KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a Middle Park Health
BOARD OF DIRECTORS MEETING AGENDA

August 22, 2019 6:00 P.M.
Middle Park Health – Wellness Center Conference Room

Mission: To support and encourage the physical, emotional and spiritual health of our community
Vision: We provide high-quality, viable health care locally, ensuring our growing mission to “keep life grand.”
Values: PRIDE: Passion, Respect, Integrity, Dedication, Excellence

1. Call to Order
2. Roll Call
3. Review and Approve Agenda
4. Public Comments (if any)
   Citizens should state their names for the record.
5. Reports of Good News
6. Motion for Approval of Minutes
7. Consent Agenda
8. Privilegeng for Approval
   - Michelle Lupica, MD, Full Active Privileges in Family Medicine
   - Julie Knauf, NP, Full Active Privileges as a Pediatric Nurse Practitioner
   - Mark Wisner, DO, Full Active Privileges in Family Medicine
   - Eddie Lowe, MD, Provisional Active Privileges in Family Medicine
   - Dianne Wettersten, PA, Full Active Privileges as a Physician Assistant in Family Practice under the supervision of Dr. Mark Paulsen.
   - Jamal Taha, MD, Provisional Active Privileges in Emergency Medicine
    - August 2019
11. Strategic Plan
    Will present in September
12. Update on projects
    - USDA
13. Communication Log
14. SDA Compliance Calendar

15. Board Discussion

16. Items for Next Agenda

17. Executive Session (if any)
   - CRS #24-6-402(e) – Determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators.

18. Adjournment

Next Regular Board Meeting: Thursday, September 26, 6:00 PM, Middle Park Health Wellness Center Conference Room, Kremmling.
KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a Middle Park Medical Center
Board of Directors Meeting Minutes
Thursday, July 25, 2019

With meeting notice, Bernie Murphy called the Kremmling Memorial Hospital District board meeting to order at approximately 6:02PM.

Board members present: Bernie Murphy, President; Gary Bumgarner, Secretary/Treasurer; Carol Petersen, Member.

Also present: Tom Coburn, Deb Plemmons, Derek Ortner, Josh Neff, Robert Ratcliff, Michelle Lupica, Katie Hornbaker, Rob Wissenbach, Mikealena Horner, Bethanie Reynolds.

Agenda Approval

Motion: A motion was made by Gary Bumgarner to approve the agenda as presented and seconded by Carol Petersen. Motion adopted on a 3-0 vote.

Public Comments

None

Reports of Good News

Tom Coburn noted that abatement of asbestos, and that the signs around the hospital need to be moved.

Katie Hornbaker shared that the surgical team did their first colon resection today. She introduced Dr. Ratcliff to the board. They used a new technology and the patient is already up and walking.

Josh Neff reported that back in the fall, Centura and the hospital district jointly applied for a HERSA grant and they found out this week that they were approved for the grant. It is a one year grant focusing in care management and care transition work, and they received about $102,000-$106,000. The money will help offset the cost of the care transition team for both entities. There are still some details to be worked out. The hospital currently has two employees down at Centura facilities, one of them being a PICC line nurse who is completing training at Porter Hospital to obtain her compliance. Sarah K is also working on a bi annual training for the nurses and is getting that set up as recurring theme. The feedback is that those don’t go very well sometimes as the people that are shadowing are not as interested. The feedback from the nursing staff that have completed the bi annual training was very good and they have encouraged Centura to allow a twice a year shadowing for ER nurses.

Tom Coburn noted that Katie already does PICC lines in Granby, but this additional person would be able to do them in Kremmling as well.

Gary Bumgarner stated he is hearing that we are working better at getting our patients back. Josh said he will have a report for the board that shows all of the returning patients. Carol Peterson noted that they have a similar report from our hospital, so it would be good to compare the reports.
Minutes Approval

Motion: A motion was made by Gary Bumgarner and seconded by Carol Peterson approving the minutes from the June 27, 2019 meeting. Motion adopted on a 3-0 vote.

A motion was made by Gary Bumgarner and seconded by Bernie Murphy approving the minutes from the July 2, 2019 meeting. Motion adopted on a 3-0 vote.

Consent Agenda

Deb Plemmons highlighted her items.
- They are working on a staffing matrix as they are planning for the future. They anticipate all of their travelers to be gone by the end of October. They have several nurses that have completed tests in the ED, which is a very difficult test for them to take. She said it was worse than taking the boards to become licensed. There are few nurses that are also looking to do it for PACU and pre-op.
- Staffing for dietary are trying to streamline their process with Cliffview and are now offering a second meal.
- Pharmacy was having some issues with ordering formulary drugs for both campuses, and they now have a single formulary that makes things much easier. They are also looking at usage reports and if the drugs haven’t been used for a while they are looking and evaluating if they still need them. They are also exploring a new 340B plan which would bring in additional revenue. Gary Bumgarner asked if they had been working with Centura to rotate the stock, and Deb stated they are also working with a program that buys back expired drugs and we get a percentage of that back.
- Infection control has maintained the different types of conditions that we look at with zero infections that are required, which was a great thing. We have a reportable type of surgeries that we have to report to the government and we remain at zero as well. The antibiotic stewardship program is going well. They have an Environment of Care Committee, which has changed our safety codes from ALICE to run hide fight. We are performing drills on a quarterly basis and code red on a regular basis.
- Quality and risk: the directors are doing a 3-5 matrix, and Bethanie will follow up on this in her report.
- Educating staff on reporting occurrences is ongoing, as they can’t make changes to problems if staff isn’t reporting the problems. They had 73 in the first quarter and 48 in the second quarter. She compiles a report with the seriousness of the problem and what the cause was.

A motion was made by Bernie Murphy and seconded by Carol Peterson. Motion adopted on a 3-0 vote.

Quality Report

Bethanie Reynolds gave the board her quality report:

- ED-Barcode medication administration requires the patient’s wristband barcode to be scanned and then the medication needing to be administered. There has been a lot of EPIC downtime, but they are averaging 80% and would like to be closer to 95%. She also talked about the
Emergency Department doing call backs to patients. Kremmling just started doing this and they are currently at 100%, while Granby has been collecting data since March and there are definitely some barriers. She explained further that when a patient is called back, which they would like done within 72 hours, they are trying to prevent the patient from having to return. They are asked if they have scheduled or returned for a follow up appointment and if they were able to take any medications that were prescribed. Sometimes the patient may have problems getting to the store to get their medications or can’t afford their medications. They are also asked if they were satisfied with their visit and some other socially economical questions. They will soon start to track the number of phone interventions.

- Prior to arrival medications: This is very important, because if we don’t know what medications the patients are taking before they have come to the ER, it is a patient safety issue. It also helps them with medication instruction when the patient is discharged. Right now they are at 91% compliance on this topic.
- Patient Satisfaction: We currently use Press Gainey, and we pay them to survey the satisfaction of our ED patients. This is a national survey, and we are currently at 99%. They survey 11,000 hospitals. We just started this in January, and their overall current mean is 87% while ours is at 95%. We are consistently above other like hospitals.
- Overtime: She started tracking overtime in March. The most recent intervention was the staff that had unapproved overtime, who received written counseling and that will go towards their annual evaluation. Gary Bumgarner questioned how much of that overtime is because of the vacancies in nursing positions. She said that anytime someone goes out on PTO there should be an equal number of overtime hours, and her recent overtime tracking showed more overtime than there should have been. Tom Coburn noted that most recently it is more of an issue of employees not clocking in and out correctly, where they are getting 15 minutes extra, which adds up. Bethanie has recently hired 2 new nurses, and hopes that there will no longer be overtime when other employees are out on PTO.
- Medsurge: Kremmling and Granby are both being monitored for medication registration as well. The goal is 90%. Kremmling is consistently above that goal and Granby is consistently below that goal. They are trying to resolve the barriers that are causing Granby to fall short.
- Zero harm events: Are patients fall. February was a good month, but January had a patient that was consistently falling. Bethanie looks at whether the nurses did an appropriate assessment and put the appropriate fall prevention measures in place. This number is measured in falls per 1000 patient days. Currently we are at 9 per 1000 days and the goal is 7.
- Care plans: When a patient comes in, they are assessed and a care plan is made. They look at whether we have resolved their issues, and in this section we are not meeting our goals. We have done a lot of education around this, and our nurses know they will get feedback within a few days.
- Cost for expired supplies: This is monitored and currently that cost is at $501 per month of expired supplies. They are trying very hard to make sure that they are rotating stock, and decreasing par levels when needed. This is a problem she inherited and she is working on fixing it. She tracks the quantity as well as the cost.

Gary Bumgarner would like to see the reports made more simplified, so they are easier to understand. Gary thanked Bethanie, and both Carol and Bernie thanked her as well.

Bernie Murphy asked if she felt she was tracking too much data. Bethanie stated she didn’t feel that way, and that she doesn’t track data that she doesn’t use.
Josh added that the thing to remember from a compliance perspective to the board, is that the data manageable thing to track and if the state comes in you have to show that you have an action plan to correct any of the issues that you are seeing. CDPHE is very focused on care plans and falls right now, so those would be very important to continue to work on.

Gary Bumgarner asked if the quality report needed to be approved. Deb Plemlmons said as long as it is all in the minutes, she has a full reporting schedule that is adequate.

**Privileged for Approval**

**Motion:** A motion was made by Gary Bumgarner to approve as presented and seconded by Bernie Murphy. **Motion adopted on a 3-0 vote.**

**Policies and Procedures for Approval**

In July there were 12 revised, 0 new polices, and 2 retired.

**Motion:** A motion was made by Gary Bumgarner and seconded by Bernie Murphy to approve the policies as presented. **Motion adopted on a 3-0 vote.**

**Finances**

**Volumes** – Inpatient volumes are about the same as they were last year. Significantly busier in Granby than in Kremmling, so our number of admissions dropped

**OR Activity** – Stable for month of June.

**Patient Days** – Doing quite well.

Swing was down in June and extended care has been dropping all year due to the face that we are not accepting new patients in extended care. Deb noted that back in October CMS changed regulations on swing beds and those for an extended amount of time. Before, we didn’t want to admit those patients because they would have to be transferred out. The government now says that if we have documentation that it would be a hardship to the patient, that we don’t have to try and move them, but if we can continue to document that, then the patient doesn’t have to be transferred out.

**ER Activity** – Continuing to be up in Granby and was up in June in Kremmling although we are still lagging behind in Kremmling for the year.

**Clinic Activity** – The clinics in Walden and Winter Park are doing really well, and the Kremmling clinic should continue to increase now that we have a provider in the clinic every day. Granby is still going to have problems, as Dr. Humpal has given his 90 day notice for health reasons. He is looking
into the possibility of still helping out with urgent care. Grand Lake will be added to the report next month.

Ancillary Services - Imaging and Lab and Rehab are doing well. Rehab saw a bit slower time in June, and the lab has picked back up over the last few months.

Revenue – Total revenue is at 5.5%, up 23% over last year. Contractuals came out to 37%, and the net revenue is 25% for June.

Staff salaries are up, and we had some overtime issues in June. Everything else is stable. Our number of travelers is going down. Last year we spend $79,000, this year we budgeted $58,000 and we are currently at $33,000.

Purchases services are up. We have a new billing company that is costing us about $20,000 per month. The good thing for the month of June is last year the old company collected $200,000 and this year the new billing company collected $400,000.

Total expenses are 3% above budget. The net operating income is 45% above budget, and 500% above last year.

YTD
All of that follows through. Gross revenue is 30%, net is 38%, contractual is 19%.

We should have the DZA report for the July financials.

Net revenue is up 22% over last year. Contract labor needs to go down. Supplies are going up because we are doing more surgery over time. Everything is close to or under budget.

Net operating is $1.7M with a net of $2.4M. The net operating is 300% up. The net income is not up as much because it is still carrying the sale of the annex.

Balance Sheet – Days cash on hand is 63, with $3M in the unrestricted account. We are sitting significantly better than that now, as we had some large expenses in June. We have already paid out well over $1M for construction.

Cliffview is a new line item. Grand County housing should have a final audit by the end of the moth and should be reflected in July’s financials.

Total equity is at 4.6 as opposed to 2.2 last year.

Kelly and Mikealena are doing a great job and everyone else is working hard.
Motion: A motion was made by Carol Petersen and seconded by Bernie Murphy to approve the June 2019 Financial Report. Motion adopted on a 3-0 vote.

Update on Projects

USDA-Tom
We have paid $25,000 towards the abatement so far. Last week emails started going around between the architect, the appraiser, the feasibility study people, the USDA and mortgage brokers. They have cut the USDA out of the last 2 weekly phone calls because they were asking questions that we didn’t want to answer yet. The people doing the feasibility study were asking about our numbers, because our numbers didn’t match what the architect had, nor what par indicated. Those numbers now match the feasibility study, which should be finalized by Monday or Tuesday. The appraisal should be done next week. The par addendum has been done to cover everything. The goal is to have a new SF424, which is the loan application with all the new numbers on it and we will sign it on either Wednesday or Thursday. Then the whole packet will be ready to go to the USDA.

The original loan application has us starting construction in March 2019 and that was because everything started last August and then got put on hold. We had to add a 4% escalator in to cover the cost difference. All of that should be done next week. Then on Monday we are also supposed to have the RFP’s back from the contractors. We will go back through those bids and look to see what they are offering and we will have a matrix we will plug it into and decide on who should get the contract. He agreed that if we are within 5% that we should go with a local contractor.

The construction documents will be in to the USDA on August 14 and hopefully they just finished a couple of other loans up and they will be able to turn that around quickly and once that gets turned around and they have looked over the numbers from the feasibility study, hopefully we can look at getting money by the end of August or mid September.

Gary Bumgarner asked if the USDA had any incentive to loan the money before the end of their fiscal year, October 1. Tom Coburn said he had not asked, but understood that if we have it all in before October 1 that it is under 4%. Gary also questioned the logistics of the contract, whether it should be approved now or if a meeting should be held after they get it to approve it. Tom thinks a meeting would be reasonable. They would be discussing the 3 contractors and what each is offering. They decided that portion of the meeting would be discussed in executive session, although the decision would be done publicly.

Next week they have a teleconference for the design in Fraser.

THOR – Rob
Not a lot of updates. They are still working on pricing and contracts for Visionary to come in for the internet. The hospital is currently on the network. They are working on looping the system so there wouldn’t be any outage. All of the entities involved have their money in, and they are having bi-weekly meetings. He has meetings next week with the Town of Fraser and the Town of Winter Park, who are hoping to extend their services to households that don’t currently have any service availability.
It is possible that if the timing is correct, they could offset some of the building cost in Fraser with getting Fraser and Winter Park as a meet me center for those 2 towns.

**Resolutions for Approval**
- Resolution #19-07-01 to keep Dr. Coburn in his current position.

**Motion:** A motion was made by Gary Bumgarner to approve the resolution with the resolution number recorded on said resolution, and seconded by Carol Petersen. **Motion adopted on a 3-0 vote.**

- Resolution #19-07-02, board bylaws require someone be appointed by the board to sign contracts.

**Motion:** A motion was made by Gary Bumgarner to approve the resolution with the resolution number recorded on said resolution, and seconded by Bernie Murphy. **Motion adopted on a 3-0 vote.**

- Resolution #19-07-03, for the purpose of putting funds into Grand Mountain Bank, into a CD.

**Motion:** A motion was made by Gary Bumgarner to approve the resolution with the resolution number recorded on said resolution, and seconded by Carol Peterson. Motion adopted on a 3-0 vote.

**Communication Log**
- They are working with staff to be able to schedule appointments for ED patients with their primary care physicians.
- They have acquired an ultrasound machine that allows for testing in the ED, and they are able to send the test to a radiologist. They are able to charge for that test then, and the return on investment with pay for the machine within a few months.
- They are nearing completion on anesthesia billing.
- New security cameras have been installed in both facilities.
- They have downtime computers known as BCA computers that Rob is working on setting up, and are used when the internet goes down.
- Reptrax is a program used by vendors when they check in and are on hospital grounds. It prints them a badge and ensures that they have an appointment with Directors.
- Lawson is a new financial and supply inventory program and the target date is to go live January 1, 2020.
- A Medicaid report was completed for Cliffview, which now allows the hospital to receive funds from Medicaid. Senior Housing had failed to complete the report in January, and the hospital was granted an extension to get it filed.
- Directors are working on their work que lists to make sure they are up to date.
- Kelly is working with Directors to ensure that documentation in each department is up to date and correct so the coders can code and bill accurately.
They are working with pharmacists at Centura on a process to allow for take home medication packs from the clinic. This would be for times that the local pharmacy is closed or not available.

The new phone system is up and running in Kremmling. The old phone system could not be fixed if a problem occurred. They hope to have Granby online with the new system as well.

A lot of the EPIC training is now available online, reducing the cost to send employees out of town for the training.

We have created a centralized scheduling department. It should help streamline the process for clinics and referrals.

Patients that are seen in the clinic and need to schedule a mammogram are now walked over to the radiology department and scheduled right then.

Effective 1/1/2020, each location will now need require its own NPI number, and Mikealena has a plan in place to ensure this happens.

The state is requiring hospitals to participate in the Hospital Transformation Project (HTP), which is a 5 year program to implement hospital led strategic initiatives through the establishment of a delivery system reform incentive payment program.

They are working on crisis counseling and they have a meeting set with Rocky Mountain Health Plan to discuss RMHP’s proposal to Mind Springs. They are exploring all of the options on how to move forward with crisis counseling.

**SDA Compliance Calendar**

We are on track with what is due. The preliminary budget is due October 15.

**Board Discussion**

They discussed holding a meeting in August although it was not on the schedule. It will be held on August 22nd as that is the date that it would be held on if there were one scheduled. They will need to discuss the construction contract also so there may be an additional meeting besides the August 22nd meeting.

Josh Neff has their VP of Advocacy David Springer, scheduled to present on the most legislative session update. It is a 30 minute presentation with lots of good information. Gary Bumgarner would like that information ahead of time, and Josh stated that he had a PowerPoint that he could get the board.

Tom Coburn has a meeting next week with one of Senator Bennett’s aides do discuss some things about critical access hospitals.

Gary Bumgarner asked if they needed to discuss Peak. Peak is an alliance of private companies, including local government in Summit County that are negotiating rates for full time Summit County residents who went to Centura and asked them to be a preferred provider. Centura took significant cuts in reimbursements to do that, but they also get all of the volume. The insurance companies that peak has brought to the table have not reduced their benefits, and centura is trying to get that accomplished.

Grand County has been asked to join the alliance. There are a fair amount of patients that are going to non Centura and non KMHD facilities, and if Grand County were to join in, we would capture all of those patients. Gary asked how the policy works if you do have to go out of County if you were in the alliance and Josh said the bill would be significant. The idea is to keep them within your facility.
Tom Coburn stated that he received the new Blue Cross Blue Shield contract today, and there was only a 1% cut, and we have a 5% escalator.

**Motion:** A motion was made by Gary Bumgarner to meet on August 22, and seconded by Carol Peterson. Motion adopted on a 3-0 vote.

Bernie Murphy noted he would be in Mexico on that day.

**Items to Discuss at Next Board Meeting**

Construction contract  
David Springer – Centura, 30 minutes  
USDA

Carol Peterson would like to have a condensed meeting since there is a speaker here.

**Executive Session – 7:45pm**

**Motion:** A motion was made by Gary Bumgarner and seconded by Bernie Murphy to go into executive session to discuss subjects below. **Motion adopted on a 3-0 vote.**

CRS #24-6-402(f) – Personnel matters.

Non-board members invited to this executive session were Tom Coburn, Deb Plemons and Derek Ortner.

**Resumption of Open Meeting – 8:02PM**

The senior leadership team will bring an updated organizational chart back to the board.

**Adjournment**

**Motion:** A motion was made by Bernie Murphy and seconded by Gary Bumgarner to adjourn the meeting at 8:03PM. **Motion adopted on a 3-0 vote.**

**NEXT REGULAR BOARD MEETING:** Thursday, August 22, 2019, 6:00PM, Middle Park Health Wellness Center Conference Room, 109 S 9th Street in Kremmling.
CREDENTIALING COMMITTEE

August 22, 2019

PURPOSE: To ensure quality patient care by providing a quality system of credentialing and privileging for physicians interested in providing services at Middle Park Health.

1. Review/discussion of approval of privileges for:
   - Michelle Lupica, MD, Full Active Privileges in Family Medicine
   - Julie Knauf, NP, Full Active Privileges as a Pediatric Nurse Practitioner
   - Mark Wisner, DO, Full Active Privileges in Family Medicine
   - Eddie Lowe, MD, Provisional Active Privileges in Family Medicine
   - Dianne Wettersten, PA, Full Active Privileges as a Physician Assistant in Family Practice under the supervision of Dr. Mark Paulsen.
   - Jamal Taha, MD, Provisional Active Privileges in Emergency Medicine

2. Next Meeting: September 26th 2019

With the consideration and approval by the Credentialing Committee, we recommend that the Board of Directors approve the above named physicians for privileges at Middle Park Health.
Board Communication Report –
(Updated August 19, 2019)

Work in Process

- **Ultrasound testing/billing** - Creating process to capture revenue for point of care ultrasound testing performed in the Emergency Department. Need to ensure we are able to send tests to Radiologists. **In process**
- **Anesthesia billing** – Capabilities have been moved into production, testing was just completed. **Targeting to be fully functional/billing by the end of August.**
- **BCA computers** - Downtime computers known as BCA computers need to be identified and set up with Centura community connect. These computers are used if the internet system goes down. **Working with Centura IT team to verify access and report generation.**
- **Lawson** – this is a financial/supply inventory program. Targeted for implementation in Q2 2020 due to limited Centura resources available for support/transition. Regular meetings with Centura ongoing/scheduled to work through transition process. **Ongoing**
- **Work queue lists** – Directors are working to ensure the work queues for their departments are up to date. This assures that we are capturing all potential revenue. - **Ongoing**
- **Coding/Documentation Audit** – Kelly is working with Directors to ensure documentation is correct so that the Coders can code and bill accurate. These are being done monthly and involve different areas of our operation each month. Again this is an attempt to collect appropriate revenue and conversely to assure that we aren’t over billing. - **Ongoing**
- **Centralized Scheduling Department** – Kelly has created a centralized scheduling department to streamline the process for clinics and referrals. **All staff have been hired, currently training/cross-training staff. Full project plan implementation and roll out over the next several months.**
- **NPI** – effective 1/2020 each location will now require its own NPI. Kelly has a plan to ensure this happens. **Ongoing**
- **Hospital Transformation Project (HTP)** – the state has required that hospitals participate in a transformation project. This project is a five – year program to implement hospital-led strategic initiatives through the establishment of a delivery system reform incentive payment program. The HTP will build upon the existing hospital supplemental payment program to incorporate value-based purchasing strategies into existing hospital quality and payment improvement initiatives. Under the HTP, hospitals will be required to implement quality-based initiatives to receive supplemental payments and demonstrate meaningful community engagement and improvements in health outcomes over time. MPH has submitted the required action plan with an engagement strategy of community
organizations. Additional information is required in September. **Next report due in September.**

- **Crisis counseling** – We have met with the community including GCRHN, Mind Springs, and Rocky Mountain Health Plan. There should be a proposal sent to Mind Springs from Rocky Mountain Health Plan within the next month. We have a meeting with Rocky Mountain Health Plan to discuss how this proposal affects MPH. Additionally, we are negotiating with Centura to provide telespsych if we lose the crisis counselors. – **We have met with Centura, Mind Springs and HealthOne regarding crisis counseling. Rocky Mountain Health Plans has contracted with Mind Springs to continue with the mobile crisis counseling services. We are discussing telespsych as an adjunct to Mind Springs. Transportation is still an issue.**

- **Cliffview billing** - Grand County need to add us as a billing agent - Mikealena is needing some information such as TPA - since we are not using a clearing house but billing directly, we won't have a TPA - however we will need to do the 835 so we can get funds electronically as Medicaid will not send a hard copy check.

**Completed**

- **Scheduling appointments** - Working with staff to be able to schedule appointments for Emergency Department patients with their primary care providers. Training began on 7/7/19. Actually have started scheduling as of 7/14/2019 – **Completed and ongoing**

- **Security cameras** - purchased new security cameras and had them installed in June. Mapping is needed for additional cameras that were installed. **Additional mapping completed on 8/1/19**

- **Reptrax** - a program used by vendors to check in when they are on hospital grounds. The program prints badges and ensures vendors have appointments with Directors. - **Completed**

- **Cliffview** – Deb completed required documentation for CO State to ensure payment from Medicaid. Deadline was in January however, Senior Housing failed to complete required documentation. In 2014, the federal Centers for Medicare & Medicaid Services (CMS) issued a final rule to ensure that all settings where people live or receive home- and community-based services (HCBS) meet certain criteria. The criteria ensure that these settings are integrated in the community, homelike (for residential settings), and non-institutional. Colorado is currently transitioning toward compliance with the rule. The Statewide Transition Plan, milestone schedule, and other materials describing Colorado’s path toward compliance are available on the Colorado Department of Health Care Policy & Financing’s (HCPF’s or “the Department’s”) HCBS Settings Final Rule website. All providers must ensure that their HCBS settings comply with the rule. HCPF and the Colorado Department of Public Health & Environment (CDPHE) have been working with and will continue to support providers in their efforts to come into compliance.
Providers that do not timely demonstrate their compliance will not be eligible to continue receiving reimbursement for HCBS. - **Completed**

- **Take Home Medication Packs from Clinic** – we are creating a process for patients to receive take home medication packs from the clinics when the pharmacy is closed or one is not in town. Kelly is creating a policy for this process. We are working with a third party vendor to supply the prepackaged medications and assure we are processing appropriately. – **Involves Grand Lake and Winter Park. Process completed.**

- **Mammography screening Scheduled out of clinics** – a process was put into place that if a patient is seen in the clinic and it is time for screening mammo, they will be walked over to Radiology and scheduled right in. – **Completed and ongoing**

- **New Phone system** – the phones in Kremmling cannot be fixed if a problem occurs. New system will start in Kremmling first and then roll out to Granby. This allows for all sites to be on the same system. The new phone system is now up and running in Kremmling. - **Kremmling new phone system is completed, up and working.**

- **Epic on-line training** – We are now able to offer many of the Epic modules on-line. This reduces travel and expense to the organization. - **Completed**
2019 Calendar of Statutory Deadlines

The following is a to-do list for your district in the upcoming year. Please note that this list merely highlights some of your reporting and filing responsibilities; it is not exhaustive. Also note this list does not include election deadlines for 2019 as those dates, in some cases, may be subject to change in 2019. Please consult with your district’s attorney to assure compliance.

Deadlines in regular blue type occur on the same date each year. Deadlines in italic green type fall on different dates each year, and the dates shown are for 2019 only.

On or before January 1 of each year
Maintain a current, accurate map of the District boundaries on file with:
- the Division of Local Government (DLG);
- the County Clerk and Recorder; and
- the County Assessor.1

72 Hours Before Any Meeting
Notice of the time and place designated for all regular meetings shall be posted in at least three public places within the limits of the special district and posted in the office of the County Clerk and Recorder in the county or counties in which the special district is located. Special meetings must be posted in the same manner at least 72 hours prior to said meeting.2

First Board Meeting
At first regular Board meeting of the new calendar year, designate the “official” posting place for 24-hour (agenda) notice of district meetings.3

Notice of rate or fee change for water or sanitary sewer services
Special districts fixing or increasing fees or other charges for water and sanitary sewer services must hold a public meeting to do so. Special districts must provide notice to its customers 30 days in advance of the public meeting.4

January 15
Pursuant to Section 32-1-809, C.R.S., an annual “transparency” notice must be provided to eligible electors. The annual transparency notice to electors must contain certain information about the District, including, but not limited to:
- Board member names and contact information;
- Name of Board Chair or President;
- Name of each board member whose office will be on the ballot at the next regular special district election;
- Date of next board election and procedures for self-nomination;
- Mill levy and total property tax revenues;

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1 Section 32-1-306, C.R.S.
2 Section 32-1-903(2), C.R.S.
3 Section 24-6-402(2)(c), C.R.S.
4 Section 32-1-1001(2)(a), C.R.S.
• Board meeting information;
• and District contact information.

The notice to electors must be made in one or more of the following ways:

• Mailing the notice separately to each customer; or
• Including the notice as a prominent part of a newsletter, annual report, billing insert, billing statement, letter or other informational mailing sent to each customer; or
• Posting the notice on the district’s official website, if there is a link to the district’s website on the official website of the Division of Local Government; or
• If the district is a member of the Special District Association of Colorado ("SDA"), by submitting such notice to the SDA for posting on the SDA’s official website.

In addition, a copy of this annual “transparency” notice is also filed with:
• the Division of Local Government;
• the Board of County Commissioners;
• the County Assessor;
• the County Treasurer;
• the County Clerk and Recorder; and
• the governing body of any municipality in which the District is located.5

January 31
File with DLG a certified copy of adopted budget, including budget message and any resolutions adopting the budget, appropriating money, and fixing the rate of any mill levy.6

March 1 (60 days after end of fiscal year)
Annual information report to the Department of Local Affairs (DOLA) with respect to any nonrated public securities of the district which were outstanding as of the end of the fiscal year (December 31).7

March 31 (within 3 months of close of fiscal year)
Application for exemption from audit, if applicable, due to State Auditor. Any local government where revenues or expenditures are at least $100,000 but not more than $750,000 may, with the approval of the State Auditor, be exempt from the provisions of Section 29-1-603.8

If district has authorized but unissued general obligation debt as of the end of its fiscal year (December 31), submit copy of application for exemption from audit to Board of County Commissioners or governing body of municipality.9

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5 Section 32-1-809, C.R.S. and Section 32-1-104(2), C.R.S.
6 Section 29-1-113(1), C.R.S.
7 Section 11-58-105, C.R.S.
8 Section 29-1-604, C.R.S.
9 Section 29-1-606(7), C.R.S.
Prior to May 1
If any new property included in district (by 100% owner petition), deadline to record court order of inclusion with County Clerk and Recorder to enable district to levy tax against newly included property for the year in which the inclusion occurred.\textsuperscript{10}

Record a special district public disclosure document and a map of the new boundaries of the district at the same time as recording the order of inclusion.\textsuperscript{11}

June 30
Auditor submits completed audit and audit report to district Board.\textsuperscript{12}

File copy with State Auditor within 30 days after receipt.\textsuperscript{13}

Submit audit report or application for exemption from audit to Board of County Commissioners or governing body of municipality if district has authorized but unissued general obligation debt as of the end of its fiscal year (December 31).\textsuperscript{14}

Prior to July 1
If any new property included into district (by taxpayer petition or Board resolution), deadline to record court order of inclusion with County Clerk and Recorder to enable district to levy tax on newly included property for year in which inclusion occurred.\textsuperscript{15}

Record a special district public disclosure document and a map of the new boundaries of the district at the same time as recording the order of inclusion.\textsuperscript{16}

July 30
File audit report with State Auditor within 30 days after the report is received,\textsuperscript{17} but not later than July 30, or file request for extension of time to file audit.

Submit audit report to Board of County Commissioners or governing body of municipality if district has authorized but unissued general obligation debt as of the end of its fiscal year (December 31).\textsuperscript{18}

August 25
County Assessor certifies district’s valuation for assessment (preliminary).\textsuperscript{19}

\textsuperscript{10} Sections 39-1-110(1.5) and 32-1-105, C.R.S.
\textsuperscript{11} Section 32-1-104.8, C.R.S.
\textsuperscript{12} Section 29-1-606, C.R.S.
\textsuperscript{13} Section 29-1-606(3), C.R.S.
\textsuperscript{14} Section 29-1-606(7), C.R.S.
\textsuperscript{15} Sections 39-1-110(1.5), 32-1-401(2), and 32-1-105, C.R.S.
\textsuperscript{16} Section 32-1-104.8, C.R.S.
\textsuperscript{17} Section 29-1-606, C.R.S.
\textsuperscript{18} Section 29-1-606(7), C.R.S.
\textsuperscript{19} Section 39-5-128(1), C.R.S.
September 30
If State Auditor has granted extension of time to file audit, this is the final date an audit may be filed.

October 15
Qualified person prepares and submits proposed budget to Board.\textsuperscript{20}

Publish/post notice of budget and hearing.\textsuperscript{21}

November 16
Begin 60-day window to provide annual “transparency” notice to electors for 2019.\textsuperscript{22}

December 10
County Assessor certifies district’s valuation for assessment (final).\textsuperscript{23}

December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\textsuperscript{th})
Adopt budget and appropriate moneys, if certifying a mill levy.\textsuperscript{24}

December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\textsuperscript{th})
Certify mill levy to Board of County Commissioners.\textsuperscript{25}

December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\textsuperscript{th})
File notice of inactive status, if applicable, with:\textsuperscript{26}
- Board(s) of County Commissioners, or governing body of municipality that approved district service plan;
- County Treasurer;
- County Assessor;
- County Clerk and Recorder;
- District Court;
- State Auditor; and
- DLG

December 15 (Since December 15 is a Sunday, the deadline is Friday, the 13\textsuperscript{th})
File notice of intent to continue in inactive status, if applicable, with:\textsuperscript{27}
- State Auditor and
- DLG

\textsuperscript{20} Section 29-1-105, C.R.S.
\textsuperscript{21} Section 29-1-106(3), C.R.S.
\textsuperscript{22} Section 32-1-809, C.R.S.
\textsuperscript{23} Section 39-1-111(5), C.R.S.
\textsuperscript{24} Section 29-1-108(2), C.R.S.
\textsuperscript{25} Sections 39-5-128(1) and 32-1-1201, C.R.S.
\textsuperscript{26} Section 32-1-104(3), C.R.S.
\textsuperscript{27} Section 32-1-104(4), C.R.S.
December 31
Adopt budget and appropriate moneys, if not levying property taxes.28

December 31
Calculate (as of the end of the fiscal year) district’s authorized but unissued general obligation debt. Specify amount, if any, and any current or anticipated plan to issue the debt in district’s audit report.29

December 31
At least annually, publish information about land development charges, if applicable, on district’s official website.30

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28 Section 29-1-108(2), C.R.S.
29 Sections 29-1-605(2) and 29-1-606(7), C.R.S.
30 Section 29-1-803(1), C.R.S.
KREMMLING MEMORIAL HOSPITAL DISTRICT
d/b/a Middle Park Health
BOARD OF DIRECTORS MEETING AGENDA

September 16, 2019, 6:00 P.M.
Middle Park Health - Kremmling Conference Room

Mission: To support and encourage the physical, emotional and spiritual health of our community
Vision: We provide high-quality, viable health care locally, ensuring our growing mission to “keep life grand.”
Values: PRIDE: Passion, Respect, Integrity, Dedication, Excellence

AGENDA

1. Call to Order

2. Roll Call

3. Resolutions for Approval
   • #19-09-01 Signature Resolution
   • #19-09-02 Signing Authority

4. Executive Session
   • CRS #24-6-402(e) – Determining positions relative to matters that may be subject to negotiations; developing strategy for negotiations; and instructing negotiators.
   • CRS #24-6-402(f) – Personnel matters

5. Adjournment

Next Regular Board Meeting: Thursday, September 26, 2019 6:00 PM, Middle Park Health – Wellness Center Conference Room, 109 S 9th Street, Kremmling, Colorado.