

Call or text 988 or chat at 988lifeline.org.

Contact this site for Spanish- <https://988lifeline.org/help-yourself/en-espanol/>.

If you are in a life-threatening emergency situation, dial 9-1-1.

REFERENCES:

California Department of Public Health. (2023). Assembly Bill (AB) 1394- Suicide Screening Requirements. In C. D. Health. Sacramento: CDPH.

MODOC MEDICAL CENTER
INCOMPLETE RECORDS SIGNED OFF

MR#	DISCH DATE	DEFICIENCY	PROVIDER
81849	10/7/2023	Discharge Instructions not signed	Paul Opare-Addo, MD
95928	10/7/2023	Discharge Instructions not signed	Paul Opare-Addo, MD

Signature 

10/30/2024
Date

ATTACHMENT D

LFHD Financial Statement

October 2024

(unaudited)

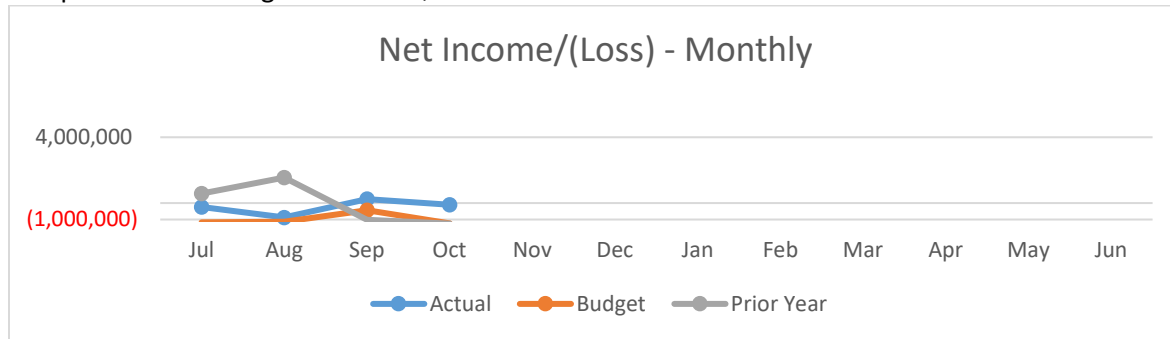


Modoc Medical Center
Financial Narrative
For the Month of October 2024

Prepared by Jin Lin, Finance Director

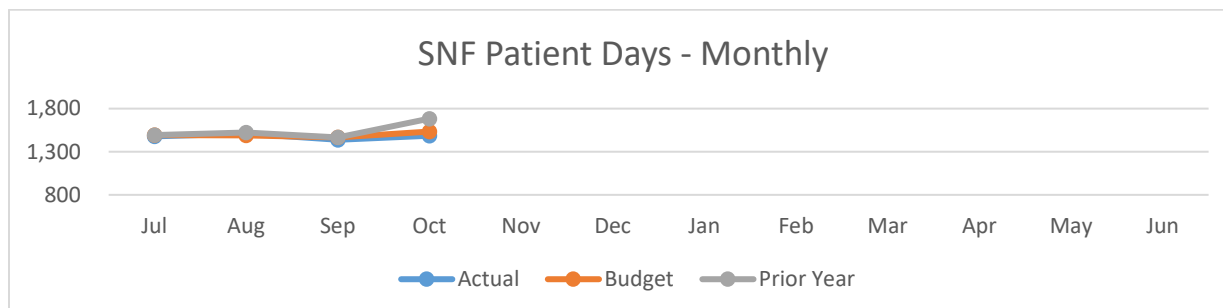
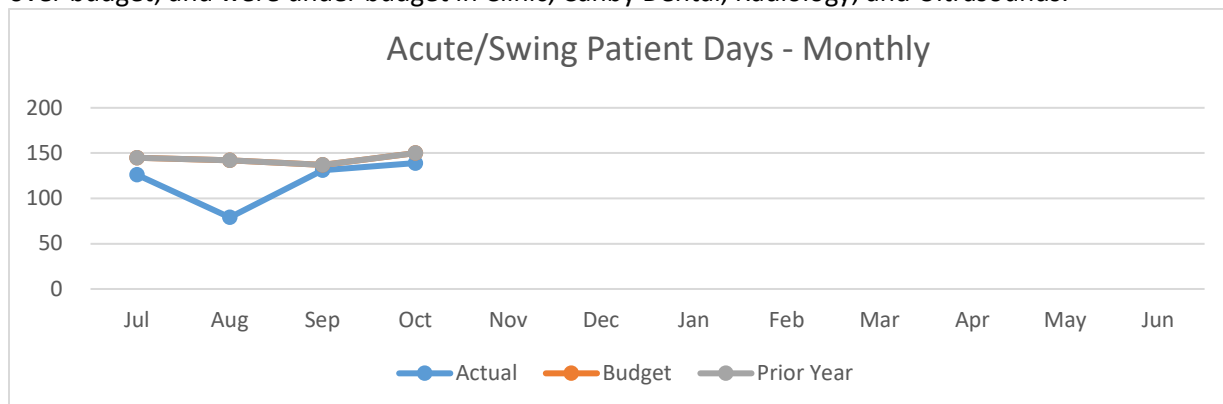
Summary

During the month of October, Modoc Medical Center reported a net Loss from operations of \$202K that was above budget by \$928K. Inpatient revenue was up by \$197K and outpatient revenue was also up by \$484K compared to the budget. Total patient revenue was \$4.701 million, showing an increase of \$681K compared to the budget. Net income, including Non-Operating Activity, showed a loss of \$102K compared to the budgeted loss of \$1.234 million.



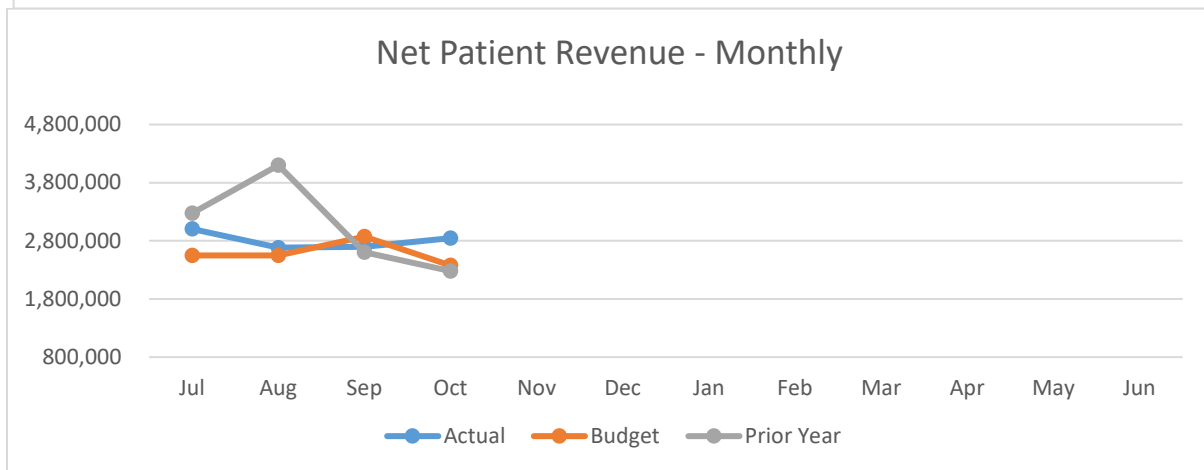
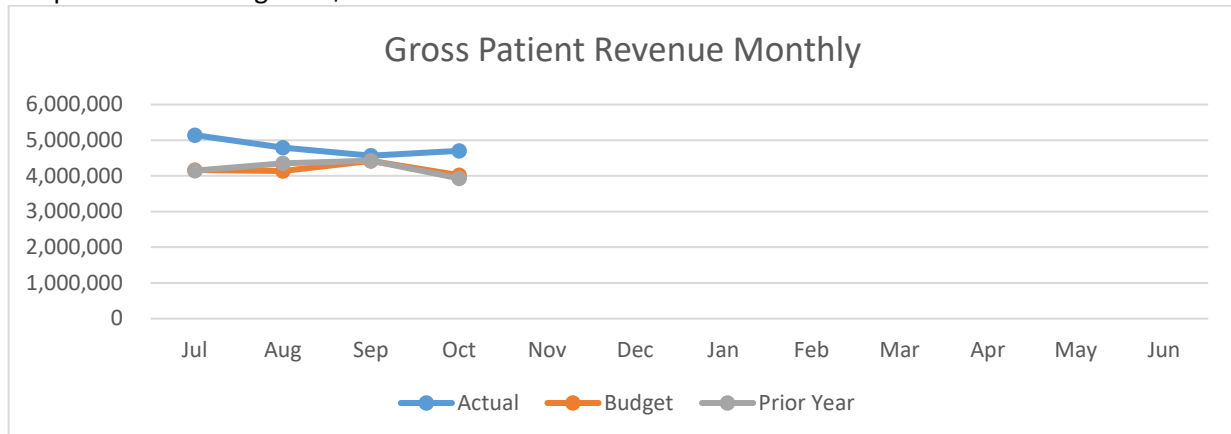
Patient Volumes

Combined Acute Days were under budget for the month by 11 days. The SNF Patient Days were up to 1,484 under budget by 50 days. Overall Inpatient Days were under budget by 61 days (1,623 actual vs. 1,684 budget). Outpatient visits in ER, Ambulance, lab, Retail Pharmacy, Canby Clinic, and Surgery were over budget; and were under budget in Clinic, Canby Dental, Radiology, and Ultrasounds.



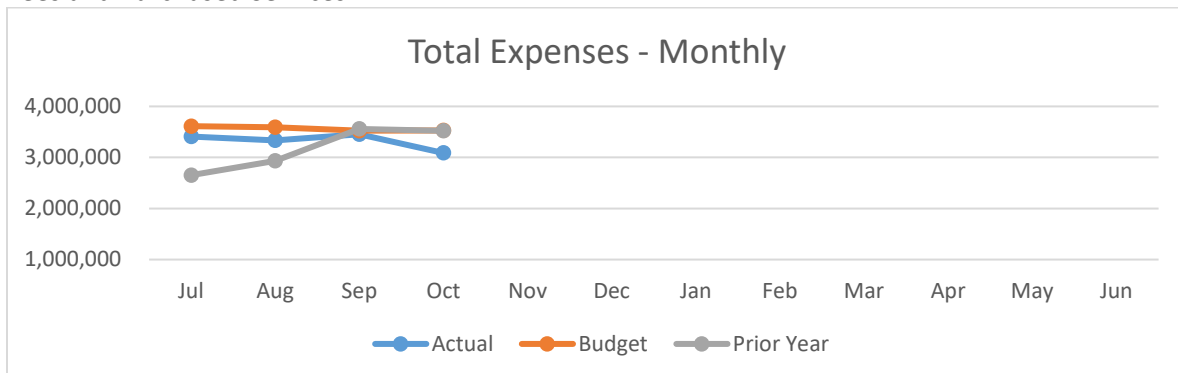
Revenues

Gross Patient Revenues were \$4.702 million, compared to the budget of \$4.020 million. Inpatient Revenue was \$1.519 million compared to the budget of \$1.322 million; and Outpatient Revenue was \$3.182 million compared to the budget of \$2.698 million. Net Patient Revenue was \$2.845 million, compared to the budget of \$2.376 million.



Expenses

Total Operating Expenses were \$3.087 million this month, compared to a budget of \$3.528 million. Operating expenses were down \$396K from the prior month. The decreases mainly were in Professional Fees and Purchased Services.



Non-Operating Activity

Non-Operating expenses for the month: \$80K from accrued USDA loan interest. District Vouchers totaled \$8K. Interest income of \$86K from CDs, and Retail pharmacy showed a profit of \$101K. Total non-operating income for the month showed a profit of \$99k.

Balance Sheet

Cash decreased for October by \$6.443 million to \$23.231 million due to the new SNF Pay App. The total liabilities decreased by \$1.052 million. Days in Cash totaled 211. Days in AP totaled 13. Days in AR totaled 81. The current ratio was 9.84. Net AR as a percentage of gross AR was 39.87%.

Modoc Medical Center
Income Statement Trend

	<u>Jul-23</u>	<u>Aug-23</u>	<u>Sep-23</u>	<u>Oct-23</u>	FYE 2024 YTD YTD	FYE 2025 YTD YTD	<u>Jul-24</u>	<u>Aug-24</u>	<u>Sep-24</u>	<u>Oct-24</u>
Revenues										
Room & Board - Acute	345,492	317,987	318,575	283,531	1,265,585	2,538,877	681,023	405,005	744,172	708,677
Room & Board - SNF	812,447	827,207	802,683	697,273	3,139,610	3,229,262	824,217	827,753	766,813	810,479
Ancillary	195,932	165,072	211,691	148,162	720,857	0		0	0	0
<u>Total Inpatient Revenue</u>	<u>1,353,871</u>	<u>1,310,266</u>	<u>1,332,949</u>	<u>1,128,966</u>	<u>5,126,052</u>	<u>5,768,139</u>	<u>1,505,240</u>	<u>1,232,758</u>	<u>1,510,985</u>	<u>1,519,156</u>
Outpatient Revenue	2,797,167	3,047,136	3,094,016	2,802,183	11,740,502	13,433,872	3,638,233	3,557,140	3,056,540	3,181,959
<u>Total Patient Revenue</u>	<u>4,151,039</u>	<u>4,357,402</u>	<u>4,426,965</u>	<u>3,931,149</u>	<u>16,866,554</u>	<u>19,202,011</u>	<u>5,143,473</u>	<u>4,789,898</u>	<u>4,567,524</u>	<u>4,701,115</u>
Bad Debts		26,790	1,821,473	1,651,547	3,499,810	1,203,937	333,441	753,529	116,967	
Contractual Adjs	878,097	231,127	0	0	1,109,224	5,276,803	983,239	1,186,979	1,267,377	1,839,209
Admin Aids		0	0	0	0	1,491,100	823,372	166,594	484,062	17,071
<u>Total Revenue Deductions</u>	<u>878,097</u>	<u>257,917</u>	<u>1,821,473</u>	<u>1,651,547</u>	<u>4,609,034</u>	<u>7,971,840</u>	<u>2,140,052</u>	<u>2,107,102</u>	<u>1,868,406</u>	<u>1,856,280</u>
<u>Net Patient Revenue</u>	<u>3,272,942</u>	<u>4,099,485</u>	<u>2,605,492</u>	<u>2,279,602</u>	<u>12,257,520</u>	<u>11,230,171</u>	<u>3,003,421</u>	<u>2,682,796</u>	<u>2,699,118</u>	<u>2,844,835</u>
% of Charges	78.8%	94.1%	58.9%	58.0%	72.7%	58.5%	58.4%	56.0%	59.1%	60.5%
Other Revenue	22,979	214,711	17,954	71,790	327,434	99,136	37,465	4,213	16,924	40,534
<u>Total Net Revenue</u>	<u>3,295,921</u>	<u>4,314,196</u>	<u>2,623,446</u>	<u>2,351,392</u>	<u>12,584,954</u>	<u>11,329,307</u>	<u>3,040,886</u>	<u>2,687,009</u>	<u>2,716,042</u>	<u>2,885,369</u>
Expenses										
Salaries	1,312,653	1,410,174	1,228,267	1,460,794	5,411,888	5,920,331	1,527,863	1,437,249	1,444,284	1,510,934
Benefits and Taxes	283,231	288,143	279,753	333,123	1,184,250	1,279,292	331,128	289,812	316,206	342,146
Registry	164,005	200,472	428,038	174,694	967,209	1,020,908	246,179	339,927	237,286	197,516
Professional Fees	245,148	326,918	695,436	622,160	1,889,662	1,527,577	467,629	382,442	407,095	270,410
Purchased Services	226,663	143,964	179,246	74,621	624,494	636,284	102,186	186,434	246,625	101,039
Supplies	111,164	208,947	338,443	423,168	1,081,722	1,269,867	358,177	288,679	357,516	265,495
Repairs and Maint	20,972	32,333	23,527	45,479	122,311	177,647	35,962	34,099	75,654	31,931
Lease and Rental	3,649	3,465	4,183	3,671	14,968	21,500	4,529	4,219	7,647	5,105
Utilities	52,947	48,744	44,880	45,139	191,710	245,216	48,137	65,094	74,090	57,894
Insurance	1,973	16,578	66,324	82,154	167,029	173,288	43,552	43,552	42,632	43,552
Depreciation	176,246	175,544	169,494	174,984	696,268	709,818	177,946	177,549	174,027	180,297
Other	54,308	79,770	100,372	84,434	318,884	333,429	68,109	84,564	100,195	80,562
<u>Total Operating Expenses</u>	<u>2,652,959</u>	<u>2,935,052</u>	<u>3,557,963</u>	<u>3,524,421</u>	<u>12,670,395</u>	<u>13,315,158</u>	<u>3,411,398</u>	<u>3,333,621</u>	<u>3,483,258</u>	<u>3,086,882</u>
<u>Income from Operations</u>	<u>642,962</u>	<u>1,379,144</u>	<u>(934,517)</u>	<u>(1,173,029)</u>	<u>(85,441)</u>	<u>(1,985,851)</u>	<u>(370,512)</u>	<u>(646,611)</u>	<u>(767,216)</u>	<u>(201,513)</u>
Property Tax Revenue	(2,516)	(2,453)	(455)	(3,619)	(9,043)	0	0	0	0	0
Interest Income	38,542	282,246	15,214	38,584	374,586	411,152	107,452	30,566	186,563	86,571
Interest Expense	(84,271)	(85,120)	(82,022)	(83,356)	(334,769)	(317,905)	(79,974)	(79,713)	(77,315)	(80,904)
Gain/Loss on Asset Disposal/Forte	0	0	0	0	0	0				
Retail Pharmacy Net Activity	(20,671)	(23,391)	(21,787)	(27,899)	(93,748)	170,904	107,736	(171,454)	133,165	101,457
Other Non-Operating Income	0	0	0	0	0	(24,619)	(9,862)	(4,090)	(2,952)	(7,714)
<u>Total Non-Operating Revenue</u>	<u>(68,916)</u>	<u>171,282</u>	<u>(89,050)</u>	<u>(76,290)</u>	<u>(62,974)</u>	<u>239,532</u>	<u>125,353</u>	<u>(220,601)</u>	<u>242,413</u>	<u>107,124</u>
<u>Net Income</u>	<u>574,046</u>	<u>1,550,426</u>	<u>(1,023,567)</u>	<u>(1,249,319)</u>	<u>(148,415)</u>	<u>(1,746,319)</u>	<u>(245,159)</u>	<u>(867,212)</u>	<u>(524,803)</u>	<u>(94,389)</u>
EBIDA	834,563	1,811,090	(772,051)	(990,979)	882,622	(718,596)	12,761	(609,951)	(273,461)	166,812
Operating Margin %	19.5%	32.0%	-35.6%	-49.9%	-0.7%	-17.5%	-12.2%	-24.1%	-28.2%	-7.0%
Net Margin %	17.4%	35.9%	-39.0%	-53.1%	-1.2%	-15.4%	-8.1%	-32.3%	-19.3%	-3.3%
EBIDA Margin %	25.3%	42.0%	-29.4%	-42.1%	7.0%	-6.3%	0.4%	-22.7%	-10.1%	5.8%

Modoc Medical Center
Balance Sheet
For the month of October 2024

	Unaudited 10/31/2024	Unaudited 9/30/2024	Unaudited 8/31/2024	Unaudited 7/31/2024	Unaudited 24-Jun	Unaudited 24-May	Unaudited 24-Apr	Unaudited 24-Mar	Unaudited 24-Feb	Unaudited 24-Jan	Unaudited 23-Dec	Unaudited 23-Nov	Unaudited 23-Jul
Cash	1,358,273	1,286,064	2,336,433	2,365,865	2,040,226	1,461,100	1,475,140	2,524,085	677,751	1,121,545	1,395,384	326,804	834,261
Investments	20,648,864	27,164,374	29,258,720	34,438,664	35,207,420	41,068,608	23,539,822	21,514,382	21,659,450	29,504,053	31,271,417	33,414,624	34,723,012
Designated Funds	1,223,673	1,223,237	1,222,069	1,220,579	1,218,830	1,220,821	915,998	917,895	918,356	917,902	913,758	914,608	621,067
Total Cash	23,230,810	29,673,675	32,817,221	38,025,108	38,466,476	43,750,529	25,930,959	24,956,361	23,255,557	31,543,500	33,580,560	34,656,036	36,178,340
Gross Patient AR	12,834,528	15,217,390	14,384,129	15,951,519	17,014,906	18,067,468	19,104,506	20,642,241	20,663,365	19,174,034	17,032,707	15,278,904	12,942,701
Allowances	(7,717,620)	(9,190,983)	(9,053,140)	(10,459,358)	(10,896,501)	(10,475,514)	(10,817,046)	(10,055,688)	(10,249,085)	(11,234,472)	(9,294,158)	(7,977,587)	(5,794,697)
Net Patient AR	5,116,908	6,026,407	5,330,989	5,492,161	6,118,405	7,591,954	8,287,460	10,586,553	10,414,280	7,939,562	7,738,548	7,301,317	7,148,004
% of Gross	39.9%	39.6%	37.1%	34.4%	36.0%	42.0%	43.4%	51.3%	50.4%	41.4%	45.4%	47.8%	55.2%
Third Party Receivable	429,549	429,549	151,108	408,396	532,397	404,549	14,256,512	13,564,567	12,571,039	151,107	151,107	151,107	472,166
Other AR	607,392	549,917	564,585	744,835	601,047	438,491	379,774	504,211	554,889	475,283	539,141	428,029	479,695
Inventory	606,175	630,091	501,991	476,338	414,897	464,974	480,896	456,600	425,161	405,115	406,575	413,036	253,513
Prepays	630,453	748,609	635,005	678,955	729,187	477,478	440,264	522,783	522,483	548,118	578,026	569,994	296,980
Total Current Assets	30,621,287	38,058,248	40,000,899	45,825,793	46,862,409	53,127,975	49,775,864	50,591,075	47,743,409	41,062,685	42,993,958	43,519,520	44,828,698
Land	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540	713,540
Bldg & Improvements	47,413,856	47,413,856	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806	47,326,806
Equipment	13,025,231	13,025,231	12,927,245	12,927,245	12,927,245	12,927,244	12,927,245	12,927,245	12,814,345	12,814,345	12,814,345	12,814,345	12,618,550
Construction In Progress	27,064,039	20,630,545	20,568,264	20,414,450	20,339,100	12,831,246	10,112,006	9,194,159	9,227,542	8,459,503	8,439,529	7,932,196	7,125,575
Fixed Assets	88,216,665	81,783,171	81,535,855	81,382,041	81,306,691	73,798,836	71,079,597	70,161,750	70,082,233	69,314,194	69,294,220	68,786,887	67,784,471
Accum Depreciation	(19,549,863)	(19,369,849)	(19,195,631)	(19,017,884)	(18,839,740)	(18,666,588)	(18,487,648)	(18,314,480)	(18,135,539)	(17,969,358)	(17,791,715)	(17,612,910)	(16,919,573)
Net Fixed Assets	68,666,802	62,413,322	62,340,224	62,364,157	62,466,951	55,132,248	52,591,949	51,847,270	51,946,694	51,344,836	51,502,505	51,173,977	50,864,898
Other Assets	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Assets	99,288,089	100,471,570	102,341,123	108,189,950	109,329,360	108,260,223	102,367,813	102,438,345	99,690,103	92,407,521	94,496,462	94,693,497	95,693,596
Accounts Payable	1,385,695	1,983,597	1,762,121	6,896,917	7,066,391	4,301,989	1,783,216	1,554,387	1,591,413	1,485,577	1,416,707	1,540,663	1,110,854
Accrued Payroll	905,405	1,439,060	1,329,161	1,252,679	1,043,403	1,114,355	1,435,404	1,278,546	1,232,410	1,073,671	1,031,976	905,124	1,090,317
Patient Trust Accounts	13,722	12,512	11,302	10,067	8,622	8,435	8,420	8,133	7,712	7,422	7,367	7,220	17,479
Third Party Payables	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000	480,000
Accrued Interest													
Other Current Liabilities/Accrue	325,575	247,049	170,349	90,794	487,290	406,605	321,122	245,228	165,429	89,790	485,158	405,474	84,157
Total Current Liabilities	3,110,396	4,162,217	3,752,933	8,730,456	9,085,706	6,311,385	4,028,162	3,566,294	3,476,964	3,136,460	3,421,208	3,338,481	2,782,806
Long Term Liabilities	30,320,360	30,320,360	32,101,000	32,101,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000	32,640,000
Total Liabilities	33,430,756	34,482,577	35,853,933	40,831,456	41,725,706	38,951,385	36,668,162	36,206,294	36,116,964	35,776,460	36,061,208	35,978,481	35,422,806
Fund Balance	67,574,095	67,603,653	67,603,651	67,603,652	59,602,128	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743	59,696,743
Current Year Income/(Loss)	(1,716,763)	(1,614,660)	(1,116,461)	(245,159)	8,001,526	9,612,096	6,002,909	6,535,309	3,876,397	-3,065,681	-1,261,488	-981,727	574,046
Total Equity	65,857,332	65,988,993	66,487,190	67,358,493	67,603,654	69,308,838	65,699,652	66,232,052	63,573,140	56,631,062	58,435,254	58,715,016	60,270,789
Total Liabilities and Equity	99,288,088	100,471,570	102,341,123	108,189,949	109,329,360	108,260,223	102,367,813	102,438,346	99,690,103	92,407,522	94,496,462	94,693,497	95,693,595
Days in Cash	211	270	298	346	350	412	244	239	223	303	322	333	347
Days in AR (Gross)	81	96	91	101	107	108	114	133	148	137	122	109	93
Days in AP	13	18	16	63	64	40	17	14	15	14	13	14	10
Current Ratio	9.84	9.14	10.66	5.25	5.16	8.42	12.36	14.19	13.73	13.09	12.57	13.04	16.11

STATEMENT OF CASH FLOWS

October-24

	CURRENT MONTH	October	September	FISCAL YEAR YTD	October	Jun-24
CASH FLOWS FROM OPERATING ACTIVITIES						
NET INCOME	-102,103			-1,746,319		
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES						
DEPRECIATION EXPENSE	180,014	19,549,863	19,369,849	710,123	19,549,863	18,839,740
CHANGE IN PATIENT ACCOUNTS RECEIVABLE	909,499	5,116,908	6,026,407	1,001,497	5,116,908	6,118,405
CHANGE IN OTHER RECEIVABLES	-57,475	1,036,941	979,466	96,503	1,036,941	1,133,444
CHANGE IN INVENTORIES	37,917	606,175	644,092	-191,278	606,175	414,897
CHANGE IN PREPAID EXPENSES	118,156	630,453	748,609	98,734	630,453	729,187
CHANGE IN ACCOUNTS PAYABLE	-642,208	1,385,695	2,027,903	-5,680,696	1,385,695	7,066,391
CHANGE IN ACCRUED EXPENSES PAYABLE	78,526	325,575	247,049	-161,715	325,575	487,290
CHANGE IN ACCRUED SALARIES AND RELATED TAXES	-533,655	905,405	1,439,060	-137,998	905,405	1,043,403
CHANGE IN OTHER PAYABLES	0	480,000	480,000	0	480,000	480,000
NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	90,774			-4,264,830		
CASH FLOWS FROM INVESTMENT ACTIVITIES						
PURCHASE OF EQUIPMENT/CIP	-6,432,744	88,216,665	81,783,921	-6,909,974	88,216,665	81,306,691
CUSTODIAL HOLDINGS	1,210	13,722	12,512	5,100	13,722	8,622
NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	-6,431,534			-6,904,874		
CASH FROM FINANCING ACTIVITIES						
	0	30,320,360	30,320,360	-2,319,640	30,320,360	32,640,000
NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	0			-2,319,640		
CASH AT BEGINNING OF PERIOD	29,673,675			38,466,476		
NET INCREASE (DECREASE) IN CASH	-6,442,862			-15,235,663		
CASH AT END OF PERIOD	23,230,813			23,230,813		

MODOC MEDICAL CENTER "FULL TIME EQUIVALENT REPORT" Twelve Months Ending: October 31st, 2024													
Department	Oct-24	Sep-24	Aug-24	Jul-24	Jun-24	May-24	Apr-24	Mar-24	Feb-24	Jan-24	Dec-23	Nov-23	12 Mo Ave
Med / Surg	15.01	13.82	15.30	15.20	16.11	16.35	16.08	15.04	14.57	11.56	15.61	12.59	14.77
Comm Disease Care						-							0.00
Swing Beds													#DIV/0!
Long Term - SNF	54.72	54.02	55.09	51.19	56.39	54.00	54.30	56.28	51.60	49.47	52.18	45.23	52.87
Emergency Dept	11.10	12.09	12.19	10.73	11.94	12.36	9.94	10.87	9.98	9.87	12.52	9.5	11.09
Ambulance - Alturas	9.94	10.78	11.60	10.12	10.24	10.74	10.69	11.34	10.56	12.07	11.82	11.09	10.92
Clinic	18.33	18.26	18.57	18.61	16.40	17.04	16.62	19.67	22.04	19.76	20.74	20.51	18.88
Canby Clinic	9.93	8.21	8.03	7.46	6.27	7.38	7.45	6.95	7.58	7.95	7.57	7.56	7.70
Canby Dental	3.53	3.33	5.24	3.53	3.84	3.05	4.18	3.68	2.99	2.87	3.51	2.82	3.55
Surgery	3.35	3.60	3.92	4.25	4.01	4.15	4.05	4.13	4.65	3.65	3.76	4.33	3.99
IRR						-							0.00
Lab	8.33	8.60	8.76	9.05	10.10	10.77	9.36	9.38	8.56	7.25	7.38	8.84	8.87
Radiology	3.67	3.82	4.96	3.91	3.47	3.48	3.12	3.96	4.28	4.2	4.45	4.78	4.01
MRI						-							0.00
Ultrasound	1.27	1.34	1.33	1.32	1.31	1.31	1.32	1.39	1.50	1.28	1.49	1.36	1.35
CT	1.49	1.71	1.69	1.76	1.86	1.66	1.08	1.61	0.87	1.4	1.46	1.89	1.54
Pharmacy	2.15	2.16	1.77	1.93	1.84	2.16	2.12	2.05	1.91	1.38	2.04	2.16	1.97
Physical Therapy	6.27	5.71	6.99	6.51	8.22	6.24	6.29	7.65	4.88	3.72	4.64	5.12	6.02
Other PT						-							0.00
Dietary	12.77	12.33	12.01	11.76	11.02	11.22	11.16	11.83	11.74	11.63	13.04	13.11	11.97
Dietary Acute	7.59	7.67	8.26	7.81	7.24	7.74	7.91	7.23	7.61	7.82	7.07	7.27	7.60
Laundry	1.00	1.00	1.01	0.93	0.96	0.99	1.00	0.95	1.07	1.01	1.08	0.97	1.00
Activities	3.60	3.74	3.68	3.85	4.23	3.72	3.54	3.47	3.56	3.54	3.62	3.64	3.68
Social Services	1.79	1.93	1.97	1.97	2.04	2.05	1.98	1.75	2.06	2.04	2.32	1.99	1.99
Purchasing	3.06	3.05	3.07	3.26	2.96	3.19	3.15	3.11	3.06	2.99	3.02	3.19	3.09
Housekeeping	13.59	13.54	13.54	13.45	13.24	13.42	13.71	11.78	11.77	12.93	13.65	13.56	13.18
Maintenance	5.32	5.10	6.05	6.02	5.95	5.95	6.01	6.02	6.03	5.9	5.95	5.9	5.85
Data Processing	4.66	4.65	4.32	3.65	4.20	4.65	4.69	4.45	3.94	3.94	4.01	4.43	4.30
General Accounting	2.65	3.01	3.51	3.84	3.85	3.37	3.14	3.62	4.07	4.1	4.05	4.21	3.62
Patient Accounting	7.58	7.21	6.13	6.88	6.78	6.26	6.22	6.2	6.87	5.96	6.33	5.2	6.47
Administration	3.54	3.11	2.73	2.46	2.69	3.10	3.41	3.12	2.75	3.12	3.35	3.33	3.06
Human Resources	1.99	1.98	2.01	2.00	2.01	1.99	1.99	2.01	2.00	2	2.00	2	2.00
Medical Records	7.83	7.84	7.97	7.70	7.70	7.77	7.92	7.64	7.67	7.6	7.68	7.77	7.76
Nurse Administration	2.87	3.07	3.05	3.13	2.91	3.06	3.21	3.01	2.76	3.1	2.75	2	2.91
In-Service	1.00	1.01	1.00	1.00	1.00	1.00	1.00	1	1.03	1.00	1.05	1.00	1.01
Utilization Review	1.46	1.36	1.48	1.44	1.48	1.50	1.49	1.48	1.50	1.44	1.44	1.46	1.46
Quality Assurance	0.51	0.50	0.51	0.51	0.50	0.50	0.51	0.5	0.51	0.51	0.50	0.5	0.51
Infection Control	0.61	0.60	0.65	0.62	0.60	0.66	0.66	0.64	0.60	0.63	0.64	0.7	0.63
Retail Pharmacy	4.10	3.96	3.58	3.47	3.20	2.86	2.89	3.01	3.43	4.04	4.24	3.94	3.56
TOTAL	236.61	234.11	241.97	231.32	236.56	235.69	232.19	236.82	230.00	221.73	236.96	223.95	233.16

1.19	0.08
0.00	#DIV/0!
0.00	#DIV/0!
0.70	0.01
-0.99	(0.09)
-0.84	(0.08)
0.07	0.00
1.72	0.17
0.20	0.06
-0.25	(0.07)
0.00	#DIV/0!
-0.27	(0.03)
-0.15	(0.04)
0.00	#DIV/0!
-0.07	(0.06)
-0.22	(0.15)
-0.01	(0.00)
0.56	0.09
0.00	#DIV/0!
0.44	0.03
-0.08	(0.01)
0.00	-
-0.14	(0.04)
-0.14	(0.08)
0.01	0.00
0.05	0.00
0.22	0.04
0.01	0.00
-0.36	(0.14)
0.37	0.05
0.43	0.12
0.01	0.01
-0.01	(0.00)
2.91	(0.07)
-0.01	(0.01)
0.10	0.07
0.01	0.02
0.01	0.02
0.14	0.03
2.50	0.01

MODOC MEDICAL CENTER																												
"KEY STATISTICS"																												
Twelve Months Ending, October 31, 2024																												
	Oct-24		Sep-24		Aug-24		Jul-24		Jun-24		May-24		Apr-24		Mar-24		Feb-24		Jan-24		Dec-23		Nov-23		FY 25 YTD	FY 24 YTD	12 Mos.	
	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.	Act.	Bud.				
Patient-Days																												
Adults/Peds	75	62	82	89	48	72	90	92	57	81	76	98	137	98	63	100	68	70	72	76	89	126	46	126	295	315	903	
Swing	64	88	49	48	31	70	36	53	50	26	71	49	89	49	84	52	82	41	43	17	63	47	62	47	180	259	724	
SNF	1,484	1,534	1,439	1,466	1,511	1,488	1,478	1,484	1,301	1,495	1,446	1,472	1,463	1,472	1,550	1,536	1,413	1,339	1,464	1,494	1,469	1,240	1,437	1,240	5,912	6,017	17,455	
Total "Patient Days"	1,623	1,684	1,570	1,603	1,590	1,630	1,604	1,629	1,408	1,602	1,593	1,619	1,689	1,619	1,697	1,688	1,563	1,450	1,579	1,587	1,621	1,413	1,545	1,413	6,387	6,591	19,082	
ADC																												
Adults/Peds	2.42	2.07	2.73	2.97	1.55	2.40	2.90	3.07	1.90	2.70	2.45	3.16	4.57	3.27	2.03	3.23	2.34	2.26	2.32	2.45	2.87	4.06	1.53	4.20	2.40	2.56	2.47	
Swing	2.06	2.93	1.63	1.60	1.00	2.33	1.16	1.77	1.67	0.87	2.29	1.58	2.97	1.63	2.71	1.68	2.83	1.32	1.39	0.55	2.03	1.52	2.07	1.57	1.46	2.11	1.98	
SNF	47.87	51.13	47.97	48.87	48.74	49.60	47.68	49.47	43.37	49.83	46.65	47.48	48.77	49.07	50.00	49.55	48.72	43.19	47.23	48.19	47.39	40.00	47.90	41.33	48.07	48.92	47.69	
Total "Average Daily Census"	52.35	56.13	52.33	53.43	51.29	54.33	51.74	54.30	46.93	53.40	51.39	52.23	56.30	53.97	54.74	54.45	53.90	46.77	50.94	51.19	52.29	45.58	51.50	47.10	51.93	53.59	52.14	
ALOS																												
Adults/Peds	3.75		2.93		3.43		3.33		3.35		3.30		7.21		3.32		3.78		4.00		3.71		5.75		3.31	4.26	3.84	
Swing	12.80		6.13		6.20		6.00		7.14		5.92		8.90		8.40		8.20		5.38		15.75		6.20		7.50	12.95	7.62	
Admissions																												
Adults/Peds	20	18	28	18	14	20	27	19	17	16	23	24	19	24	19	25	18	18	18	14	24	25	8	25	89	74	235	
Swing	5	2	8	7	5	1	6	8	7	6	12	3	10	3	10	4	10	7	8	3	4	6	10	6	24	20	95	
SNF	2	3	2	1	1	2	4	1	5	2	4	2	1	2	-	2	2	3	-	4	1	9	2	9	9	10	24	
Total "Admissions"	27	23	38	26	20	23	37	28	29	24	39	29	30	29	29	31	30	28	26	21	29	40	20	40	122	104	354	
Discharges																												
SNF	2		1		2		2		2		6		1		1		-		1		1		3		7	8	22	
Days in Period	31		30		31		31		30		31		30		31		29		31		31		30		-	-	-	
Amulatory Service Statistics																												
Emergency Visits	491	456	476	475	525	520	526	468	464	439	552	428	553	428	523	473	427	417	415	460	454	537	406	537	2,018	1,980	5,812	
Ambulance Runs	61	50	87	79	87	73	133	81	81	77	113	68	108	68	104	92	87	64	98	79	88	83	93	83	368	289	1,140	
Clinic Visits	896	950	709	908	857	1,213	956	1,021	772	1,054	902	895	1,229	895	1,016	1,007	1,156	1,062	1,134	1,160	854	935	991	935	3,418	3,776	11,472	
Canby Clinic Visits	314	221	245	204	325	269	378	208	301	227	274	185	331	185	217	207	169	195	280	239	218	171	256	171	1,262	912	3,308	
Canby Dental	69	200	165	195	210	195	163	-	171	57	237	40	286	40	200	96	123	170	194	238	189	189	189	189	607	403	1,818	
Observation Admits	2	5	5	5	6	2	4	2	2	8	5	5	5	5	4	7	2	5	3	4	5	3	4	3	17	18	47	
Observation Care	42.8	275	123.8	132	192.7	89	101.4	38	49.6	334	160.5	298	131.2	298	143.2	152	53.9		113.8	157	249.1	177	132.1	177	461	641	1,494	
Ancillary Services Statistics																												
Surgeries	3	3	4	2	2	1	8	2	4	12	8	3	5	3	3	5	14	1	3	2	5	1	-	1	17	20	59	
Endoscopies	20	22	13	39	17	17	18	14	24	22	30	21	19	21	26	13	14	20	23	23	13	17	21	17	68	102	238	
Surgery & Recovery	566	518	498	923	501	297	546	474	642	498	1,064	535	574	535	611	993	666	538	696	774	434	413	462	413	2,111	2,517	7,260	
Anesthesia	898	941	793	1,579	565	760	922	905	946	1,103	1,556	1,040	1,076	1,040	943	1,349	1,047	871	1,052	1,088	612	618	745	618	3,178	4,811	11,155	
Laboratory	5153	5,005	4567	5,042	4534	3,917	5299	3,928	4112	4,554	4,832	4,992	4,914	4,992	4,348	5,336	4,980	4,355	4,697	4,730	4,759	5,194	4,236	5,194	19,553	16,786	56,431	
Radiology-Diagnosti	Proc	280	290	261	273	283	278	303	322	300	289	293	260	297	260	254	260	249	298	275	285	253	314	255	314	1,127	1,099	3,303
Ultrasonounds	Proc	103	109	64	133	99	88	76	111	102	119	85	121	89	121	61	132	102	104	95	71	58	110	52	110	342	430	986
CT Scans	Proc	171	172	128	128	167	149	195	146	139	140	173	127	195	127	130	147	163	122	126	112	148	130	133	130	661	568	1,868
MRI	Proc	-	25	-	25	28	18	18	12	26	23	18	30	-	30	11	18	32	17	14	13	13	15	13	46	94	183	
Physical Therapy	Sessions	429		536		745		613	775	840	718	729	770	729		497		597		575		601		601	-	2,238	2,263	
Retail Pharmacy-Scripts		2,807	2,518	2,445	2,343	2,594	2,658	2,624	2,628	2,351	2,521	2,689	2,234	2,598	2,234	2,548	2,665	2,463	2,239	2,639	2,700	2,410	2,767	2,334	2,767	10,470	9,842	30,502
Dietician Consults																												

Modoc Investment Portfolio

As of November 28, 2024

Maturity	Item	Amount	Term	Rate
Current	Tbill			
12/26/24	Tbill	\$10,199,660	3 mos	4.790%
N/A	PB MM	\$995,010		4.310%
N/A	LAIF	\$681,821		4.310%
Total		\$11,876,491		4.72%

ATTACHMENT E

Dr. Licaucó Employment Agreement



LAST FRONTIER HEALTHCARE DISTRICT
A Public Entity

EMPLOYMENT AGREEMENT

THIS AGREEMENT is made and entered into as of this [REDACTED] day of [REDACTED] 2024 by and between **Last Frontier Healthcare District dba Modoc Medical Center** ("Employer") and Cecile Licaucou, DDS ("Employee").

STATEMENT OF BACKGROUND INFORMATION

- A. Employer is a Healthcare District that operates two Rural Health Clinics, a Critical Access Hospital, and a Skilled Nursing Facility with medical offices located in Alturas, California and Canby, California.
- B. Employee is a Dentist licensed to practice Dentistry in the State of California.
- C. Employer desires to employ Employee as a practicing Dentist, and Employee desires to be employed in such capacity, in accordance with the terms of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants, agreements and conditions hereinafter set forth, the parties hereto agree as follows:

STATEMENT OF AGREEMENTS

- A. EMPLOYMENT.** Employer hereby employs Employee as a practicing Dentist, and Employee hereby accepts such employment subject to the supervision of Employer and otherwise in accordance with the terms of this Agreement. Employee's first day of employment under this Agreement and its terms and provisions shall be [REDACTED].
- B. RESPONSIBILITIES OF EMPLOYER.**
 - 1. Annual Compensation.** Employee shall be paid an annual salary of \$250,000.00 plus fringe benefits in Employee's first year of employment with Employer under this Agreement. This salary is based on the Employee working 2080 hours per year (52 weeks X 40 Hours per week). For each 8-hour day Employee works or uses a Paid Time Off (PTO) day, Employee shall be paid \$961.54. For each 10-hour day Employee works or uses a PTO day, Employee shall be paid \$1,201.92. Fringe benefits will include those benefits as set forth in Paragraphs B.3, B.4, B.5, and B.6 below ("Fringe Benefits"). Employee shall be paid on a bi-weekly basis.
 - 2. Additional Compensation.** Employee shall be paid a sign-on bonus of \$15,000.00 during the first pay period that Employee works under this Agreement. If the Employee's employment under this Agreement is terminated or if Employee leaves, for any reason, prior to the full term of this Agreement, Employee shall pay Employer \$1,250.00 for each month of service not completed under this Agreement. If the Employee leaves on the 15th of a month or any day prior to the 15th of the month, the Employee shall owe the Employer \$1,250.00 for that month under this paragraph.

Compensation paid under this Section 1 and 2 above shall be subject to mandatory State and Federal withholdings.

3. **Benefits.** Benefits, including paid time off (PTO) and retirement plan vesting will accrue and be determined based on the Employee's first date of regular employment with the Employer in a benefit eligible status and shall remain in effect as long as the Employee remains in a benefit-eligible status with Employer. Employer shall provide Employee with the following benefits which will start per benefit plan documents and the Memorandum of Understanding with UPEC.
- a. Employer shall provide Employee with housing for the first year that Employee works under this Agreement.
 - b. Participation in the regular health insurance and other group insurance offerings of Employer to full-time benefited non-union employees of the Employer.
 - c. Participation in 457-B retirement plan.
 - d. Participation in all other benefits programs offered to full-time, benefited non-union employees of the Employer.

Employee's rights with respect to such benefits shall be subject to:

- a. The provisions of the existing and future relevant contracts, policies or plans providing such benefits, and
 - b. The right of Employer to amend, modify or terminate any such plan or benefit with respect to all classes of employees covered by a given plan or benefit when proper notice is provided to Employee.
4. **Vacation and Personal Leave.** Employee shall be entitled to the following paid leave each year during which the Employee's compensation shall continue to be paid in full. PTO must be used during mandatory holidays recognized by the organization:
- a. PTO to accrue at the following tiers based on your length of service with MMC. PTO accumulates at these rates over the course of a year based on the number of hours you work. The accumulation rates listed below are based on 2,080 hours being worked over the course of a full year, so the days listed below will build up as hours are worked during the year to the amount of hours shown:

0 to 1 year	22 days (176 hours)
1 to 5 years	27 days (216 hours)
5 to 10 years	32 days (256 hours)
10 plus years	37 days (296 hours)
 - b. Five days of paid CME leave per year. CME leave is only allowed to be used for travel to and from the CME event and attendance at the CME event. Paid CME leave cannot be used for participation in online CME training courses or events.
4. **Reimbursable Expenses.** Employer shall reimburse Employee for the following approved expenses incurred during the course of Employee's employment:
- a. Up to Three Thousand Dollars (\$3,000) of reimbursable CME expenses, including travel, room and board and registration per year.
 - b. As needed other necessary expenses as approved by Employer, including license fees, DEA renewals, and professional organization memberships that are approved and budgeted for by the

Canby Clinic Manager.

Payments shall be made to Employee for reimbursable expenses upon submission of applicable bills, receipts or other documentation required by Employer and submitted in proper expense report format as set forth by Employer.

5. **Professional Liability Insurance Agreement.** During the term of this Agreement, Employer shall obtain and maintain liability insurance for the practice of dentistry by Employee on behalf of Employer. Such insurance shall be for the same amount as provided for all other healthcare providers for Employer who are within the same specialty as Employee. Insurance coverage shall be maintained to provide Dentist with continuous coverage for services provided by Employee under this contract, even after this agreement is terminated by either party. If Employer changes insurance carriers, tail coverage shall be purchased to ensure that Dentist remains fully covered for any liability arising out of Employee's service to Employer under this Agreement.
6. **Support Services.** Employer shall furnish to Employee all the necessary support services, including but not limited to, equipment, facilities, supplies, dental support employees, secretaries and other personnel reasonably needed by Employee to perform Employee's obligations created by this Agreement. The cost of providing these support services shall be borne solely by Employer.
7. **Employer's Authority.** Employer shall exercise direction over and give support to Employee in regard to standards, policies, record keeping and other operational matters; such direction and support shall not interfere with the normal dentist-patient relationship nor be in violation of acceptable medical ethics. Such direction will not be exercised over patient care and the practice of medicine by Employee. Patient care and the practice of dentistry by Employee will be overseen, reviewed and monitored by the Medical Staff Committee and Medical Executive Committee. Employer shall have the right to determine which staff person(s) will render support to Employee for operational procedures that are the Employer's responsibility.
8. **Employment Outside the Practice.** Employee is not authorized to enter into an agreement with another agency providing similar services within Modoc County. All employment requiring a dental license in the State of California outside the Employer's practice must be approved by the Employer, which approval shall not be unreasonably withheld. Employee may engage in any employment activity outside the practice of dentistry without seeking prior approval as long as it does not interfere with Employee's ability to perform services under this agreement.

C. RESPONSIBILITIES OF EMPLOYEE.

1. **Professional Services.** During the term of this Agreement, during the three days per week that Employee is working under this Agreement, Employee shall devote all his or her professional time to and for the benefit of Employer and shall not, directly or indirectly, render professional, dental, managerial or directive services to any person, whether or not for compensation, except as an Employee of Employer, unless Employee shall first have obtained the written consent of Employer. Passive and personal investments and the conduct of private business affairs by Employee that are not inconsistent with the restrictions of this Paragraph shall not be prohibited hereunder. Employee shall be committed to enhancement of Employer's practice and shall use his or her best efforts to further the goals of and to promote the dental practice of the Employer. The expenditure of reasonable amounts of time for teaching, personal, charitable and professional activities shall not be deemed a breach of this Agreement provided such activities do not materially interfere with the services required to be rendered to Employer hereunder.

Employee shall work five (5), eight (8) hour days or four (4), ten (10) hour days per week in the Rural Health Clinic, located in Canby, California, of Employer. Employee shall work a 4, 10-hour days during one work week per month under this Agreement.

2. **Standards of Practice.** Employee shall devote his or her utmost knowledge and best skill to the care of Employer's patients, which are entrusted to him or her and shall perform such other duties as may be assigned to him or her by Employer. Employee understands that all patients are accepted by Employer regardless of their race, color, national origin, handicap or age. Dismissal of an established patient from care must be justified by a cause for dismissal due to patient noncompliance with dental directives or office procedures and must be discharged in accordance with established legal protocols and the policies and procedures of the Employer.
3. **Ethical Conduct.** Employee shall engage in the practice of Dentistry in accordance with the Principles of Ethics and Code of Professional Conduct of the American Dental Association, and the customs and rules of ethical conduct prescribed by Employer in the Medical Staff Bylaws and Rules.
4. **License.** Employee shall maintain an unrestricted license to practice dentistry in California.
5. **Privileges.** Employee agrees that Employee shall use best efforts to obtain and continue to maintain staff privileges to provide dental services in the Rural Health Clinic located in Canby, California.

Employee's duties and responsibilities include, but are not limited to, gum care, fillings, crowns, veneers, bridges, preventative education, extractions, and other dental services at the Rural Health Clinic located in Canby, California, for which employee continues to demonstrate competency, and at the discretion of the Employer. Employee shall also serve as the Dental Director of the Rural Health Clinic located in Canby, California.

6. **Medical Staff Policies and Procedures.** Employee shall abide by all policies and procedures for the Medical Staff as may be established from time to time by Employer.
7. **Billing.** Employee agrees and acknowledges that Employer alone has the right to bill and receive payment from patients and third-party payors, including all government-sponsored programs, for dental services rendered by Employee hereunder, and Employee shall not bill any patient or third-party payor for such services. All income or fees for dental services rendered by Employee shall belong to, and be the property of, the Employer.
8. **Surrender of Books and Records.** Employee acknowledges that all lists, books, records and any other materials owned by Employer or used by it in connection with the conduct of its business, shall at all times remain the property of the Employer, and that upon termination of employment hereunder, irrespective of the time, manner or cause of said termination, Employee will surrender to Employer all such lists, books, records and other materials. Paragraph C.8 herein shall survive termination of this Agreement.
9. **Use of Employee's Name.** Employer shall have the right to use Employee's name in connection with Employer's marketing and contracting activities, and in any oral or written communication with patients or third-party payors. Upon termination of this agreement Employer must discontinue all marketing and contracting activities that contain Employee's name in oral or, written format.

10. **Medical Records.** Employee shall prepare and maintain for the benefit of Employer dental records for patients in accordance with accepted standards of practice in the community, applicable laws regarding confidentiality of dental reports, the policies and procedures established by Employer and the terms of any third-party payor agreements. Employee acknowledges and agrees that all such dental records are the property of Employer. To the extent permitted by law, Employee shall cooperate and communicate freely with other healthcare providers who provide professional services to patients of Employer.
11. **Reimbursement Contracts.** In the event that Employer elects to participate as a provider in an HMO, PPO, IPA or other care-delivery system, then Employee shall also be required to join.
12. **Relationship with Patients.** Employee shall not during the term of this Agreement:
 - a. Directly or indirectly induce or advise any patient of Employer to withdraw, curtail, withhold or cancel the patient's relationship with Employer; and
 - b. Directly or indirectly disclose to any person, firm, corporation or any other entity the names or addresses of any patients of Employer.

D. TERM AND TERMINATION

1. **Term.** This Agreement shall commence as of the date hereof, and shall continue for a period of one (1) year unless sooner terminated pursuant to this Agreement. Both parties agree to meet prior to expiration of this agreement to discuss the extension of this agreement and any contract language changes that are necessary to extend the agreement. Any agreement extension or amendments to the agreement must be agreed to in writing by both parties.
2. **Termination.** This Agreement shall be terminated upon the happening of any of the following:
 - a. Whenever Employee shall not be duly licensed or otherwise legally authorized to practice dentistry in the State of California;
 - b. Death of the Employee or the determination by either the Board of Directors of Employer or the Courts, of the incompetence of Employee;
 - c. Termination of Employer's practice;
 - d. At Employer's option, if Employee shall be disabled for one hundred and eighty (180) days or more, provided that such option shall be exercised in writing, delivered to the Employee, and shall be effective on delivery;
 - e. The suspension, expulsion or any other disciplinary action finally taken by the Dental Board of California or an equivalent regulatory body;
 - f. At the Employer's option, if Employee fails to obtain or continue to maintain privileges to practice at Employer's facilities;
 - g. Employee bills third-party payors or accepts funds from either patients or third-party payors for Employee's own use.

- h. Conviction of a felony crime;
- i. Other actions determined by a neutral arbitrator to endanger the professional standing of the practice;
- j. Employee's failure to rectify a breach of any material term that is not specifically enumerated in Paragraph D.2 hereof, within thirty (30) days after written notice thereof from Employer; and
- k. Notwithstanding any of the provisions of this Agreement, upon sixty (60) days prior written notice by either Employee or Employer to the other.

E. GENERAL PROVISIONS

1. **Notice.** Any notice required to be given pursuant to this Agreement shall be in writing and shall be sent by registered or certified mail, return receipt requested, postage prepaid, to the addresses set forth herein. Notices may also be sent by email with a read receipt/confirmation. Either party may, by notice given as aforesaid, change their address for all subsequent notices, except that neither party may require notices be sent to more than two addresses. Notices shall be deemed given when mailed in the manner provided in Section E.1 hereof.
2. **Severability.** Should one or more of the provisions contained in this Agreement for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision of this Agreement. Such invalid, illegal or unenforceable provision shall, to the extent permitted by law, be deemed amended and given such interpretation as to achieve the intent of this Agreement.
3. **Waiver.** Any party hereto may waive any right under this Agreement without invalidating the Agreement or waiving any other rights hereunder.
4. **Captions.** The captions used herein are for convenience only and are not a part of this Agreement and do not in any way limit or amplify the terms and provisions hereof.
5. **Non-Assignability.** This Agreement for personal services shall not be assignable, except to the parties hereto.
6. **Arbitration of Claims.** Following exhaustion of all dispute resolution procedures provided for under the terms of this Agreement or under the policies and procedures of Employer, the Parties shall submit such disputes to binding arbitration in accordance with the applicable arbitration rules of the American Arbitration Association. The proceeding shall be held in Modoc County, California.
7. **Governing Law.** This Agreement shall be interpreted in the laws of the State of California.
8. **Entire Agreement.** This Agreement, and any attachments incorporated herein, constitute the entire Agreement between Employer and Employee with respect to the subject matter hereof and supersede all prior offers and negotiations, oral and written. This Agreement may not be amended or modified in any respect whatsoever, except by an instrument in writing signed by Employer and Employee.

INTENDING TO BE BOUND, the parties hereto have caused this Agreement to be duly executed and delivered as of the day and year first above written.

LAST FRONTIER HEALTHCARE DISTRICT dba MODOC MEDICAL CENTER

By: _____ Date: _____
Kevin Kramer, Chief Executive Officer
1111 N. Nagle Street
Alturas, CA 96101
k.kramer@modocmedicalcenter.org
530-708-8801

By: _____ Date: _____
Cecile Licaucó, DDS

87smilemaster@gmail.com
714-615-0888

ATTACHMENT F

Budget Amendments

Parking Lot Sealing and Striping

ER Provider Contracts



LAST FRONTIER HEALTHCARE DISTRICT
A Public Entity

Budget Amendments FYE 2024

Administration would like to recommend the following budget Amendments for approval for FYE 2024:

- 1) Capital Budget Amendment for sealing and striping existing parking lot at 1111 N. Nagle Street.
Estimated cost: \$35,000.00.

- 2) Operating Budget Amendment for paying all of Chantele Sahli's wage in the Emergency Room. The ER group asked us to consider paying Chantel's full rate effective January 1, 2025. This will allow them to give their providers a \$10 per hour raise. Previously half of Chantele's wage was paid by the ER group. In return for sharing the cost of her wage, they have capped their maximum annual increase at 3%. If this ER group consisted of employed physicians we would have given them a healthcare minimum wage increase like our other employed physicians. Their providers have not realized a wage increase for several years now. Our ER group is extremely competent and invested in our success. We feel we should accommodate this request and feel like this will show good compromise and allow us to maintain cost control on annual increases as we move forward, which will be beneficial to the long-term stability of this relationship and also our cost structure.

Estimated Annual Cost: \$80,000.00 per Year

Presented By: Kevin Kramer

Date: 11/26/2024