



Hazel Hawkins
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, OCTOBER 24, 2024 – 5:00 P.M.
SUPPORT SERVICES BUILDING, 2nd-FLOOR, GREAT ROOM
IN-PERSON AND BY VIDEO CONFERENCE**

Members of the public may participate remotely via zoom at the following link <https://zoom.us/join> with the following Webinar ID and Password:

Meeting ID: 991 5300 5433

Security Passcode: 007953

Mission Statement - The San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians, and the health care consumers of the community.

Vision Statement - San Benito Health Care District is committed to meeting community health care needs with quality care in a safe and compassionate environment.

AGENDA

- | | <u>Presented By:</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. <u>Call to Order / Roll Call</u> | (Hernandez) |
| 2. <u>Board Announcements</u> | (Hernandez) |
| 3. <u>Public Comment</u>
This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board, which are not otherwise covered under an item on this agenda. This is the appropriate place to comment on items on the Consent Agenda. Board Members may not deliberate or take action on an item not on the duly posted agenda. Written comments for the Board should be provided to the Board clerk for the official record. Whenever possible, written correspondence should be submitted to the Board in advance of the meeting to provide adequate time for its consideration. Speaker cards are available. | (Hernandez) |
| 4. <u>Consent Agenda – General Business</u> (pgs. 1-47) | (Hernandez) |
| The Consent Agenda deals with routine and non-controversial matters. The vote on the Consent Agenda shall apply to each item that has not been removed. A Board Member may pull an item from the Consent Agenda for discussion. One motion shall be made to adopt all non-removed items on the Consent Agenda. | |

A. Consider and Approve Minutes of the Regular Meeting of the Board of Directors – September 26, 2024.

B. Consider and Approve Policies:

- Short-Term Telecommuting
- Paid Time Off
- Leaves of Absence
- Payroll
- Tuberculosis Screening
- Respiratory Protection Program

C. Receive Officer/Director Written Reports

- Physician Services & Clinic Operations
- Skilled Nursing Facilities (Mabie Southside/Northside)
- Laboratory and Radiology
- Foundation
- Marketing
- PMO Project Summary

Recommended Action: Approval of Consent Agenda Items (A) through (C).

- ▶ Report
- ▶ Board Questions
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

5. Medical Executive Committee

(pgs. 48-50)

(Dr. Bogey)

A. Consider and Approve Medical Executive Committee Staff Credentials:

Recommended Action: Approval of Medical Executive Committee Staff Credentials

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

B. Consider and Approve Privileges (Palliative Care):

Recommended Action: Approval of Privileges (Palliative Care).

- ▶ Report
- ▶ Board Questions
- ▶ Public Comment
- ▶ Motion/Second
- ▶ Action/Board Vote-Roll Call

6. Receive Informational Reports

(pgs. 51- 54)

A. Chief Executive Officer

(Mary Casillas)

- Insight Transaction Update
- Legislative Update
- Violence in Healthcare

▶ Public Comment

B. Chief Nursing Officer (Descent)
▶ Public Comment

C. Finance Committee (pgs. 55-101) (Robinson)

(i) Finance Committee Meeting Minutes – October, 2024

(ii) Review Financial Updates – September 2024

- Financial Statements
- Finance Dashboard
- Supplemental Payments
- GASB 68 Disclosure Report – FY 06/30/24

▶ Public Comment

7. **Public Comment** (Hernandez)

This opportunity is provided for members to comment on the closed session topics, not to exceed three (3) minutes.

8. **Closed Session** (Hernandez)

(See Attached Closed Session Sheet Information)

9. **Adjournment** (Hernandez)

The next Regular Meeting of the Board of Directors is scheduled for Thursday, November 21, 2024 at 5:00 p.m., Great Room.

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting, in the Administrative Offices of the District, and posted on the District's website at <https://www.hazelhawkins.com/news/categories/meeting-agendas/>. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Any public record distributed to the Board less than 72 hours prior to this meeting in connection with any agenda item shall be made available for public inspection at the District office. Public records distributed during the meeting, if prepared by the District, will be available for public inspection at the meeting. If the public record is prepared by a third party and distributed at the meeting, it will be made available for public inspection following the meeting at the District office.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

SAN BENITO HEALTH CARE DISTRICT BOARD OF DIRECTORS
October 24, 2024

AGENDA FOR CLOSED SESSION

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

CLOSED SESSION AGENDA ITEMS

LICENSE/PERMIT DETERMINATION

(Government Code §54956.7)

Applicant(s): (Specify number of applicants) _____

CONFERENCE WITH REAL PROPERTY NEGOTIATORS

(Government Code §54956.8)

CONFERENCE WITH LEGAL COUNSEL-EXISTING LITIGATION

(Government Code §54956.9(d)(1))

Name of case: (Specify by reference to claimant's name, names of parties, case or claim numbers):

San Benito Health Care District dba Hazel Hawkins Memorial Hospital, Case No. 23-50544 (United States Bankruptcy Court for the Northern District of California, San Jose Division)

Case name unspecified: (Specify whether disclosure would jeopardize service of process or existing settlement negotiations): _____

CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION

(Government Code §54956.9)

LIABILITY CLAIMS

(Government Code §54956.95)

Claimant: (Specify name unless unspecified pursuant to Section 54961):

Agency claimed against: (Specify name): _____.

THREAT TO PUBLIC SERVICES OR FACILITIES

(Government Code §54957)

Consultation with: (Specify the name of law enforcement agency and title of officer): _____

PUBLIC EMPLOYEE APPOINTMENT

(Government Code §54957)

Title:

PUBLIC EMPLOYMENT

(Government Code §54957)

Title:

PUBLIC EMPLOYEE PERFORMANCE EVALUATION

(Government Code §54957)

Title: (Specify position title of the employee being reviewed):

PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE

(Government Code §54957)

(No additional information is required in connection with a closed session to consider discipline, dismissal, or release of a public employee. Discipline includes potential reduction of compensation.)

CONFERENCE WITH LABOR NEGOTIATOR

(Government Code §54957.6)

Agency designated representative: Drew Tartala, Director of Human Resources

Employee organization:

Unrepresented employee: Chief Executive Officer

CASE REVIEW/PLANNING

(Government Code §54957.8)

(No additional information is required to consider case review or planning.)

REPORT INVOLVING TRADE SECRET

(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):

- 1. Trade Secrets, Strategic Planning, Proposed New Programs, and Services.

Estimated date of public disclosure: (Specify month and year):

HEARINGS/REPORTS

(Evidence Code Sections 1156 and 1157.7; Health and Safety Code Section 32106(b))

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, or report of quality assurance committee):

Evaluation and Report – Quality of Care/Peer Review/Credentials

CHARGE OR COMPLAINT INVOLVING INFORMATION PROTECTED BY FEDERAL LAW (Government Code §54956.86)

(No additional information is required to discuss a charge or complaint pursuant to Section 54956.86.)

ADJOURN TO OPEN SESSION



Hazel Hawkins
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE BOARD OF DIRECTORS
SAN BENITO HEALTH CARE DISTRICT
SUPPORT SERVICES BUILDING, 2ND-FLOOR, GREAT ROOM
IN PERSON AND BY VIDEO CONFERENCE**

THURSDAY, SEPTEMBER 26, 2024

5:00 P.M.

MINUTES

HAZEL HAWKINS MEMORIAL HOSPITAL

Directors Present

Jeri Hernandez, Board Member
Bill Johnson, Board Member
Josie Sanchez, Board Member
Rick Shelton, Board Member
Devon Pack, Board Member

Also Present

Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Karen Descent, Chief Nursing Officer
Amy Breen-Lema, VP, Clinic Ambulatory & Physician Services
Michael Bogey, MD, Chief of Staff
Heidi A. Quinn, District Legal Counsel
Suzie Mays, Director of Project Management & Policies/Procedures

1. **Call to Order**

Attendance was taken by roll call; Directors Hernandez, Sanchez, Johnson, Shelton, and Pack were present.

A quorum was present and Director Hernandez, called the meeting to order at 5: 05p.m.

2. **Board Announcements:** None.

3. **Special Presentation – County Elections Department:**

The County Elections Department representative did not appear for the presentation.

4. **Public Comment**

An opportunity was provided for public comment, individuals were given three minutes to address the Board Member and Administration.

5. Consent Agenda - General Business

- A. Consider and Approve Minutes of the Special Meeting of the Board of Directors -- August 8, 2024
- B. Consider and Approve Minutes of the Regular Meeting of the Board of Directors -- August 22, 2024
- C. Consider and Approve Policies:
- Grievance Procedure
 - Personnel Files – Content Maintenance
 - Diversity, Equity, and Inclusion
 - Gifts and Gratuities
 - Policy Development and Approval
- D. Receive Officer/Director Written Reports - No action required.
- Provider Services & Clinic Operations
 - Skilled Nursing Facilities Reports (Mabie Southside/Northside)
 - Laboratory and Radiology
 - Foundation Report
 - Public Relations
 - PMO Project Summary Report

Director Hernandez presented the consent agenda items to the Board for action. This information is included in the Board packet.

MOTION: By Director Sanchez to approve Consent Agenda – General Business, Items A – D, as presented; Second by Director Shelton.

Moved/Seconded/ Carried. Ayes: Directors Sanchez, Johnson, Shelton, Pack, Hernandez. Approved 5-0 by roll call.

6. Medical Executive Committee Meeting

- A. Consider and Approve Medical Staff Credentials Report:

Dr. Bogey, Chief of Staff, provided a review of the Medical Executive Committee Credentials Report dated September 25, 2024.

An opportunity was provided for public comment and no public comment was received.

MOTION: By Director Johnson to approve the Medical Staff Credentials Reports as presented; Second by Director Pack.

Moved/Seconded/ Carried: Ayes: Directors Johnson, Pack, Sanchez, Hernandez, Shelton. Approved 5-0 by roll call.

7. Receive Informational Reports

A. Insight Transaction Update

a) Timeline

Special counsel to the District, Robert Miller, with Hooper, Lundy & Bookman, provided an update as to the status of the transaction and timeline

An opportunity was provided for public comment, individuals were given three minutes to address the Board Member and Administration.

b) Ad Hoc Advisory Committee

Director Hernandez and Director Pack provided a summary of the Ad Hoc Committee meeting with Insight. The information is provided in the packet.

B. Chief Executive Officer

Mary Casillas provided a verbal report.

An opportunity was provided for public comment, and public comment was received.

C. Chief Nursing Officer

Karen Descent provided a verbal report.

An opportunity was provided for public comment and no public comment was received.

D. Finance Committee

1. Finance Committee Meeting Minutes – September 19, 2024

2. Review Financial Updates

- Financial Statements – August 2024
- Finance Dashboard – August 2024
- Supplemental Payments – August 2024

Mr. Robinson provided a review of the financial statements, dashboard, and supplemental payments, which are included in the Board packet.

An opportunity was provided for public comment and no public comment was received.

8. Action Items

- A. Consider Recommendation for Board Approval of Commercial Lease Agreement with Stanley John Alonso Irrevocable Trust for property located at 320 Hillcrest Road, Units 102 & 103.

Mr. Robinson provided a review of the lease agreement. Questions from the Board were answered.

An opportunity was provided for public comment and no public comment was received.

MOTION: By Director Hernandez to approve the Commercial Lease Agreement with Stanley John Alonso Irrevocable Trust; Second by Director Pack.

Moved/Seconded/ Carried: Ayes: Directors Pack, Sanchez, Shelton, Johnson, Hernandez. Approved 5-0 by roll call.

- B. Consider and Approve Resolution No. 2024-11 Declaring Real Property as Exempt Surplus Land Necessary for the Agency's Use Under Gov. Code Sections 54221 (f)(1)(N) and 54211(c)(2)(B)(i), and Find the Declaration is Exempt from Environmental Review under CEQA Guidelines 15061(b)(3).

Attorney Quinn provided a summary of Resolution No. 2024-11. Questions from the Board were answered.

An opportunity was provided for public comment, individuals were given three minutes to address the Board Member and Administration.

MOTION: By Director Pack to approve Resolution No. 2024-11 Declaring Real Property as Exempt Surplus Land Necessary for the Agency's Use Under Gov. Code Sections 54221 (f)(1)(N) and 54211(c)(2)(B)(i), and Find the Declaration is Exempt from Environmental Review under CEQA Guidelines 15061(b)(3) for approval; Second by Director Sanchez.

Moved/Seconded/ Carried: Ayes: Directors Hernandez, Johnson, Shelton, Sanchez, Pack. Approved 5-0 by roll call.

9. **Adjournment:** There being no further regular business or actions, the meeting was adjourned at 6:59 p.m.
The next Regular Meeting of the Board of Directors is scheduled for Thursday, October 24, 2024, at 5:00 p.m.



Short-Term Telecommuting

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Revision Insight

Document ID:	12226
Revision Number:	0
Owner:	Drew Tartala, HR Manager
Revision Official Date:	No revision official date

Revision Note:
No revision note

Policy : Short-Term Telecommuting

PURPOSE

Telecommuting allows employees to work at home, on the road, or in a satellite location for all or part of their workweek, for a defined period, not to exceed 12-months without renewal. San Benito Health Care District (SBHCD) considers telecommuting to be a viable, flexible work option when both the employee and the job are suited to such an arrangement. Telecommuting may be appropriate for some employees and jobs but not for others. Telecommuting is not an entitlement, it is not a companywide benefit, and it in no way changes the terms and conditions of employment with SBHCD.

POLICY

To set forth the essential rules and criteria pursuant to which eligible staff are permitted to telecommute.

PROCEDURE

Telecommuting arrangements, whether for inclement weather, special projects, business travel, or short-term situations, may be approved as needed. There is no expectation of ongoing continuance for these arrangements unless specified in the agreement. Additionally, short-term telecommuting for employees on family or medical leave will be considered to the extent practical for both the employee and the organization, with consent from the employee's health care provider, if necessary. All informal telecommuting arrangements are evaluated on a case-by-case basis, prioritizing the organization's business needs, and must adhere to the eligibility process below.

Eligibility

Individuals requesting telecommuting arrangements must be employed with SBHCD for a minimum of six (6) months of continuous, regular employment and must have a satisfactory performance record, unless otherwise approved by Administration.

Before entering into the short-term telecommuting agreement, the employee and manager, with the assistance of the human resource department, will evaluate the suitability of such an arrangement, reviewing the following areas:

- **Employee Suitability.** The employee and manager will assess the needs and work habits of the employee, compared to traits customarily recognized as appropriate for successful telecommuters.
- **Job Responsibilities.** The employee and manager will discuss the job responsibilities and determine if the job is appropriate for a telecommuting arrangement.
- **Equipment Needs Workspace Design Considerations and Scheduling Issues.** The employee and manager will review the physical workspace needs and the appropriate location for the telework.
- **Tax and Other Legal Implications.** The employee must determine any tax or legal implications under IRS, state and local government laws, and/or restrictions of working out of a home-based office. Responsibility for fulfilling all obligations in this area rests solely with the employee.
- **Self-Assessment & Safety Checklist.** The employee must complete the self-assessment as well as the safety checklist prior to it being approved by Administration. The employee will also need to take the ergonomics training that is through Healthstream.

If the employee and manager agree, and the human resource department concurs, a draft telecommuting agreement will be prepared and reviewed by Administration for approval. Once approved, all parties will sign the agreement, and the signed agreement as well as the aforementioned documentation will be placed in the employee's file. As the employee is telecommuting, their performance will be evaluated.

Evaluation of telecommuter performance will include regular interaction by phone and e-mail between the employee and the manager, and weekly face-to-face meetings to discuss work progress and problems. Evaluation of telecommuter performance will be consistent with that received by employees working at the office in both content and frequency but will focus on work output and completion of objectives rather than on time-based performance.

An appropriate level of communication between the telecommuter and supervisor will be agreed to as part of the discussion process. The manager and telecommuter will communicate at a level consistent with employees working at the office or in a manner and frequency that is appropriate for the job and the individuals involved.

Equipment

On a case-by-case basis, SBHCD will determine, with information supplied by the employee and the supervisor, the appropriate equipment needs (including hardware, software, modems, phone and data lines, and other office equipment)

for each telecommuting arrangement. The human resource and information system departments will serve as resources in this matter. Equipment supplied by the organization will be maintained by the organization. Equipment supplied by the employee, if deemed appropriate by the organization, will be maintained by the employee. SBHCD accepts no responsibility for damage or repairs to employee-owned equipment. SBHCD reserves the right to make determinations as to appropriate equipment, subject to change at any time. Equipment supplied by the organization is to be used for business purposes only. The telecommuter must sign an inventory of all SBHCD property received and agree to take appropriate action to protect the items from damage or theft. Upon termination of employment, all company property will be returned to the company, unless other arrangements have been made.

SBHCD will supply the employee with appropriate office supplies (pens, paper, etc.) as deemed necessary. SBHCD will also reimburse the employee for business-related expenses, such as phone calls and shipping costs that are reasonably incurred in carrying out the employee's job.

The employee will establish an appropriate work environment within his or her home or other location for work purposes. SBHCD will not be responsible for costs associated with the setup of the employee's home office, such as remodeling, furniture, or lighting, nor for repairs or modifications to the home office space.

Security

Consistent with the organization's expectations of information security for employees working at the office, telecommuting employees will be expected to ensure the protection of proprietary company and customer information accessible from their home office. Steps include the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment.

Safety

Employees are expected to maintain their home workspace in a safe manner, free from safety hazards. SBHCD will provide each telecommuter with a safety checklist that must be completed at least twice per year. Injuries sustained by the employee in a home office location and in conjunction with his or her regular work duties are normally covered by the company's workers' compensation policy. Telecommuting employees are responsible for notifying the employer of such injuries as soon as practicable. The employee is liable for any injuries sustained by visitors to his or her home work site.

Telecommuting is not designed to be a replacement for appropriate childcare. Although an individual employee's schedule may be modified to accommodate childcare needs, the focus of the arrangement must remain on job performance and meeting business demands. Prospective telecommuters are encouraged to discuss expectations of telecommuting with family members prior to entering into the telework agreement.

Time Worked

Telecommuting employees who are not exempt from the overtime requirements of the Fair Labor Standards Act will be required to accurately record all hours worked using SBHCD's time-keeping system. Hours worked in excess of those scheduled per day and per workweek require the advance approval of the telecommuter's supervisor. Failure to comply with this requirement may result in the immediate termination of the telecommuting agreement.

REFERENCES

California Labor Code 2802.

Document ID	12226	Document Status	Draft
Department	Human Resources	Department Director	Tartala, Drew
Document Owner	Tartala, Drew	Next Review Date	

Attachments:
(REFERENCED BY THIS DOCUMENT)

Other Documents:
(WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhhmh%3A12226%240>.



Policy : Paid Time Off Policy

Differences between version ~~2~~ and 3 .

PURPOSE

San Benito Health Care District (SBHCD) provides a flexible bank of paid time off (PTO) to all eligible benefited employees to enable employees to meet both their work and personal needs. SBHCD believes that PTO is valuable for employees not only to make their work experience with the company personally satisfying but also to enhance their productivity.

ELIGIBILITY

All benefited full-time and part-time employees who have successfully completed their introductory period are eligible to participate in the company's PTO program. Employees, who are eligible for PTO, are not to exceed their regularly scheduled hours per day and not to exceed their PTO balance. Request should be made two weeks in advance.

DEFINITIONS

Kin Care: Kin care leave is time provided to employees to take time off work to care for a family member. These family members include:

- A child – biological child, adopted child, foster child, stepchild, legal ward, or a child for which the employee stand's in *loco parentis* ;
- A parent – biological parent, adoptive parent, foster parent, stepparent, or legal guardian;
- A spouse;
- A registered domestic partner;
- A grandparent;
- A grandchild;
- A sibling; or
- Designated person – any individual related by blood or whose association with the employee is the “equivalent of a family relationship,”

PROCEDURE

PER DIEM EMPLOYEES

While per diem employees are not eligible for our PTO accruals, they will earn sick time on a prorated basis. Upon successfully completing 90 days of employment, employees may begin to use paid sick time in increments of two hours, up to a maximum of 40 hours, or five days, whichever is greater, per calendar year.

Accrued, unused time under this policy will carry over each year up to a maximum accrual of 80 hours or ten days, whichever is greater.

Leave under this policy may be used in connection with the diagnosis, care or treatment of an existing health condition for, or the preventive care of, an employee or an employee's family member (Kin Care). As defined above, Kin Care allows up to one-half of the annual allotment of sick leave. Leave under this policy may also be used for employees who are the victims of domestic violence, sexual assault or stalking.

Employees requesting time off under this policy should provide as much advanced notice to their director and human resources as practicable, and employees who take more than three days of leave will be required to provide appropriate documentation to human resources in support of the leave taken.

Unused sick time under this policy is not paid out at the time of separation from employment. However, employees who are re-employed with the company within 30 days of separation will have their accrued unused bank of time off under this policy made available to them.

BENEFITED FULL-TIME AND PART-TIME EMPLOYEES

Benefited full-time and part-time employees may use PTO for any reason listed in the per diem section as well as, vacation, holiday, family care, and personal business. As defined above, Kin Care allows up to one-half of the annual allotment of PTO, which may be used for an illness of the employee's family member. PTO under this policy may also be used for employees who are victims of domestic violence, sexual assault, or stalking. Full-time employees accrue PTO based on their regularly scheduled workweek and continuous years of service and according to the following schedule:

Please note that PTO accruals for year ten (10) and beyond apply only to the National Union of Healthcare Workers (NUHW), Engineers and Scientists of California (ESC), and Non-Union Affiliates. All other unions will continue to accrue 30 days annually starting from year five (5) and beyond.

6.15206.46216.76227.08235+0.2330

Years of Service Accrual Per Pay Period	Annual Accrual (Days)	Annual Accrual (Hours)	Maximum Accrual Accrual (Days)
1 Year	<u>20</u>	<u>160</u>	N/A
2 Years	<u>21</u>	<u>168</u>	40
3 Years	<u>22</u>	<u>176</u>	40
4 Years	<u>23</u>	<u>184</u>	40
5 Years	<u>30</u>	<u>240</u>	40
10 Years	<u>33</u>	<u>264</u>	40
15 Years	<u>34</u>	<u>272</u>	40
20 Years	<u>35</u>	<u>280</u>	40
25 Years	<u>36</u>	<u>288</u>	40

Part-time employees receive a prorated share of the same benefits based upon the actual hours worked per payroll period. |

Once an employee has reached his or her maximum PTO accrual (**320 hours**), the employee will not become eligible to accrue any additional PTO until the employee's PTO balance falls below the maximum accrual. In addition, employees taking an unpaid leave of absence or who are on leave receiving disability payments do not accrue PTO while they are on leave.

PTO is provided to employees so that they are better able to perform their job duties. For this reason, the company requires employees to take PTO and does not permit employees to take pay in lieu of PTO, except where an employee has deferred his or her PTO at the company's request. The company also reserves the right to direct employees to take PTO when business conditions make that necessary or appropriate.

When an employee is requesting time off, the employee MUST use their accrued PTO time. An employee who has exhausted their PTO may have five (5) unpaid days per year. After the five (5) days have been used, any request for additional unpaid days may result in disciplinary action, up to and including termination.

Employees who were hired before July 17, 2023 may have a legacy bank of sick, holiday, vacation, and will be required to exhaust those banks prior to using their PTO accruals. Please refer to the Employee Benefits Policy for the accrual use.

SCHEDULING PTO

PTO must be scheduled and approved by the employee's supervisor at least two weeks in advance, unless otherwise specified in the employee's Collective Bargaining Agreement. The company has the right to refuse an employee's application for PTO if, at the company's sole discretion, scheduling PTO at the time requested would be inconsistent with the smooth operation of the company's business. The company pays all accrued but unused PTO when an employee leaves the company.

UNSCHEDULED PTO

In some instances, it may not be possible for an employee to schedule PTO. Unscheduled PTO is only permitted in cases of medical emergencies or illness, or where otherwise legally required. Employees who need to take unscheduled PTO must comply with the following:

1. Notify their supervisors as soon as possible. Employees must personally contact supervisor and human resources as far in advance as possible, so that proper arrangements can be made to handle the employees' work in their absence. Leaving a message with another employee does not satisfy this responsibility. Employees are also responsible for informing their supervisors and human resources of the anticipated date of their return to work.
2. Provide daily updates. Employees who are using unscheduled PTO are responsible for personally contacting their supervisor each workday and providing updates on their anticipated dates of return, if a medical note is not given.
 1. An employee who is scheduled to miss more than 3 consecutive days of work will be required to submit a medical note to their supervisor and human resources.
3. Supply medical certification. The company may require employees who are absent due to their own illnesses, or to care for an ill parent, child, spouse or domestic partner, to provide appropriate medical documentation from a health care provider. The company may also, in certain instances, require a second certification from another health care provider.

Employees' failure to contact their supervisor or to provide appropriate medical certification when requested may result in denial of PTO benefits and discipline, including termination.

COORDINATED BENEFITS

Time off accruals under this policy will run concurrently with leave taken under other applicable policies as well as under local, state or federal law, including leave taken pursuant to the California Family Rights Act (CFRA) or the Family and Medical Leave Act (FMLA). Refer to our Leave of Absence Policy for more information.

Employees **MUST** use accrued hours in conjunction with Paid Family Leave, California Disability Insurance, or California Disability Insurance to provide a pay level that complements their usual scheduled hours.

For more information regarding leave under this policy, contact human resources.

HOLIDAYS

Below is a list of holidays that the district observes, which are included in the PTO accruals.

- New Year's Day

- MLK Day
- President's Day
- Memorial Day
- Juneteenth
- Fourth of July
- Labor Day
- Thanksgiving Day
- Christmas Day

Non-exempt employees working on holidays will receive holiday pay at one and one-half times their regular rate for the hours worked. Any eligible employee not working on a holiday will utilize their Paid Time Off (PTO) accrual. For more details on this section, please reach out to the Payroll Department.

CASHING OUT PTO

At present, SBHCD does not offer payout options to its staff. However, it reserves the right to periodically notify employees via email about payout options, which will be determined based on the financial status of the district. Any permanent changes to this section will be accompanied by an amendment.

Document Owner: Tartala, Drew
Collaborators: Drew Tartala
Stephan Schwarzwaelder, MS, RN, PMP
Toshi Matsui

Approvals

- Committees:
- Signers:

Original Effective Date: 03/04/2024
Revision Date: [03/04/2024 Rev. 0], [03/14/2024 Rev. 2], [03/14/2024 Rev. 1]

Review Date:

Attachments:

(REFERENCED BY THIS DOCUMENT)

Other Documents:

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Leaves of Absence

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Revision Insight

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Policy : Leaves of Absence

PURPOSE

Employees are encouraged to read this entire policy to determine which leave or leaves apply to their particular situation. Employees covered by a Collective Bargaining Agreement (CBA) may have different leave rights. This policy will govern leaves of absence for employees covered by a CBA except to the extent this policy and the CBA conflict, in which case the CBA will control.

POLICY

To establish the criteria and conditions under which employees of San Benito Health Care District (SBHCD) may be granted leaves of absence.

PROCEDURE

Absences of more than 7 consecutive calendar days will be deemed to be a leave of absence under this policy.

Employees anticipating a leave of absence are directed to contact Human Resources (HR) 30 days in advance of the leave, whenever possible, to review the details of the approval process and how the leave may affect insurance, benefits accruals, position, etc. Details of the leave (including, but not limited to, start and end dates) shall be identified on the Leave of Absence Request form. Once HR has received supporting medical documentation, if applicable, the form will be submitted to the Department Director for approval. The approved leave form is then returned to HR for processing.

FEDERAL AND STATE FAMILY MEDICAL LEAVES

Family Medical Leave (FMLA) & California Family Rights Act (CFRA)

In order to qualify for any leave pursuant to FMLA and/or CFRA, employees must have been employed for at least one year, and have at least 1,250 hours worked during the preceding 12-month period. In addition, an eligible employee may be granted a total of 12 weeks (during a backward rolling 12-month period) of leave for the following reasons:

- Birth of a child for purposes of bonding. CFRA also includes the child of a domestic partner.
- Placement of a child in for adoption or foster care.
- To care for the employee's covered family member with a serious health condition. CFRA includes a designated member).
- The serious health condition of the employee (pregnancy: FMLA only).
- A qualifying military exigency related to the covered active duty or call to covered active duty of an employee's spouse, child (of any age) or parent who is a member of the United States Armed Forces
- To care for a family member who is a current servicemember or veteran with a serious illness or injury (26 weeks). FMLA only.

Benefits provided pursuant to the Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) will run concurrently with any other leave rights to the fullest extent of the law. To the extent FMLA and CFRA rights differ, the employee is eligible for the most generous benefits available under the applicable law. Please see the Human Resources department for more information.

Pregnancy Disability Leave (PDL)/Maternity Leave

PDL shall be granted as necessary to any employee disabled on account of pregnancy, childbirth, or a related medical condition. Leave will be granted for the period of disability, for up to a maximum of four months (17 and 1/3 weeks). Time off may be requested for other pregnancy-related conditions, including, but not limited to prenatal care, severe morning sickness, doctor-ordered bed rest, gestational diabetes, pregnancy-induced hypertension, loss or end of pregnancy, childbirth and recovery from childbirth. PDL runs concurrently with FMLA leave and any other company-provided leave to the extent allowed by law.

Leave provided for pregnancy disability is treated separately from leaves required by the state family and medical leave law. However, the first 12 work weeks of a pregnancy disability leave will be treated concurrently as a leave pursuant to the federal FMLA for all eligible employees.

The entitlement to leave for the birth or placement of a child for adoption or foster care will expire 12 months from the date of the birth or placement.

Family leave taken under CFRA for purposes of the birth of a child (so-called "bonding" leave) may not be taken until after the birth of the child (unless approved by Administration). If both parents are employed by SBHCD, the two employees generally are limited to a combined 12 weeks of CFRA/FMLA leave for bonding.

Medical Certification

Employees will be required to provide a physician's certification if the leave request is for the employee's own serious health condition, to care for a family member with a serious health condition, or for military caregiver leave. Separate certification may also be required regarding the nature of the family member's military service and/or the existence of a qualifying military exigency.

The head of Human Resources/Designee may contact the health care provider directly to clarify or authenticate a medical certification, including certifications for military caregiver leave after the employee has been given an opportunity to cure any deficiencies.

If the Hospital questions the validity of the medical certification provided by the employee in support of the employee's own serious health condition, the Hospital may, at its expense, require the employee to undergo a medical examination by a health care provider of the Hospital's choosing and at the Hospital's cost.

If the second opinion differs from the first opinion, the Hospital may require the employee or the employee's family member to obtain certification from a third health care provider, again at the Hospital's expense. The third opinion will be final and binding.

The health care provider must be jointly designated or approved by the Hospital and the employee in good faith. If the employer does not attempt in good faith to reach agreement, the employer will be bound by the first certification. If the employee does not attempt in good faith to reach agreement, the employee will be bound by the second certification.

Failure to provide the required certifications in a timely manner may result in denial of the leave until the certifications are provided. If an employee refuses to provide the certifications, the request for leave may be denied and the employee may be disciplined.

Intermittent Leave

When medically necessary, employees may take FMLA/CFRA leave intermittently or on a reduced schedule basis for their own serious health condition, the serious health condition of a family member or for military caregiver or qualifying exigency leave. To the extent allowed by law, employees are required to cooperate with the Hospital to arrange reduced work schedules or intermittent leave so as to minimize disruption of Hospital operations. Furthermore, employees utilizing intermittent leave may also have the opportunity to cover additional shifts to make up for lost time. However, the day they request off will still be considered as part of their FMLA usage according to this policy.

Employees will have the opportunity to make up lost time by picking up additional days during the week. However, FMLA hours will still be deducted for the days the employee originally missed or was scheduled to work.

State Disability Insurance (SDI) & Paid Family Leave

State Disability (SDI) and Paid Family Leave (PFL) benefits will be integrated with any PTO or sick leave used during an employee's absence under this section. It is the employee's responsibility to file a State Disability Insurance Claim form and Paid Family Leave. Information regarding these benefits are available in the Human Resources Department.

PFL does not provide job protection, only monetary benefits. Additional information regarding the PFL program is available from the Human Resources Department.

OTHER LEAVES

Bereavement Leave

Full and part-time employees may be absent with pay for up to three (3) normally scheduled days because of death in the family. Family includes current spouse, mother, step-mother, father, step-father, sister, step-sister, sister-in-law, brother, step-brother, brother-in-law, child, step-child, daughter-in-law, son-in-law, current father-in-law, current mother-in-law, grandparents, grandchildren, registered domestic partner and children of registered domestic partner. In addition, employees may be absent an additional two (2) normally scheduled days with the option to use their accruals or go unpaid.

Upon request, per diem employees may be absent with pay for up to three (3) normally scheduled days because of death in the family. In addition, employees may be absent an additional two (2) normally scheduled days with the option to use PTO or go unpaid.

Documentation of the death of the family member may be required within 30 days of the first day of bereavement leave. Documentation includes: Death Certificate, Published Obituary or Written Verification of Death, Burial, or Memorial Services from a Mortuary, Funeral Home, Burial Society, Crematorium, Religious Institution or Governmental Agency.

Bereavement leave must be taken within three (3) months of the death of the family member.

Represented employees: refer to your CBA for more information.

Reproductive Loss

In cases of a reproductive loss event, employees who have been employed at least 30 days with the district are eligible for reproductive loss leave due to: The death of a family member, as defined as "the day or, for a multiple-day event, the final day of a failed adoption, failed surrogacy, miscarriage, stillbirth, or an unsuccessful assisted reproduction."

The employee may take up to five (5) days of leave for reproductive loss events. Three (3) days will be paid by the district, while the remaining two (2) days, employees may elect to use their PTO or go unpaid.

The law limits the amount of reproductive loss leave to a maximum of 20 days within a 12-month period.

Must take the leave within three months of the event triggering the leave (*i.e.*, reproductive loss events), but need not be taken on consecutive days.

Total Temporary Disability (TTD)

If a worker sustains an injury on the job that hinders their ability to perform their regular duties or any modified tasks during their recuperation, they may qualify for total temporary disability (TTD) benefits. TTD benefits typically amount to two-thirds of the employee's regular wages. Any employee on TTD will need to utilize their time off accruals in accordance with this policy. Refer to the Employee Health Department for additional information.

Leave and Accommodation for Victims of Stalking, Domestic Violence and Sexual Assault

Unpaid time off is available to victims of stalking, domestic violence or sexual assault for the purpose of appearing in court to obtain legal relief; seeking medical attention; obtaining services from a domestic violence shelter, program, or rape crisis center; obtaining psychological counseling or participating in safety planning. Victims of domestic violence or sexual assault should provide reasonable advance notice when possible; otherwise, they must provide, within a reasonable time, evidence from the court, prosecuting attorney, police or medical professional, domestic violence advocate or advocate for victims of sexual assault, health care provider or counselor, as appropriate.

In addition to unpaid time off, the Hospital will also provide reasonable accommodation to an employee who has disclosed his or her status as a victim of domestic violence, sexual assault, or stalking, unless doing so would pose an undue hardship.

Any employee needing reasonable accommodation should notify Human Resources or the employee's supervisor. An employee requesting a reasonable accommodation may be required to provide a certification to the Hospital regarding his or her need for accommodation. Additionally, if the need for accommodation ceases, the employee must notify the Hospital that the accommodation is no longer needed.

Employees may use any accrued PTO or paid sick leave for such absences if they wish.

Leave to Appear in Court

Employees are entitled to take unpaid leave to comply with a subpoena and appear in court. Additionally, employees are entitled to paid leave to serve as a witness in any judicial proceeding.

Reasonable Notice: Affected employees must give the Hospital reasonable documented notice that they will be absent due to one of the above purposes. In the event of an emergency court appearance or other incident that does not allow for prior notice, the employee must provide the Hospital with documentary evidence that their absence was required for any of the above reasons such as police report, court order or documentation from a medical professional, counselor or advocate.

Employees may use any accrued PTO for such absences, if they wish.

Leave for Victims of Crime

Any employee who is the victim of a crime, an immediate family member of a victim, a registered domestic partner of a victim, or the child of a registered domestic partner of a victim, may be absent from work to attend judicial proceedings related to that crime.

Prior to the absence, the employee must provide the employer with a copy of the notice of each scheduled proceeding unless advance notice is not feasible. If notice is not feasible, the employee must provide the Hospital with documentary evidence that their absence was required to attend these judicial proceedings, such as notice from the court or government agency setting the hearing, the district attorney or prosecuting attorney's office, or the victim/witness office advocating on behalf of the victim.

Employees may use any accrued PTO for such absences, if they wish.

Leave to Attend Child's School or Daycare

Employees are allowed to take up to 40 hours off each year—up to eight hours per month—for school- or daycare-related activities. This type of leave can be used for a broad range of activities, including to:

- Find or enroll a child in a school or licensed daycare program.
- Attend a child's a play, awards ceremony, sporting event, graduation or other activity.
- Address emergencies during which a child can't stay in school or daycare—such as a fire, natural disaster or problem at school. The eight-hour monthly cap doesn't apply to emergencies.

Employees who take time off for school purposes must provide proof of participation from the school.

Employees are required to use accrued paid time off for planned leave under this section.

School Discipline Leave

Any employee who is the parent or guardian of a child and is actually living with the child or grandparent who has custody of a grandchild is eligible for a school-discipline leave. The employee must have received a written notice from the school principal requesting his or her attendance at a conference to discuss the child's/grandchild's suspension from school. School-discipline leave is not available to employees who voluntarily consult with school administrators regarding a child's/grandchild's performance in school. The Hospital may require the employee to provide a copy of the notice received from the school, prior to granting school-discipline leave, and may require documentation from the school as proof that the

visit took place. The Hospital may ask the employee or the principal to briefly reschedule the conference if the employee's attendance at work is essential at the time originally scheduled. There is no limit to how frequently employees may be provided school-discipline leave. Employees may use accrued PTO during school-discipline leave. If an employee does not have any PTO time available, the employee may take unpaid leave.

Personal Leaves

At the sole discretion of the Hospital, an eligible employee may be granted a LOA of up to one (1) month for personal reasons. Employees while on a personal leave of absence must utilize their time off accruals to their status.

Application for leave must be made on a Leave of Absence Request Form.

Typical examples of acceptable reasons for a personal leave request include: illness in the family, post-delivery infant care, need to arrange affairs of the estate, education, reasonable additional time to be added to vacation when traveling long distances: a catastrophe in the household caused by fire, accident, or other uncontrollable acts. A personal leave may not be granted for other work.

Medical Leaves- Non-FMLA

At the sole discretion of the Hospital, an eligible benefited employee with at least 6-months of service may be granted a LOA of up to four (4) months for medical reasons and not currently covered under a protected leave. Employees while on a medical leave of absence must utilize their time off accruals to their status.

Upon return from a Medical Leave of Absence, an employee shall be required to submit proper medical evidence that he/she is physically able to resume full job duties without restriction or qualification.

GENERAL INFORMATION REGARDING LEAVES

Payroll Deductions

Payroll deductions required by law will continue to be deducted while in paid status. Employee authorized deductions will continue to be deducted while in paid status, unless directed otherwise by the employee. If an employee has a payroll deduction for health care coverage and goes into an unpaid status, he/she will be directed to pay this premium to Finance to maintain coverage.

Health Insurance

Employees must maintain their portion of the premium while on leave. If payment is more than 30 days late, the employee will receive notice to pay within 15 days prior to the termination of benefits. Thereafter, the employee will have the option of electing COBRA or dropping insurance coverage. In the event insurance coverage is dropped, it is the employee's responsibility to re-enroll upon return from the leave. Benefit coverage will commence on the first of the month following re-enrollment.

Fringe Benefits Accruals

Paid Time Off (PTO) and Sick Leave will be frozen and forfeited after thirty (30) days of leave.

Coordinating Benefits:

Employees are required to use accrued sick leave and/or PTO, in compliance with applicable law, during a leave of absence whether continuous or intermittent.

Interactive Process:

Should a medical leave of absence be due to a disability as defined in the Civil Rights Department (CRD) or the Americans With Disabilities Act (ADA), the Hospital will engage in a timely, good faith interactive process pursuant to REASONABLE ACCOMMODATION FOR INDIVIDUALS WITH A DISABILITY prior to making a final decision regarding the employee's employment status.

The purpose of the interactive process is to discuss the employee's needs and identify an appropriate reasonable accommodation that will enable the employee to perform the essential functions of the job. During the meeting, the Hospital representative may ask the employee relevant questions about the disabling condition and what limitations the employee has, as well as what the employee wants as an accommodation. The Hospital will consider the employee's request, and may offer to discuss available alternatives. The employee does not have to specify the precise accommodation requested, but does need to describe the problems posed by the workplace barrier. Suggestions from the employee may assist the Hospital in determining the type of reasonable accommodation to provide; however, the Hospital is not required to accept the employee's suggestion if there are multiple viable accommodations available.

Return to Work

Unless a written request for a leave extension is received and approved, the employee will be expected to return to work on the original date indicated on the leave form. Employees returning from SBHCD Medical or Industrial leave must first report to Employee Health Services with a fit for duty release signed by their physician. Employee Health Services will then send the Department Director and HR a Status Report indicating return to work date.

Upon return from an approved FMLA or CFRA leave of absence, employees will be reinstated to their former position or an equivalent position, subject to any exceptions allowed by law. Any employee returning from FMLA/CFRA leave for his/her own serious health condition must provide a fitness for duty certification signed by his/her treating physician. Any employee who fails to provide such certification may not return to work until one is provided. An employee who fails to provide a fitness for duty certification may be disciplined, up to and including termination of employment.

Unless otherwise provided by applicable law non-affiliated employees who return from a medical leave within 6 months of the start of the leave, within a rolling 12-month period, may, when possible, be placed in the same position as they held prior to the leave. If an employee's position is no longer available, s/he shall be given an opportunity to apply for available positions for which s/he is qualified.

Other Leave Types:

SBHCD abides by all leaves mandated by state and federal law. Please visit Human Resources for all other leaves.

Failure to Follow Procedures:

Employees who fail to follow these procedures, or who accept other employment during a leave which is inconsistent with the need for leave, may be considered to have voluntarily terminated their employment with the Hospital.

License and Certification Expiration While on Leave: Employees whose license or certification expires during the time of his or her Leave of Absence will have 30 calendar days from the expiration date in order to get a renewal. A copy of the renewed license or certification must be provided to the employee's manager or supervisor and to the Education Department within 30 days from the expiration. Failure to provide a copy of the current certification within this time period will result in immediate termination of employment if the license/certification is a requirement for the employee's position.

REFERENCES

- Family Medical Leave Act (FMLA)
- California Family Rights Act (CFRA)
- Paid Time Off Policy
- Pregnancy Disability Leave (CRD)
- Domestic Violence/Sexual Assault Leave (Labor Code §230(c))
- Leave to Appear in Court (Labor Code §230(a))
- Leave for Victims of Crime (Labor Code §230(b))
- School Discipline Leave (Labor Code §230.7)
- Leave to Attend Child's School or Daycare (Labor Code §230.8)
- Civil I Air Patrol Leave (Labor Code §1501)
- Organ and Bone Marrow Donors' Leave (Labor Code §1510)

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Department	Human Resources	Department Director	Tartala, Drew
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Payroll Policy

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Policy : Payroll Policy

POLICY

All San Benito Health Care District (SBHCD) employees are required to use time clocks to record hours worked on their time card. Only recorded hours will be paid. Punching in and out is required upon arrival and departure as well as to record meal periods. Anyone forgetting to punch time on their time card shall immediately complete a missed punch request electronically for their manager to approve. Under no circumstances should you record attendance for another employee, such action could result in the dismissal of both parties. Employees must also indicate sick leave, other leaves, and holidays on the appropriate paid leave form. Time cards are to be kept current each day.

PROCEDURE

ISSUANCE OF PAYCHECKS

Payday is every other Friday for the two-week pay period ending the previous Monday at 7:00 AM or via direct deposit, if elected.

Checks computed from missing time worked will be issued as soon as possible, as needed. Missing time off not requested will be issued in the next available pay period in which the time off hours are received.

Special checks are picked up from the Payroll Department by the employee. They are prepared as a result of late time cards, early paychecks, terminations, etc.

Termination checks will be issued in accordance with applicable laws.

DISTRIBUTION OF PAYCHECKS

Checks are distributed by Payroll to the switchboard on the Friday after the pay period end date at 9:00 a.m.

Unclaimed checks will be kept at the switchboard after payday. If they remain unclaimed by the following Friday, the switchboard will mail the check to the employee's home. All paychecks returned in the mail will be forwarded to the Payroll Department for cancellation.

LOSS OF PAYROLL CHECK

If an employee loses his/her payroll check, he/she shall obtain authorization from the Payroll Department requesting that a stop payment be placed and a new check issued, usually within three business days.

A new check will be issued when it has been verified that the check has not been cleared before the stop payment order.

OVER OR UNDER-PAYMENT

Employees must advise the Payroll Department of any error in their paychecks. Willful failure to disclose such information within seven days may be grounds for dismissal.

Under-payment will normally be rectified on the paycheck following the detection of the error. If the amount of under-payment will cause a hardship, Department Managers may recommend the preparation of a special check.

Over-payment will normally be rectified on the paycheck following the detection of the error. Repayment plans may be developed by the Payroll Department if the amount to be repaid would cause a hardship to the employee. All repayment plans must ensure the return of the full amount before termination of employment. All employees are considered to have agreed to these procedures as a condition of employment.

GARNISHMENT OF WAGES

The District is required to withhold legally garnished wages as directed by the Court. State and federal laws regulate and limit employer options regarding disciplinary action related to garnishments. The Human Resources Director, or designee must be consulted by department managers who are considering disciplinary action related to garnishment.

Any law enforcement officer who presents himself to an employee or department manager with a garnishment order should be directed to the Payroll Department.

REFERENCES

Cal. Civ. Proc. Code § 706.050

Cal. Civ. Proc. Code § 706.051.

15 U.S.C. § 1673

20 U.S.C. § 1095a(a)(1)

26 U.S.C. § 6334(d)

15 U.S.C. § 1674

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§ 706.050
 15 U.S.C. § 1673
 15 U.S.C. § 1674
 20 U.S.C. § 1095a
 26 U.S.C. § 6334

Other Documents:
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DocID: 11403
 Revision: 2
 Status: Official
 Department: Employee Health
 Manual(s): Employee Health Policies

Policy : Tuberculosis Screening

Differences between version 2 and 3 .

PURPOSE

To prevent the transmission of ~~Tuberculosis~~ tuberculosis to patients, ~~staff and~~ visitors and healthcare workers (HCW's) .

POLICY

All ~~employees and volunteers (referred to as staff throughout this policy)~~ HCW's , including those with a history of previous BCG immunization, will have a baseline ~~Quantiaferon~~ Quantiferon Gold Test or equivalent at the time of hire before patient contact and then every 3 years thereafter. ~~A~~ The TB Screening form is to be completed annually by all ~~employees~~ HCW's .

~~Employees who~~ HCW's are required to complete their TB screening and/or testing by the end of their birthday month. If a HCW fails to do not so, they will be suspended from work without pay for up to ten (10) calendar days. It is the responsibility of the HCW to coordinate and schedule their TB screening and/or testing with the Employee Health Director to meet annual requirements. Failure to complete the mandated annual requirements required screening and/or testing within ten (10) days after the end of their birthday month , will be removed from the work schedule until the requirements are completed result in voluntary termination of employment .

NOTE: If a Quantiferon Gold Test is positive, the Employee Health Director will arrange a confirmation Quantiferon Gold test approximately within 30 days later . If the confirmation ~~results are~~ result is positive, the Employee Health Director will provide an order for a single view chest x- ray for follow up. ~~A physician referral either to the new hires~~ HCW's will be made aware of their test result and referred to their primary care provider or . Those employees without a primary care provider will be referred to the Employee Health Medical Director ~~will be made as needed~~ for further evaluation . Note: failure to comply with this regulation will result in removal from the schedule.

~~Failure to comply with this regulation will result in removal from further scheduled shifts.~~ Any ~~employee~~ HCW with a recent Quantiferon Gold test conversion, will have a follow- up single view chest x- ray and an evaluation for symptoms. If the employee is symptom free i.e. no chronic cough, chronic fatigue, persistent night sweats, or involuntary weight loss, they may return to work prior to completion of the chest x- ray reading. If the

employee HCW is symptomatic, the chest x- ray reading must be completed prior to returning to work. The Employee Health Medical Director will review the chest x- ray and lab and contact the employee HCW to discuss medical referral for further follow- up if the chest x- ray warrants.

The ONLY EXCEPTION to this policy is if an employee has undergone TB Exposure testing within the 30-days prior to their birthday month , and it was done at Hazel Hawkins Memorial Hospital and results have been submitted to Employee Health . The yearly The Quantiferon Gold test MAY be waived for that particular year at the discretion of the Employee Health Department.

REFERENCES

1. "OSHA Aerosol Transmissible Diseases with Focus on Tuberculosis" Exposure Control Plan.
2. California Code of Regulations (CCR), Title 8, Section 5199

ATTACHMENTS

1. Annual Tuberculosis Screening Form
<https://www.lucidoc.com/cgi/doc-gw.pl?ref=hhmh:11774>

Document Owner:	Von Urff, Elizabeth
Collaborators:	
Approvals	
- Committees:	Policy & Procedure Committee 10/03/2024
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Policy : Respiratory Protection Program

Differences between version 0 and 1 .

PURPOSE

1. To eliminate or minimize employee healthcare workers (HCW's) exposure to tuberculosis and other airborne organisms.
2. To educate staff HCW's on proper use and fit of Circulating Air Purifier Respirators (CAPR's Powered Air Purifying (PAPRS) and N95 Respirators .
3. To comply with The Occupational Safety and Health Administration (OSHA) Standard 29CFR 1910.134, California Code of Regulations, Title 8, Section 5199 Aerosol Transmissible Diseases (~~ADT~~ ATD) Standard and Centers for Disease Control and Prevention (CDC) recommendations.

POLICY

The Respiratory Protection Program and its policies are applicable to the entire healthcare district all facilities under the San Benito Healthcare District (SBHCD) . It includes all employees HCW's who may have contact with patients who are on Airborne Isolation Precautions airborne isolation precautions , which is inclusive of suspected or confirmed ~~ADT~~ ATD patients. Fit FIT mask testing will be completed at time of initial hire, whenever changes occur in the employees facial characteristics which could interfere with proper fit of the N95 respirator, whenever a different size or respirator style is used, and annually along with education and use of PAPRS CAPR's . Any employee HCW who does not pass the required fit FIT mask testing will need to wear a PAPR CAPR or will not be permitted to provide care to patients on airborne precautions . HCW's are required to complete their FIT mask testing by the end of their birthday month. If a HCW fails to do so, they will be suspended from work without pay for up to ten (10) calendar days. It is the responsibility of the HCW to coordinate and schedule their FIT mask testing with the Employee Health Director to meet annual requirements. Failure to complete the required testing within (10) days after the end of their birthday month, will result in voluntary termination of employment .

1. The Infection Control Committee will be responsible for ensuring policy review and revision along with supervision of equipment selection. This program will maintain compliance with OSHA standards and ATD Standard and will contain written standard operating procedures for all aspects of the program, including:

- a. Medical evaluation (Questionnaire).
 - b. ~~Fit~~ FIT mask Testing and ~~Fit~~ FIT Checking.
 - c. Equipment Selection.
 - d. ~~Employee~~ HCW Training.
2. All ~~employees~~ HCW's participating in the Respiratory Protection Program will be ~~fit~~ FIT mask tested according to OSHA standard 29 CFR 1910. 134 and ~~ADT~~ ATD Standard to assure appropriate equipment selection and ~~employee~~ HCW protection.
 3. Employee Health Nurse (or designee) will be responsible for program administration, ~~fit~~ FIT mask testing, and ~~maintenance~~ maintenance of all related surveillance records.
 4. ~~Employees~~ HCW's will be educated on the use of the CAPR's ~~PAPRS~~ PAPRS and FIT mask tested: within 30 days of hire, with changes in facial characteristics that could impede proper fit, whenever the model or style of respiratory changes, and annually during their birthday month .
 5. ~~Copies of the CAPR, PAPER and N95 fit testing results~~ The original copy of the FIT mask test will be kept by the program administrator and by the appropriate manager. The original copy will be kept in the employee in the HCW's health file.
 6. Medical surveillance of ~~employees~~ HCW's participating in the program will be conducted prior to the selection and use of any respirator. Medical surveillance will be conducted using an approved Respiratory Medical Evaluation form. (See Attachment)
 7. All ~~participants~~ HCW's will be educated about proper application and reasons for use of the CAPR's ~~PAPRS~~ PAPRS and N95 Respirator before the ~~fit~~ FIT mask test begins.

Equipment Selection:

All respiratory equipment used must be approved by the National Institute for Occupational Safety and Health (NIOSH approved,). NIOSH approval is verified by the NIOSH approval statement and number ~~stamped~~ stamped on the respirator.

Medical Evaluation for Respirator Use:

1. ~~Employees~~ HCW's will be evaluated through the use of the approved Medical Questionnaire prior to assignment of duties requiring the use of respirators. ~~Personnel~~ HCW's will not be assigned to a task requiring the use of a respirator unless found able to perform the components of the task while wearing the respirator. Medical ~~evaluations~~ Evaluations will be done prior to ~~fit~~ FIT mask testing ~~for all employees. Medical Evaluations will be done~~ and initial use for current HCW's and within 30 days of hire (and prior to initial use for current employees and within 30 days of hire (and prior to use) for new employees HCW's in patient care

areas . Medical Questionnaires must be signed by the Employee Health Nurse or other licensed employee health practitioner before the employee is fit HCW is FIT mask tested.

Fit Testing and Fit Checking:

All employees HCW's assigned duties requiring the use of respirators must be successfully FIT mask tested prior to use of the respirator. The San Benito Health Care District SBHCD uses both Qualitative and Quantitative Qualitative FIT mask testing, which is performed according to OSHA and American National Standards Institute (ANSI standards using the PortaCount Plus fit) . Important aspects of the FIT mask testing apparatus with the N95 Companion . Important aspects of the fit testing process are discussed below.

1. **Medical Clearance:**
 - All participants HCW's must complete the respirator Medical Evaluation Questionnaire prior to being fit FIT mask tested. (Attachment)
2. **Training:**
 - All employees HCW's who wear respirators must be taught how, why and when respirators are used. The employee HCW must also be taught about the conditions in which the respirator is not required. (Attachment)
3. **Fit Check (Required by OSHA):**
 - The designated FIT mask tester must observe the employee while performing the FIT check procedure without assistance .

PROCEDURE

1. **Medical Evaluation:**
 - All HCW's must complete the Respirator Medical Evaluation Questionnaire prior to being FIT mask tested.
 - Upon completion, the Medical Evaluation Questionnaire is reviewed and signed by the Employee Health Nurse. Upon completion of FIT mask testing, the Medical Evaluation Questionnaire will be maintained in the HCW's health file.
 - If a HCW's response to questions on the form is suggestive of a condition that may preclude the use of the respirator, the HCW will be contacted for further evaluation .
2. **Fit Testing (Required by OSHA): Education/Training:**
 - The quantitative HCW's will be trained on the FIT test consist of an exercise regimen designed to simulate a working environment. The employee must pass the fit test using a probed N95 respirator achieving an overall fit

factor equal to or greater than 100. **PROCEDURE Medical Evaluation:** All participants must complete the Respirator Medical Evaluation Questionnaire prior to being fit tested. Upon completion, the Respirator Medical Evaluation Questionnaire is reviewed and signed by the Employee Health Nurse or Practitioner, and forwarded to the Respiratory Protection Program Administrator. Upon completion of fit testing, the health questionnaire will be maintained in the employee health file. If respirator use is approved, the employee should be advised to contact the program administrator for fit test scheduling. If employee response to questions on the form is suggestive of a condition that may preclude the use of the respirator, the employee will be contacted for further evaluation if indicated. **Education/Training:** Workers will be trained by the FIT test prior to use of the respirator. Training will include all of the following.

- Respiratory program policies.
 - Respirator selection/inspection, limitations and capabilities.
 - Donning, removal, seal check and troubleshooting.
 - Respirator inspection and maintenance.
- The N95 Training form will be used to document participant training. (Attachment)

3. Equipment Selection:

- CAPR's PAPRS and N95 respirators must be NIOSH approved as indicated by a NIOSH approval statement and numbers stamped on the respirator.
- CAPR's PAPRS and N95 respirators will be used by employees HCW's in rooms with patients known or suspected to be infected with ATD, during high hazard procedures including, but not limited to, suctioning, endotracheal intubation, administration of aerosolized medications, bronchoscopy, sputum induction, autopsies, and other activities that may expose the employee HCW to ATD.
- Employees are required to wear the exact model of respirator that was used during the fit testing procedure.

4. Fit Testing/Fit Checking

All employees HCW's assigned duties required requiring the use of respirators must be fit tested in accordance with OSHA and ANSI standard. Aspects of Quantitative fit testing for the respirator are detailed below.

- Fit/FIT check:
 - The fit: The FIT check is used by the employee HCW to ensure that the mask or PAPR is properly donned.

- ~~The fit~~ **The FIT** check must be performed each time the mask is donned.
- ~~Fit Test:~~ **FIT mask test:**
 - Done at intervals listed above to document proper respirator fit and ~~employee~~ **HCW** understanding of proper respirator uses and their limitations.

REFERENCES

- A. OSHA Standard 29CFR 1910.134, California Code of Regulations, Title 8, Section 5199 Aerosal Transmissible Diseases (ADT) Standard.
- B. CDC Guidelines for Preventing Transmission of Mycobacterium Tuberculosis in Health Care Facility.

ATTACHMENTS

- A. Respiratory Medical Evaluation Form.
<https://www.lucidoc.com/cgi/doc-gw.pl?ref=hhmh:11772>
- B. Respiratory Protection Program Employee Acknowledgment Form.
<https://www.lucidoc.com/cgi/doc-gw.pl?ref=hhmh:11773>
- C. CAPRSYSTEM Training and Competency Form.
<https://www.lucidoc.com/cgi/doc-gw.pl?ref=hhmh:11771>
- D. MaxAir Manual. <https://www.lucidoc.com/cgi/doc-gw.pl?ref=hhmh:11363>

Document Owner: Von Urff, Elizabeth
Collaborators:

Approvals

- **Committees:** Policy & Procedure Committee 10/03/2024
- **Signers:**

Original Effective Date: 05/01/2009

Revision Date: [02/10/2023 Rev. 0]

Review Date: [03/31/2022], [04/04/2024 Rev. 0]

Attachments:
 (REFERENCED BY THIS DOCUMENT) CAPR System Training and Competency Form
 MAXAIR 710 TRAIN THE TRAINER MANUAL
 CAPR System Training and Competency Form
 MAXAIR 710 TRAIN THE TRAINER MANUAL

Other Documents:
 (WHICH REFERENCE THIS DOCUMENT)

Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at

<http://hzh-iis.hazelhawkins.com/?returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dhhmh%3A11405%240%26ref2%3Dhhmh%3A11405%241>.



Hazel Hawkins

MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
From: Amy Breen-Lema, Vice President, Clinic, Ambulatory & Physician Services
Date: October 10, 2024
Re: All Clinics – September 2024

Rural Health and Specialty Clinics' visit volumes

Clinic Location	Total visits
<i>Orthopedic Specialty</i>	408
<i>Multi-Specialty</i>	697
<i>Sunset</i>	713
<i>Primary Care & Surgery</i>	279
<i>San Juan Bautista</i>	297
<i>1st Street</i>	508
<i>4th Street</i>	1,054
<i>Barragan</i>	542
Total	4,498

- * Our two new locum tenens primary care practitioners have started in the clinics, orienting themselves to clinic operations and patient care. Both are welcomed additions to our clinic medical team.
- * Two new locum tenens physicians are being added to the holiday emergency call coverage panel for orthopedics and OB/Gyn.
- * Provider recruitment activities with anticipated start dates by specialty:
 - Primary Care: Pooja Patel, PA-C – October 2024
 - Pediatrics: Patricia Clarke, M.D. – October 2024
 - Women's Health & C-section assist services: Marissa Diaz, PA-C – October 2024



Hazel Hawkins
 MEMORIAL HOSPITAL
 Mabie Southside/Northside Skilled Nursing Facility
 Board Report – OCTOBER 2024

To: San Benito Health Care District Board of Directors

From: Dee Cross, RN, MLS, Interim Director of Nursing, Skilled Nursing Facility

1. Census Statistics: September 2024

Southside	2024	Northside	2024
Total Number of Admissions	10	Total Number of Admissions	6
Number of Transfers from HHH	10	Number of Transfers from HHH	4
Number of Transfers to HHH	6	Number of Transfers to HHH	4
Number of Deaths	1	Number of Deaths	0
Number of Discharges	15	Number of Discharges	4
Total Discharges	16	Total Discharges	5
Total Census Days	1354	Total Census Days	1326

Note: Transfers are included in the number of admissions and discharges. Deaths are included in the number of discharges. Total census excludes bed hold days.

2. Total Admissions: September 2024

Southside	From	Payor	Northside	From	Payor
5	HHMH	Medicare	1	SJ REGIONAL	Medicare
1	HHMH/Obs.	Medicare	2	HHMH	Medicare
3	HHMH/Re-Admit	Medicare	1	HHMH/RE-ADMIT	HHH
1	HHMH/Re-Admit	CCA	1	SALINAS VALLEY/RE-ADMIT	Hospice
			1	HHMH/RE-ADMIT	CCA
Total: 10			Total: 6		

3. Total Discharges by Payor: September 2024

Southside	2024	Northside	2024
Medicare	10	Medicare	1
Medicare MC	0	Medicare MC	0
CCA	4	CCA	3
Medical	1	Medical	1
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	1	Hospice	0
Private (self-pay)	0	Private (self pay)	0
Insurance	0	Insurance	0
Total:	16	Total:	5

4. Total Patient Days by Payor: September 2024

Southside	2024	Northside	2024
Medicare	476	Medicare	68
Medicare MC	0	Medicare MC	0
CCA	784	CCA	1050
Medical	30	Medical	161
Medi-Cal MC	0	Medi-Cal MC	0
Hospice	34	Hospice	5
Private (self-pay)	30	Private (self-pay)	30
Insurance	0	Insurance	0
Bed Hold / LOA	21	Bed Hold / LOA	12
Total:	1375	Total:	1,326
Average Daily Census	45.83	Average Daily Census	44.20



Hazel Hawkins MEMORIAL HOSPITAL

To: San Benito Health Care District Board of Directors
From: Bernadette Enderez, Director of Diagnostic Services
Date: October 2024
Re: Laboratory and Diagnostic Imaging

=====

Updates:

Laboratory

1. Quality Assurance/Performance Improvement Activities
 - Update on chemistry analyzer project → Validation area preparation completed. Analyzer assembled. Awaiting analyzer bracket in order to start installation process.

2. Laboratory Statistics

	September 2024	YTD
Total Outpatient Volume	3794	34893
Main Laboratory	1125	10510
HHH Employee Covid Testing	3	108
Mc Cray Lab	838	8810
Sunnyslope Lab	411	3507
SJB and 4 th Street	88	505
ER and ASC	1329	11453
Total Inpatient Volume	119	2343

Diagnostic Imaging

1. Service/Outreach
 - October is Breast Cancer Awareness month
2. Quality Assurance/Performance Improvement Activities
 - Capital needs assessment based on priority and age of equipment



Hazel Hawkins

MEMORIAL HOSPITAL

3. Diagnostic Imaging Statistics

	September 2024	YTD
Radiology	1815	15810
Mammography	625	6317
CT	992	8323
MRI	185	1574
Echocardiography	97	991
Ultrasound	740	6862



TO: San Benito Health Care District Board of Directors
 FROM: Liz Sparling, Foundation Director
 DATE: October 2024
 RE: Foundation Report

The Hazel Hawkins Hospital Foundation Board of Trustees met on October 10. We had three presentations:

1. Mendi Suber-Ventura, HHMH Surgical Services Director presented and requested \$134,132.47 for the Ambulatory Surgery Center OR #1. (Details in the Allocations below).
2. Dr. Natalie LaCorte, Associate Medical Director at HHMH presented a program for Enhancing the End of Life Care at the HHMH.
3. Kyle Sharp – Edward Jones Investments gave us a CD Update

Financial Report	September
1. Income	\$ 33,216.63
2. Expenses	\$ 861.00
3. New Donors	3
4. Total Donations	97

Allocations:

- Ambulatory Surgery Center Room #1 Upgrade
 - 1- 1688 Camera Control Unit: \$20,046.62
 - 3- 1688 4K Camera Heads: \$69,215.73
 - 3- Safelight Fiber Optic Cables: \$2,576.07
 - 1- Spy Laparoscope A/C 10mm 30 DEG 33cm: \$7,919.53
 - Tax & Shipping: \$9,227.61 , Service Contract: \$25,095.15
 - TOTAL COST \$134,132.47**
- \$5,000 from Palliative Care Funds to fund Dr. LaCorte's program on Enhancing End of Life Care at HHMH.
- Two of our Edward Jones accounts CD's came due and the Board voted to put them into another CD for 12 months to maximize the return.

Directors Report:

- Philanthropy Day is Nov. 14th, and our Foundation is going to honor Nancy Oliveira for all her dedication to the Hospital and the Foundation.
- Irene, Ann Marie and I met with the Community Foundation regarding their \$100K pledge and were invited to present at their Board Meeting on October 9th.
- With the end of the fiscal year, we have started working on our audit.
- The fair was October 4, 5, 6 and we had pictures up from our fundraising event last year in the HHMH booth. I worked the booth on Friday and the feedback was very positive.

Dinner Dance Report:

- We are excited about our in person Dinner Dance this year on **November 2** at the Paicines Ranch. Please mark your calendars! To date we have \$84,875 in sponsorships and ticket sales. The venue can hold 250 people and our goal is to sell out!
- Our Dinner Dance Committee selected the following people/organizations to be honored:
 - A. **Hazel Hawkins Hospital Auxiliary** as our Donors of the Year
 - B. **Calera Wine Company/Duckhorn Portfolio** as our Business Donor of the Year
 - C. **Doug & Suzie Mays** as our “Heart for Hazel” recipients for their years of dedication to the Hospital and the Foundation.

Live Auction Items At The Dinner Dance:

Warriors Tickets - 2 Courtside & 2 Lower Level tickets (4 total) with Club Access and VIP Parking

San Francisco 49er Tickets - Four Tickets to the game on November 17th with a parking pass and merchandise voucher.

Dining Experience for 10 in the Private Guest House at the Inn at Tres Pinos with Wine and Transportation

McCullough/Pivetti Capitola Beach Cottage for 4 Days and 3 Nights that Sleeps 6

Calera Wine Company Cave Tour, Tasting and Beautiful Lunch from Thyme Catering

San Juan Oaks Golf Package with Lunch

Parking for a year at Hazel Hawkins Hospital in Your Own Selected Spot

Capitola Beach House for 4 Days, 3 Nights that Sleeps 11

Gourmet Five Course Meal for 10 People Prepared by Dr. Ralph Armstrong, DO who is a Le Cordon Bleu Chef

Winter Wonderland Quilt




















Hidden Lake House for 3 Days and 2 Nights that Sleeps 8-10

PLUS our Popular Art & Spirits Drawing will feature beautiful artwork, handcrafted jewelry, custom cutting boards, fine wine, spirits and more!

For more information please visit our website: www.hazelhawkins.com/foundation

MARKETING

• **Social Media Posts**

	KNOW THE FACTS The Term Sheet with Insight provides for local oversight of the hospital. Mon, Oct 14	Post reach 0	Engagement 0
	KNOW THE FACTS The Term Sheet with Insight provides for local oversight of the hospital. Mon, Oct 14	Post reach 0	Engagement 0
	Due to a minor electrical fire at the McCray Street Lab this morning, patients are being redirected to access lab services at our alternate locations until further notice. Patients can access lab services at 920 Sunnyslope Road, 2nd Floor or the Main Hospital. Mon, Oct 14	Post reach 183	Engagement 1
	KNOW THE FACTS To learn more go to: https://www.hazelhawkins.com/ Fri, Oct 11	Post reach 300	Engagement 25
	KNOW THE FACTS To learn more go to: https://www.hazelhawkins.com/ Fri, Oct 11	Post reach 620	Engagement 51
	We're celebrating Healthcare Food Service Workers Week! We have an amazingly talented team that keeps everyone fed with delicious meals and snacks. We even have community members who stop by regularly for breakfast and dinner because our food is FANTASTIC. Thank you for always providing service with a smile! Thu, Oct 10	Post reach 858	Engagement 325
	Join the GREAT SHAKEOUT 2024 on October 17 at 10:17 am DROP! COVER! HOLD ON! HHH is an official participant in this worldwide earthquake drill. Join us and millions of people in practicing earthquake safety! Wed, Oct 9	Post reach 309	Engagement 6
	And that's a wrap! Another successful, yet mighty hot 🌶️ Fair. Many thanks to all of the HHH employees, Board members and volunteer services folks who helped staff our booth. Most of all, thank you to all of our wonderful community members who stopped by for a visit! Sun, Oct 6	Post reach 542	Engagement 50
	We love it when new families in town come to check out what services Hazel Hawkins Hospital has to offer! Welcome to Hollister! Sat, Oct 5	Post reach 94	Engagement 140
	It's Fair Time! #sanbenitocountyfair Stop by the Pavilion and say hello! Fri, Oct 4	Post reach 474	Engagement 77
	HAZEL HAWKINS MEMORIAL HOSPITAL OUTLINES THE COVENANTS AND FACTS REGARDING THE PROPOSED TERM SHEET WITH INSIGHT Click link to view full press release: https://www.hazelhawkins.com/images/HHMH-Press-Release-HHMH-Outlines-the-Covenants-and-Facts-Regarding-the-Term-Sheet-with-Insight.pdf In July 2024, after a... Thu, Oct 3	Post reach 499	Engagement 123
	Many thanks to our Human Resources team and the Employee Engagement Committee for hosting our End of Summer Bash last Friday. Employees enjoyed amazing tacos from Tacos El Compa and El Mero Mero Taquero. Also a special thanks to the First Responders who joined us that day! Wed, Oct 2	Post reach 1,531	Engagement 635
	October is Breast Cancer Awareness Month If you are uninsured, underinsured or have a high deductible, now is the time to schedule your annual screening mammogram for only \$100. Call 636-2650 to schedule an appointment for October. Thu, Sep 26	Post reach 1,038	Engagement 26
	It's that time of year to get your Flu shot. San Benito County Public Health is offering Free Vaccine Clinics on Wednesday's and Thursday's. Get your shot today! Wed, Sep 25	Post reach 305	Engagement 9
	We're Hiring! Come visit us at the EpiCenter in downtown Hollister today and Monday and check out our Job Fair. Fri, Sep 20	Post reach 343	Engagement 8
	We're Hiring! Come visit us at the Epicenter in downtown Hollister today and Monday and check out our Job Fair. Fri, Sep 20	Post reach 380	Engagement 14
	We're Hiring! Come visit us at the Epicenter in downtown Hollister today and Monday and check out our Job Fair. Fri, Sep 20	Post reach 295	Engagement 5
	We're thrilled to announce our upcoming Job Fair! Whether you're looking to start your career or take it to the next level, this is your chance to connect with us and explore exciting opportunities. Website: https://www.hazelhawkins.com/careers Thu, Sep 19	Post reach 580	Engagement 62
	This week we are celebrating Surgical Technician Week. Many thanks to our Techs for all that you do for our Surgery Department! What is a Surgical Technician? At their most basic definition, surgical technologists or technicians are healthcare professionals who assist surgeons during surgical procedures. Their role typically encompasses the entire... Wed, Sep 18	Post reach 1,102	Engagement 734

EMPLOYEE ENGAGEMENT

Employees:

- Hazel's Headlines
- Working on Halloween events with Employee Engagement Committee.
- Highlighting departmental healthcare recognition weeks on social media

MEDIA

Public:

Working with Marcus Young from townKRYER PR agency on proactive PR.

- Distributed Press Release: HHMH Outlines the Covenants and Facts Regarding the Term Sheet with Insight.
- Social Media Campaign: Know the Facts

ADVERTISING

- Ads in Free Lance and Mission Village Voice for promotion of low cost mammograms for Breast Cancer Awareness month.

COMMUNITY

- Participated in the San Benito County Fair promoting hospital services and providers
- Participating in San Benito Leadership Institute Alumni events

NEW PHYSICIANS

- Hosting a Meet & Greet to introduce new physicians to our current Medical Staff providers.



Joseph Fabry, DO
General Surgery



Letitia Bradford, MD
Orthopedic Surgery



Stefan Klein, MD
Orthopedic Surgery
Hand & Upper Extremity



Bret Nicholas Namihas, MD
Gastroenterology



PMO Project Summary Report

Date: 10/9/24

Summary of current and completed projects managed by the Project Management Office (PMO). This is a high-level overview of the PMO's activity, highlighting key initiatives and their outcomes.

Current Projects

<u>Project Name</u>	<u>Project Description</u>	<u>Start Date</u>	<u>Target Completion Date</u>	<u>Current Status</u>	<u>Key Deliverables</u>
Boiler Replacement	Replace existing boiler to enhance efficiency and reliability.		TBD	Waiting on support brackets for water lines.	Install new boiler.
Sterilizer Installation	Engineering to complete permit process and installation of new sterilizer to replace aging equipment.		Install will be scheduled ASAP after "Notice to Proceed with Construction" is released.	Met with David IOR 9/10/24. Scheduling call with Steris and MSR mechanical.	Installation of new sterilizer.
I.T. Room RTU Compressor Replacement	Replace RTU compressor - I.T. Room.		TBD	System in and working good. Getting New quote for installation for ducts	Replace compressor equipment.
2nd Floor SSB Doors Installation	Engineering to complete permit process and installation of doors on 2 nd Floor of SSB.		TBD	Awaiting doors and city permit; installation of wall, door/side light, and closer install to follow. Waiting to hear back from Lance at Hollister Paint.	Installation of new doors – Support Serv Bldg 2 nd floor.
Lab Rebuild		6/3/24	TBD	9/24-9/26 Abbott on site to conduct prelim Alinity-ci analyzer dry-installation, so when brackets arrive, bracket locations can be marked, then analyzers, then holes drilled for bracket anchoring. 10/2 Staff	10/2 PSI superintendent walk sched for 10/11, Seismic Brackets should be delivered 10/14



				<p>training in Dallas, TX will be pushed till JAN/FEB '25</p> <p>Proposed Timeline – Hazel Hawkins for 2 x Alinity-ci</p> <ul style="list-style-type: none"> • 10/14-10/18 – bracket installation (1-week) • 10/21-11/1 – Alinity-ci full installation (2-weeks) • 11/4-12/20 – assay integration (7-weeks) 	
Seismic	Upgrade to meet HCAI seismic compliance and safety standards.		TBD	<p>IOR approved signs</p> <p>Small rural hospital grant approved; Funding application process has been initiated.</p>	Seismic retrograde
HH OR Status			2025	<p>Proposal submitted Work must be complete in 2025. Authorized Yes, to replace both lights.</p> <p>Working with Stryker to get a renovation plan- Stryker on site 10.28.24</p>	
Access eForms/Passport	A web-based forms solution to remove all paper from forms processes—making them completely electronic from start to finish.	4/29/24	10/15/24	<p>9/26-10/10 site team assess Pre-Prod system</p> <p>Go live Week of 10.14.24</p>	10/3 End user training and prep completed
Hicity	Remote Telemetry	8/8/24	11/19/24	<p>10/8 New clinical PM assigned and will schedule out new calendar. Still waiting on SDWAN equipment and ADT interface delivery.</p>	10/2 Nursing Admin and Pharmacy developed workflows and policies



				*will likely be delayed up ~2 weeks	
BD Anti Diversion & Pyxis Install	Install larger Pyxis in ICU. Current one will go to OB Surg. Install new in PACU and outside OR. Returning Anesthesia units. Implement pharmacy diversion software across all.	2/9/24	Jan 2025	10/9 Super-user training scheduling for both nursing and pharmacy. OR admin data flow still being decided. Carefusion Analytics Devices scheduled to be delivered 11/19, targeting week of 12/2 to schedule analyst.	10/2 Nursing Admin and Pharmacy developed workflows and policies. IT has daily file flowing to production. SCORM file for HealthStream – completed by Karen.
Bepoz	Add employees and employee numbers to Bepoz to allow for charging and payroll deduction of café charges.	6/3/24	TBD	10/2 Verified with IT and payroll of method to add RFID identification into Meditech which allows for communication to payroll. 10/9 New account manager assigned to complete the payroll integration. After completed will work with IT to ensure remote access protocol is in place to keep secure.	10/2 Internal Data extraction and validation tool built to integrate employees. Medical staff and volunteers to allow for importing all staff.
EHR Project	Identify and demo EHR systems.	2/14/24	TBD	2 nd phase initiated for Expanse – Clinical and Financial call completed. Waiting on final quote.	
Green Security Vendor Credentialing	Company that combines credentialing and background	2/29/24	9/17/24	10/8 Scheduled training with Mishel for Clinics Recent Accomplishments: Had Training for Manual Check ins at Purchasing	10/2 POST GO LIVE: Number of vendors on original list: 162



	investigation with advanced onsite technologies to control, manage, and monitor the access of ALL non-employees.			<p>Placed order for additional iPad kiosk at Purchasing Reordered Key for iPad enclosure</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Purchasing zone has been reconfigured for iPad 	<p>Registered Vendors to date: 61</p> <p>Number of Primary Vendors: 5</p> <p>Number of Scan Ins to date: 1 (Surgeon's Clinic)</p>
Insight Due Diligence	Coordinate gathering of data and put in data room	3/19/24	TBD	Disclosures are complete, except 1 item is missing. Environmental survey. It is being scheduled	Collect data and populate new data room.
Promoting Interoperability	Meet measures and successfully attest to CMS regulations.	1/5/24	Waiver to be filed in Feb 2025	Waiver will be filed as vendor will not be ready by 10/1/24	Attest and report
National Graphics	Implement new forms vendor	8/9/24	Ongoing	Receiving forms from departments to add to the National Graphics inventory	Build master folder with original art. Reconcile forms with Meditech/ form numbers and record on master list. 51 forms sent to National Graphics for proof development.
Securitas/Hugs	Enterprise-wide protection to infant and pediatric patients of all ages,	5/28/24	TBD	10/2 IT working to schedule with GDT for confirmation of upgrading the Meraki's for access points 10/9 Liu (Traenor) waiting for Securitas to update design to determine if the project	<p>9/12 Walkthrough and mapping of the facility completed</p> <p>9/16 Site walkthrough and mapping with</p>



	including well newborns.			will need to go through HCAI/OSHPD to move forward. **potential budget increase for additional site visit and if upgraded security at certain doors will be required	GDT wireless for upgraded WIFI completed 10/4 HHMH provided clear and updated maps of the facility
Verizon Cell Phone Upgrades	Upgrading old cell phones to centralize management for inventory visibility, enhanced security while also saving money on total cost of phone bill.	9/4/24	11/15/24	10/9 ongoing scheduling with department directors to swap phones. Anticipating delivery of screen protectors week of 10/7 **once swap is completed return old phones for credit \$	10/2 Developed internal tracking database of phones and SOP's for swap.IT managing and securing phones with Apple Business Manager. Built electronic/fillable access request form for engineering database.
Trakstar – (HR performance review software)	Allow HR to track their employee's and director's job performance consistently and accurately as well as manage their feedback, goals, and reviews.	9/4/24	11/1/24	10/9 85% complete with director competencies submitted. Planning meeting for UKG integration for administration automation	9/9 kickoff meeting completed 10/2 employee import file completed, along with workflows for performance evaluations



<u>Project Name</u>	<u>Project Description</u>	<u>Start Date</u>	<u>Completion Date</u>	<u>Key Achievements</u>	<u>Lessons Learned</u>
ER Chiller	Rebuild ER Chiller		Completed	Rebuild is complete	Rebuild ER Chiller
Annex MD Office Compressor Replacement	Replace compressor equipment at Annex MD Office.		7/1/24 Completed	Replacement of Compressor completed 07/01/24 w/ Commercial Air	Replace compressor equipment.
TJC	Installation of GFCI outlets in ORI and L/D.		Completed	07/20/24 – GFCI install within OR and LD areas scheduled.	
OR Suite #1 (ASC)	Compressor repair		7/12/23 Completed	RTU 5 coil and compressor repair scheduled 07/12/24.	
Hollister Paint kitchen/café – Kitchen Floor Epoxy	Refresh paint and epoxy floor in hospital kitchen/café.			07/08/24 - Painting project initiated; Epoxy floor painting in process.	
Contract Management Software	Demo, choose and build contract management repository	5/6/24	6/30/24 - Completed	Purchasing staff is entering contracts	Demo and selection of software
MD Staff	MD-Staff is a feature rich enterprise level credentialing system that is powerful, user friendly, and intuitive.	3/18/24	20-30 Weeks - Completed	Test Conversion Scheduled for 6/12/24 – Install completed	Provide Merge Documents and priv forms Training Upload checklists
ER door glass replacement –	Replace glass door in Emergency		7/1/24 Completed	Replace glass doors	New glass doors Emergency Room



WC Window replacement	Room and window in Women's Center.				and Window in Women's Center.
OR Inventory Clean up	Inactivate OR inventory items	7/9/24	10/8/24 Completed		



**MEDICAL EXECUTIVE COMMITTEE
CREDENTIALS REPORT
October 16, 2024**

NEW APPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS REQUEST	TERM
Cristian Carrillo, D.O.	Medicine/Family Medicine	Provisional	10/25/2024-09/30/2026
Christopher Simonson, CRNA	Surgery/CRNA	Provisional	10/25/2024-09/30/2026

NEW APPOINTMENTS- TELEMEDICINE

PRACTITIONER	DEPT/SERVICE	STATUS REQUEST	TERM
Hamidreza Abbasi, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Danielle Haskins, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Randall Dunston, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Rachel Carlin, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Stephen L. McDonald, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Danelvis Paredes, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Paulo Gonzalez, DO	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Ashwaan Uddin, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Edward Boyer, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Piotr Tekiela, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Amy Harrison, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Christopher Kelesoglou, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Kevin Schmitt, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Gabriel Menendez, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Annie Cavalier, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Sara Hocker, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Tamer Ammar, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Sarah Atkinson, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Erica Wilt, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Jeffrey Ortstadt, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Robert Malka, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Neelantha M. De Silva	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026

REAPPOINTMENTS

PRACTITIONER	DEPT/SERVICE	STATUS	TERM
Anna Barminova, MD	Medicine/Teleneurology	Telemedicine	10/25/2024-09/30/2026
Marie Spencer, NP	Perinatal/Pediatrics NP	AHP	11/01/2024-10/31/2026



MEMORIAL HOSPITAL
SKILLED NURSING FACILITIES
HOME HEALTH AGENCY

San Benito Health Care District

Paul Rohart, MD	Emergency/Emergency	Active	11/01/2024-10/31/2026
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PROCTORING COMPLETE

PRACTITIONER	DEPT/SERVICE	STATUS	COMMENT
Shirley Zhao, CRNA	Surgery/CRNA	Provisional	Proctoring complete. Advance from provisional to Allied Health Professional

RESIGNATIONS/RETIREMENTS

PRACTITIONER	DEPT/SERVICE	CURRENT STATUS	COMMENT
Yilma Kebelo, DPM	Surgery/Podiatry	Provisional	Voluntary Resignation
Andrew Matthews, MD	Surgery/Plastic Surgery	Provisional	Voluntary Resignation
Eliza Doeschl, CRNA	Surgery/CRNA	Provisional	Voluntary Resignation

Delineation Of Privileges Palliative Care*

Provider Name:

Privilege		
<p>In order to be eligible to request clinical privileges for both initial appointment and reappointment, a practitioner must meet the following minimum threshold criteria:</p> <ul style="list-style-type: none"> Education: M.D. or D.O. Formal Training: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in internal medicine or family medicine, or one of the other 8 sponsoring boards for the Hospice and Palliative Medicine board certification exam Required Clinical Experience: Demonstrate that (s)he has provided primary or consultative care for 12 terminally ill patients during the past 12 months, in either an inpatient or outpatient setting, which could include patients in a skilled nursing facility or at home on hospice. 		
<p>Palliative Care Core Privileges</p> <p>Admit, evaluate, diagnose, treat and provide consultation to patients of all ages with life-threatening or severe advanced illness, including assessment of suffering and quality of life, managing terminal symptoms, patient / family education, bereavement, and organ donation. Privileges include but are not limited to:</p> <ul style="list-style-type: none"> Initial consultation for patients requiring palliative care Pain and symptom management (pharmacological and non-pharmacological) Advance care planning and goals-of-care discussions Palliative care for patients with chronic, serious illness (e.g., cancer, heart failure, COPD) End-of-life care, including hospice care coordination Symptom relief for terminal illness Emotional, spiritual, and psychological support for patients and families Management of terminal sedation Coordination with interdisciplinary care teams (nursing, social work, chaplaincy, etc.) Ethical decision-making support and consultation Documentation of advance directives and POLST forms 	---	---
<p>Acknowledgement of Practitioner</p> <p>I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise.</p> <p>Signed: _____</p> <p>Date: _____</p> <p>Department Chair Recommendation</p> <p>All privileges delineated have been individually considered and have been recommended based upon the physician's specialty, licensure, specific training, experience, health status, current competence and peer recommendations</p> <p>I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):</p> <p><input type="checkbox"/> Recommend all requested privileges</p> <p><input type="checkbox"/> Recommend privileges with the following conditions/modifications:</p> <p><input type="checkbox"/> Do not recommend the following requested privileges:</p> <p>Department Chair Signature _____</p> <p>Print Name _____</p> <p>Date _____</p>		

CHA 2024

LEGISLATIVE HIGHLIGHTS

Results on important bills for California hospitals

CHA engaged the Legislature on hundreds of health care bills this year. Below are the final outcomes of significant legislation that could affect how hospitals deliver care. CHA will issue a report later this fall on all new laws impacting hospitals.



<p>Seismic Mandate Extension Despite passing the Legislature without a single "no" vote, the governor vetoed a bill that would have secured up to five years of additional time, pending individual hospital approval from the Department of Health Care Access and Information (HCAI), for hospitals to comply with the 2030 seismic construction mandate. (Senate Bill 1432)</p>	<p>✓ PASS</p>	<p>✗ VETO</p>
<p>Small Hospital Support/Seismic Extension Supported small hospitals by prioritizing eligibility for funding from the Small and Rural Hospital Relief Program and delaying the 2030 seismic deadline for eligible hospitals, including rural and district hospitals, up to three years. It also allows for an additional two-year delay depending on financial need or construction delays. (Assembly Bill 869)</p>	<p>✓ PASS</p>	<p>✓ SIGN</p>
<p>Insurer Accountability Helped pass a package of bills that shines more light on harmful insurance company practices and creates greater accountability by reducing use of AI in authorization and coverage decisions, requiring additional financial reporting, and more. (Senate Bill 1320, Senate Bill 1120, Assembly Bill 3221, Assembly Bill 1842)</p>	<p>✓ PASS</p>	<p>✓ SIGN</p>
<p>Critical Access Hospital Support Despite passing the Legislature without a single "no" vote, the governor vetoed a bill that would have advanced the conversation to ensure small, rural, and critical access hospitals remain viable by having a Hospital Technical Advisory Group within the Department of Health Care Services issue a report to the Legislature with recommendations. (Senate Bill 1423)</p>	<p>✓ PASS</p>	<p>✗ VETO</p>
<p>Psychiatric Services in Emergency Departments Sponsored and passed legislation requiring Medi-Cal to cover hospital emergency department services provided to patients with psychiatric emergencies. Empowers hospitals to promptly transfer patients to inpatient psychiatric care without delays by counties and health plans. (Assembly Bill 1316)</p>	<p>✓ PASS</p>	<p>✓ SIGN</p>
<p>State Budget To address a \$45 billion-plus budget deficit, the state pulled back on previously committed Medi-Cal provider payment increases. For hospitals, this meant the loss of \$1.5 billion in new annual funding (including federal matching dollars). CHA and a coalition of providers and health plans are pursuing a ballot initiative — Prop 35 — to restore this funding.</p>	<p>✗ PASS</p>	<p>✗ SIGN</p>
<p>Private Attorneys General Act Helped secure reforms to the Private Attorneys General Act. Provisions include: a less punitive penalty structure, clarification of the "cure" process before a lawsuit may proceed, and changes to requirements that ensure a plaintiff personally experienced labor code violations. (Senate Bill 92 and Assembly Bill 2288)</p>	<p>✓ PASS</p>	<p>✓ SIGN</p>
<p>Weapons Detection For a bill that would have required cumbersome weapons detection systems for all hospitals, secured amendments to create exceptions for small and rural hospitals and flexibility for all hospitals in implementation. (Assembly Bill 2975)</p>	<p>✓ PASS</p>	<p>✓ SIGN</p>
<p>Private Equity Secured a veto for a bill that would have required hedge funds and private equity groups to notify and receive prior approval from the attorney general when entering into a transaction with a health care facility or provider group. (Assembly Bill 3129)</p>	<p>✗ PASS</p>	<p>✓ VETO</p>
<p>Workers' Compensation Presumptive Eligibility Halted a bill that would have created a rebuttable presumption that an infectious disease, respiratory disease, cancer, PTSD, or musculoskeletal injury arose out of work for any hospital direct patient care worker. (Assembly Bill 1156)</p>	<p>✓ STOP</p>	<p>N/A</p>
<p>Workplace Violence Sponsored and passed a bill to enhance certain penalties for violence committed against first responders to now apply to all health care workers who provide services within emergency departments. (Assembly Bill 977)</p>	<p>✓ PASS</p>	<p>✓ SIGN</p>
<p>Nurse Education Despite broad legislative support, the governor vetoed two bills that would have increased nursing education opportunities by requiring California Community Colleges to develop a Baccalaureate Degree in Nursing Pilot Program at 10 community college districts. (Senate Bill 895, Assembly Bill 2104)</p>	<p>✓ PASS</p>	<p>✗ VETO</p>
<p>Health Information Exchange Halted a bill that would have created cumbersome and confusing requirements for health care data exchange via the Center for Data Insights and Innovation taking over the California Health and Human Services Agency (CalHHS) Data Exchange Framework. (Assembly Bill 1331)</p>	<p>✓ STOP</p>	<p>N/A</p>

HUMAN RESOURCES DASHBOARD 2024

DEPARTMENTAL METRICS	July	August	September	YTD(Jan-Sep)
# Employees	687	686	690	682
# New Hires	10	12	17	120
# Terminations	10	13	8	88
Overall Turnover	1.5%	1.9%	1.2%	12.9%
Nursing Turnover	0.8%	1.6%	1.5%	13.9%

Terms By Union	July	August		YTD(Jan-Sep)
The California Nurses Association (CNA)	1	2	2	18
National Union of Healthcare Workers (NUHW)	3	8	4	50
California License Vocational Nurses (CLVN)	2	0	0	4
Engineers and Scientists of California (ESC)	1	0	0	1
Non-Union	3	3	2	15

Terms By Reason (V=Voluntary & IV= Involuntary)	July	August		YTD(Jan-Sep)
Personal (V)	1	2	1	17
New Opportunity(V)	4	3	4	11
Retirement (V)	0	1	0	11
Schedule (V)	0	0	1	4
Job Abandonment (V)	0	0	0	3
No Reason Given (V)	0	0	0	14
Relocating (V)	0	1	0	5
School (V)	1	3	0	5
No Show (V)	0	0	0	1
RIF(IV)	0	1	0	2
Performance (IV)	4	2	2	16

Chief Nursing Officer Report

October 2024

Patient Care Services

- Annual Skills Day
- Interim ICU/MST Director
- RN and LVN student rotation

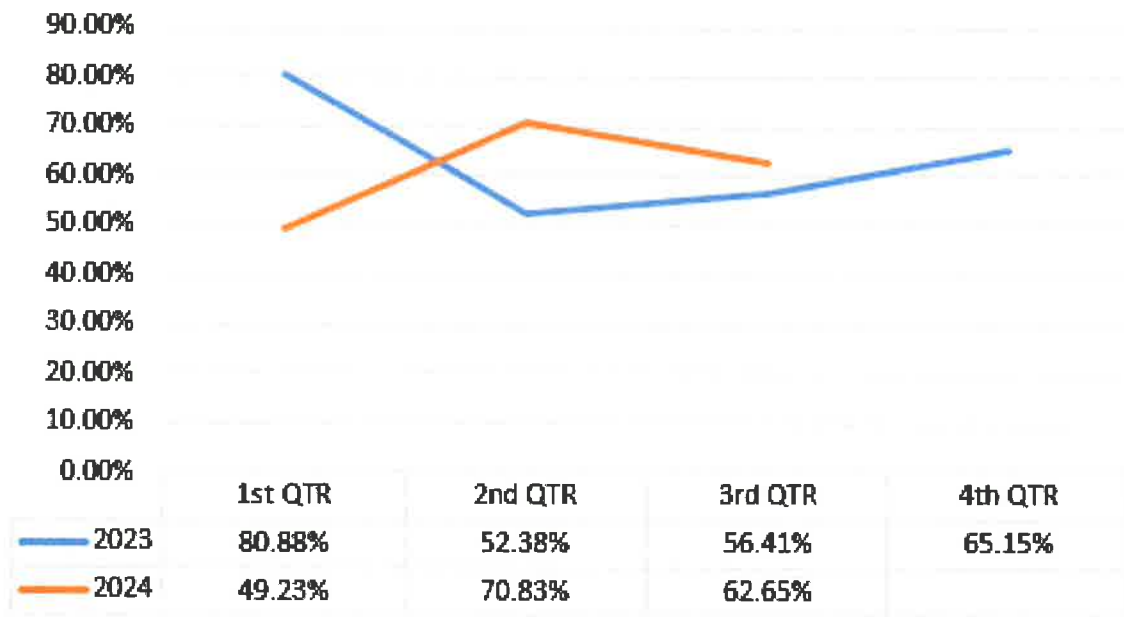
Quality, Regulatory, & Utilization Management

- Increase in influenza cases since September
- Creation of Order Sets for consistency in practice and ease of use for physicians
- Participating in Public Health Tabletop and Emergency Management exercises

CNO Dashboard September 2024										
Description	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	June 24	July 24	Aug 24	MONTHLY TARGET SEPT 24	Sept 24
ED Visits	2249	2093	2239	2334	2590	2323	2147	2255	2093	2231
ED Admission %	6%	6%	6%	5%	5%	5.7%	6.4%	6.7%	>10%	5.4%
LWBS %	0.04%	0.06%	0.08%	1.60%	1.20%	1.70%	1.4	1%	< 2.0%	1%
Door to Provider	7 min	7 min	7 min	7 min	8 min	8 min	7 min	7 min	10 min	8 min
MS admissions	107	103	116	106	110	116	118	122	91	114
ICU admissions	22	28	29	21	19	24	26	28	13	13
Deliveries	32	28	38	26	37	40	36	36	28	34
OR Inpatient	24	40	39	34	45	61	54	49	40	33
OR Outpatient	8	7	11	13	12	7	10	8	11	9
ASC	104	130	105	151	157	83	139	150	36	40
GI	69	85	81	108	115	58	95	125	104	82

*As of July 2024 the Monthly Target was calculated for the number of GI Cases

Hospital Likelihood to Recommend



San Benito Health Care District
Finance Committee Minutes
October 17, 2024 - 4:30pm

Present: Jeri Hernandez, Board President
Rick Shelton, Board Treasurer
Mary Casillas, Chief Executive Officer
Mark Robinson, Chief Financial Officer
Karen Descent, Chief Nursing Officer
Sandra DiLaura, Controller

Public:

1. CALL TO ORDER

The meeting of the Finance Committee was called to order at 4:31pm.

2. REVIEW FINANCIAL UPDATES

A. September 2024 Financial Statements

For the month ending September 30, 2024, the District's Net Surplus (Loss) is \$1,020,504 compared to a budgeted Surplus (Loss) of \$680,066. The District exceeded its budget for the month by \$340,438.

YTD as of September 30, 2024, the District's Net Surplus (Loss) is \$4,588,665 compared to a budgeted Surplus (Loss) of \$667,128. The District is exceeding its budget YTD by \$3,921,537.

Acute discharges were 161 for the month, exceeding budget by 19 discharges or 13%. The ADC was 14.67 compared to a budget of 14.98. The ALOS was 2.73. The acute I/P gross revenue exceeded budget by **\$339,210** while O/P services gross revenue was **\$1.08 million** or 4% over budget. ER I/P visits were 121 and ER O/P visits were over budget by 115 visits or 6%. The RHCs & Specialty Clinics treated 3,393 (includes 542 visits at the Diabetes Clinic) and 1,105 visits respectively.

The earnings include an accrual of **\$656,068** for the CY 2023 Rate Range payment.

Other Operating revenue exceeded budget by **\$202,451** due mainly to an unbudgeted HEDIS bonus of \$100,650 from CCA, the Magellan Health Rx rebate of \$78,810 over budget and investment interest earned of \$47,126 over budget.

Operating Expenses were slightly over budget by **\$187,580** due mainly to: Registry of \$248,153 and Purchase Services of \$166,836. These overages were offset by Salary & Wages being \$162,762 under budget.

Non-operating Revenue was slightly under budget by **(\$1,127)** due to the timing of donations.

The SNFs ADC was **88.93** for the month. The Net Surplus (Loss) is \$114,765 compared to a budget of \$60,305. YTD, the Net Surplus (Loss) is \$301,110 exceeding its budget by \$117,307.

B. September 2024 Finance Dashboard

The Finance Dashboard and Cash Flow Statement were reviewed by the Committee.

C. Supplemental Payment Program

Supplemental Payment Program for September 2024, Rate Range CY 2023 expected in Dec 2024 for \$656,068.

D. Other Financial Updates

Other items noted included:

- GASB 68 Disclosure Report, report created by Nicolay Consulting Group. For fiscal year June 30, 2024 total pension liability funded to 62%.

3. ADJOURNMENT

There being no further business, the Committee was adjourned at 4:59 pm.

Respectfully submitted,

Sandra DiLaura
Controller



Hazel Hawkins
MEMORIAL HOSPITAL

**REGULAR MEETING OF THE FINANCE COMMITTEE
SAN BENITO HEALTH CARE DISTRICT
911 SUNSET DRIVE, HOLLISTER, CALIFORNIA
THURSDAY, OCTOBER 17, 2024 - 4:30 P.M.
SUPPORT SERVICES BUILDING, 2ND FLOOR – GREAT ROOM**

San Benito Health Care District is a public agency that serves as a responsive, comprehensive health care resource for its patients, physicians and the community.

1. Call to Order

2. Review Financial Updates

- Financial Statements – September 2024
- Finance Dashboard – September 2024
- Supplemental Payments – September 2024
- GASB 68 Disclosure Report – FY 06/30/24

3. Public Comment

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on matters within the jurisdiction of this District Board **Committee**, which are not on this agenda.

4. Adjournment

The next Finance Committee meeting is scheduled for **Monday, November 18, 2024 at 4:30 p.m.**

The complete Finance Committee packet including subsequently distributed materials and presentations is available at the Finance Committee meeting and in the Administrative Offices of the District. All items appearing on the agenda are subject to action by the Finance Committee. Staff and Committee recommendations are subject to change by the Finance Committee.

Notes: Requests for a disability-related modification or accommodation, including auxiliary aids or services, to attend or participate in a meeting should be made to District Administration during regular business hours at 831-



Hazel Hawkins

MEMORIAL HOSPITAL

636-2673. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.



October 17, 2024

CFO Financial Summary for the District Board:

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BAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
HOLLISTER, CA 95023
FOR PERIOD 09/30/24

	CURRENT MONTH				YEAR-TO-DATE				
	ACTUAL 09/30/24	BUDGET 09/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	ACTUAL 09/30/24	BUDGET 09/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 09/30/23
GROSS PATIENT REVENUE:									
ACTIVE ROUTINE REVENUE	3,675,703	3,412,524	263,179	8	11,376,823	8,854,936	2,521,887	29	6,634,532
SNF ROUTINE REVENUE	2,004,450	1,870,654	133,796	7	5,948,130	5,751,670	211,460	4	6,746,578
ANCILLARY INPATIENT REVENUE	4,437,414	4,598,129	(160,715)	(4)	13,762,460	11,320,025	2,442,435	22	11,380,533
HOSPITALIST/STAFFS TAP REVENUE	0	0	0	0	0	0	0	0	412,654
TOTAL GROSS INPATIENT REVENUE	10,117,567	9,581,307	536,260	6	31,087,413	25,891,631	5,195,782	20	27,374,586
ANCILLARY OUTPATIENT REVENUE	28,120,418	27,049,898	1,070,520	4	85,103,430	81,580,742	3,522,688	5	79,881,138
HOSPITALIST/STAFFS OAP REVENUE	0	0	0	0	0	0	0	0	156,948
TOTAL GROSS OUTPATIENT REVENUE	28,120,418	27,049,898	1,070,520	4	85,103,430	81,580,742	3,522,688	5	80,038,086
TOTAL GROSS PATIENT REVENUE	38,237,985	36,631,205	1,606,780	4	117,200,843	107,472,373	9,727,969	9	107,512,772
DEDUCTIONS FROM REVENUE:									
MEDICARE CONTRACTUAL ALLOWANCES	9,565,597	9,589,501	(23,904)	0	31,399,072	29,135,370	2,263,702	8	28,420,282
MEDICALLY NECESSARY CONTRACTUAL ALLOWANCES	10,226,152	9,844,007	382,145	4	30,795,861	28,852,849	1,943,012	7	31,664,287
BAD DEBT EXPENSE	830,580	522,557	307,923	59	2,334,330	1,529,994	804,336	40	1,319,672
CLARITY CARE	151,268	38,976	112,292	280	137,383	114,025	23,357	21	159,949
OTHER CONTRACTUALS AND ADJUSTMENTS	4,557,617	4,593,821	(36,204)	(1)	14,120,998	12,659,057	1,461,941	11	12,823,664
HOSPITALIST/STAFFS CONTRACTUAL ALLOW	0	0	0	0	0	0	0	0	17,000
TOTAL DEDUCTIONS FROM REVENUE	25,181,114	24,688,242	492,872	2	78,597,664	72,166,266	6,431,398	9	74,654,874
NET PATIENT REVENUE	12,401,645	11,942,963	458,682	4	38,602,679	35,104,077	3,498,602	10	32,707,898
OTHER OPERATING REVENUE	750,332	547,881	202,451	37	1,924,356	1,583,543	340,813	18	1,787,043
NET OPERATING REVENUE	13,151,977	12,490,844	661,133	5	40,527,035	36,747,720	3,779,317	10	34,494,941
OPERATING EXPENSES:									
SALARIES & WAGES	4,968,010	5,006,256	(38,246)	(1)	14,794,911	15,351,590	(556,679)	(4)	13,945,503
REGISTRY	477,530	228,877	248,653	109	1,466,355	588,555	877,800	113	745,633
EMPLOYEE BENEFITS	2,235,769	2,273,075	(37,306)	(2)	7,010,270	7,010,270	(495,220)	(7)	6,449,248
PROFESSIONAL FEES	1,532,591	1,602,939	(70,348)	(5)	4,558,761	4,918,355	(359,594)	(7)	4,714,073
SUPPLIES	1,020,584	1,009,540	10,044	1	3,103,094	2,916,224	187,570	6	2,925,282
PURCHASED SERVICES	1,255,569	1,114,480	141,089	15	3,777,912	3,417,724	360,188	11	3,369,492
RENTAL	183,137	145,342	37,795	26	460,962	445,709	15,253	3	387,257
DEPRECIATION & AMORT	320,739	318,477	2,262	1	958,729	955,431	3,298	0	979,373
INTEREST	5,408	28,073	(22,665)	(81)	17,593	94,378	(76,785)	(73)	57,566
OTHER	463,603	428,427	35,176	8	1,333,349	1,311,651	21,698	2	1,400,295
TOTAL EXPENSES	12,475,445	12,155,976	319,469	3	35,994,355	37,115,986	(1,221,531)	(3)	34,295,839
NET OPERATING INCOME (LOSS)	676,532	334,868	341,664	102	3,532,680	(368,166)	3,900,846	(1,062)	159,038

HAZEL HAWKINS MEMORIAL HOSPITAL - COMBINED
 ROLLISTER, CA 95023
 FOR PERIOD 09/30/24

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			
	ACTUAL 09/30/24	BUDGET 09/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	09/30/23	ACTUAL 09/30/24	BUDGET 09/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	PRIOR YR 09/30/23
NON-OPERATING REVENUE/EXPENSE:										
DONATIONS	0	5,000	(5,000)	(100)	72,526	13,876	15,000	(1,124)	(8)	73,659
PROPERTY TAX REVENUE	241,122	241,122	0	0	205,711	723,365	723,365	0	0	617,133
GO BOND PROP TAXES	175,915	175,915	0	0	170,398	527,744	527,745	(1)	(1)	511,163
GO BOND INT REVENUE/EXPENSE	(65,081)	(65,081)	0	0	(68,721)	(195,244)	(195,243)	(1)	(1)	(206,163)
OTHER NON-OPER REVENUE	16,406	15,908	498	3	14,866	46,967	47,724	(757)	(2)	58,376
OTHER NON-OPER EXPENSE	(27,820)	(27,766)	(54)	0	(32,880)	(83,450)	(83,298)	(152)	0	(98,322)
INVESTMENT INCOME	3,431	0	3,431	0	(5,483)	12,714	0	12,714	0	(5,482)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	343,971	345,098	(1,127)	0	355,407	1,045,973	1,035,294	10,679	1	950,414
NET SURPLUS (LOSS)	1,020,504	680,066	340,438	50	514,777	4,588,655	667,128	3,921,537	588	1,149,491
EBIDA	\$ 1,258,230	\$ 915,475	\$ 342,755	37.44%	\$ 773,547	\$ 5,298,343	\$ 1,373,355	\$ 3,924,988	285.79%	\$ 1,922,185
EBIDA MARGIN	9.57%	7.33%	2.24%	30.52%	6.59%	13.07%	3.74%	6.33%	249.72%	5.57%
OPERATING MARGIN	5.14%	2.66%	2.46%	91.81%	1.36%	8.74%	(1.00)%	5.74%	(272.27)%	0.58%
NET SURPLUS (LOSS) MARGIN	7.76%	5.44%	2.31%	42.51%	4.19%	11.22%	1.82%	9.50%	523.53%	3.33%

HAZEL EMMINGS MEMORIAL HOSPITAL - ACUTE FACILITY
 HOLLISTER, CA 95023
 FOR PERIOD 09/30/24

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE			PRIOR YR
	ACTUAL 09/30/24	BUDGET 09/30/24	FOS/REG VARIANCE	PERCENT VARIANCE	PRIOR YR 09/30/23	FOS/REG VARIANCE	ACTUAL 09/30/24	BUDGET 09/30/24	FOS/REG VARIANCE	
NON-OPERATING REVENUE\EXPENSE:										
DONATIONS	0	5,000	(5,000)	(100)	72,526	13,076	15,000	(1,124)	(8)	73,659
PROPERTY TAX REVENUE	204,954	204,954	0	0	174,854	514,852	514,852	0	0	524,562
GO BOND PROP TAXES	175,915	175,915	0	0	170,398	527,744	527,745	(1)	0	511,153
GO BOND INT REVENUE\EXPENSE	(55,081)	(65,081)	0	0	(68,721)	(135,244)	(135,243)	(1)	0	(206,153)
OTHER NON-OPER REVENUE	16,406	15,508	498	3	14,866	45,967	47,734	(757)	(2)	58,376
OTHER NON-OPER EXPENSE	(21,632)	(21,578)	(54)	0	(25,592)	(64,885)	(64,734)	(151)	0	(75,459)
INVESTMENT INCOME	3,431	0	3,431	0	(6,483)	12,714	0	12,714	0	(5,432)
COLLABORATION CONTRIBUTIONS	0	0	0	0	0	0	0	0	0	0
TOTAL NON-OPERATING REVENUE/(EXPENSE)	313,992	315,118	(1,126)	0	331,538	956,034	915,354	10,680	2	879,705
NET SURPLUS (LOSS)	905,739	519,761	285,978	46	352,109	4,287,555	483,325	3,804,230	787	74,465

ELISEE HAWKINS SKILLED NURSING FACILITIES
HOLLISTER, CA
FOR PERIOD 09/30/24

	CURRENT MONTH			PRIOR YR			YEAR-TO-DATE					
	ACTUAL 09/30/24	BUDGET 09/30/24	POS/NEG VARIANCE	PERCENT VARIANCE	ACTUAL 09/30/23	BUDGET 09/30/23	POS/NEG VARIANCE	PERCENT VARIANCE	ACTUAL 09/30/24	BUDGET 09/30/24	POS/NEG VARIANCE	PERCENT VARIANCE
GROSS SNF PATIENT REVENUE:												
ROUTINE SNF REVENUE	2,004,450	1,870,654	133,796	7	2,115,300	5,736,670	211,460	4	5,948,130	5,736,670	211,460	4
ANCILLARY SNF REVENUE	371,933	308,657	63,254	21	244,941	946,571	(20,645)	(2)	936,526	946,571	(20,645)	(2)
TOTAL GROSS SNF PATIENT REVENUE	2,376,371	2,179,321	197,050	9	2,330,441	6,683,241	191,415	3	6,874,656	6,683,241	191,415	3
DEDUCTIONS FROM REVENUE SNF:												
MEDICARE CONTRACTUAL ALLOWANCES	266,353	201,201	65,052	32	174,754	617,323	94,370	15	711,693	617,323	94,370	15
MEDI-CAL CONTRACTUAL ALLOWANCES	117,643	117,560	83	0	243,875	360,516	55,396	15	435,912	360,516	55,396	15
BAD DEBT EXPENSE	(52,730)	5,000	(57,730)	(1,355)	15,720	(43,539)	(59,259)	(139)	(43,539)	15,000	(58,539)	(139)
CHARITY CARE	0	0	0	0	0	0	0	0	0	0	0	0
OTHER CONTRACTUALS AND ADJUSTMENTS	43,804	30,507	13,197	43	23,145	93,653	(3,186)	(3)	85,675	93,653	(3,186)	(3)
TOTAL SNF DEDUCTIONS FROM REVENUE	355,069	354,468	10,601	3	454,493	1,086,792	83,038	8	1,159,740	1,086,792	83,038	8
NET SNF PATIENT REVENUE	2,011,302	1,824,853	186,449	10	1,875,948	5,596,439	108,377	2	5,704,916	5,596,439	108,377	2
OTHER OPERATING REVENUE	0	0	0	0	0	0	0	0	0	0	0	0
NET SNF OPERATING REVENUE	2,011,302	1,824,853	186,449	10	1,875,948	5,596,439	108,377	2	5,704,916	5,596,439	108,377	2
OPERATING EXPENSES:												
SALARIES & WAGES	1,104,596	980,079	124,517	13	934,490	3,086,739	71,994	2	3,086,739	3,008,745	77,994	2
RESENTRY	29,477	26,877	2,600	2	27,260	136,597	86,555	43	136,597	86,555	49,744	43
EMPLOYEE BENEFITS	516,237	506,384	9,873	2	501,591	1,432,314	1,556,438	(8)	1,432,314	1,556,438	(124,094)	(8)
PROFESSIONAL FEES	2,210	2,304	(94)	(4)	2,210	6,630	7,068	(6)	6,630	7,068	(438)	(6)
SUPPLIES	98,593	95,147	3,446	(7)	91,919	288,961	287,399	1	288,961	287,399	1,562	1
PURCHASED SERVICES	91,661	86,407	5,254	6	86,719	257,469	454,979	(3)	257,469	454,979	(197,510)	(3)
RENTAL	1,747	1,059	688	65	1,012	4,525	3,247	39	4,525	3,247	1,278	39
DEPRECIATION	35,123	39,537	(4,414)	(13)	39,392	117,370	(13,243)	(11)	117,370	113,633	3,737	(11)
INTEREST	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	52,863	54,734	(1,872)	(3)	52,265	135,141	1,477	7	135,141	1,477	143,664	7
TOTAL EXPENSES	1,826,515	1,794,528	31,987	2	1,736,849	5,493,745	16,931	0	5,493,745	5,502,676	(8,931)	0
NET OPERATING INCOME (LOSS)	84,785	36,325	48,460	180	139,099	211,170	117,307	125	211,170	93,653	117,307	125
NON-OPERATING REVENUE/EXPENSE:												
DONATIONS	0	0	0	0	0	0	0	0	0	0	0	0
PROPERTY TAX REVENUE	36,168	36,168	0	0	30,857	198,504	167,647	0	198,504	198,504	0	0
OTHER NON-OPER EXPENSE	(6,188)	(6,188)	0	0	(7,288)	(18,565)	(10,711)	0	(18,565)	(18,565)	0	0
TOTAL NON-OPERATING REVENUE/EXPENSE:	29,980	29,980	0	0	23,569	89,939	(11)	0	89,939	89,939	(11)	0
NET SURPLUS (LOSS)	114,765	66,305	54,460	90	162,668	301,110	117,307	64	301,110	183,592	117,307	64

HAZEL HAWKINS MEMORIAL HOSPITAL
 HOLLISTER, CA
 For the month ended 09/30/24

	CURR MONTH 09/30/24	PRIOR MONTH 08/31/24	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/24
CURRENT ASSETS					
CASH & CASH EQUIVALENT	28,581,016	29,990,284	(1,409,268)	(5)	35,254,150
PATIENT ACCOUNTS RECEIVABLE	68,486,974	67,353,194	1,133,780	2	67,848,785
BAD DEBT ALLOWANCE	(9,637,441)	(9,657,387)	19,947	0	(9,487,617)
CONTRACTUAL RESERVES	(42,779,088)	(41,415,770)	(1,363,318)	3	(43,327,435)
OTHER RECEIVABLES	6,684,304	6,505,939	178,365	3	5,735,874
INVENTORIES	4,473,603	4,493,124	(19,521)	0	4,496,070
PREPAID EXPENSES	2,587,036	3,019,982	(432,946)	(14)	1,775,026
DUE TO\FROM THIRD PARTIES	2,037,861	2,037,861	0	0	2,037,861
TOTAL CURRENT ASSETS	60,434,265	62,327,227	(1,892,962)	(3)	64,332,714
ASSETS WHOSE USE IS LIMITED					
BOARD DESIGNATED FUNDS	6,797,413	7,304,428	(507,015)	(7)	4,072,225
TOTAL LIMITED USE ASSETS	6,797,413	7,304,428	(507,015)	(7)	4,072,225
PROPERTY, PLANT, AND EQUIPMENT					
LAND & LAND IMPROVEMENTS	3,370,474	3,370,474	0	0	3,370,474
BLDGS & BLDG IMPROVEMENTS	100,098,374	100,098,374	0	0	100,098,374
EQUIPMENT	44,685,324	44,643,626	41,697	0	44,435,024
CONSTRUCTION IN PROGRESS	2,386,288	2,310,825	75,464	3	1,393,964
GROSS PROPERTY, PLANT, AND EQUIPMENT	150,540,460	150,423,299	117,161	0	149,297,836
ACCUMULATED DEPRECIATION	(95,412,087)	(95,076,605)	(335,482)	0	(94,409,166)
NET PROPERTY, PLANT, AND EQUIPMENT	55,128,373	55,346,694	(218,321)	0	54,888,670
OTHER ASSETS					
UNAMORTIZED LOAN COSTS	380,414	386,325	(5,911)	(2)	398,148
PENSION DEFERRED OUTFLOWS NET	18,285,289	18,285,289	0	0	18,285,289
TOTAL OTHER ASSETS	18,665,703	18,671,614	(5,911)	0	18,683,437
TOTAL UNRESTRICTED ASSETS	141,025,754	143,649,964	(2,624,210)	(2)	141,977,045
RESTRICTED ASSETS	19,157	19,105	52	0	18,593
TOTAL ASSETS	141,044,911	143,669,069	(2,624,158)	(2)	141,995,638

HAZEL HAWKINS MEMORIAL HOSPITAL
 HOLLISTER, CA
 For the month ended 09/30/24

	CURR MONTH 09/30/24	PRIOR MONTH 08/31/24	POS/NEG VARIANCE	PERCENTAGE VARIANCE	PRIOR YR 06/30/24
CURRENT LIABILITIES					
ACCOUNTS PAYABLE	5,089,151	6,027,706	138,555	(2)	8,572,685
ACCRUED PAYROLL	1,769,990	4,449,854	2,679,864	(60)	5,660,333
ACCRUED PAYROLL TAXES	1,441,250	1,406,732	(34,518)	3	1,530,768
ACCRUED BENEFITS	5,942,236	6,464,045	521,809	(8)	6,695,829
ACCRUED PENSION (CURRENT)	4,952,331	4,952,331	0	0	4,952,331
OTHER ACCRUED EXPENSES	104,010	97,268	(6,742)	7	89,559
PATIENT REFUNDS PAYABLE	12,422	11,058	(1,365)	12	12,920
DUE TO\FROM THIRD PARTIES	(574,960)	(305,353)	269,607	88	294,647
OTHER CURRENT LIABILITIES	690,197	731,702	41,505	(6)	550,889
TOTAL CURRENT LIABILITIES	20,226,627	23,835,341	3,608,714	(15)	28,359,961
LONG-TERM DEBT					
LEASES PAYABLE	8,122,018	8,128,820	6,802	0	5,442,390
BONDS PAYABLE	31,656,561	31,685,081	28,520	0	31,742,121
TOTAL LONG TERM DEBT	39,778,579	39,813,901	35,322	0	37,184,511
OTHER LONG-TERM LIABILITIES					
DEFERRED REVENUE	0	0	0	0	0
LONG-TERM PENSION LIABILITY	36,485,864	36,485,864	0	0	36,485,864
TOTAL OTHER LONG-TERM LIABILITIES	36,485,864	36,485,864	0	0	36,485,864
TOTAL LIABILITIES	96,491,069	100,135,106	3,644,037	(4)	102,030,336
NET ASSETS:					
UNRESTRICTED FUND BALANCE	39,870,710	39,870,710	0	0	39,870,710
RESTRICTED FUND BALANCE	95,157	95,105	(52)	0	94,593
NET REVENUE/(EXPENSES)	4,587,975	3,568,148	(1,019,827)	29	0
TOTAL NET ASSETS	44,553,842	43,533,963	(1,019,879)	2	39,965,303
TOTAL LIABILITIES AND NET ASSETS	141,044,911	143,669,069	2,624,158	(2)	141,995,638



San Benito Health Care District
 Hazel Hawkins Memorial Hospital
 SEPTEMBER 2024

Description	MTD Budget	MTD Actual	YTD Actual	YTD Budget	FYE Budget
Average Daily Census - Acute	14.98	14.67	15.57	12.99	14.90
Average Daily Census - SNF	82.03	88.93	85.88	81.99	85.00
Acute Length of Stay	3.16	2.73	2.68	2.96	2.90
ER Visits:					
Inpatient	98	121	412	299	1,444
Outpatient	1,995	2,110	6,221	5,940	25,269
Total	2,093	2,231	6,633	6,239	26,713
Days in Accounts Receivable	50.0	54.7	54.7	50.0	50.0
Productive Full-Time Equivalents	521.33	508.43	507.43	521.33	521.33
Net Patient Revenue	11,942,963	12,401,645	18,802,679	35,104,077	144,649,605
Payment-to-Charge Ratio	32.6%	32.4%	32.9%	32.7%	32.7%
Medicare Traditional Payor Mix	30.65%	27.84%	28.03%	29.59%	28.51%
Commercial Payor Mix	21.21%	23.30%	23.10%	21.43%	21.88%
Bad Debt % of Gross Revenue	1.42%	2.17%	1.82%	1.42%	1.42%
EBIDA	915,475	1,258,330	5,298,343	1,373,355	9,671,943
EBIDA %	7.33%	9.57%	13.07%	3.74%	6.40%
Operating Margin	2.68%	5.14%	8.74%	-1.00%	1.72%
Salaries, Wages, Registry & Benefits %:					
by Net Operating Revenue	60.11%	58.41%	56.21%	62.78%	61.10%
by Total Operating Expense	61.77%	61.58%	61.59%	62.16%	62.15%
Bond Covenants:					
Debt Service Ratio	1.25	11.35	11.35	1.25	1.25
Current Ratio	1.50	2.89	2.99	1.50	1.50
Days Cash on hand	30.00	72.89	72.80	30.00	30.00
Met or Exceeded Target					
Within 10% of Target					
Not Within 10%					

Statement of Cash Flows
Hazel Hawkins Memorial Hospital
Hollister, CA

Eleven months ending September 30, 2024

	CASH FLOW		COMMENTS
	Current Month 9/30/2024	Current Year-To-Date 9/30/2024	
CASH FLOWS FROM OPERATING ACTIVITIES:			
Net Income (Loss)	\$1,020,504	\$4,588,665	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:			
Depreciation	335,482	1,002,921	
(Increase)/Decrease in Net Patient Accounts Receivable	209,592	(1,035,711)	
(Increase)/Decrease in Other Receivables	(178,385)	(946,430)	
(Increase)/Decrease in Inventories	19,521	22,467	
(Increase)/Decrease in Pre-Paid Expenses	432,946	(912,011)	
(Increase)/Decrease in Due From Third Parties	0	0	
Increase/(Decrease) in Accounts Payable	(182,555)	(2,683,524)	
Increase/(Decrease) in Notes and Loans Payable	0	0	
Increase/(Decrease) in Accrued Payroll and Benefits	(3,167,154)	(4,733,454)	
Increase/(Decrease) in Accrued Expenses	6,742	14,451	
Increase/(Decrease) in Patient Refunds Payable	1,365	(497)	
Increase/(Decrease) in Third Party Advances/Liabilities	(269,527)	(969,637)	
Increase/(Decrease) in Other Current Liabilities	(41,502)	139,308	Semi-Annual Int. - 2005 GO & 2021 Revenue Bonds
Net Cash Provided by Operating Activities:	(2,789,539)	(9,505,097)	
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of Property, Plant and Equipment	(117,181)	(1,242,524)	
(Increase)/Decrease in Limited Use Cash and Investments	0	0	
(Increase)/Decrease in Other Limited Use Assets	507,015	(2,725,182)	Bond Principal & Int Payment - 2014 (2005) & 2021 Bonds
(Increase)/Decrease in Other Assets	5,911	17,733	Amortisation
Net Cash Used by Investing Activities	395,765	(3,950,073)	
CASH FLOWS FROM FINANCING ACTIVITIES:			
Increase/(Decrease) in Capital Lease Debt	(5,802)	2,979,628	
Increase/(Decrease) in Bond/Mortgage Debt	(25,520)	(85,560)	
Increase/(Decrease) in Other Long Term Liabilities	0	0	2014 GO Principal & Refinancing of 2013 Bonds with 2021 Bonds
Net Cash Used for Financing Activities	(31,322)	2,594,068	
(INCREASE)/DECREASE IN RESTRICTED ASSETS	0	0	
Net Increase/(Decrease) in Cash	(1,409,268)	(6,873,134)	
Cash, Beginning of Period	29,990,284	35,254,150	
Cash, End of Period	\$28,581,016	\$28,581,016	\$0

\$392,597

Cost per day to run the District

72.80

Operational Days Cash on Hand

Hazel Hawkins Memorial Hospital
 Bad Debt Expense
 For the Year Ending June 30, 2025

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Budgeted Gross Revenue	34,451,342	36,389,826	36,631,205	37,341,167	36,368,385	37,685,918	38,472,439	36,636,643	38,136,750	35,898,718	37,223,200	37,145,231	442,380,824
Budgeted Bad Debt Expense	489,000	518,137	522,857	531,611	518,107	536,794	547,792	523,630	542,744	509,449	528,186	528,187	6,296,494
BD Exp as a percent of Gross Revenue	1.42%	1.42%	1.43%	1.42%	1.42%	1.42%	1.42%	1.43%	1.42%	1.42%	1.42%	1.42%	1.42%
Actual Gross Revenue	38,349,323	40,614,616	38,247,984										117,211,923
Actual Bad Debt Expense	665,668	637,981	830,680										2,134,329
BD Exp as a percent of Gross Revenue	1.74%	1.57%	2.17%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1.82%
Budgeted YTD BD Exp	1,529,994	1,42%											114,026
Actual YTD BD Exp	2,134,329	1.82%											1,57,383
Amount under (over) budget	(664,335)	-0.40%											
Prior Year percent of Gross Revenue	1.82%												Amt under (over) budget 23,357
Percent of Decrease (inc) from Prior Year	-0.1%												Charity Exp % of Gross Rev 0.12%

Hazel Hawkins Memorial Hospital
 Supplemental Payment Programs
 As of September 30, 2024, FYE June 30, 2025

	Payor	Actual FY 2025	Actual FY 2024	Notes:
Intergovernmental Transfer Programs:				
- AB 113 Non-Designated Public Hospital (NDPH) SFY 2022/2023 Final Payment SFY 2023/2024	DHCS	-	407,785	Requires District to fund program and wait for matching return. Paid on 04/17/24. \$156,525.63, funds rec'd in June. Exp. June 2025.
- SFY 2023/2024 Interim SFY 2024/2025	DHCS	-	434,472	Paid on 04/24/24. \$506,883.51, funds rec'd in June. Exp. June 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2022	Anthem	-	2,405,548	Net amount rec'd on November 1, 2023 check for CY 2022.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2023	Anthem	-	2,432,278	IGT by March 22, 2024 of \$1,257,738, funds expected in May/June. Expected in May 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF) CY 2024	CCAH	-	1,025,179	IGT by Feb. 23, 2024 of \$472,508, funds expected in April/May. Expected in December 2024.
- Rate Range Jan. 1, 2022 through Dec. 31, 2022	Anthem	-	3,459,757	IGT by Feb. 16, 2024 of \$1,891,350.65, funds expected in April/May. Expected in May 2025.
- Rate Range Jan. 1, 2022 through Dec. 31, 2023	Anthem	656,068	-	
- QIP PY 5 Settlement	Anthem	-	-	
- QIP PY 6 Settlement	Anthem	-	(1,253,000)	Paid on 02/26/2024.
- QIP PY 4 1st Loan Repayment	District	-	(1,222,438)	Paid on 04/08/2024.
- QIP PY 4 2nd Loan Repayment	District	-	-	Due January 3, 2025.
- QIP PY 5 Loan Repayment	District	-	-	
IGT sub-total		656,068	7,689,581	
Non-Intergovernmental Transfer Programs:				
- AB 915	DHCS	-	4,143,717	Direct Payments. Received on March 11, 2024. Exp. June 2025.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	1,069,577	1,069,577	Rec. Sep. 4, 2024.
- SB 239 Hospital Quality Assurance Fund (HQAF)	DHCS	-	3,208,731	1st, 2nd & 3rd Qtrs rec'd on 03/19/2024, 05/23/2024 & 06/27/2024. Expected by Sep. 30, 2024.
- SB 239 Hospital Quality Assurance Fund (HQAF) VIII	DHCS	-	-	Based on actual cost difference.
- Distinct Part, Nursing Facility (DP/NF)	DHCS	184,176	1,452,877	Expected quarterly through June 30, 2025.
- Medi-Cal Disproportionate Share (DSH)	DHCS	-	-	
Non-IGT sub-total		1,253,753	9,874,903	
Program Grand Totals		1,909,821	17,564,484	
Total Received		1,253,753	18,970,344	
Total Pending		656,068	1,069,577	
Total Paid		-	(2,475,438)	
Net Supplemental Payments		1,909,821	17,564,484	

San Benito Healthcare District

Pension Plan

Governmental Accounting Standard Board
(GASB) Statement 68

Valuation Date December 31, 2023
Measurement Date December 31, 2023
Fiscal Year Ending June 30, 2024

October 2024



October 1, 2024

San Benito Healthcare District
Defined Benefit Pension Plan
Retirement Committee
911 Sunset Drive.
Hollister, CA 95023

Re: San Benito Healthcare District Pension Plan GASB 68 Report for FYE June 30, 2024.

San Benito Healthcare District (the "District") has retained Nicolay Consulting Group to complete this valuation of the San Benito Healthcare District Pension Plan (the "Plan") as of the June 30, 2024 measurement date in accordance with Governmental Accounting Standards Board (GASB) Statement 68.

The purpose of this valuation is to determine the value of the benefits for current and future retirees and the Net Pension Liability and Pension Benefit Cost for the fiscal year ending June 30, 2024. The amounts reported herein are not necessarily appropriate for use for a different fiscal year without adjustment. This report should not be disclosed to other parties without prior consent from Nicolay Consulting Group. When shared, this report should be shared in its entirety.

Based on the foregoing, the cost results and actuarial exhibits presented in this report were determined on a consistent and objective basis in accordance with applicable Actuarial Standards of Practice and generally accepted actuarial procedures. We believe they fully and fairly disclose the actuarial position of the Plan based on the plan provisions, employee and plan cost data submitted.

Actuarial assumptions were selected by the plan sponsor. Nicolay Consulting Group has reviewed the assumptions and believe them to reasonable and suitable for the purposes of this actuarial measurement. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following:

- Plan experience differing from that anticipated by the economic or demographic assumptions;
- Changes in economic or demographic assumptions;
- Increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period);
- Changes in plan provisions or applicable law.

We did not perform an analysis of the potential range of future measurements due to the limited scope of our engagement.



The valuation was based on results generated in ProVal, a third-party valuation system. Use of this software required us to code the plan provisions, assumptions, and methods outlined in this report. We reviewed the outputs for reasonableness at a high level and reviewed sample calculations in detail. We are not aware of any material weaknesses or limitations in the software or its parameterization. We certify that the amounts presented in the accompanying report have been appropriately determined according to the actuarial assumptions stated herein.

The actuarial calculations were completed under the supervision of the below signatories. They have met the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of our knowledge, the information supplied in the actuarial valuation is complete and accurate. In our opinion, assumptions as approved by the plan sponsor are reasonably related to the experience of and expectations for the Plan.

We would be pleased to answer any questions on the material contained in this report or to provide explanation or further detail as may be appropriate.

Respectfully submitted,

Respectfully submitted,

Malcolm Merrill, FSA, EA, FCA

Vice President

Enrolled Actuary No. 23-8053

Sue Simon, ASA, MAAA, FCA

Vice President

Enrolled Actuary No. 23-6211

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Section I Management Summary

A) Highlights

Summary of Key Valuation Results

	6/30/2024	6/30/2023
Reporting Date for Employer under GASB 68:	Jun 30, 2024	Jun 30, 2023
Measurement Date for Employer under GASB 68:	Dec 31, 2023	Dec 31, 2022
Service Cost	\$2,376,022	\$2,257,746
Total Pension Liability	\$62,607,899	\$71,623,317
Plan Fiduciary Net Position	\$38,793,385	\$35,137,453
Net Pension Liability	\$23,814,514	\$36,485,864
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	62%	49%
Contributions for fiscal year ending June 30:		
Actuarially Determined Contributions ¹	\$3,401,336	\$3,154,060
Actual Employer Contributions	<u>(96,833)</u>	<u>(1,545,627)</u>
Contribution Deficiency (excess)	\$3,304,503	\$1,608,433
Total Covered Payroll	\$26,658,478	\$25,765,287
Actual Employer Contributions as a % of Payroll	0%	6.00%
Demographic data for fiscal year ending June 30²:		
Number of retired members and beneficiaries	159	138
Number of vested terminated members	148	137
Number of Frozen-Active (Inactive) participants	10	13
Number of active members	<u>258</u>	<u>288</u>
Total	575	576
Key assumptions as of June 30:		
Discount Rate	5.44%	4.80%
Projected salary increases	Not Applicable	

¹ GASB 68 reports the Actuarially Determined Contribution (ADC) net of employee contributions.

² Census data as of December 31 is used in the measurement of the Total Pension Liability as of June 30.

Section I Management Summary

B) Important Information about Actuarial Valuation

In order to prepare an actuarial valuation, Nicolay Consulting Group ("NCG") relies on a number of input items. These include:

- **Assets and Participant Data** This valuation is based on the market value of assets as of the measurement date December 31, 2023, as provided by Principal and participant data as of the same measurement date and supplied by the district.
- **Actuarial Methods** The total pension liability was determined as part of an actuarial valuation as of December 31, 2023 using actuarial methods and assumptions in accordance with GASB No. 68. The total pension liability was calculated using the Entry Age Normal actuarial cost method. For additional information on actuarial methods, see Section V.
- **Actuarial Assumptions** The projected benefits are discounted to a present value, based on the assumed rate of return that is expected to be achieved on the plan's assets. There is a reasonable range for each assumption used in the projection and the results may vary materially based on which assumptions are selected. It is important for any user of an actuarial valuation to understand this concept. Actuarial assumptions are periodically reviewed to ensure that future valuations reflect emerging plan experience. While future changes in actuarial assumptions may have a significant impact on the reported results that does not mean that the previous assumptions were unreasonable. For additional information on actuarial assumptions, see Section V.

The user of Nicolay Consulting Group's actuarial valuation (or other actuarial calculations) should keep the following in mind:

- The valuation is prepared at the request of the plan sponsor to assist the sponsors of the Plan in preparing items related to the pension plan in their financial reports. NCG is not responsible for the use or misuse of its report, particularly by any other party.
- An actuarial valuation is a measurement of the Plan's assets and liabilities at a specific date. Accordingly, except where otherwise noted, NCG did not perform an analysis of the potential range of future financial measures. The actual long-term cost of the plan will be determined by the actual benefits and expenses paid and the actual investment experience of the Plan.
- If the plan sponsor is aware of any event or trend that was not considered in this valuation that may materially change the results of the valuation, NCG should be advised, so that any discrepancy can be evaluated.
- NCG does not provide investment, legal, accounting, or tax advice. NCG's valuation is based on our understanding of applicable guidance in these areas and of the plan's provisions, but they may be subject to alternative interpretations. The plan sponsor should look to their other advisors for expertise in these areas.

As NCG has no discretionary authority with respect to the management or assets of the Plan, it is not a fiduciary in its capacity as actuaries and consultants with respect to the plan sponsor.

Section II GASB 68 Exhibits

A) Schedule of Changes in Net Pension Liability (Exhibit 1)

Fiscal Year Ending	2024	2023
Total Pension Liability		
Service cost	\$2,376,022	\$2,257,746
Interest	3,510,551	3,394,641
Change of benefit terms	(6,965,902)	0
Differences between expected and actual experience	(453,339)	1,069,590
Changes of assumptions	(5,736,563)	10,293,791
Benefit payments, including refunds of employee contributions	<u>(1,746,187)</u>	<u>(1,323,008)</u>
Net change in Total Pension Liability	(9,015,418)	\$15,692,760
Total Pension Liability – beginning	\$71,623,317	\$55,930,557
Total Pension Liability – ending (a)	<u>\$62,607,899</u>	<u>\$71,623,317</u>
Plan Fiduciary Net Position		
Contributions – employer	\$96,833	\$1,545,627
Contributions – employee	173,193	310,498
Net investment income	5,155,028	(6,596,677)
Benefit payments, including refunds of employee	(1,746,187)	(1,323,008)
Administrative expense	(22,935)	(22,868)
Other	<u>0</u>	<u>0</u>
Net change in Plan Fiduciary Net Position	\$3,655,932	(\$6,086,428)
Plan Fiduciary Net Position – beginning	<u>\$35,137,453</u>	<u>\$41,223,881</u>
Plan Fiduciary Net Position – ending (b)	<u>\$38,793,385</u>	<u>\$35,137,453</u>
Net Pension Liability – ending (a) – (b)	\$23,814,514	\$36,485,864
Plan Fiduciary Net Position as a percentage of the Total Pension Liability	62%	49%
Covered employee payroll	\$26,658,478	\$25,765,287
Plan Net Pension Liability as percentage of covered employee payroll	89%	141.6%

Section II GASB 68 Exhibits

B) Summary of Changes in the Net Pension Liability (Exhibit 2)

	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a)-(b)
Measurement as of December 31, 2022:	\$71,623,317	\$35,137,453	\$36,485,864
Recognized Changes Resulting from:			
▪ Service cost	2,376,022	-	2,376,022
▪ Interest	3,510,551	-	3,510,551
▪ Diff. between expected and actual experience	(453,339)	-	(453,339)
▪ Changes of assumptions	(5,736,563)	-	(5,736,563)
▪ Net investment income	-	5,155,028	(5,155,028)
▪ Benefit payments	(1,746,187)	(1,746,187)	-
▪ Contributions – employer	-	96,833	(96,833)
▪ Contributions – employee	-	173,193	(173,193)
▪ Administrative expense	-	(22,935)	22,935
▪ Change of benefit terms	(6,965,902)	-	(6,965,902)
Net Changes	(\$9,015,418)	\$3,655,932	(\$12,671,350)
Measurement as of December 31, 2023:	\$62,607,899	\$38,793,385	\$23,814,514

Section II GASB 68 Exhibits

C) Derivation of Significant Actuarial Assumptions

The actuarial assumptions included 6.50% investment long-term expected rate of return, net of investment expenses. See section V for more detail.

Long-term Expected Rate of Return – The long-term expected rate of return on the Plan's investments was based on capital market projections by the investment consultant, Lockton Retirement Service, adjusted for administrative expenses paid from the trust.

Investment Class	Target Allocation*	Long-Term Expected Return on Asset
US Large Cap Equity	31%	2.48%
US Small / SMID	14%	1.26%
International Equity	15%	1.20%
Total Equity	60%	4.94%
Core Bond	20%	0.80%
Core Plus / Multi-Sector	15%	0.75%
Cash/Short-term	5%	0.13%
Total Fixed Income	40%	1.68%
Total	100%	6.62%

Investment Class	Long-Term Expected Return on Asset*
US Large Cap Equity	8.00%
US Small / SMID	9.00%
International Equity	8.00%
Emerging Market Equity	9.00%
REITs	8.00%
Commodities	5.00%
Money Market	2.00%
Short-Term Bond	2.50%
Core Bond	4.00%
Long Corporate Bond	6.00%
High Yield Bond	6.50%

* Expected Return on Assets information provided by Lockton.

Discount rate – Since the plan's assets are not expected to be sufficient to fund all future benefit payments, the discount rate used to measure the total pension liability was 5.44%. See Section II Exhibit J for additional detail.

Section II GASB 68 Exhibits

D) Sensitivity Analysis (Exhibit 3)

Sensitivity of the Net Pension Liability to changes in the discount rate – The following presents the Net Pension Liability calculated using the discount rate of 5.44%, as well as what the Net Pension Liability would be if it were calculated using a discount rate that is 1% point lower or 1% point higher than the current rate:

	1% Decrease (4.44%)	Current Discount Rate (5.44%)	1% Increase (6.44%)
San Benito Healthcare District Net Pension Liability	\$33,155,997	\$23,814,514	\$16,285,162

Section II GASB 68 Exhibits

E) Pension Expense for Measurement Period (Exhibit 4)

Measurement Period Ending December 31:	2023	2022
Components of Pension Expense:		
Service Cost	\$2,376,022	\$2,257,746
Interest on the Total Pension Liability (Exhibit 5)	3,510,551	3,394,641
Projected Earnings on Pension Plan Investments (Exhibit 6)	(2,235,980)	(2,695,873)
Employee Contributions	173,193	(310,498)
Administrative Expense	22,935	22,868
Changes on Benefit Terms	(6,965,902)	0
Recognition of Deferred Resources Due to:		
▪ Changes of Assumptions	2,183,211	3,422,209
▪ Differences Between Expected/Actual Experience	19,116	117,029
▪ Differences Between Projected/Actual Earnings on Assets	(64,137)	1,060,665
Aggregate Pension Expense	(\$1,327,377)	\$7,268,787

Section II GASB 68 Exhibits

F) Interest on the Total Pension Liability (Exhibit 5)

	Amount for Period	Portion of Period	Interest Rate	Interest on the Total Pension Liability
Beginning Total Pension Liability	\$71,623,317	100%	4.80%	\$3,437,919
Service Cost	\$2,376,022	100%	4.80%	114,049
Benefit payments, including refunds¹	(\$1,746,187)	50%	4.80%	<u>(41,417)</u>
Total interest on the TPL				\$3,510,551

¹Includes employee contribution refunds

Section II GASB 68 Exhibits

G) Projected Earnings on Plan Fiduciary Net Position (Exhibit 6)

	Amount for Period	Portion of Period	Projected Interest Rate	Projected Earnings
Beginning plan fiduciary net position	\$35,137,453	100%	6.50%	\$2,283,934
Employer contributions	\$96,833	50%	6.50%	3,098
Employee contributions	\$173,193	50%	6.50%	5,540
Benefit payments, including refunds¹	(\$1,746,187)	50%	6.50%	(55,858)
Administrative expense and other	(\$22,935)	50%	6.50%	(734)
Total Projected Earnings				\$2,235,980

¹Includes employee contribution refunds

Section II GASB 68 Exhibits

H) Deferred Inflows/Outflows of Resources (Exhibit 7)

Fiscal year Ending June 30, 2024	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience in the measurement of the TPL	\$925,724	\$888,555
Changes in assumptions	9,382,924	4,527,485
Net difference between projected and actual earnings of pension plan investments	2,145,541	0
Contribution to pension plan after measurement date	<u>0</u>	<u>0</u>
Total	\$12,454,189	\$5,416,040

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pension will be recognized in pension expense as follows:

Fiscal Year Ended December 31	Deferred Outflows/(Inflows) of Resources
2025	\$2,579,454
2026	2,681,874
2027	2,539,486
2028	(762,665)
2029	-
Thereafter	-
Total Deferred Resources:	<u>\$7,038,149</u>

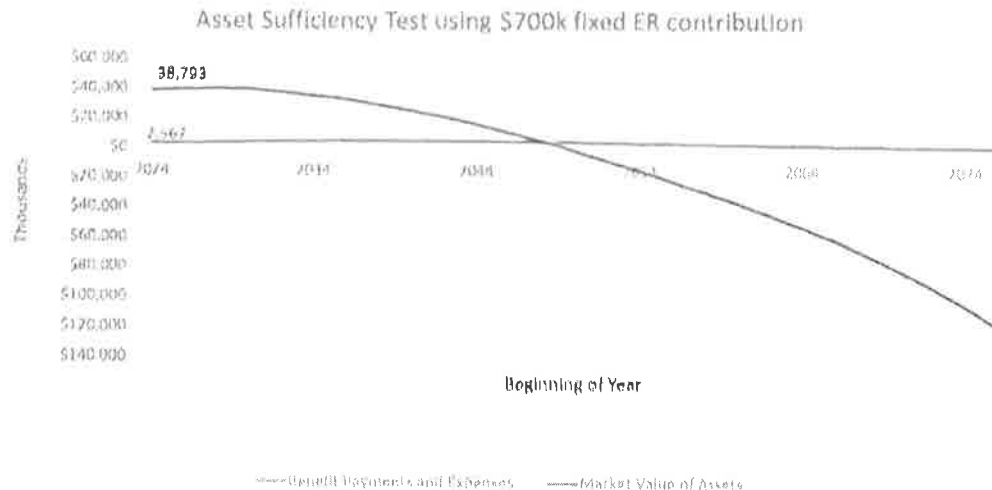
Section II GASB 68 Exhibits

I) Journal Entry to Record the NPL for FY ended June 30, 2024 (Exhibit 8)

	DR	CR
Net Position	\$16,776,365	
DO-Experience	\$925,724	
DO-Investment	\$2,145,541	
DO-Contributions		
DO-Assumptions	\$9,382,924	
DI-Experience		888,555
DI-Investment		
DI-Assumptions		4,527,485
NPL		23,814,514
	\$29,230,554	\$29,230,554

Section II GASB 68 Exhibits

J) Asset Sufficiency Test (Exhibit 9)



For the asset sufficiency test, assets are projected using expected employer and employee contributions, expected benefit payments, expected administrative expenses and expected investment return. Projected assets are then compared to expected benefit payments in each future year to confirm sufficiency. The table above shows that assets are expected to be sufficient to cover plan cash flows through 2048.

GASB 68 bases the discount rate on a blend of the employer's Expected Long-Term Return on Assets and the current rate on high-grade 20-yr municipal bonds as of the measurement date. The former is used to discount future cash flows for which future trust assets are sufficient to pay; the latter is used to discount cash flows for which future trust assets are not sufficient to pay. The GASB 68 discount rate is the single-equivalent (blended) rate that, when used to discount all future cash flows, results in the same present value resulting from using the two rates. Future assets include contributions expected to be made in the future based on the employer's funding policy and history of contributions made.

<i>Employer's Funding Policy:</i>	Contribute the Full ADC
<i>PEPRA Employee Contribution Rate</i>	N/A due to plan freeze
<i>Expected Future Annual Employer Contributions:</i>	\$700,000
<i>Expected Long-Term Return on Assets:</i>	6.50%
<i>S&P Municipal Bond 20 Year High Grade Index:</i>	4%

As current assets are expected to be insufficient beginning in 2050, a blending of the long-term return assumption and the S&P Municipal Bond Index is completed to determine the final discount rate. The blended rate used to determine the Total Pension Liability is 5.44%

Section III Supplementary Information

A) Schedule of Contributions - Last Nine Fiscal Years (Exhibit 10)

Measurement Year Ended Dec 31	Actuarially Determined Contributions ¹	Contributions in Relation to the Actuarially Determined Contributions ²	Contribution Deficiency (Excess)	Covered Employee Payroll
2014	\$1,558,842	\$3,056,518	\$(1,497,676)	\$29,126,434
2015	\$3,058,440	\$3,058,440	\$0	\$31,424,795
2016	\$3,375,540	\$272,374	\$3,103,166	\$29,345,672
2017	\$3,330,495	\$2,213,588	\$1,116,907	\$30,648,185
2018	\$3,486,828	\$3,933,677	\$(446,849)	\$30,690,643
2019	\$3,577,595	\$1,306,536	\$2,271,059	\$30,784,852
2020	\$3,545,809	\$2,702,669	\$843,140	\$28,848,422
2021	\$3,438,240	\$2,738,385	\$699,855	\$24,420,350
2022	\$3,154,060	\$1,545,627	\$1,608,433	\$25,765,287
2023	\$3,401,336	\$96,833	\$3,304,503	\$26,658,478

¹ Amounts shown are the total ADC for the Plan net of employee contributions (i.e., the employer ADC).

² 2014 through 2017 amounts reflect impact of Plan Year accrued contributions and 2017 amount includes 2016 employee contributions.

Section III Supplementary Information

B) Schedules of Changes of Assumptions (Exhibit 11)

Measurement Date	Changes of Assumption	Recognition Period (Years)	Increase (Decrease) in Pension Expense Arising from the Recognition of the Effects of Changes of Assumptions (Reporting Dates)						
			2024	2025	2026	2027	2028	2029	2030+
2014	3,785,415	9.440	375,186	165,081	-	-	-	-	-
2015	(48,983)	9.440	(5,189)	(2,282)	-	-	-	-	-
2016	(506,429)	8.038	(63,004)	(2,397)	-	-	-	-	-
2017	(132,646)	7.520	(17,639)	(9,173)	-	-	-	-	-
2018	(74,412)	7.652	(9,724)	(9,724)	(6,344)	-	-	-	-
2019	1,939,682	6.789	285,710	285,710	225,422	-	-	-	-
2020	1,227,120	6.432	190,784	190,784	190,784	82,416	-	-	-
2021	4,008,624	5.510	727,518	727,518	727,518	371,034	-	-	-
2022	10,293,791	5.310	1,938,567	1,938,567	1,938,567	1,938,567	600,956	-	-
2023	(5,736,563)	4.630	(1,238,998)	(1,238,998)	(1,238,998)	(1,238,998)	(780,571)	-	-
Net Increase (Decrease) in Pension Expense			2,183,211	2,045,086	1,836,949	1,153,019	(179,615)		

Section III Supplementary Information

C) Deferred Outflows of Resources and Deferred Inflows of Resources Arising From Changes of Assumptions (Exhibit 12)

Year End Measurement Year	Increase in Total Pension Liability a	Decrease in Total Pension Liability b	Amount Recognized in Pension Expense Through June 30, 2024 c	Balances at June 30, 2024	
				Deferred Outflows of Resources a - c	Deferred Inflows of Resources b - c
2014	3,785,415	-	3,620,334	165,081	-
2015	-	(48,983)	(46,701)	-	(2,282)
2016	-	(506,429)	(504,032)	-	(2,397)
2017	-	(132,648)	(123,473)	-	(9,173)
2018	-	(74,412)	(58,344)	-	(16,068)
2019	1,939,682	-	1,428,550	511,132	-
2020	1,227,120	-	763,136	463,984	-
2021	4,008,624	-	2,182,554	1,826,070	-
2022	10,293,791	-	3,877,134	6,416,657	-
2023	-	(5,736,563)	(1,238,998)	-	(4,497,565)
				\$ 9,382,924	\$ (4,527,485)

Section III Supplementary Information

D) Schedule of Differences between Expected and Actual Experience (Exhibit 13)

Measurement Date	Difference Between Expected and Actual Experience	Recognition Period (Years)	Increase (Decrease) in Pension Expense Arising from the Recognition of effects of Differences between Expected and Actual Experience (Reporting Dates)							
			2024	2025	2026	2027	2028	2029	Thereafter	
2014	131,657	9.440	13,049	5,742						
2015	74,961	9.440	7,941	3,492						
2016	187,133	8.038	23,281	885						
2017	398,336	7.520	52,970	27,546						
2018	(237,050)	7.652	(30,977)	(30,977)	(20,211)					
2019	(1,044,501)	6.789	(153,852)	(153,852)	(121,389)					
2020	(546,664)	6.432	(84,991)	(84,991)	(84,991)	(36,718)				
2021	485,864	5.510	88,179	88,179	88,179	44,969				
2022	1,089,590	5.510	201,429	201,429	201,429	201,429	62,445			
2023	(453,339)	4.630	(97,913)	(97,913)	(97,913)	(97,913)	(61,445)			
Net Increase in Pension Expense:			(19,116)	(40,460)	(34,896)	111,767	758			

Section III Supplementary Information

**E) Deferred Outflows of Resources and Deferred Inflows of Resources
Arising from Differences between Expected and Actual Experience (Exhibit 14)**

Year End Measurement Year	Increase in Total Pension Liability a	Decrease in Total Pension Liability b	Amount Recognized in Pension Expense Through June 30, 2024 c	Balances at June 30, 2024	
				Deferred Outflows of Resources a - c	Deferred Inflows of Resources b - c
2014	131,657		125,915	5,742	
2015	74,961		71,469	3,492	
2016	187,133		186,248	885	
2017	398,336		370,790	27,546	
2018		(237,050)	(185,862)		(51,188)
2019		(1,044,501)	(769,260)		(275,241)
2020		(546,664)	(339,964)		(206,700)
2021	485,864		264,537	221,327	
2022	1,069,590		402,858	666,732	
2023		(453,339)	(97,913)		(355,426)
				\$ 925,724	\$ (7,414,167)

Section III Supplementary Information

F) Increase (Decrease) In Pension Expense Arising from the Recognition of Difference Between Projected and Actual Earnings on Pension Plan Investments (Exhibit 15)

Year End Measurement Year	Difference in Expected and Actual Earnings	Recognition Period (Years)	Increase (Decrease) in Pension Expense Arising from the Recognition of Difference between Projected and Actual Earnings on Pension Plan Investments (Reporting Dates)					
			2024	2025	2026	2027	2028 Thereafter	
2019	(3,194,825)	5.00	(638,965)					
2020	(1,524,970)	5.00	(304,994)	(304,994)				
2021	(1,974,391)	5.00	(394,878)	(394,878)	(394,879)			
2022	9,292,550	5.00	1,858,510	1,858,510	1,858,510	1,858,510		
2023	(2,919,048)	5.00	(583,810)	(583,810)	(583,810)	(583,810)	(583,808)	
Net Increase (Decrease) in Pension Expense			(64,137)	574,828	879,821	1,274,700	(583,808)	

Section III Supplementary Information

G) Deferred Outflows of Resources and Deferred Inflows of Resources arising from Differences between Projected and Actual Earnings and Plan Investments (Exhibit 16)

Year End Measurement Year	Increase in Total Pension Liability a	Decrease in Total Pension Liability b	Amount Recognized in Pension Expense Through June 30, 2023 c	Balances at June 30, 2023	
				Deferred Outflows of Resources a - c	Deferred Inflows of Resources b - c
2019		(3,194,825)	(3,194,825)	-	-
2020		(1,524,970)	(1,219,976)	-	(304,994)
2021		(1,974,391)	(1,184,634)	-	(789,757)
2022	9,292,550	-	3,717,020	5,575,530	-
2023		(2,919,048)	(583,810)	-	(2,335,238)
				5,575,530	(3,429,989)

Section IV Participant Data

A) Participant Data

This actuarial valuation is based on participant data provided by the District. NCG does not audit such data for completeness or accuracy, other than reviewing it for obvious inconsistencies compared to prior data and other information that appears unreasonable. It is important for NCG to receive the best possible data and to be informed about any known incomplete or inaccurate data.

At December 31, 2023, pension plan membership consisted of the following:

Number of retired members and beneficiaries	159
Number of vested terminated members	148
Number of active members	<u>268</u>
Total	575

Section V Actuarial Assumptions and Methods

A) Actuarial Assumptions

Measurement Date	December 31, 2023										
Reporting Date	June 30, 2024										
Discount Rate	5.44% per annum compounded annually										
Long Term Expected Return on Assets:	6.50% per annum, compounded annually. The investment return assumption was set based on updated capital market projections by the investment consultant, Lockton Retirement Services, adjusted for administrative expenses paid from the trust.										
Salary Scale:	For 2024: Not Applicable For 2023: 3.5% per annum (NUHW); 3.0% per annum (all other participants).										
Mortality:	PubG-2010 Public Retirement Mortality Tables for Males and Females with Projections using MP-2021.										
Retirement:*	100% at Normal Retirement Age										
Turnover:*	Based on T-4 Table, Sample Rates are:										
	<table border="0"> <thead> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>25</td> <td>5.29%</td> </tr> <tr> <td>35</td> <td>4.70%</td> </tr> <tr> <td>45</td> <td>3.54%</td> </tr> <tr> <td>55</td> <td>0.94%</td> </tr> </tbody> </table>	Age	Rate	25	5.29%	35	4.70%	45	3.54%	55	0.94%
Age	Rate										
25	5.29%										
35	4.70%										
45	3.54%										
55	0.94%										
Disability:	None										
Marital Status*:	Percentage married: 80% are assumed to be married. Age difference: Females are assumed to be three years younger than males.										

Assumption Changes

The discount rate was reduced from 4.8% to 5.44% as a result of the insufficiency of projected assets to cover future benefit payments past 2048. There have been no other assumption changes since the last measurement date.

* NCG has not performed an experience study to select these assumptions.

Section V Actuarial Assumptions and Methods

B) Actuarial Methods

Actuarial Cost Method:	Entry Age Normal Cost Method This method was effective December 31, 2014. Under the Entry Age Normal Actuarial Cost Method, the actuarial value of the projected benefits of each individual included in the actuarial valuation is allocated on a level basis over the earnings or service of the individual between entry age and assumed exit age(s). The portion of this actuarial present value allocated to a valuation year is called the normal cost. The portion of this actuarial present value not provided for at a valuation date by the actuarial present value of future normal costs is called the Actuarial Accrued Liability. As the plan is now frozen, future pensionable earnings are \$0 and benefits are treated as fully accrued, resulting in a \$0 normal cost.
Amortization Methodology	The District uses straight-line amortization. For assumption changes and experience gains/losses, we assumed Average Future Working Lifetime, averages over all actives and retirees (retirees are assumed to have no future working years). For asset gains and losses use a fixed 5 year period. Plan changes are recognized immediately in the year they occurred.
Valuation of Assets:	The value of assets is determined as market value of assets as of the measurement date.
Measurement Date	December 31, 2023
Valuation Date	December 31, 2023
Reporting Date	Fiscal Year End: June 30, 2024

Section VI Plan Provisions

A) Plan Provisions

Effective Date:	January 1, 2005
Most Recent Restatement Date:	January 1, 2015
Most Recent Amendment Date:	July 3, 2023 (Plan Freeze)
Plan Year:	January 1 to December 31
Eligible Employee:	Benefited full-time or part-time employee. Hired prior to January 1, 2013.
Participation Entry Date:	January 1 st following three years of consecutive employment (1,000 hours in each year) and attainment of age 21. No new entrants on or after the freeze date of July 3, 2023.
Normal Retirement Date:	First of month after reaching age 65 and completing five Years of Service.
Deferred Retirement Date:	First of any month following actual retirement after a participant's Normal Retirement Age. An employee can work beyond his normal retirement date and continue to earn pension benefits.
Early Retirement Date:	First of any month after reaching age 50 and completing 15 Years of Service and 5 years of Plan participation.
Normal Form of Payment For Unmarried Participants:	A retirement income payable monthly for life, with guaranteed payments for 120 months.
Normal Form of Payment For Married Participants:	A retirement income payable monthly for life, with guaranteed payments for 120 months; in addition, after the 120-month period, in the event of the participant's death, the participant's spouse will receive a monthly pension equal to 50% of the participant's pension for the remainder of the spouse's lifetime.
Optional Forms of Distribution of Retirement Benefit:	No other options available.

Section VI Plan Provisions

A) Plan Provisions (Continued)

Retirement Benefit Formula For Future Service:	<p>Effective January 1, 2005: 1% of the participant's compensation in each calendar year.</p> <p>Effective January 1, 2007, the rate increases to 1.1% per year for future service of non-SEIU employees' future service after January 1, 2007, but prior to January 1, 2010.</p> <p>Effective January 1, 2010, the rate increases to 1.3% per year for non-SEIU employees' future service after January 1, 2010.</p> <p>Effective January 1, 2012, the benefit accrual rate increases to 1.3% of participant's compensation for all eligible employees' future service after January 1, 2012.</p>
Retirement Benefit Formula For Past Service as of January 1, 2005	1% of the participant's compensation in each consecutive calendar year in which the participant completed 1,000 hours as a benefited full-time or part-time employee during the period 1999 through 2004.
Early Retirement Benefit:	Accrued benefit earned to the date of early retirement with payments commencing on participant's normal retirement date. The participant may elect to receive an actuarially reduced benefit starting after his or her early retirement date.
Disability Benefit:	Accrued benefit earned to disability retirement date with payments commencing on participant's normal retirement date. The participant may elect to receive an actuarially reduced benefit starting after his or her early retirement date.
Death Benefits:	Larger of: (1) Present value of vested accrued benefits; (2) 25,000.
Vesting of Accrued Benefits:	The earlier of (i) the completion of five years of service (1,000 hour rate) in the Plan and (ii) a participant's Normal Retirement Date. This vested benefit would be in the form of a pension beginning at normal retirement date equal to the benefits accrued at time of termination, or for a reduced amount if an election is made to have payments commence before normal retirement date.

Section VI Plan Provisions

A) Plan Provisions (Continued)

PEPRA Provisions

PEPRA Participant

"PEPRA Participant" means a participant who (i) was never a member of a California "public retirement system" as that term is defined in California Government Code section 7522.04(j), prior to January 1, 2013, (ii) was a member of a California public retirement system prior to January 1, 2013, other than the system through which this Plan is offered but was not subject to reciprocity under California Government Code section 7522.02(c), or (iii) was an active member in the system through which this Plan is offered but who returned to active membership in the system with a new employer after a break in service of more than six (6) months.

Classic Participant

Means a participant who is not a PEPRA Participant

Eligibility Requirements

Employees must be employed by the Employer in an eligible category of employment, have attained age 21, and completed three years of service in order to be eligible to participate in the plan. An eligible employee will become a participant upon the later of January 1, 2016, completion of three years of services, or attainment of age 21.

PEPRA Benefit Accrual Rates

Same as Retirement Benefit Formula for Future Service

Normal Retirement:

Normal retirement age under the plan is the later of age 65 or the date an employee completes 5 years of service. Normal retirement date is the first day of the month after reaching normal retirement age.

Section VI Plan Provisions

A) Plan Provisions (Continued)

PEPRA Provisions (Continued)

Early Retirement:

The first day of the month following a Participant's attainment of age fifty (50) years and the completion of ten (10) Years of Service, or the first day of any subsequent month preceding the Participant's Normal Retirement Age; provided, however, that PEPRA Participant must have attained age fifty-two (52).

Maximum Benefit of PEPRA Participants

The Accrued Benefit of a PEPRA participant shall not exceed the amount defined in PEPRA and described in Appendix A of the plan document. The amount shall be determined by interpolating to the participant's nearest completed quarter of age at the date benefit are scheduled to commence, based on the rates shown opposite the participant's age in Appendix A of the plan document table.

Based on Appendix A table, Sample rates are:

Age of retirement	Benefit Rate (Percentage of Final Base Pay)
52	1.000%
55	1.300%
60	1.800%
65	2.300%
67	2.500%

Employee Contributions

PEPRA participants shall have an initial contribution rate of at least 50% of the normal cost rate as defined under the Employer PEPRA Contribution.

Plan Provision Changes

The plan was amended to freeze participation and benefit accruals as of July 3, 2023. This means that the plan is closed to new entrants and no additional benefits will be earned after this date. PEPRA participants' employee contributions also ceased on that date, with the exception of retroactive payments for service prior to July 3, 2023.

The decrease in the net pension liability due to this amendment is \$6,965,902.