

CLOVERDALE HEALTH CARE DISTRICT

Regular Meeting Agenda

JUNE 10, 2019, 7:00 P.M.

Chamber of Commerce
126 N. Cloverdale Blvd.

ROLL CALL: PRESIDENT: MARTIN VICE PRESIDENT: WINTER TREASURER: DeMARTINI SECRETARY: DELSID
MEMBER HANCHETT

AGENDA APPROVAL:

PUBLIC COMMENT PERIOD: PUBLIC COMMENT PERIOD PROVIDES TIME FOR MEMBERS OF THE AUDIENCE TO ADDRESS THE BOARD ON MATTERS WHICH DO NOT APPEAR ON TONIGHT'S AGENDA. TIME LIMIT FOR COMMENTS TO THE BOARD ON NON-AGENDIZED ITEMS IS LIMITED TO FIVE MINUTES (GOVERNMENT CODE SECTION 54954.3(b))

ITEMS:

1. Minutes JUNE 2019- NO JULY MEETING
2. Financial Statement JULY 2019
3. Managers Report-
4. Approve Tax Year 2019-20
5. FY 19-20 Budget: Review/Approve
6. Approve Resolution for FY 2019-20 Budget
7. SDRMA Resolution Approval- Amendment to existing MOU
8. From Members-

Adjourn to Executive Meeting: none

Adjourn to Regular Meeting

Adjourn till JULY 8, 2019

All agenda items, reports, minutes, are available for review at the offices of the Cloverdale Health Care District located at 209 N. Main St. Cloverdale Ca 95425 and are available upon request. Posted per Government Code section 54954.2 August 7, 2019 Any disabled, handicapped or other meeting attendees needing special assistance or other accommodations for participation, please contact the business office 24 hrs prior to the meeting. 707-894-5862.

CLOVERDALE AMBULANCE

Balance Sheet

July 31, 2019

ASSETS

Current Assets

Exchange Bank Bus. Checking	\$	80,912.16
RESERVE/CAPITAL ACCT		295,322.46
Ambulance Replacment Savings		160,835.41
Accounts Receivable Ambulance		129,881.23
Reserve for Doubtful Accts.		(3,279.45)
Prepaid insurance		7,266.85
IGT Refundable deposits		438.00

Total Current Assets		671,376.66
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Property and Equipment

Land		17,789.00
Ambulance and Equipment		462,048.41
Furniture and fixtures		16,563.64
Building and Improvements		323,365.96
A/D - Other Fixed Assets		(373,922.00)

Total Property and Equipment		445,845.01
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Other Assets

Total Other Assets		0.00
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Total Assets	\$	1,117,221.67
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LIABILITIES AND CAPITAL

Current Liabilities

Accounts payable	\$	4,496.15
Accrued retirement benefits		(842.54)
Accrued Interest		57.20
Accrued AFLAC		114.26

Total Current Liabilities		3,825.07
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Long-Term Liabilities

Total Long-Term Liabilities		0.00
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Total Liabilities		3,825.07
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Capital

Fund Balance		731,591.05
Prior Year Profit (Loss)		401,400.04
Net Income		(19,594.49)

Total Capital		1,113,396.60
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Total Liabilities & Capital	\$	1,117,221.67
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CLOVERDALE AMBULANCE

Income Statement

Compared with Budget

For the One Month Ending July 31, 2019

	Current Month Actual	Current Month Budget	Year to Date Actual	Year to Date Budget	Year to Date Variance
Revenues					
Ambulance Service	\$ 65,878.69	\$ 61,500.00	\$ 65,878.69	\$ 61,500.00	4,378.69
Less - Contract Allowances	(21,887.88)	(25,000.00)	(21,887.88)	(25,000.00)	3,112.12
Interest	0.00	33.33	0.00	33.33	(33.33)
Property Tax (13)	1,531.67	1,531.00	1,531.67	1,531.00	0.67
Special Assessment	3,167.33	3,167.00	3,167.33	3,167.00	0.33
Interest Income	0.00	0.00	0.00	0.00	0.00
IGT Supplemental Payment	0.00	0.00	0.00	0.00	0.00
Other (Income) and Expenses	0.00	0.00	0.00	0.00	0.00

Total Revenues	48,689.81	41,231.33	48,689.81	41,231.33	7,458.48
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Cost of Sales

Total Cost of Sales	0.00	0.00	0.00	0.00	0.00
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Gross Profit	48,689.81	41,231.33	48,689.81	41,231.33	7,458.48
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Expenses

Salaries & Wages	31,802.00	30,000.00	31,802.00	30,000.00	1,802.00
Health benefits employer	4,638.37	4,638.00	4,638.37	4,638.00	0.37
Fuel Expense	2,405.40	1,316.67	2,405.40	1,316.67	1,088.73
Work Comp ACHD	1,598.00	1,454.00	1,598.00	1,454.00	144.00
Payroll Exp UTI/ETT	114.66	115.00	114.66	115.00	(0.34)
Amb Repair Maintenance	0.00	816.67	0.00	816.67	(816.67)
Supplies Patient	2,509.73	2,000.00	2,509.73	2,000.00	509.73
Employee Benefits Volunteers	0.00	0.00	0.00	0.00	0.00
Outside Services	8,062.50	6,175.00	8,062.50	8,000.00	62.50
Bad Debit Writeoff	0.00	0.00	0.00	0.00	0.00
employer soc. sec.	1,969.41	1,833.33	1,969.41	1,833.33	136.08
Employer Medicare	460.59	508.33	460.59	508.33	(47.74)
Dues & Subscriptions	2,704.00	2,700.00	2,704.00	2,704.00	0.00
Ambulance Replacement	0.00	0.00	0.00	0.00	0.00

CLOVERDALE AMBULANCE

Income Statement

Compared with Budget

For the One Month Ending July 31, 2019

	Current Month	Current Month	Year to Date	Year to Date	Year to Date
	Actual	Budget	Actual	Budget	Variance
Capital Equipment	0.00	0.00	0.00	0.00	0.00
Utilities	592.82	500.00	592.82	500.00	92.82
Insurance - General	1,343.00	1,579.92	1,343.00	1,579.92	(236.92)
Legal	2,500.00	2,500.00	2,500.00	2,500.00	0.00
Accounting	0.00	0.00	0.00	0.00	0.00
Office expense	1,224.12	1,375.00	1,224.12	1,375.00	(150.88)
Office Building Repair	0.00	83.33	0.00	83.33	(83.33)
Payroll Tax FUTA	32.76	35.00	32.76	35.00	(2.24)
Telephone	196.05	333.33	196.05	333.33	(137.28)
IGT CA DHCS FEE	0.00	0.00	0.00	0.00	0.00
Total Expenses	62,153.41	57,963.58	62,153.41	59,792.58	2,360.83
Net Income	(\$ 13,463.60)	(\$ 16,732.25)	(\$ 13,463.60)	(\$ 18,561.25)	5,097.65

Scene Incident County Name (eScene.21)	Number of Runs	Percent of Total Runs
Sonoma	46	97.87%
Mendocino	1	2.13%
Total: 47		Total: 100.00%

Scene Incident City Name (eScene.17)	Number of Runs	Percent of Total Runs
City of Cloverdale	43	91.49%
City of Healdsburg	1	2.13%
Cloverdale	1	2.13%
Geyserville	1	2.13%
Hopland	1	2.13%
Total: 47		Total: 100.00%

Incident Day Name	Number of Runs	Percent of Total Runs
Sunday	7	14.89%
Monday	3	6.38%
Tuesday	7	14.89%
Wednesday	10	21.28%
Thursday	6	12.77%
Friday	7	14.89%
Saturday	7	14.89%
Total: 47		Total: 100.00%

Disposition Destination Name Delivered Transferred To (eDisposition.01)	Disposition Destination Code Delivered Transferred To (eDisposition.02)	Number of Runs	Percent of Total Runs
Adventist Health Ukiah Valley	20506	8	17.02%
Healdsburg District Hospital	20157	1	2.13%
Kaiser Permanente - Santa Rosa	20203	14	29.79%
Santa Rosa Memorial Hospital	20402	9	19.15%
Sutter Santa Rosa Regional Hospital	20478	3	6.38%
		12	25.53%
		Total: 47	Total: 100.00%

Disposition Incident Patient Disposition (eDisposition.12)	Number of Runs	Percent of Total Runs
Treated, Transported by this EMS Unit	39	82.98%
Against Medical Advice (AMA)	4	8.51%
Released at Scene (RAS)	3	6.38%
Field Pronouncement - No Interventions	1	2.13%
Total: 47		Total: 100.00%

Situation Provider Primary Impression (eSituation.11)	Number of Runs	Percent of Total Runs
Pain (G89.1)	9	19.15%
Weakness (General) (R53.1)	6	12.77%
Abdominal Pain / Problems (R10.84)	5	10.64%
Altered Level of Consciousness (R41.82)	4	8.51%
Syncope/Near Syncope (R55)	3	6.38%
Traumatic Injury (T14.90)	3	6.38%
Chest Pain - Non-cardiac (R07.89)	2	4.26%
Chest Pain - Suspected Cardiac (I20.9)	2	4.26%
Respiratory Distress - Unspecified (J80)	2	4.26%
Stroke/CVA (I63.9)	2	4.26%
Airway Obstruction (T17.9)	1	2.13%
Alcohol Intoxication (F10.92)	1	2.13%
Cardiac Arrest (I46.9)	1	2.13%
Dizziness / Vertigo (R42)	1	2.13%
Environment - Hyperthermia / Heat Injury (T67.0)	1	2.13%
Headache (R51)	1	2.13%
Medical Device Related Issue (T82.1)	1	2.13%
No Apparent Illness/Injury (Adult) (Z00.00)	1	2.13%
Seizure - Active (G40.901)	1	2.13%
Total: 47		Total: 100.00%

NARCAN BY COUNTY AND AGENCY

Incident Date	Response Incident Number (eResponse.03)	Medication Given Description (eMedications.03)	Incident Agency Location County (dLocation.10)	Situation Possible Opioid Related Incident (ItSituation.019)	SQ System Did Law Enforcement administer Narcan to this patient?
Agency Name (dAgency.03): Cloverdale Health Care District Ambulance					
2019-02-17	CLO19-0087	Naloxone		No	
2019-02-28	CLO19-0105	Naloxone		No	
2019-06-09	CLO19-0315	Naloxone		Yes	
Count: 3					
Count: 3					
Report Filters					
Incident Date: is equal to 'This Year'					
Agency Name (Dagency.03): contains 'cloverdale'					
Report Criteria					
Medication Given Description (Emedications.03): Is In Naloxone					

**CLOVERDALE HEALTH CARE DISTRICT
RESOLUTION 19-02**

**A RESOLUTION OF THE CLOVERDALE HEALTH CARE DISTRICT
AUTHORIZING THE SONOMA COUNTY TAX ASSESSOR TO PLACE UPON
THE TAX ROLLS, FY YEAR 19-20, A DIRECT CHARGE TOTAL \$ 166,824**

Whereas the Board of Directors is authorized under provisions of "Measures H" to place upon each taxable parcel of real property within the District a sum \$36.00 and

Whereas the Board of Directors has been provided a list of properties that lie within the boundaries of the District by the Sonoma County Assessors Office and

Whereas the Board of Directors has directed staff to review the list for accuracy and applicability and to make amendments to such list,

Now, therefore, be it resolved the Board of Directors of the Cloverdale Health Care District do hereby approve the attached list of taxable parcels and do authorize the Sonoma County Tax Assessor to assess each parcel for tax year 2019-20 a fee of \$36.00 totaling a direct charge of \$166,824

Approved this Twelfth day of August 2019 by the following vote:

Ayes _____

Noes _____

Abstain _____

Absent _____

President

Secretary

CLOVERDALE HEALTH CARE DISTRICT---FINAL

FINAL SUMMARY	FINAL ACTUAL ITEMS 18-19	FINAL BUDGET 19-20
EXPENSES		
WAGES AND BENEFITS	(\$335,000.00)	(\$360,000.00)
PAYROLL TAXES	(\$36,494.00)	(\$39,700.00)
HEALTH BENEFITS	(\$54,290.00)	(\$64,000.00)
WORK COMP EXPENSE	(\$16,500.00)	(\$17,448.00)
FUEL EXPENSE	(\$15,800.00)	(\$15,800.00)
VEHICLE REPAIRS	(\$11,000.00)	(\$9,800.00)
PATIENT SUPPLIES	(\$20,800.00)	(\$24,000.00)
OUTSIDE SERVICES	(\$9,100.00)	(\$14,100.00)
UTILITIES	(\$5,800.00)	(\$6,000.00)
TELEPHONE	(\$2,600.00)	(\$4,000.00)
OFFICE EXPENSE	(\$15,000.00)	(\$16,500.00)
DUES	(\$2,649.00)	(\$2,650.00)
INSURANCE-GENERAL	(\$16,324.00)	(\$18,959.00)
LEGAL	(\$420.00)	(\$3,000.00)
ACCOUNTING	(\$6,795.00)	(\$7,000.00)
BUILDING MAINT.	(\$716.00)	(\$1,000.00)
APPR. DINNER	(\$713.00)	(\$800.00)
VOLUNTEER BENFITS	(\$7,231.00)	(\$5,000.00)
MEMBERSHIP EXPENSES	(\$2,649.00)	\$0.00
BANK SERVICE CHARGE	(\$60.00)	(\$60.00)
GEMT QAF ASSESS	(\$10,000.00)	(\$10,000.00)
FOUNDATION	\$0.00	\$0.00
SUM TOTAL	(\$569,941.00)	(\$619,817.00)
DHCS IGT FEE	(\$17,073.00)	(\$17,100.00)
AMB REPLACEMENT	\$0.00	(\$25,000.00)
RESERVES	(\$166,887.00)	(\$141,887.00)
CAPITAL FUNDS	\$3,500.00	(\$5,000.00)
BASIC EXPENSES	(\$750,401.00)	(\$808,804.00)
	FY 18-19	FY 19-20
INCOME		
AMBULANCE FEES	\$737,000.00	\$738,000.00
LESS CONTRACT ALLOW	(\$320,000.00)	(\$300,000.00)
AND BAD DEBT	(\$12,480.00)	(\$3,000.00)
DONATION	\$450.00	\$100.00
PROP 13 TAXES	\$39,483.00	\$40,000.00
SPECIAL ASSESSMENT	\$163,323.00	\$166,824.00
INTEREST INCOME	\$381.00	\$400.00
GEMT FUNDING	\$0.00	\$0.00
IGT FUNDING	\$166,887.64	\$141,887.00
IGT DHCS FEE RETURN	\$17,073.00	\$17,100.00
OTHER INCOME	\$16,929.00	\$10,000.00
BASIC INCOME	\$809,046.64	\$811,311.00

CLOVERDALE HEALTHCARE DISTRICT AMBULANCE
FINAL BUDGET FY 2019- 20
OPERATIONS

SALARIES AND WAGES \$ 360,000

Positions	Salary Step	
(1) Manager/Paramedic	5	\$99,608 (78,000+23,000)
(1) Paramedic	2	\$60,000
(5) Paramedic part-time	5	\$64,000
(2) EMT	1	\$102,000
Volunteer payroll		\$25,000
Overtime		\$8,000

(457(b) *Benefits included in Salary and Wages ABOVE \$23,000*)

TAXES \$39,700

Medicare	\$6,100
FUTA	\$2,600
Soc Sec.	\$22,000
SUI/ETT	\$8,000

EMPLOYEE BENEFITS \$53,678

Health/Dental Insurance \$4,478/mo ,,,,,,,,,,,,,,	\$53,678
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WORK COMP \$18,612

ACHD.\$1,551 mo

FUEL EXPENSE \$15,000

AMBULANCE REPAIRS \$9,800

Est. Mileage.....\$31,000	
Tires	\$800
Lube/oil/filter	\$400
Cleaning/Disinfection supplies	\$150
Batteries	\$200
Reserve for repairs	\$5000
Accident Deduct.	\$1000
Comp. Deduct.	\$1000

SUPPLIES PATIENTS	\$24,000
Trauma/Routine	\$10,150
Gloves/Safety Equipment	\$350
Medications	\$13,500

OUTSIDE SERVICES	\$14,100
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City of Cloverdale Dispatch fees	\$5,000
Portable Radio Repairs	\$300
Training Services	\$3,000
Fire Alarm Monitoring	\$400
Unclassified	\$700
PAYCHEX	\$1,400
Ninth Brain	\$3,300

UTILITIES	\$6,000
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PG&E Office Building	\$4,610
Water	\$700
Disposal	\$690

TELEPHONE	\$4,000
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Office phones(4 lines)	\$ 2,000
Cell phones (5)	\$ 2,000

OFFICE EXPENSE	\$16,500
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Standard Supplies	\$5,195
Forms	\$500
Fire Extinguisher Maint.	\$80
Computer Updates	\$1700
Postage	\$1500
Unexpected/Misc	\$1300
Cable	\$1000
LAFCO	\$1500
Residential Supplies	\$3625

DUES AND SUBSCRIPTIONS	\$2,500
ACHD	\$2,500

INSURANCE-GENERAL	\$18,959
ARCH-Liability, Auto D&O	\$15,950
Hartford Accident	\$352
Fidelity Crime Bond	\$950
Reserve Self Insurance	\$707
Property Insurance Deduct	\$1,000

LEGAL	\$3000
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ACCOUNTING	\$7,000
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BUILDING MAINTENANCE	\$1000
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APPRECIATION DINNER	\$800
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VOLUNTEER BENEFIT/EXP	\$1000
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OPERATING EXPENSE	\$619,817
CAPITAL EXPENSE	\$5,000
AMBULANCE	
REPLACEMENT	\$25,000
IGT DHCS FEE	\$17,100
RESERVE ACCOUNT	\$141,887
TOTAL EXPENSE	\$808,804

FINAL BUDGET FY 2019-20
INCOME

OPERATIONS	\$435,000
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Ambulance Services (gross)	\$738,000
Less Contract Allowance	(\$300,000)
Provision for bad debt	(\$3,000)

NON OPERATING INCOME	\$380,311
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Prop 13 taxes	\$40,000
Special Assessment	\$166,824
Interest Income @	\$400
Developer Impact Fees (impound)	\$4,000
IGT Funding	\$141,887
Other	\$10,100
IGT DHCS Fee Return	\$17,100

INCOME	\$ 815,311
EXPENSE	\$ 808,804

CLOVERDALE HEALTH CARE DISTRICT

RESOLUTION 19-01

A RESOLUTION OF THE CLOVERDALE HEALTH CARE DISTRICT ADOPTING A BUDGET FOR FISCAL 2019-20

Whereas the Board of Directors of the Cloverdale Health Care District have reviewed a proposed budget of the District during open meetings of the Board on June 10, 2019 and August 12, 2019

Whereas the Board of Directors of the Cloverdale Health Care District has amended said budget and attached hereto as Exhibit A, along with the staff report detailing any changes to payroll,

Now, therefore be it resolved the Board of Directors of the Cloverdale Health Care District Do hereby adopt a Final Budget for Fiscal 2018-19

Duly adopted this Twelfth day of August 2019 by the following roll call vote:

Ayes in favor of: _____

Noes:
Abstain:
Absent

Approved

Attested

President

Secretary

August 1, 2019

Mr. Thomas Hinrichs
Chief Executive Officer
Cloverdale Health Care District
Post Office Box 33
Cloverdale, California 95425

Amended Memorandum of Understanding

Dear Mr. Hinrichs,

At the June 26, 2019 SDRMA Board Meeting, the SDRMA Board of Directors approved amendments to the Memorandum of Understanding (MOU) between your agency and SDRMA. The amendments were made to align the MOU with IRS guidelines, the Affordable Care Act and the CSAC-EIA pool guidelines. CSAC-EIA is the organization that provides coverage for the Health Benefits program.

Your entity participates in SDRMA's Health Benefits program and has previously executed the Memorandum of Understanding (MOU) and Resolution when your entity joined SDRMA's Health Benefits program. Included in the MOU is the following section: AMENDMENT OF MEMORANDUM. This MEMORANDUM may be amended by the SDRMA Board of Directors and such amendments are subject to approval of ENTITY's designated representative, or alternate, who shall have authority to execute this MEMORANDUM. Any ENTITY who fails or refuses to execute an amendment to this MEMORANDUM shall be deemed to have withdrawn from the PROGRAM on the next annual renewal date.

To follow the above MOU guideline your governing body must execute the enclosed MOU and Resolution and return the original MOU and Resolution to SDRMA by **November 1, 2019**. If your entity does not return the MOU and Resolution to SDRMA by **November 1, 2019** your entity will be deemed as withdrawn and benefits will be terminated effective **January 1, 2020**.

If SDRMA has not received your entity's MOU and Resolution by October 1, 2019 we will send an email to your attention inquiring when the MOU and Resolution will be sent to SDRMA.

In the MOU under section 4 it refers to SDRMA Program Administrative Guidelines. The Administrative Guidelines can be found on the SDRMA MemberPlus Portal at www.sdrma.org. If you are already registered on the MemberPlus Portal you do not need to re-register. If you are not already registered on the MemberPlus Portal, please find enclosed instructions of how to register. Once you are registered and login, the Administrative Guidelines can be found under the following pathway: Document Library>Health Benefits>Administrative Guidelines.

Please contact us at 800.537.7790 or at healthbenefits@sdрма.org if you have any questions regarding the MOU and/or Resolution. Thank you for your continued participation in the Health Benefits Program!

RESOLUTION NO. _____

A RESOLUTION OF THE OF THE (GOVERNING BODY) OF Cloverdale Health Care District APPROVING THE FORM OF AND AUTHORIZING THE EXECUTION OF A MEMORANDUM OF UNDERSTANDING AND AUTHORIZING PARTICIPATION IN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY'S HEALTH BENEFITS PROGRAM

WHEREAS, Cloverdale Health Care District, a public agency duly organized and existing under and by virtue of the laws of the State of California (the "ENTITY"), has determined that it is in the best interest and to the advantage of the ENTITY to participate in the Health Benefits Program offered by Special District Risk Management Authority (the "Authority"); and

WHEREAS, the Authority was formed in 1986 in accordance with the provisions of California Government Code 6500 *et seq.*, for the purpose of providing risk financing, risk management programs and other coverage protection programs; and

WHEREAS, participation in Authority programs requires the ENTITY to execute and enter into a Memorandum of Understanding which states the purpose and participation requirements for the Health Benefits Program; and

WHEREAS, all acts, conditions and things required by the laws of the State of California to exist, to have happened and to have been performed precedent to and in connection with the consummation of the transactions authorized hereby do exist, have happened and have been performed in regular and due time, form and manner as required by law, and the ENTITY is now duly authorized and empowered, pursuant to each and every requirement of law, to consummate such transactions for the purpose, in the manner and upon the terms herein provided.

NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE ENTITY AS FOLLOWS:

Section 1. Findings. The ENTITY's Governing Body hereby specifically finds and determines that the actions authorized hereby relate to the public affairs of the ENTITY.

Section 2. Memorandum of Understanding. The Memorandum of Understanding, to be executed and entered into by and between the ENTITY and the Authority, in the form presented at this meeting and on file with the ENTITY's Secretary, is hereby approved. The ENTITY's Governing Body and/or Authorized Officers ("The Authorized Officers") are hereby authorized and directed, for and in the name and on behalf of the ENTITY, to execute and deliver to the Authority the Memorandum of Understanding.

Section 3. Program Participation. The ENTITY's Governing Body approves participating in the Special District Risk Management Authority's Health Benefits Program.

Section 4. Other Actions. The Authorized Officers of the ENTITY are each hereby authorized and directed to execute and deliver any and all documents which are necessary in order to

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (HEREAFTER "MEMORANDUM") IS ENTERED INTO BY AND BETWEEN THE SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY (HEREAFTER "SDRMA") AND THE PARTICIPATING PUBLIC ENTITY (HEREAFTER "ENTITY") WHO IS SIGNATORY TO THIS MEMORANDUM.

WHEREAS, on August 1, 2006, SDRMA was appointed administrator for the purpose of enrolling small public entities into the CSAC - Excess Insurance Authority Health's ("CSAC-EIA Health") Small Group Health Benefits Program (hereinafter "PROGRAM"); and

WHEREAS, the terms and conditions of the PROGRAM as well as benefit coverage, rates, assessments, and premiums are governed by CSAC-EIA Health Committee for the PROGRAM (the "COMMITTEE") and not SDRMA; and.

WHEREAS, ENTITY desires to enroll and participate in the PROGRAM.

NOW THEREFORE, SDRMA and ENTITY agree as follows:

1. **PURPOSE.** ENTITY is signatory to this MEMORANDUM for the express purpose of enrolling in the PROGRAM.
2. **ENTRY INTO PROGRAM.** ENTITY shall enroll in the PROGRAM by making application through SDRMA which shall be subject to approval by the PROGRAM's Underwriter and governing documents and in accordance with applicable eligibility guidelines.
3. **MAINTENANCE OF EFFORT.** PROGRAM is designed to provide an alternative health benefit solution to all participants of the ENTITY including active employees, retired employees (optional), dependents (optional) and public officials (optional). ENTITY public officials may participate in the PROGRAM only if they are currently being covered and their own ENTITY's enabling act, plans and policies allow it. ENTITY must contribute at least the minimum percentage required by the eligibility requirements
4. **PREMIUMS.** ENTITY understands that premiums and rates for the PROGRAM are set by the COMMITTEE. ENTITY will remit monthly premiums based upon rates established for each category of participants and the census of covered employees, public officials, dependents and retirees.

Rates for the ENTITY and each category of participant will be determined by the COMMITTEE designated for the PROGRAM based upon advice from its consultants

and/or a consulting Benefits Actuary and insurance carriers. In addition, SDRMA adds an administrative fee to premiums and rates for costs associated with administering the PROGRAM. Rates may vary depending upon factors including, but not limited to, demographic characteristics, loss experience of all public entities participating in the PROGRAM and differences in benefits provided (plan design), if any.

SDRMA will administrate a billing to ENTITY each month, with payments due by the date specified by SDRMA. Payments received after the specified date will accrue penalties up to and including termination from the PROGRAM. Premiums are based on a full month, and there are no partial months or prorated premiums. Enrollment for mid-year qualifying events and termination of coverage will be made in accordance with the SDRMA Program Administrative Guidelines.

5. **BENEFITS.** Benefits provided to ENTITY participants shall be as set forth in ENTITY's Plan Summary for the PROGRAM and as agreed upon between the ENTITY and its recognized employee organizations as applicable. Not all plan offerings will be available to ENTITY, and plans requested by ENTITY must be submitted to PROGRAM underwriter for approval.
6. **COVERAGE DOCUMENTS.** Except as otherwise provided herein, coverage documents from each carrier outlining the coverage provided, including terms and conditions of coverage, are controlling with respect to the coverage of the PROGRAM and will be provided by SDRMA to each ENTITY. SDRMA will provide each ENTITY with additional documentation, defined as the SDRMA Program Administrative Guidelines which provide further details on administration of the PROGRAM.
7. **PROGRAM FUNDING.** It is the intent of this MEMORANDUM to provide for a fully funded PROGRAM by any or all of the following: pooling risk; purchasing individual stop loss coverage to protect the pool from large claims; and purchasing aggregate stop loss coverage.
8. **ASSESSMENTS.** Should the PROGRAM not be adequately funded for any reason, pro-rata assessments to the ENTITY may be utilized to ensure the approved funding level for applicable policy periods. Any assessments which are deemed necessary to ensure approved funding levels shall be made upon the determination and approval of the COMMITTEE in accordance with the following:
 - a. Assessments/dividends will be used sparingly. Generally, any over/under funding will be factored into renewal rates.
 - b. If a dividend/assessment is declared, allocation will be based upon each ENTITY's proportional share of total premiums paid for the preceding 3 years. An ENTITY must

- be a current participant to receive a dividend, except upon termination of the PROGRAM and distribution of assets.
- c. ENTITY will be liable for assessments for 12 months following withdrawal from the PROGRAM.
 - d. Fund equity will be evaluated on a total PROGRAM-wide basis as opposed to each year standing on its own.
- 9. **WITHDRAWAL.** ENTITY may withdraw subject to the following condition: ENTITY shall notify SDRMA and the PROGRAM in writing of its intent to withdraw at least 90 days prior to their requested withdrawal date. ENTITY may rescind its notice of intent to withdraw. Once ENTITY withdraws from the PROGRAM, there is a 3-year waiting period to come back into the PROGRAM, and the ENTITY will be subject to underwriting approval again.
 - 10. **LIAISON WITH SDRMA.** Each ENTITY shall maintain staff to act as liaison with SDRMA and between the ENTITY and SDRMA's designated PROGRAM representative.
 - 11. **GOVERNING LAW.** This MEMORANDUM shall be governed in accordance with the laws of the State of California.
 - 12. **VENUE.** Venue for any dispute or enforcement shall be in Sacramento, California.
 - 13. **ATTORNEY FEES.** The prevailing party in any dispute shall be entitled to an award of reasonable attorney fees.
 - 14. **COMPLETE AGREEMENT.** This MEMORANDUM together with the related PROGRAM documents constitutes the full and complete agreement of the ENTITY.
 - 15. **SEVERABILITY.** Should any provision of this MEMORANDUM be judicially determined to be void or unenforceable, such determination shall not affect any remaining provision.
 - 16. **AMENDMENT OF MEMORANDUM.** This MEMORANDUM may be amended by the SDRMA Board of Directors and such amendments are subject to approval of ENTITY's designated representative, or alternate, who shall have authority to execute this MEMORANDUM. Any ENTITY who fails or refuses to execute an amendment to this MEMORANDUM shall be deemed to have withdrawn from the PROGRAM on the next annual renewal date.
 - 17. **EFFECTIVE DATE.** This MEMORANDUM shall become effective on the later of the first date of coverage for the ENTITY or the date of signing of this MEMORANDUM by the Chief Executive Officer or Board President of SDRMA.

18. EXECUTION IN COUNTERPARTS. This MEMORANDUM may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

In Witness Whereof, the undersigned have executed the MEMORANDUM as of the date set forth below.

Dated: August 1, 2019

By: Laura S. Gill

Special District Risk
Management Authority

Dated: _____

By: _____

Cloverdale Health Care District