

COAST LIFE SUPPORT DISTRICT

P.O. Box 1056, Gualala, CA 95445

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AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS

>>> 4:30 pm Monday, June 16, 2014 <<<

Bill Platt Training Center

Coast Life Support District

Gualala, CA

1. Call to Order Toedter
 2. Adoption of the Agenda
 3. Minutes Approval – 3 May and 19 May 2014
 4. Privilege of the Floor – Public Comment
 5. Old Business – Information or Action
 - Treasurer Appointment/Election - Action Toedter
 - Board Bylaws Approval - Action Randolph
 - Joint Management Agreement Resolution 223-B – Action Perry
 - Joint Operating Group Appointments (2) – Action Perry
 - Proposition 4 Resolution 227 – Action Foster
 - Funds Transfer Resolution 228/Dry Period Funding - Action Foster
 6. New Business
 7. Reports
 - Committee Reports
 - District Administrator
 - May 2014 A/R, Write-offs Approval - Action
 8. Other
 - General Announcements
 - District Administrator Evaluation – CLOSED SESSION
 9. Adjournment
- Scheduled Board of Director meetings (4:30 at Bill Platt Training Center unless otherwise noted):
 - July 21, 2014
 - August 18, 2014

COAST LIFE SUPPORT DISTRICT
Post Office Box 1056 • Gualala, California 95445
www.clsd.ca.gov



MINUTES OF THE SPECIAL MEETING OF THE
BOARD OF DIRECTORS
May 3, 2014

Call to Order. President Tom Toedter called the meeting to order at 9:00am. Present: Directors Randolph, Perry, Schwartz, Rice, Provencher, Dodds. Others present: District Administrator Scott Foster, Guest Facilitator Scott Ormerod, and board candidate Julie Bower.

Adoption of the Agenda. Mr. Ormerod presented the day's schedule for discussing strategic planning. Director Schwartz moved, Director Perry second, all ayes.

Privilege of the Floor- Public Comment: None

Strategic Planning. Mr. Ormerod led the board discussion reviewing the past year's accomplishments of goals. The board also discussed future priorities and goals. A full report on the discussion and decisions will be forthcoming.

General Announcements: Next Board of Directors Meeting scheduled for Monday, May 19, 16th @ 4:30 p.m.

Adjournment. Director Dodds moved for adjournment, Director Schwartz second, all ayes. Meeting adjourned at 6:05 p.m.

Minutes approved:

Date



MINUTES OF THE MEETING OF THE
BOARD OF DIRECTORS
May 19th, 2014

Call to Order. President Tom Toedter called the meeting to order at 4:30p.m. Present: Directors Randolph, Perry, Schwartz, Rice, Provencher, Dodds

Adoption of the Agenda. Under Old Business, Item 4, Proposition 4 Resolution was deleted from the agenda. Director Schwartz moved, Director Dodds second, all ayes.

Approval of April 21st, 2014 Board Minutes. Director Schwartz moved to adopt the Minutes. Director Provencher second, all ayes.

Privilege of the Floor- Public Comment: None

Old Business-Information or Action

- Director Appointment-Action: Director Toedter introduced board candidate Julie Bower, for appointment to the board seat to be vacated by David Rice. Director Schwartz moved, Director Provencher second, all ayes.
- FY 12-13 Audit Report Approval-Action: Director Rice reviewed the audit findings and the continued use of Collins Accountancy for the next 3 years. Director Schwartz moved, Director Dodds second, to accept the audit. All ayes.
- Election Consolidation Resolution-Action: Resolution 222 was introduced by D.A. Foster. Director Perry moved, Director Rice second, all ayes.
- Urgent Care Contract Resolution 223 was introduced by Director Perry. Director Schwartz moved, Director Rice second, all ayes.
- Joint Operating Agreement-Action: Resolution 223-B. Director Perry introduced the agreement. After review and discussion the agreement was amended to allow the two CLSD and two RCMS members of the committee to jointly

appoint three community members, with approval of amended document subject to county counsel review. Director Perry moved for adoption in principle subject to county counsel review, Director Randolph second, all ayes.

- Resolution 224 Preliminary FY14-15 Budget Resolution: D.A. Foster reviewed the EMS program financials, UC financials and budget changes for 2015. The finance committee has also reviewed the budget. Capital expenditures were discussed. Director Perry moved, Director Rice second, all ayes.
- Resolution 225 Tax Rates Resolution was introduced by Director Rice. A letter from Sonoma County FAMIS regarding no longer making loans available to certain public agencies was discussed. Director Perry will request the Sonoma County to allow CLSD one more year use of that line of credit. Director Schwartz moved, Director Perry second, all ayes.
- Resolution 226 Ambulance Fees: The increase is 2.4% to reflect the Medical Consumer Price Index. Director Perry moved, Director Schwartz second, all ayes.

Reports:

- Committee Reports: Director Dodds briefly discussed the third quarter QA/AI report.
- District Administrator's Report: See Board Packet
- April 2014 A/R and write-off report: Director Randolph moved, Director Dodds second, all ayes.

Other:

- General Announcements: Director Rice resigned his seat on the CLSD BOD as of

5/19/2014. President Toedter presented Director Rice with an appreciation plaque. The board thanked Rice for his four years of dedicated service.

- Closed Session: D.A. Evaluation. The board reported out they have collected the evaluation reports and will discuss in closed session at the next regular board meeting.

General Announcements: Next Board of Directors Meeting scheduled for Monday, June 16th @ 4:30 p.m.

Adjournment. Director Dodds moved for adjournment, Director Schwartz second, all ayes. Meeting adjourned at 6:05 p.m.

Minutes approved:

Date

Coast Life Support District

BYLAWS 2014

Article 1. Purpose

Section 1: The purpose of Coast Life Support District is to provide emergency medical services, including ambulance and life support services, to a specified area in Mendocino and Sonoma Counties, as delineated in the State Code.

Article 2. Organization

Section 1: The governing body of the District shall consist of a Board of seven members who are residents of the District and are registered voters. The number of Board members elected will alternate, four and three, every two years.

Section 2: In the case of a vacated position on the Board between elections, the Board will appoint a replacement to fill the vacated position. This replacement will remain on the Board for the duration of the term of the member he/she is replacing. An effort will be made to maintain geographical balance on the Board. The vacancy may occur as the result of death, incapacitating illness, removal from District, resignation, or any other reason that prevents that Board member from fulfilling his/her obligation. Absence from three successive meetings of the Board without having made arrangement with the Board President is adequate cause for the Board to declare a vacancy for the position.

In the event that a vacancy should occur, the Board President shall place on the agenda and appoint a Nominating Committee, consisting of at least three Directors, at the next Board Meeting after a vacancy has been identified. The Nominating Committee shall be responsible for ensuring that the vacancy is posted on the CLSD website and shall utilize available local media, bulletins, and other appropriate posting sites in the local community to communicate the vacancy. The Nominating Committee shall be responsible for establishing and/or updating current selection criteria, with input from other Board Members. The Nominating Committee shall consist of members of the Board of Directors and can include other members of the community.

Notification of the vacancy shall be maintained for a minimum of fifteen days.-Applications should continue to be gathered at a minimum of fifteen days after the initial posting period.

The Nominating Committee will schedule interviews with the interested parties. Interested parties should submit a letter of interest accompanied by a resume. The Nominating Committee shall present their findings to the Board together with their recommendation for the temporary appointment to fill the vacancy. If approval is not obtained, the Nominating Committee shall propose an alternate candidate for approval. If the Board fails to make an appointment within sixty days to fill the vacancy then the Mendocino County Board of Supervisors must make the appointment.

All appointments to the Board must be confirmed through the general ballot and election process that occurs at designated times during the year.

Section 3: At the first regular meeting of the Board following an election, the Board will elect a President, a Secretary, and a Treasurer. There will be no time limit to the terms of these officers, and they may be reelected. The newly elected members will be certified at this time. Vacant Board Officer positions will be filled by nomination and election by the Board.

Section 4: The Board members shall serve without compensation. However, travel or other expenses incurred by a Board member in performance of the Board or District related duties may be reimbursed at the discretion of the Board.

Section 5: Any Board member who has any financial or property interest of any kind in any private ambulance company or any other provider of any services with which the District may be entering into a contractual arrangement, must disclose such potential conflict of interest. He/she cannot participate in discussion of nor vote on this matter. (AB 4227/Chapter 375, Section 27)

Article 3. Meetings

Section 1: The regular meeting of the Board will be held at least six (6) times a year at a date, time and place designated by the Board.

Section 2: Meetings will be conducted in accordance with Robert's Rules of Order (see Section 7 below)

Section 3: Notice of these regular meetings shall be published in local media, bulletins, and other appropriate posting sites within the local community. Agendas of each meeting shall be posted at least 72 hours prior to the meeting.

Section 4: The public shall have the opportunity to attend all regular and special meetings, and shall have the opportunity to address any item on the agenda. However, no member of the public will be allowed more than ten minutes of discussion time on any one agenda item until every other member of the public has had an opportunity to speak.

Section 5: If at any time there are insufficient matters to require a meeting, the President with the concurrence of the Secretary and the Treasurer may cancel that meeting.

Section 6: A special meeting may be called by the President of the Board or by a majority of the members of the Board. Notice of the special meeting shall be given to each Board member by telephone or by registered mail giving the reason for the special meeting. Public Notice, including the reason for the special meeting shall be given as far in advance as possible in the same manner as in Section 3. No business other than the matter for which the special meeting is called shall be discussed or acted upon at that special meeting.

Section 7: The notice and conduct of all meetings of the Board, including executive and closed sessions shall be subject to the Ralph W. Brown Act and all amendments thereto (See AB 4227/Chapter 375/Section 26)

Section 8: Four members of the Board shall constitute a quorum. All ordinances and resolutions require a full majority of (4) votes of the entire Board by voice vote.

Article 4. Powers of the Board

Section 1. The Board is the governing body of the District. The powers of the Board include, but are not limited to the following:

- A. Hiring personnel and/or entering into a contract for:
 - 1. Consulting services
 - 2. Accounting services
 - 3. Billing services
 - 4. Administrative services
- B. Making arrangements for and subsidizing educational programs to promote:
 - 1. First responder and CPR classes
 - 2. EMT classes
 - 3. Any other classes or seminars that will serve to augment or improve the quality of services of the District.
- C. Purchase supplies and equipment deemed necessary for the conduct of the business of the Board and the District
- D. In general, the powers of the Board are defined in AB 4227/Chapter 375, Sections 30 through 36 (page 7 of AB 4227). As the governing body of the District, the Board will also exercise those powers outlined in AB 4227/Chapter 375, Section 50 through 65 (pages 9 through 12 of AB 4227).
- E. Hiring and overseeing the District Administrator, who reports to the CLSD Board.

Article 5: Powers of the Officers

Section 1. The president

- A. The President shall preside at meetings of the Board.
- B. He/she shall appoint committees of two or more members to investigate and research those areas in which the Board needs more information in order to make proper decisions. A committee so formed will present its findings to the President or the Board. A committee, unless specifically authorized to do so by the majority of the Board will not make any decisions binding upon the Board in matters pertaining to:
 - 1. Hiring or firing personnel
 - 2. Expenditure of funds
 - 3. Discipline of any employees or contractors of the District.
- C. He/she may designate a member of the Board or staff to do specific tasks such as:

1. Contacting a regulatory body or officer to obtain needed information or to provide obligatory reports to a regulatory body or officer.
 2. Representing the Board at community, county or other meetings where such representation is mandatory or would be advantageous to the Board.
- D. The President will be the chief liaison between the Board and the people of the District, the counties of Mendocino and Sonoma and all regulatory agencies and officials.
- E. Any complaints of any nature received by any member of the Board will be related to the President of the Board who will respond to the complaints or delegate some other member of the Board to do so.

Section 2. The Secretary

- A. In the absence of the President, the Secretary will preside at any meetings, regular or special, and will become the presiding officer of the Board.
- B. The Secretary will be responsible for a written record of every meeting of the Board.

Section 3. The Treasurer

- A. In the absence of the President and the Secretary, the Treasurer will preside at meetings and become the presiding officer of the Board.
- B. The Treasurer will maintain the financial records of the District in accord with accepted accounting procedures.
- C. Prior to the beginning of a new Fiscal Year (the Fiscal Year of the District begins on July 1), the Treasurer will prepare a budget for the coming year (California Statutes AB 4227/Chapter 375, Section 5).
- D. At the end of the Fiscal Year, the Treasurer will prepare a financial report for examination by the Board and the public at large.
- E. The Treasurer will make arrangements for an annual audit that will conform to the requirements of all pertinent regulatory agencies.
- F. Those duties and powers listed in paragraphs B, C and D above can, at the discretion of the Board, be contracted out to an accounting firm, but will remain under the supervision of the Treasurer.

Article 6: Bylaws Changes

Section 1. These bylaws may be altered by additions, deletions, or clarifications by a majority vote of the Board. Any changes that any Board member deems important should be relayed to the Governance Committee for further action.

Any revisions resulting from recommendations presented by the Governance Committee shall require the approval of the Board of Directors.

COAST LIFE SUPPORT DISTRICT RESOLUTION 223-B

MEMORANDUM OF UNDERSTANDING

A RESOLUTION AUTHORIZING A **MEMORANDUM OF UNDERSTANDING** ~~JOINT OPERATIONS AGREEMENT~~ BETWEEN THE COAST LIFE SUPPORT DISTRICT (CLSD) AND REDWOOD COAST MEDICAL SERVICES (RCMS) FOR THE ESTABLISHMENT OF AN URGENT CARE JOINT OPERATIONS GROUP (JOG).

NOW, THEREFORE, BE IT RESOLVED THAT RCMS SHALL BE A PARTY TO THE AGREEMENT THAT FOLLOWS:

Agreement

Section 1: Participants

The initial participants are CLSD and RCMS. Other participants may become a Party to this agreement upon approval of the CLSD and RCMS Boards and by the new party executing a revised version of this agreement.

Section 2: Purpose

The main objective of this initial JOG Agreement is to provide general oversight and policy direction to the Urgent Care program (the Medical Director at RCMS will retain medical direction of the actual program executed by RCMS under contract with CLSD). However, the JOG shall also have a secondary goal of helping CLSD and RCMS jointly develop and start executing a longer term vision for additional medical services needed and desired by our Community.

Section 3: Powers

The JOG's role is to strengthen the oversight and policy direction of the Urgent Care program. The JOG is authorized, in its own name, to exercise all powers and do all acts necessary and proper to carry out the provisions of this Agreement consistent with the contract between CLSD and RCMS and the requirements governing Health Centers (see Appendix), **which documents shall be the governing documents.** These powers include, but not limited to:

3.1 Consult with the Medical Director on direct and/or contractual employment of personnel necessary to provide urgent care services.

3.2 **Review** ~~Approve~~ budgets, and monitor the financial transactions of urgent care operations including such things as revenues, operating and capital expenses, reserves, and staff position salary ranges. **Based upon these reviews, recommend BOD actions** subject to Section 4.2.

3.3 Adopt rules, regulations, policies and procedures for the functioning of this Joint Operations Group

Section 4: Funding

4.1 RCMS Staff shall develop and submit to the JOG Board members an annual budget of revenues and expenses for all operations, equipment, capital and other expenses deemed to be necessary to provide annual urgent care services.

4.2 The annual budget shall be presented to the CLSD and RCMS Boards either jointly or separately for purposes of receiving approval of the Urgent Care service plans for the subsequent year and to provide CLSD with a basis to set the annual tax rate.

4.3 The total budget and actual expenditures shall not exceed the sum of patient revenues and anticipated tax revenues collected by CLSD unless the source and amount of additional funds are identified (for example: extra funds from RCMS).

4.4 The JOG is encouraged to work with the CLSD and RCMS BODs to seek expanded funding beyond tax monies.

Section 5: Reports

5.1 The JOG Board members shall be provided reports regarding the numbers and types of patient visits, expenses, revenues, budget status and other information deemed necessary by the JOG. JOG shall be provided on a quarterly basis the survey of patient satisfaction and approve the survey.

5.2 The reports shall protect the generally accepted medical confidentiality requirements.

5.3 These reports shall be made available to the CLSD and RCMS Boards.

5.4 The JOG shall nominate one of its members to serve as a member of the RCMS Audit Committee in the annual RCMS independent audit to be made by an independent certified public accountant.

Section 6: Composition of Joint Operations Group

6.1 The JOG will consist of two members of the CLSD Board of Directors or their designees, two members of the RCMS Board of Directors or their designees, and three community representatives, to be picked and replaced as needed by the JOG Board members representing CLSD and RCMS. Discussion and appointment of the community members shall be done at a public meeting.

6.2 The CLSD Board of Directors and the RCMS Board of Directors shall each appoint one alternative JOG Board member who may vote on matters when one of their regular JOG Board member is absent from a JOG meeting.

6.3 The CLSD District Administrator and the RCMS CEO shall serve as ex-officio members of the JOG. They are responsible for supporting the JOG with regular reports and needed staff work. (In this initial Agreement, it is not contemplated that the JOG will have its own staff).

6.4 If additional Parties become participants of this agreement they may have up to two appointees to the JOG.

6.5 The JOG Board representatives appointed by the CLSD or RCMS BODs shall serve at the pleasure of the appointing BOD, and may be removed as JOG Board member by such

BODs at any time. If at any time a vacancy occurs, a replacement shall be appointed within 90 days of the vacancy to fill the position in accordance with the provisions of Section 6.1.

6.6 A majority of the JOG Board members shall constitute a quorum for JOG meetings.

6.7 The JOG Board may establish committees consisting of a smaller number of JOG Board members, community representatives and knowledgeable professionals to investigate or analyze various relevant topics. However, the JOG Board may not delegate its authority under Section 3.

6.8 Selection of JOG Board Officers

6.8.1 Chair and Vice Chair

The JOG Board members shall select, from among themselves, a Chair, who shall be the presiding officer of all JOG Board meetings, and a Vice Chair, who shall serve in the absence of the Chair. The term of office of the Chair and Vice Chair shall continue for one year, but there shall be no limit on the number of terms held by either the Chair or Vice Chair. The office of either the Chair or Vice Chair shall be declared vacant and a new selection shall be made if: (a) the person serving dies or resigns, or the Party that the person represents removes the person as its representative on the JOG Board or (b) the Party that he or she represents withdraws from the Authority pursuant to the provisions of this Agreement.

6.8.2 Secretary

The JOG shall appoint a Secretary, who need not be a member of the JOG Board, who shall be responsible for keeping the minutes of all meetings of the JOG and all other official records of the JOG.

6.9 Liability of JOG Board members

The members of the JOG shall use ordinary care and reasonable diligence in the exercise of their powers and in the performance of their duties pursuant to this Agreement. No current or former member of the JOG will be responsible for any act or omission by another member.

Section 7: Meetings

7.1 The JOG shall meet at least once monthly unless the majority of the JOG Board determines at times it is unnecessary.

7.2 The JOG will meet at least once annually with the CLSD and RCMS Boards jointly or separately to present a draft UC budget and discuss the state of Urgent Care Services

7.3 Regular meetings may be adjourned to another meeting time and special meetings may be called when necessary.

7.4 JOG Board members may participate in meetings telephonically with full voting rights.

7.5 Meetings shall be conducted in accordance with the provisions of the Ralph M. Brown Act (California Government Code Section 54950) and documents shall be available to the public in accordance with the California Public Records Act (California Government Code Section 6250 – 6270).

Section 8: Staffing

In addition to the ex-officio members, the JOG may request that other CLSD and RCMS staff attend the JOG meetings as felt to be necessary by the JOG.

Section 9: Termination of this Agreement

This agreement may be terminated by the joint mutual agreement of the two parties expressed in a written agreement which states the date of termination of this agreement. In the event mutual agreement cannot be reached by parties hereto, this agreement may be terminated by either party upon 60 day written notice.

Section 10 Amendment of this Agreement

10.1 This Agreement may be amended only by an affirmative vote of the majority of both the CLSD and RCMS Boards.

10.2 Assignment.

Except as otherwise expressly provided in this Agreement, the rights and duties of the Parties may not be assigned or delegated without the advance written consent of the other Party(s).

10.3 Severability

If one or more clauses, sentences, paragraphs or provisions of this Agreement shall be held to be unlawful, invalid or unenforceable, it is hereby agreed by the Parties, that the remainder of the Agreement shall not be affected thereby. Such clauses, sentences, paragraphs or provision shall be deemed reformed so as to be lawful, valid and enforced to the maximum extent possible.

Section 11: Effective Date

The effective date of the JOG shall be the date that the CLSD and RCMS Boards of Directors approve this agreement.

The above RESOLUTION was introduced by Director _____ who moved for its adoption, seconded by Director _____, and passed this 19th day of June, 2014 by the following roll call vote:

Directors:	Toedter	Bower
	Randolph	Perry
	Schwartz	Provencher
	Dodds	

Ayes: Noes: Abstain: Absent:

WHEREUPON, the President declared the foregoing RESOLUTION adopted and SO ORDERED.

Will Randolph, Secretary

APPENDIX

Summary of Health Center Program Requirements

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. A summary of the key health center program requirements is provided below. For additional information on these requirements, please review:

- Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b)
- Program Regulations (42 CFR Part 51c and 42 CFR Parts 56.201-56.604 for Community and Migrant Health Centers)
- Grants Regulations (45 CFR Part 74)

Revised July 2011

Summary of Key Health Center Program Requirements	
NEED	
1.	Needs Assessment: Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)
SERVICES	
2.	Required and Additional Services: Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act) Note: Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services. (Section 330(h)(2) of the PHS Act)
3.	Staffing Requirement: Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed, and privileged. (Section 330(a)(1), (b)(1)- (2), (k)(3)(C), and (k)(3)(I) of the PHS Act)
4.	Accessible Hours of Operation/Locations: Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)
5.	After Hours Coverage: Health center provides professional coverage during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act)
6.	Hospital Admitting Privileges and Continuum of Care: Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act)

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Summary of Key Health Center Program Requirements	
7.	Sliding Fee Discounts: Health center has a system in place to determine eligibility for patient

	<p>discounts adjusted on the basis of the patient's ability to pay.</p> <p>This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*</p> <p>No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.*</p> <p>(Section 330(k)(3)(G) of the PHS Act and 42 CFR Part 51c.303(f))</p>
8.	<p>Quality Improvement/Assurance Plan: Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:</p> <p>a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;*</p> <p>periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall: *</p> <ul style="list-style-type: none"> o be conducted by physicians or by other licensed health professionals under the supervision of physicians;* o be based on the systematic collection and evaluation of patient records; *and o identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated.* <p>(Section 330(k)(3)(C) of the PHS Act, 45 CFR Part 74.25 (c)(2), (3) and 42 CFR Part 51c.303(c)(1-2))</p>

MANAGEMENT AND FINANCE

9.	<p>Key Management Staff: Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior review by HRSA of final candidates for Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(H)(ii) of the PHS Act and 45 CFR Part 74.25 (c)(2), (3))</p>
10.	<p>Contractual/Affiliation Agreements: Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements. (Section 330(k)(3)(I)(ii), 42 CFR Part 51c.303(n), (t)), Section 1861(aa)(4) and Section 1905(l)(2)(B) of the Social Security Act, and 45 CFR Part 74.1(a) (2))</p>

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

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Summary of Key Health Center Program Requirements

11.	<p>Collaborative Relationships: Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing Federally Qualified Health Center(s) in the service area or provides an explanation for why such letter(s) of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act)</p>
12.	<p>Financial Management and Control Policies: Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability.</p>

	Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and 74.26)
13.	Billing and Collections: Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)
14.	Budget: Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25)
15.	Program Data Reporting Systems: Health center has systems which accurately collect and organize data for program reporting and which support management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act)
16.	Scope of Project: Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR Part 74.25)
GOVERNANCE	

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

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Summary of Key Health Center Program Requirements	
17.	<p>Board Authority: Health center governing board maintains appropriate authority to oversee the operations of the center, including:</p> <ul style="list-style-type: none"> holding monthly meetings; approval of the health center grant application and budget; selection/dismissal and performance evaluation of the health center CEO; selection of services to be provided and the health center hours of operations; measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance;* and establishment of general policies for the health center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304) <p>Note: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv))</p> <p>Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p). (Section 330(k)(3)(H) of the PHS Act)</p>
18.	Board Composition: The health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race,

	<p>ethnicity, and sex. Specifically:</p> <p>Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.*</p> <p>The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.*</p> <p>No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.*</p> <p>Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).</p> <p>(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)</p>
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NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

5

Summary of Key Health Center Program Requirements	
19.	<p>Conflict of Interest Policy: Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.</p> <ul style="list-style-type: none"> • No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as a non-voting ex-officio member of the board.* <p>(45 CFR Part 74.42 and 42 CFR Part 51c.304(b))</p>

NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended *but not required* for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.

**COAST LIFE SUPPORT DISTRICT
RESOLUTION No. 227**

**RESOLUTION OF THE BOARD OF DIRECTORS OF COAST LIFE SUPPORT
DISTRICT, STATE OF CALIFORNIA, ADOPTING THE PROPOSITION 4
APPROPRIATION LIMIT FOR THE FISCAL YEAR 2014-2015**

WHEREAS, each fiscal year a Proposition 4 limit must be established; and

WHEREAS, Proposition 111, Article XIII B, requires the Board of Directors of the Coast Life Support District to choose and adopt a certain method to increase this limit every year; and

WHEREAS, the Coast Life Support District had approved and adopted an Appropriation Limit for Fiscal Year 2013-2014 of \$1,405,273; and

WHEREAS, the Coast Life Support District has chosen the California Per Capita Personal Income and the Sonoma County Population Change Percentage factors in establishing the Proposition 4 limit; and

WHEREAS, the Coast Life Support District conducted an election on April 8, 2014 wherein the voters of the District passed a measure to increase the Urgent Care tax rate from \$18 to \$74 per unit of benefit and to increase the appropriation limit to permit spending of the revenue raised by the tax, yielding an annual tax revenue increase of \$436,995, and

WHEREAS, the Board of Directors of the Coast Life Support District, now calculates the new Appropriation Limit to be \$1,844,504, which is the current base of \$1,407,509 calculated from inflating the previous year's limit of \$1,405,273 by the annual percentage change for the California Per Capita Personal Income which is 0.9977% and the local population growth change which is 1.0039%, plus the additional \$436,995 of new tax revenue.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Coast Life Support District hereby adopts a new Appropriation Limit in the amount of \$1,844,504 for the Fiscal Year 2014-2015,

THE FOREGOING RESOLUTION was introduced by Director _____, who moved its adoption, seconded by Director _____, and then adopted by the following vote on the 16th day of June, 2014

Director Toedter _____ Director Randolph _____ Director Bower _____
Director Dodds _____ Director Perry _____ Director Schwartz _____
Director Provencher _____

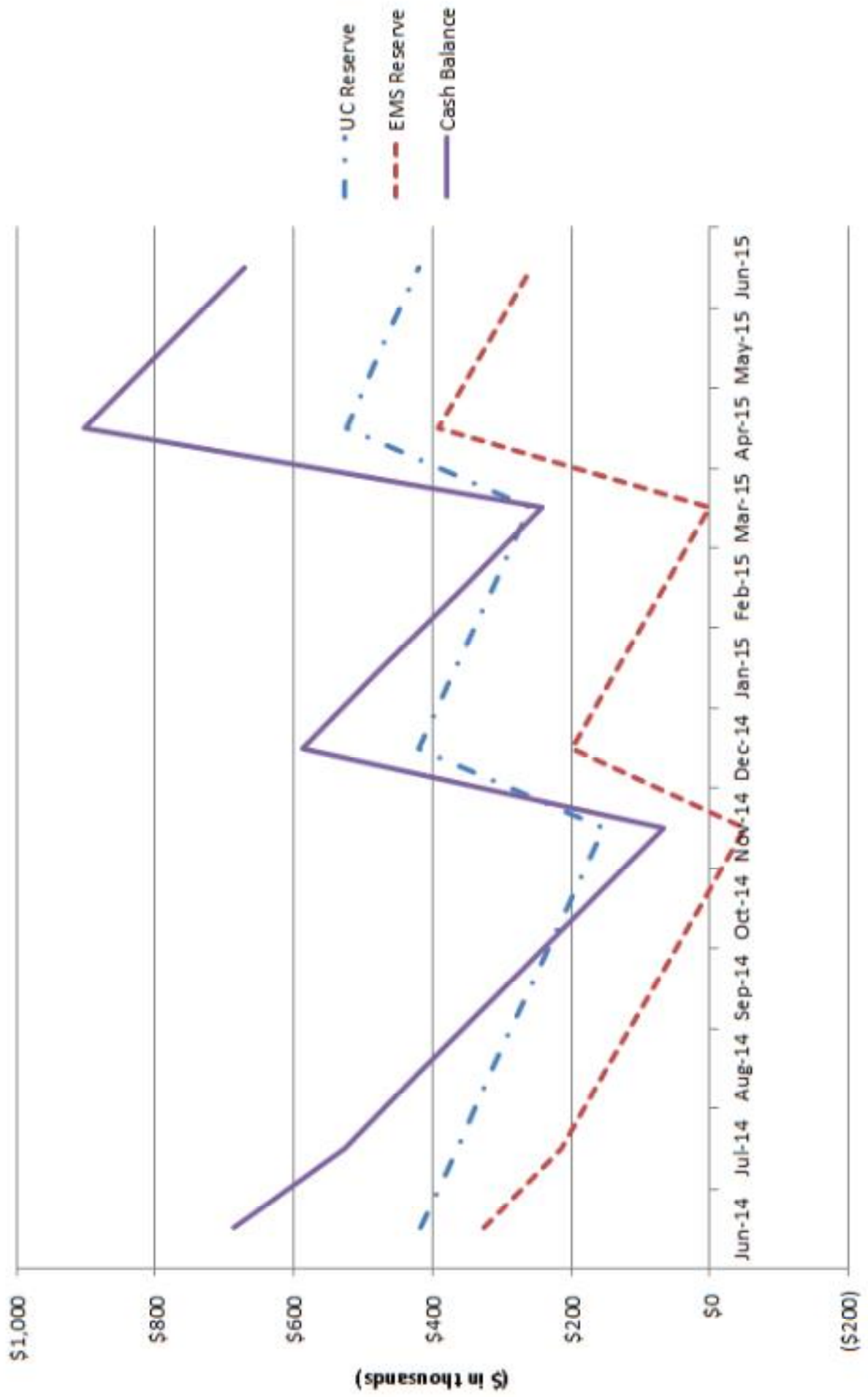
Ayes: _____ Noes: _____ Abstain: _____ Absent: _____

WHEREUPON, the President declared the foregoing RESOLUTION adopted and

SO ORDERED

Will Randolph, Secretary to the Board

CLSD Reserve and Cash Balances - FY2016



COAST LIFE SUPPORT DISTRICT

RESOLUTION No. 228

**RESOLUTION OF THE GOVERNING BOARD OF COAST LIFE SUPPORT DISTRICT
OF THE STATE OF CALIFORNIA, REQUESTING FUND TRANSFER UNDER
ARTICLE XVI, SECTION 6 OF THE STATE CONSTITUTION**

RESOLVED, by the Governing Board of the Coast Life Support District, a Bi-County District of the State of California, that:

WHEREAS, this District may not have a sufficient cash flow cycle to provide for the operations of the District during the 2014-15 Fiscal Year, and

WHEREAS, Article XVI, Section 6 of the State Constitution authorizes a temporary transfer of funds in the custody of the County Treasurer upon approval of the Board of Supervisors, and

WHEREAS, the revenues to said District for the fiscal year 2014-15 are budgeted at \$2,034,123:

NOW, THEREFORE, IT IS DETERMINED AND ORDERED as follows:

1. That the Board of Supervisors of the County of Sonoma be and it is hereby requested to authorize a temporary transfer to this District on an as-needed basis of not to exceed \$500,000, during the 2014-15 Fiscal Year; said sum will not exceed 85% of the revenues to said District during said fiscal year.
2. That the County Treasurer of the County of Sonoma be requested to recommend and the County Auditor of the County of Sonoma be requested to acknowledge said transfer.
3. That certified copies of this resolution be forwarded by the Clerk of this Board to the Board of Supervisors of the County of Sonoma, the County Auditor and County Treasurer of this County.

The above resolution was introduced by Director _____, who moved for its adoption, seconded by Director _____, and passed and adopted on this 16th day of June, 2014, by the following roll call vote:

Directors: Toedter Bower Randolph Schwartz
 Dodds Perry Provencher

Ayes:____ Noes:____ Abstain:____ Absent:____

WHEREUPON, the President declared the foregoing resolution adopted, and SO ORDERED.

Tom Toedter, President

Coast Life Support District

38901 Ocean Drive PO Box 1056
Gualala, CA 95445

June 16, 2014

General Fund

ANTICIPATED MONTHLY ENDING BALANCES

From July 1 2014 to June 30 2015

	Cash Income	Cash Expenditures	Cash Balances
Beginning Cash Balance:			\$685,875
July	\$ _____	\$ _____	\$ _____
August	_____	_____	_____
September	_____	_____	_____
October	_____	_____	_____
November	_____	_____	_____
December	_____	_____	_____
January	_____	_____	_____
February	_____	_____	_____
March	_____	_____	_____
April	_____	_____	_____
May	_____	_____	_____
June	_____	_____	_____
	*\$ _____	_____	_____
Carry Over	_____	\$ _____	_____
Capital Outlay (Current Yr)	_____	_____	_____
General Reserves	_____	_____	_____
Approp. For Contingencies	_____	_____	_____
	\$ _____	\$ _____	\$ _____

NOTE: Copies of the Cash Flow Statement are to be attached to each Resolution.

*Total cash income includes secured and unsecured taxes to be raised in current year budget plus estimated revenues (other than current property taxes).

CLERK'S CERTIFICATE

I, Scott Foster, Clerk of the Governing Board of the Coast Life Support District of the Counties of Sonoma and Mendocino, State of California, do hereby certify that the foregoing is a full, true and correct copy of a resolution duly adopted at a regular meeting of the Governing Board of said District, regularly held at the regular meeting place thereof, on June 16, 2014, of which meeting all the members of said Governing Board had due notice.

I further certify that said resolution has not been amended, modified, nor rescinded since the date of its adoption and the same is now in full force and effect.

ATTEST: This 16th day of June 2014

Clerk of the Governing Board of the Coast Life Support District

Coast Life Support District Accounts Receivable Status

May-14

ALS Transports	27
BLS Transports	3
Dry Runs	27
ALS/BLS Treat & Release	9
Total Activity	66

Accounts Receivable Balance @ 04/30/2014 \$304,289.56

Ambulance Revenue	\$ 156,105.25
<hr/>	
Reductions to Revenue	
MediCare Required	(\$60,428.02)
Medi-Cal Required	\$ (1,903.11)
District Resident 50% Discount	\$ (1,654.66)
Total Reductions for Month	\$ (63,985.79)

Ambulance Revenue Net

Payments Received	\$ (31,311.95)
<hr/>	
Write-Offs	
Collections Agency	\$ (25,998.00)
Other Adjustments	\$ (716.53)
Total Write-Offs for Month	\$ (26,714.53)

Accounts Receivable Balance @ 05/31/2014 \$ 338,382.54

CURRENT	\$ 144,464.09
31-60 Days	\$ 100,450.95
61-90 Days	\$ 32,694.55
91+ Days	\$ 60,772.95

Aging Report Balance @ 03/30/2014 \$ 338,382.54

Payment Plan Accounts EOM: 10@\$17,387.03

Cash on Hand

FAMIS Account	\$ 742,462.25
Redwood Credit Union Checking	\$ 62,952.50
Total Cash on Hand	\$ 805,414.75

Board Approval/Secretary: _____ (Date)