

**Ventura County Medi-Cal Managed
Care Commission (VCMCC) dba
Gold Coast Health Plan
Commission Meeting**

2240 E. Gonzales, Suite 200, Oxnard, CA 93036
Monday, August 27, 2012
3:00 p.m.

AGENDA

CALL TO ORDER / ROLL CALL

PUBLIC COMMENT / CORRESPONDENCE

1. **APPROVE MINUTES**
 - a. Regular Meeting of June 25, 2012
 - b. Regular Meeting of July 23, 2012
2. **CEO MONTHLY REPORT**
3. **ADOPTION OF BUDGET**
4. **ADOPTION OF PERSONNEL RULES, REGULATIONS AND POLICIES**
5. **ADOPTION OF SALARY SCHEDULE**
6. **ADOPTION OF HAZARD COMMUNICATION PROGRAM**
7. **ADOPTION OF INJURY AND ILLNESS PREVENTION PROGRAM**
8. **ADOPTION OF CODE OF CONDUCT**

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMISSION AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE CLERK OF THE BOARD, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THIS MEETING, PLEASE CONTACT TRACI AT 805/981-5320. REASONABLE ADVANCE NOTIFICATION OF THE NEED FOR ACCOMMODATION PRIOR TO THE MEETING (48 HOURS ADVANCE NOTICE IS PREFERABLE) WILL ENABLE US TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY TO THIS MEETING

9. APPOINTMENT TO PROVIDER ADVISORY COMMITTEE

CLOSED SESSION – GC 54956.9

Conference with Legal Counsel-Anticipated Litigation pursuant to Government Code Section 54956.9 (3 case)

RETURN TO OPEN MEETING

Announcements from Closed Session, if any.

COMMENTS FROM COMMISSIONERS

ADJOURNMENT

Unless otherwise determined by the Commission, the next regular meeting of the Commission will be held on September 24, 2012 at 3:00 p.m. at 2240 E. Gonzales Road, Suite 200, Oxnard CA 93036

Meeting Agenda available at <http://www.goldcoasthealthplan.org>

ADMINISTRATIVE REPORTS RELATING TO THIS AGENDA AND MATERIALS RELATED TO AN AGENDA ITEM SUBMITTED TO THE COMMISSION AFTER DISTRIBUTION OF THE AGENDA PACKET ARE AVAILABLE FOR PUBLIC REVIEW DURING NORMAL BUSINESS HOURS AT THE OFFICE OF THE CLERK OF THE BOARD, 2220 E. GONZALES ROAD, SUITE 200, OXNARD, CA.

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**Ventura County Medi-Cal Managed Care Commission
(VCOMMCC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes**

June 25, 2012

(Not official until approved)

CALL TO ORDER

Chair Gonzalez called the meeting to order at 3:05 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzalez Road, Oxnard, CA 93036.

The Pledge of Allegiance was recited.

ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

David Araujo, MD, Ventura County Medical Center Family Medicine Residency Program

Maylee Berry, Medi-Cal Beneficiary Advocate

Anil Chawla, MD, Clinicas del Camino Real, Inc. (Arrived 3:08 pm)

Lanyard Dial, MD, Ventura County Medical Association (Arrived 4:10 pm)

Laurie Eberst, RN, Private Hospitals / Healthcare System

John Fankhauser, MD, Ventura County Medical Center Executive Committee

Robert Gonzalez, MD, Ventura County Health Care Agency

David Glycer, Private Hospitals / Healthcare System

Roberto S. Juarez, Clinicas del Camino Real, Inc. (Arrived 8:35 a.m.)

Kathy Long, Ventura County Board of Supervisors

Catherine Rodriguez, Ventura County Medical Health System

STAFF IN ATTENDANCE

Cassie Undlin, Interim CEO

Nancy Kierstyn Schreiner, Legal Counsel

Sonia DeMarta, Interim CFO

Traci R. McGinley, Clerk of the Board

Paula Cabral, Administrative Assistant

OTHER STAFF IN ATTENDANCE

Charlie Cho, MD, Chief Medical Officer

Guillermo Gonzalez, Government Affairs and Communications Director

Steve Lalich, Communications Manager

PUBLIC COMMENT / CORRESPONDENCE

Kimberly Bridges, Centers for Family Health at Community Memorial Hospital. Ms. Bridges stated that Centers for Family Health is concerned about the proposed change to the Auto Assignment Policy. Family Health currently meets the criteria of a Traditional Provider, they have 11 centers county-wide and over 40% of their payer mix is Medi-Cal, 62 Providers and 17 Specialty Providers that all provide care to Medi-Cal

patients. If the Auto Assignment Policy changes to exclude Traditional Providers, it will seriously hurt their organization and the way they deliver care or it could make it non-existent. She stated that due to the short notice of the meeting, they were unable to reach key providers who would like to address the Commission, including the Vice-President of Planning and the Medical Director. She urged the Commission not to make any policy changes until they have a chance to be better represented.

1. APPROVAL OF MINUTES

None to approve at this time.

2. APPOINTMENT OF DR. CHAWLA TO THE FINANCE AND EXECUTIVE COMMITTEE

Interim CEO Undlin read the following section from the Bylaws:

Article IV: Standing Committees

- (a) Executive / Finance Committee
 - ii. Membership

“If the private hospital / healthcare system representative, the Ventura County Medical Center Health System representative and / or the Clinicas Del Camino Real representative are also the Chairperson and / or Vice-Chairperson of the governing board, then, the other Commissioner who is a representative of the same constituency or organization as the Commissioner serving as Chairperson or Vice-Chairperson shall be appointed to the Executive / Finance Committee to fill that reserved seat. For example, if the Ventura County Medical Center Health System representative and the Clinicas Del Camino Real representative are also the Chairperson and Vice-Chairperson, respectively, of the governing board, then, the other Ventura County Medical Center Health System representative and the physician representative nominated by Clinicas Del Camino Real shall be appointed to fill the respective designated seat on the Executive / Finance Committee.”

Commissioner Long moved to appoint Dr. Chawla to the Executive Finance Committee. Commission Berry seconded. The motion carried. **Approved 10-0.**

3. ACCEPT AND FILE CEO REPORT

Interim CEO Undlin had Communications Director Steve Lalich provide a demonstration of the new GCHP website which launched on June 18th. Director Lalich explained that the site is fully mirrored in Spanish and that Coffey Communications will host the website. The new site allows members to search for physicians by location and has mapping capability. Director Lalich explained that the website was shown to the Consumer Advisory Committee on June 6th; they were quite pleased and assisted in choosing photos for the site.

Director Lalich added that staff will be reviewing the site with staff from the County, Clinicas and CMH for input to enhance the site. Director Lalich also discussed a Member

E-newsletter (an electronic newsletter), in English and Spanish; that will be available upon request to pregnant women up to 43 weeks and a New Parent to age 3.

Chair Gonzalez wanted to confirm that a certified translator was used and Member Juarez asked if it was at a sixth grade level; Director Lalich confirmed both. Director Lalich stated that not all sections of the site were up, but would be within the next few weeks.

Interim CEO Undlin reported that the Care Management System went into effect on June 25th with the claims system. Some early reports were run but staff is still in the process of testing and validating numbers. Examples were taken to the Executive Finance Committee last week. This will allow the Plan to work better on the Health Services area and to better understand our population.

The IT and Health Services Assessment was completed over the last month to improve processes on the IT side where we need to be implementing better procedures and controls of technology, how it is used and how it all ties into our reporting.

We continue to be under the State corrective action plan, to a much lesser degree, but they will still be evaluating our claims and costs; they are still looking at the financial side of the organization.

We received the results from a Member Rights Review done in early March; the State came in and evaluated those processes. We had five grievances in Appeals, three in Prior Authorization and one to Interpretation Services. We will be taking to the Compliance Committee this week.

The County has given the Plan access to an additional 1,600 square feet of office space very close to where we currently are which will extend our time in the building until after the first of the year, allowing us more time to find a new location.

Responsibility for community outreach has been moved to Guillermo Gonzalez, Government Affairs and Communication Director. Director Gonzalez has put together a plan, with the assistance of Steve Lalich and Erika Reyes, Community Outreach Coordinator and wants to involve the Community Advisory Council. Mr. Gonzalez will be leading up the Community Advisory Program.

The newest change to the Healthy Families Program is that the State is allowing Kaiser to participate. They are allowing Kaiser to participate at a level that is different than what was projected. They have talked about direct contracting and sub-contracting with the Plan and it looks like it will be a sub-contracting plan. Kaiser will keep their Healthy Families (kids) at this point that are currently signed up with them. They will not be getting new ones and if someone comes over to the Gold Coast Plan then they would leave the Kaiser plan. Nothing is solid yet, however, this is not a position we wanted to see.

Government Affairs Director Gonzalez addressed the Commission and explained that this is tentative. Currently there are 20,000 individuals with Healthy Families in the

County of Ventura and 9,000 are with the commercial plan. Kaiser is the big issue right now and they have entered into negotiations with the State to keep the 3,000 they have. The 11,000 with the County of Ventura will roll over to the Gold Coast Health Plan over a phased in period. Interim CEO Undlin responded that we are trying to fight it, but it may be too late so we are trying to figure out the best approach. Chair Gonzalez asked who will present this to the legislature.

Legal Counsel Kierstyn Schreiner explained the CEO would take authority and notify Senate. Government Affairs Director Gonzalez noted that this was subject to CMS approval. Interim CEO Undlin added that the MCO tax sunsets at the end of this month. Chair Gonzalez noted that the Plan has been putting out over \$2 million quarterly.

Interim CEO Undlin reported that there has been an increase in claims and abandoned rate over the prior month. As we investigated, we found that ACS is short-staffed. The backlog is down to 12 days (from 14) and we are working on lowering this number.

Commissioner Eberst stated that she had heard that the Plan was two months behind. Interim CEO Undlin explained that if the claim has been denied, it is not in the backlog. We do not measure the denials. Interim CEO Undlin explained that the typical process for IBNR is how long it takes for a month to close out. Chair Gonzalez stated that he would like to see the number of the pending claims and actions.

4. ACCEPT AND FILE FINANCIAL REPORT

Interim CFO DeMarta reviewed the May financial report. Membership declined to 200 members, year to date membership is \$1.1 million; revenue increased slightly ahead of budget by \$25 million. Healthcare costs increased this month and we made a determination this month to increase IBNR by \$3 million based upon a recommendation from Milliman so that when we close the year we are in good shape.

Administrative expenses increased due to four new hires and interest expense (delayed claims). Net income for the month is showing a net loss of \$690K, year-to-date is still showing \$9.1 million (\$7.92 ppm). The TNE requirement for the month is \$3.1 million, running ahead at \$4.7 million (or 30% of requirement). Beginning (month 12) July 1st, the reserve requirement will be bumped up to 36%; we will be monitoring our expenses.

Membership and retro membership is trending pretty flat from April to May. Pharmacy and counter continues to be positive; ratio of generic to brand is quite wide. The highest dollar spent is in brand but the counter is highest in generics. Our healthcare costs MLR are running at 80-90%. Our biggest expenditures are in in-patient. Admin expenses make up 6% of every dollar.

Commissioners noted that there was a large increase in February and another one in May. Interim CFO DeMarta responded that if we get data from Milliman we will be able to refine our numbers – probably another six months.

Commissioner Glycer moved to approve and file the Financial Report. Commissioner Chawla seconded. The motion carried. **Approved 11-0.**

5. EXECUTIVE FINANCE REPORT

a. Auto Assignment Policy. The policy was reviewed at the Executive Finance Meeting. In July all three groups were double assigned, after that time they were not double assigned.

Chair Gonzalez requested additional analysis be done from the present going back to the beginning.

Interim CEO Undlin stated 90% of Auto-Assignment is going to Safety-Net Providers. Interim CEO Undlin also indicated that 1,200 per month needs to be auto assigned and of those 200 need to go to Traditional Providers.

Commissioner Juarez explained that this was approved by the Commission to go into effect July 1, 2011; for the Safety- Net to be protected. Commissioner Chawla commented that in order to cut out Traditional Providers the Commission must approve a system.

Interim CEO Undlin explained to the Commission that it is a matter of priorities and it must comply with the State. Chair Gonzalez stated that the Plan needs to get into get into compliance for 3:1. It needs to be automated and will be discussed at the next Executive Finance Committee Meeting. Commissioner Long agreed that the issues needed to be resolved, the time, cost and labor.

b. Budget Review Committee. Interim CEO Undlin told the Commission that we need a couple of representatives to assist with our annual budget. Commissioners Rodriguez and Glycer agreed to assist. Commissioner Juarez would like to work on the Human Resource salary portion of budget.

c. Time of Executive Finance Committee. The next meeting will remain at 1:30 p.m. on July 19th, but Interim CEO Undlin will work on finding a time during the third week of the month. Chair Gonzalez suggested a bylaw amendment so that the Executive Committee could adopt its own meeting schedule.

6. DISCUSSION OF AGENCY GOVERNANCE AND MANAGEMENT, COMMITTEE STRUCTURE, YEARLY AGENDA, STRATEGIC PLANNING

Review of organization charts and various committees, including an Audit and a Compliance Committee.

The Plan will be moving from RGS to our own staffing next year. Legal Counsel Kierstyn Schreiner explained that the Commission is required to set salary ranges. Human Resource issues will be brought before the Commission. Personnel matters will also be brought to the Commission at a closed session. Interim CEO Undlin stated that we currently have policies and procedures but we will need to develop our own.

The Quality Improvement Committee will need physicians involved as an administrative committee. Commissioner Eberst as well as Commissioner Fankhauser expressed their desire to be on the Committee. Legal Counsel Kierstyn Schreiner will come back to the next meeting with a draft of the annual commerce agenda. Dr. Cho notes that the QI Director reports directly to the CEO and that our current QI Director currently reports directly to the CMO.

ADJOURN TO CLOSED SESSION

The Commission adjourned to Closed Session at 4:50 p.m.

7. CLOSED SESSION

A. Public Employment pursuant to Government Code Section 54957

Title: Permanent Chief Executive Officer & Chief Financial Officer.

Continuation of CEO interview and further discussion.

B. Conference with Labor Negotiator pursuant to Government Code Section 54957.6

Agency designated representative: Nordman Cormany Hair & Compton LLP, Nancy Kierstyn Schreiner. Unrepresented employees: permanent CEO and CFO

C. Conference with Legal Counsel-Anticipated Litigation pursuant to Government Code Section 54956.9 - (6 cases)

RETURN TO OPEN SESSION

The Regular Meeting reconvened at 7:14 p.m. Legal Counsel Kierstyn Schreiner, indicated there were no announcements.

ADJOURNMENT

The meeting adjourned at 7:14 p.m.

**Ventura County Medi-Cal Managed Care Commission
(VCMACC) dba Gold Coast Health Plan (GCHP)
Commission Meeting Minutes**

July 23, 2012

(Not official until approved)

CALL TO ORDER

Chair Gonzalez called the meeting to order at 3:15 p.m. in Suite 200 at the Ventura County Public Health Building located at 2240 E. Gonzales Road, Oxnard, CA 93036.

The Pledge of Allegiance was recited.

ROLL CALL

COMMISSION MEMBERS IN ATTENDANCE

David Araujo, MD, Ventura County Medical Center Family Medicine Residency Program

Maylee Berry, Medi-Cal Beneficiary Advocate

Anil Chawla, MD, Clinicas del Camino Real, Inc.

Lanyard Dial, MD, Ventura County Medical Association

Laurie Eberst, Private Hospitals / Healthcare System

John Fankhauser, MD, Ventura County Medical Center Executive Committee

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Kathy Long, Ventura County Board of Supervisors

Catherine Rodriguez, Ventura County Medical Health System

STAFF IN ATTENDANCE

Cassie Undlin, Interim CEO

Nancy Kiersten Schreiner, Legal Counsel

Sonia DeMarta, Interim Chief Financial Officer

Traci R. McGinley, Clerk of the Board

Paula Cabral, Administrative Assistant

Charlie Cho, MD, Chief Medical Officer

Steven Lalich, Communications Director

Language Interpreting and Translating services provided by GCHP from Lourdes González Campbell of Lourdes González Campbell and Associates.

PUBLIC COMMENT / CORRESPONDENCE

None.

1. APPROVAL OF MINUTES

- a. Regular Meeting of April 23, 2012
- b. Regular Meeting of May 21, 2012
- c. Regular Meeting of June 25, 2012
- d. Special Meeting of June 29, 2012

Clerk McGinley requested that the Minutes of June 25, 2012 Meeting be pulled as additional information regarding the Closed Session was needed. Commissioner Eberst moved to approve the minutes with the exception of June 25, 2012; Commissioner Berry seconded. The motion carried. **Approved 11-0.**

2. CEO MONTHLY REPORT

Interim CEO Undlin informed the Commission that she, Chair Gonzalez and Commissioner Rodriguez (as Commissioner Juarez was out of town) met with Margaret Tatar, Department of Healthcare Services on June 20, 2012.

Chair Gonzalez and Commissioner Rodriguez reported that the State was pleased with the Plan's progress, with exception of claims. There are numerous sub-committees that need to look at functions of the Plan. We believe the State feels the Plan is functioning well, but communication helps.

Interim CEO Undlin reported that staff is looking at how ACS does all off site activity and analyzing the contract. The Milliman system has been implemented, but is still being tested. We are improving the program and we are looking at the provider contracts. We are also looking at hospital audits.

Interim CEO Undlin stated that the conversion of the state eligibility file, refund process for ACS and reporting of claims are being worked on. Implementation of the billing edit claim software is in process. GCHP has hired a Vendor Manager who will be overseeing the day-to-day operations.

We have put together a Community Outreach Committee group from CMH, Clinicas, St. John's and VCMC. Commissioner Berry is on the committee and we are bringing in some Medicaid recipients, as well as staff to strategize how to best do our outreach and involve people in the community.

CMO Dr. Cho explained that the Plan inherited a large number of transplant cases from the State (about 30). To date there has been approximately six. Dr. Cho added that the addition of Cedars Sinai to our contracts is helping. A lot of calls from UCLA to do transplants have also been received.

Commissioner Dial remarked that the Pharmacy Newsletter was excellent and was very impressed. Dr. Cho stated that Richard Kleinberger and Script Care were responsible

for researching which areas need to be looked at and the committee has been very helpful.

Health Services has begun the integration of the hospital authorization system and the claims system is moving into phase two which will help staff be more efficient. Skilled nurses have been brought in who can focus on specific issues. DME is an area where we brought in skilled nurses to focus on the acute and long-term care patients.

Provider Services conducted a Cultural and Linguistic training session with 31 provider representatives and how to access an Interpreter.

Members will no longer be retroactively enrolled with GCHP; they will not be active until the first of the month. The Providers will have to bill the State for services during that time. To ensure the Plan is being fiscally responsible, we are ensuring members enroll in all programs they are eligible.

Healthy Families, Kaiser will still have their portion of the membership but only their current membership. Chair Gonzales noted that this is a state-wide issue and the impact in our county is relatively small (about 3,000). Interim CEO Undlin stated that the State believes Kaiser has a good plan. Commissioner Juarez noted that a lot of organizations are not happy with this deal.

Compliance Committee met on June 27th Commissioner Rodriguez attended. It was an initial meeting and there is no report.

The Human Resource Compensation Committee Meeting had a very quick meeting. Commissioner Rodriguez attended. An organization chart was requested and staff was asked to put a salary range together with a market study.

Interim CEO Undlin noted that Commissioner Eberst had previously requested that claims be further investigated; this has not been initiated but is a priority.

3. FINANCE REPORT

a. June Unaudited Financials

Interim CFO DeMarta noted that healthcare costs show a decline due to the recorded \$1.3 million receivables for reinsurance claims. In addition, \$500,000 were recorded in receipts.

Interim CFO DeMarta continued, stating that administrative expenses were slightly higher, mostly due to furniture and fixtures for modifications to offices in order to allow for additional staff. Net income was \$2.4 million higher than previous months. TNE is at \$7.2 million and required TNE is \$3.1 million. Chair Gonzalez clarified that it was not overbooked, as the required TNE for July 1, 2012 is approximately \$6 million.

Interim CFO DeMarta went on to explain that claims were lower than previous months.

Dr. Cho was asked on a concurrent basis how staff was going to manage the high expense items going forward. Dr. Cho explained that the high dollar cases are identified but our hands are tied. It was noted that this is really under case management. Dr. Cho explained the Plan is currently lacking case management nurses and they were not in the first year budget. Interim CEO Undlin added that Management reviews these as well as the committee; however, it has been difficult because we not had reports to look at yet. Commissioner Dial requested to be on the Medical Advisory Committee.

Interim CFO DeMarta reported that there are thirty-five (35) Members on the transplant list, ten (10) are post-procedure and twenty-five (25) are pre-procedure. Interim CEO Undlin added that staff tracks the transition.

b. Budget

Interim CFO DeMarta advised the Commission that the budget was presented to the Executive Finance Committee at its previous meeting; however, the State has not yet informed staff of the rates so the budget is still preliminary.

Chair Gonzalez advised the Commission that the Executive Finance Committee spent approximately two hours going through the budget, but still felt it was rushing it to the Commission, partly because the Executive Finance Committee only meets four days before the Commission. There was concern regarding the IBNR figures and whether the information from Milliman was correct.

Interim CFO DeMarta added that staff does not have enough information on the IBNR and does not know if all claims have been properly completed. Staff has asked Milliman to adjust the numbers.

The importance of having a budget presented before May next fiscal year was stressed.

Commissioner Juarez moved to accept and file the Finance Report. Commissioner Glycer seconded. The motion carried. **Approved 11-0.**

4. CONSIDERATION AND APPROVAL OF EXTENSION OF TATUM CONTRACT

Chair Gonzalez discussed additional resources and request for extension of contract to October 31, 2012, which will include additional services and make the total of the contract \$600,000. It was asked if this had gone through the Executive Finance Committee; Chair Gonzalez replied yes.

Commissioner Fankhauser moved to extend the contract October 31, 2012; and approve expenses and resources of \$286,000; making the contract total \$600,000. Commissioner Long seconded. The motion carried. **Approved 11-0.**

5. CONSIDERATION AND APPROVAL OF COST OF IMPLEMENTATION OF SPECIALTY CONTRACT

Interim CEO Undlin reviewed the contract and how it would be implemented. It was noted that primary care physicians are capitated at a higher rate. She added that there are many incentives to Specialty Contracts. It makes the relationship with the patient stronger and brings more providers into the system.

Interim CEO Undlin explained that this is to see what it will take the organization to implement. She continued, stating that there are elements that are specific to this provider group; however, this will also be available to other providers. The provider will then be responsible for all care to their members.

Interim CEO Undlin continued, explaining that a meeting was held with ACS, GCHP, Clinicas and Platinum (Plan administrative services organization for Clinicas). First a high level work plan was put together and anyone would have to go through that same amount of work.

Discussion was held about the \$92,000. Interim CEO Undlin clarified that it would be \$391,000. It was noted that we are looking at per member – it might look expensive per member but amortized across. We are looking at trend towards quality care.

Commissioner Eberst moved to approve \$300,000 and delegate to the Executive Finance Committee to go up to \$470,450; Commissioner Dial seconded. Commissioner Juarez abstained. The motion carried. **Approved 10-0.**

6. CONSIDERATION AND APPOINTMENT OF AUDIT COMMITTEE

It was noted that Commissioner Glycer has agreed to chair the committee. Chair Gonzalez stated that the committee will meet approximately two times per year. Interim CEO Undlin stated that two external individuals were needed, and they do not need to be finance people.

Commissioner Juarez moved to approve the Audit Committee. Commissioner Eberst seconded. The motion carried. **Approved 11-0.**

7. EXECUTIVE / FINANCE MEETING SCHEDULE

Commissioner Long moved to approve the schedule change as submitted; Commissioner Berry seconded. The motion carried. **Approved 11-0.**

CLOSED SESSION

Legal Counsel Kiersten Schreiner explained to the Commission that since three Commissioners are County employees and there are laws and she always takes the

more conservative approach. It was her advice that Commissioners Gonzalez, Long and Rodriguez not participate in the real property negotiations.

Commissioner Long asked if Legal Counsel Kiersten Schreiner had a chance to review the legal opinion from County Counsel Pollich. Legal Counsel Kiersten Schreiner replied that she had not.

ADJOURN TO CLOSED SESSION

The Commission adjourned to Closed Session at 5:02 p.m. regarding the following items:

- A. CONFERENCE WITH REAL PROPERTY NEGOTIATORS PURSUANT TO GOVERNMENT CODE SECTION 54956.8**
- B. CONFERENCE WITH LABOR NEGOTIATORS PURSUANT TO GOVERNMENT CODE SECTION 54957.6**

RETURN TO OPEN SESSION

The Regular Meeting reconvened at 5:29 p.m. It was noted that Commissioner Fankhauser left at 5:29 pm.

Chair Gonzalez reported that the real property negotiators were advised to continue negotiations with the two property owners and continue on further negotiations with the County.

8. CONSIDERATION OF REVISED SALARY SCHEDULE FOR CHIEF EXECUTIVE OFFICER POSITION AND APPROVAL OF NEW SALARY SCHEDULE FOR CHIEF EXECUTIVE OFFICER POSITION

Commissioner Juarez moved to approve the revised salary schedule as presented; Commissioner Dial seconded. The motion carried. **Approved 11-0.**

9. CONSIDERATION AND APPROVAL OF CHIEF EXECUTIVE OFFICER EMPLOYMENT AGREEMENT

Legal Counsel, Kiersten Schreiner, announced that the new CEO, Michael Engelhard, would begin on September 1, 2012.

Commissioner Long moved to approve the contract for Michael Engelhard; Commissioner Long seconded.

Commissioner Dial said he is very pleased and excited and appreciates all of Cassie's help, as well as Nancy's assistance. Commissioner Long appreciates all of the progress

and help from Cassie. All candidates were strong and this gentleman has a very strong background.

The motion carried. **Approved 11-0.**

COMMISSION COMMENTS

Commissioner Long stated that great progress has been made and very pleased to see staff. This has been a very challenging year.

Chair Gonzalez noted that today is a great day. With the nature of our Commission, Michael Engelhard will be a tremendous addition to the plan.

Meeting adjourned at 5:38 p.m.

DRAFT

Chief Executive's Monthly Report to Commission

August 27, 2012

Accomplishments

- Interim Human Resource Director hired
- RGS transition
- Enhanced new claims auditing procedures
- Established call monitoring for GCHP Vendor Contract Manager
- Budget development
- RGS human resource and payroll transition
- Established enhanced ACS monitoring

California Department of Health Care Services (DHCS)

- GCHP continues under a required monitoring status with the State. While the requirements are significantly reduced from the former status, the issue of claims payment has not been resolved to their satisfaction. We concur that due to the startup status of the plan it is difficult to estimate our claims liability.

Personnel

New Hires:

- Provider Contract Manager
- Provider Relations Representative
- Social Worker, Case Manager
- 4 RN's case managers, ACS

Departures:

- 2 RN Medical Management, ACS

Recruitments:

- COO/Director of Operations
- Director of Health Services
- QI Master Trainer
- Human Resources support
- Senior Staff Accountant
- Director of Information Technology
- 2 Medical Management Managers

Staff Training:

- August 6, Cultural Diversity and Sensitive Training, Tri-County GLAD to speak about resources and services for the deaf and hard of hearing community. In development: training program focusing on cultural and linguistic services to new employees, contracted employees, vendors, and temporary employees

Office Space

The county has released 1,600 square feet of space for us to use. We are still going to need to increase our footprint to more than the current space we have. We are stepping back to analyze the timeline better. We will be bringing a new timeline forward once that process is completed.

The current space does not have adequate parking, the opening of Magnolia Clinic has increased the parking needs and we need to secure additional options for parking.

The current space does not have adequate conference room availability we are required to rent local conference rooms in the vicinity and the need is steadily increasing.

Community Outreach & Education

Outreach

GCHP conducted and participated in robust community outreach efforts and activities during the month of August. These included informational interviews on Spanish radio talk show with David Cruz on KOXR 910 AM. Listeners heard Commission Chair Dr. Bob Gonzalez speak on the importance of GCHP's role in managed care and preventive health for such chronic diseases like diabetes and hypertension among others. The radio audience also had the opportunity to ask GCHP Director of Government Relations questions regarding the changes that are coming to Medi-Cal, such as the transition of the Healthy Families and Community Based Adult Services Programs to GCHP, and the expansion of Medi-Cal eligibility under the federal Affordable Care Act.

The following is a summary of GCHP's outreach activities during the month of August:

- 08/05/2012
Clinicas Del Camino Real National Health Center Week Fair
- 08/06/2012
Radio Interview on Spanish Talk Radio KOXR 910 AM
To discuss Healthy Families Program and CBAS transitions to Gold Coast Health Plan
- 08/07/2012
Rainbow Connection Informational Forum to families of children with disabilities
- 08/09/2012
Advanced Adult Day Health Care Center Informational Forum
- 08/12/2012
Clinicas Del Camino Real & Promotoras & Promotores
Your Health Is Important Men's Conference

- 08/13/2012
GCHP Community Education Outreach Radio Interview with Guillermo Gonzalez and David Cruz on KOXR 910 AM
- 08/17/2012
Commission Chair Dr. Bob Gonzalez and Guillermo Gonzalez GCHP Community Education Outreach Radio Interview with David Cruz on KOXR 910 AM
- 08/18/2012
St. Johns Hospital His and Hers Health Screenings
- 08/21/2012
Informational Forum to the Neighborhood for Learning and First 5 Program
- 08/25/2012
Rotary Club of Camarillo Alive Healthcare & Fitness Festival
- 08/30/2012
Millenium Care Adult Day Health Care Center Informational Forum

GCHP Member Resource Fair

Additionally, GCHP's Ad hoc Community Outreach Campaign Committee held its second meeting on Wednesday, August 22, to discuss and plan GCHP outreach activities. GCHP is planning to hold its first annual Member Appreciation Resource Fair at Del Sol Park in Oxnard on Sunday October 21, 2012. This Resource Fair will include two mobile clinics and provide GCHP members and attendees free health screenings, immunizations and useful health-related resources. I am pleased to say the Resource Fair will have the participation of all the major health care providers and stakeholders in Ventura County.

Communications

- Member newsletter
- Provider Operations bulletin

- Website activity:

| | |
|--------------------|-------|
| Total visits | 6,086 |
| Unique Visitors | 2,851 |
| Returning visitors | 3,707 |
| New Visitors | 2,379 |
| English | 6,849 |
| Spanish | 58 |
| Most Viewed | |
| Provider Portal | 3,061 |
| Providers Welcome | 2,469 |

Government Relations

GCHP's Government Relations Director and CEO attended the all-plan CEO meeting with the Department of Health Care Services (DHCS) in Sacramento on August 16th. Topics discussed included:

- Community Based Adult Services Transition to Medi-Cal Managed Care

- CBAS Payment Rates
- Healthy Families Program (HFP) Transition to Medi-Cal Managed Care
- HFP Transition to Medi-Cal Timeline

- HFP Rates and Benefits Under Medi-Cal

Community Based Adult Service Program Transition to Medi-Cal Managed Care

On October 1, 2012, approximately 1,000 GCHP members will transition from the former Adult Day Health Care Program to the Community Based Adult Services Program (CBAS). GCHP is sending the state-required 30-day notices to GCHP members impacted by the CBAS Program transition to GCHP and Medi-Cal Managed Care.

Approximately 58 GCHP members were deemed ineligible for the CBAS Program. GCHP will be responsible for providing enhanced case management services for these members. There are a total of five CBAS Centers in Ventura County that have been approved and certified by DHCS to contract with GCHP.

CBAS Payment Rates

The State provided Plans a preliminary CBAS contract amendment with a rate of \$76.27 per day minus ten percent for each eligible CBAS member. Plans are being offered an additional administrative and risk contingency fee of four percent. Plans will be required to submit a roster of members utilizing CBAS services on a monthly basis. Payment will be prospective and NOT based upon actual historical utilization in arrears. The proposed contract amendment is currently being reviewed by GCHP's legal counsel. The state's proposed CBAS rates are subject to CMS approval, which is expected by mid-September 2012.

Healthy Families Program (HFP) Transition

DHCS intends to transition all children enrolled in the Healthy Families Program to Medi-Cal Managed Care over a twelve month four-phase period beginning January 2013. For Ventura County this transition will occur in phase three which is scheduled to begin August 2013. There are an estimated 20,000 children in Ventura County's Healthy Families Program. Of those, about 3,600 are enrolled in the Kaiser Permanente Health System in Ventura County. Kaiser has submitted a proposal to DHCS to retain those children already enrolled in the Kaiser system. Kaiser's proposal to DHCS does not include an administrative fee to GCHP for the first two years of the HFP transition. The Kaiser proposal offers to pay a 2% administrative fee to GCHP in the third and subsequent years. GCHP's CEO has requested that DHCS allow GCHP to collect an administrative fee from Kaiser in the initial first and second-year HFP transition to Medi-Cal. This request is based on the fact that GCHP is responsible for oversight of these lives and may incur additional administrative costs to do so. DHCS indicated that they will consider GCHP's request.

HFP Transition to Medi-Cal Timeline

Phase 1 (No sooner than January 1, 2013) Individuals enrolled in a Healthy Families Program health plan that is a Medi-Cal managed care health plan shall be enrolled in the same plan. Approximately 411,654 children will transition.

Phase 2 (No sooner than April 1, 2013) Individuals enrolled in a Healthy Families Program health plan that is a subcontractor of a Medi-Cal managed health care plan, to the extent possible, shall be enrolled into a Medi-Cal managed care health care plan that includes the individuals' current plan. Approximately 261,060 children will transition.

Phase 3 (No sooner than August 1, 2013) Individuals enrolled in a Healthy Families Program plan that is not a Medi-Cal managed care plan and does not contract or subcontract with a Medi-Cal managed care plan shall be enrolled in a Medi-Cal managed care plan in that county. Enrollment shall include consideration of the individuals' primary care providers. Approximately 152,602 children will transition.

Phase 4 (No sooner than September 1, 2013) Individuals residing in a county that is not a Medi-Cal managed care county shall be provided services under the Medi-Cal fee-for-service delivery system. Approximately 42,753 children will transition.

HFP Rates, Benefits and Premiums

- Rate will be based on Medi-Cal data, not HFP rate.
- Rates will be plan specific with some consideration for county averages although DHCS is still in the early stage of determining how this will work.
- HFP will be a separate aid category and not a part of the family rate.
- HFP children's dental benefit will shift to Denti-Cal.

Mental Health

- HFP enrollees currently receiving services from a county mental health department may continue to receive services from the county as long the child meets medical necessity criteria for Medi-Cal Specialty Mental Health Services
- DHCS is working with the California Mental Health Directors Association to assure network adequacy and continuity of care for transitioning HFP enrollees receiving, or in need of, mental health services.

Premiums

- There will be no premiums for children with family income up to 150 percent of the federal poverty level (FPL).
- Premiums for children with family income above 150 and up to 200 percent of the FPL will be as follows: \$13.00 a month for each child. For three or more children, the total family monthly premium will be \$39.00 per month.

Maximus will notify families of premium amount that are due

Chief Medical Officer

Recruiting efforts for the position of Director of Health Services has had difficulty finding a suitable candidate in spite of intensive advertising. While Jenny Palm, R.N. has filled in and served well the position for several months as an Interim, a qualified candidate must be found soon in order to provide the permanent leadership. It is now more crucial than ever, as fine tuning of utilization management must begin as reliable reports of utilization patterns become available. Thus, it has been determined and you agreed that we must now utilize a search firm to find the candidate and should soon begin such a process.

In the related matter of personnel needs, the same is true for beefing up the utilization management nurses. The foremost and most important position is to fill the position of the full time Care Coordination Manager as well as to add several case managers. As we develop better care management as the results of reports, we will need more nurse case managers to carry out the program to maximize the quality and cost effectiveness. Some reports are already disturbing such as in imaging studies and pain management. Recently, overutilization of ultrasound in obstetrics came to light. Following the community standards for OB, I have put in a policy limit of two ultrasounds per a normal pregnancy. I will be looking into all other areas of imaging study utilization in coming weeks as reports become available in this area.

Health Services

ICES configuration: A two day offsite was conducted to familiarize the GCHP staff with the ICES product. Prior to the offsite, multiple meetings were held to make decisions as to which ICES rules would be appropriate for implementation. Training is being scheduled to educate ACS and GC staff on how to program custom rules in ICES. (ICES is claim editing software that has a set of rules for professional and institutional services. The rules range from editing for the correct information to proper billing procedures. We will need to notify our providers when this goes live (probably January) as they may see an increase in rejections if they do not adhere to the proper billing process.)

KWIK interface: Work continues on the interface between KWIK and ICMS. When this interface is complete, all documentation associated with each member will be electronically stored in each members file. (KWIK is a document storage software (similar to filenet if you are familiar with that). Once the interface is completed, documentation (medical records, lab reports etc) will automatically be sent to and stored in ICMS so the clinical staff can access it without having to go to three different places as they do today. This will be a HUGE efficiency factor for us.)

Provider Education: A provider bulletin was sent out to clarify issues regarding billing, process and procedures for the GC provider network. These bulletins will become a regular part of the communication process between GCHP and the provider network. This is an important part of ensuring that GC maintains a good working relationship with its provider partners.

Services requiring authorization: An updated pre-authorization list was posted to the provider website. This new list not only identifies specific areas requiring authorization but give the provider's specific codes to reference.

CBAS: A work plan has been created for the CBAS conversion. All departments have been notified of their responsibilities. Contracting with the CBAS centers is underway. Members who did not continue to qualify for services are being evaluated for placements into comprehensive case management. Letters for CBAS recipients will be mailed on August 28th for delivery by September 1st.

ICMS: Work continues on building enhancements into the ICMS system. Each of the enhancements will increase the efficiency of the staff in building cases.

Quality Improvement

We have completed 99% of the Facility Site Reviews.

We have three organizations where credentialing is delegated. We have forwarded the audit materials to all three. VCMC is complete, CMH is in process and Clinicas is scheduled.

We are close to completing the Specialist Provider Accessibility Surveys.

We have updated the Quality Improvement Program and will be having our first Plan QI Committee meeting at the end of September.

Provider Contracting

In August we added a provider contract manager. She has begun establishing Joint Operating Committee (JOC) with facilities. The main focus of this will be to work on issues between GCHP and the facilities, claims, authorizations, rosters and new policies from GCHP and the State.

ACS Vendor Management

A two day session with ACS was held August 22 and 23.

- Critical Issues are being actively worked with priority given to 'day one' issues:
 - Pricing - based on Modifiers for automatic reduction E.G. Multiple surgeries 50-51
 - UB claims payment issues for more accurate reporting both internally and for Milliman Reporting
- Timelines discussed for implementing Crossover Claims Data for Medicare/Medi-Cal claims
- Enrollment files enhanced by converting to the Standard 834 transactions
 - Provider Payment issues being resolved - Implemented standards for billing Implant Procedures

36 Spanish calls were monitored; results of findings will be shared at the next meeting, the Consumer Advisory Council and the QI Committee.

Access to iKA reports has been expanded.

A new internal process has been restructured to manage the requests between GCHP and ACS/Xerox. It will include critical project management information.

Claims

We are including a trend report at the end of the report.

| | |
|--|--------|
| Average claim receipts | 22235 |
| Average weekly production | 24450 |
| Current Inventory as of Aug 21 st (includes 444 processed claims that will be "paid" Tuesday) | 56449 |
| Days inventory on hand | 12 |
| Auto adjudication rate | 25.75% |

Member Services

Member Services have identified approximately 1,300 members with Medicare Part B, but no Part A. We are addressing those members that already have Part B and are 65 or older because they most likely also qualify for Part A. The benefit to GCHP is that Medicare will be responsible for hospitalization costs for those qualified members.

Medi-Cal members are automatically eligible for free Part A, as long as they have worked enough quarters; have lived in the U.S. five straight years, and have met qualification standards. Medi-Cal members must apply for Part A. If the member does not apply for Part A, they could lose their Medi-Cal benefits. HSA requires that Medi-Cal members apply for Part A. Making application is the only requirement, not qualifying.

Gold Coast Health Plan Call Center 2012 July Metrics

| July Call Center Stats | Calls Offered | Calls Handled | Calls Abandoned | Abandoned Percent | Avg Speed Answer (in min) | Average Talk Time (in min) | Average Hold Time (in min) |
|------------------------|---------------|---------------|-----------------|-------------------|---------------------------|----------------------------|----------------------------|
| English Calls | 2551 | 2401 | 150 | 5.88% | 1.84 | 5.59 | 0.90 |
| Spanish Calls | 905 | 834 | 71 | 7.85% | 2.56 | 7.96 | 1.03 |
| Provider Calls | 3933 | 3738 | 195 | 4.96% | 1.62 | 5.99 | 0.82 |
| Month Totals/Average | 7389 | 6973 | 416 | 5.63% | 1.81 | 6.09 | 0.87 |

Consumer Advisory Council

No meeting this month. Next meeting scheduled for September 5, 2012.

Provider Advisory Council

We met with the Provider Advisory Council on August 22, 2012. We have included the agenda in the informational section.

The items for consideration were:

- Updates on State Changes
- Change in GCHP Policies
- Clarification of GCHP Policies
- Use of out of county providers
- Hospital Augmentation payments

What are the items the group would like to discuss at the next meeting.

Compliance Committee

No committee meeting until September 2012.

Human Resources / Compensation Committee

This committee met on August 20, 2012. Commissioner Juarez and Commissioner Rodriquez worked with the CEO on the salary classification schedule, GCHP Personnel Policies and new employment agreements. This will be addressed at the Commission Meeting on Monday, August 27, 2012. We must accept the salary guidelines and Personnel Policies to complete the transition from RGS to GCHP effective September 1, 2012

Respectfully submitted,

Cassie Undlin
Interim Chief Executive Officer

Service Levels

Made SLA
 Exception granted
 Missed SLA

| TO# | Description | SLA | Goal | FY 12 Q1 | | | FY 12 Q2 | | | FY 12 Q3 | | |
|-------------|-------------|--------------|------|----------|--------|--------|----------|--------|--------|----------|--------|--------|
| | | | | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
| Call Center | ASA | ≤ 30 seconds | | 0.30 | 0.08 | 0.13 | 0.16 | 0.45 | 1.09 | 1.81 | | |
| | Abandon % | < 5% | | 1.61 | 0.34 | 0.74 | 0.50 | 1.64 | 4.10 | 5.60 | | |
| | GCHP | | | | | | | | | | | |

| TO# | Description | SLA | Goal | FY 12 Q1 | | | FY 12 Q2 | | | FY 12 Q3 | | |
|----------------------|-----------------------------|--------|------------------|----------|--------|--------|----------|--------|--------|----------|--------|--------|
| | | | | Jan-11 | Feb-11 | Mar-11 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 |
| Claims | Clean Claims Processing | TAT | 99.5% in 45 days | 77 | 98 | 100 | 100 | 100 | 99.9 | 98.5 | | |
| | Contested Claims Processing | TAT | 100% in 60 days | 70 | 98 | 100 | 100 | 100 | 100 | 100 | | |
| Claims Quality | Procedural Accuracy | >=97% | | 99 | 99 | 100 | 100 | 100 | 100 | 100 | | |
| | Financial Accuracy | >=98% | | 87 | 94 | 91 | 94 | 95 | 98 | 97 | | |
| Enrollment File Load | Enrollment File Load | 2 days | | 100 | 100 | 100 | 100 | 100 | 100 | 100 | | |
| | System Availability | 99% | | 100 | 100 | 100 | 99 | 99 | 99 | 99 | | |



Gold Coast Health Plan

Inventory On Hand Trend

July 1, 2011 Thru July 28, 2012

| Actual Activity Trend | | | | | | | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|
| Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July |

Items in EDGE/KWIK (work in progress)

IKA Pending Inventory

IKA Reject Inventory

IKA Claims Ready To Pay

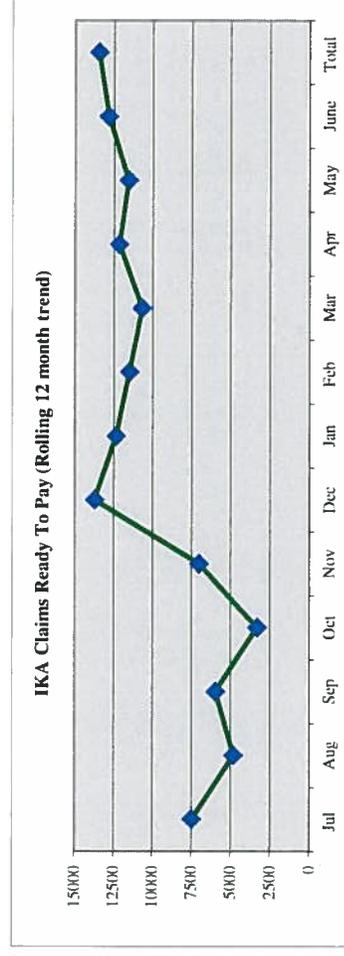
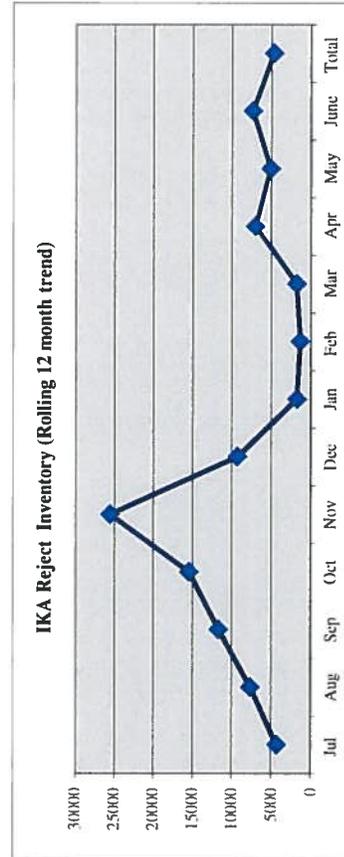
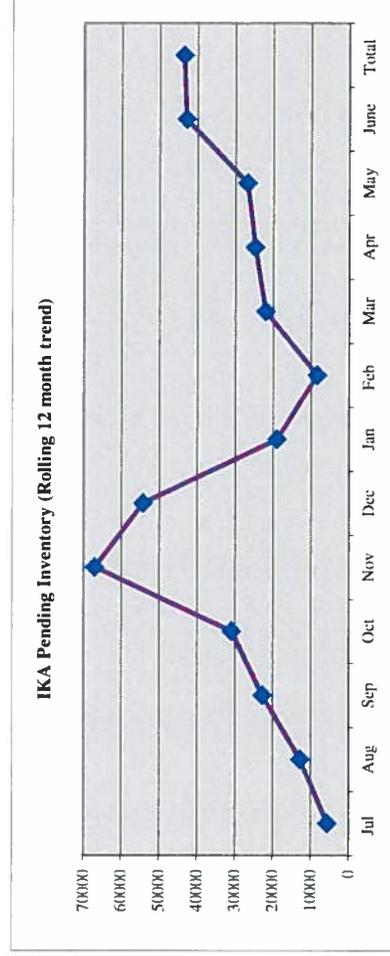
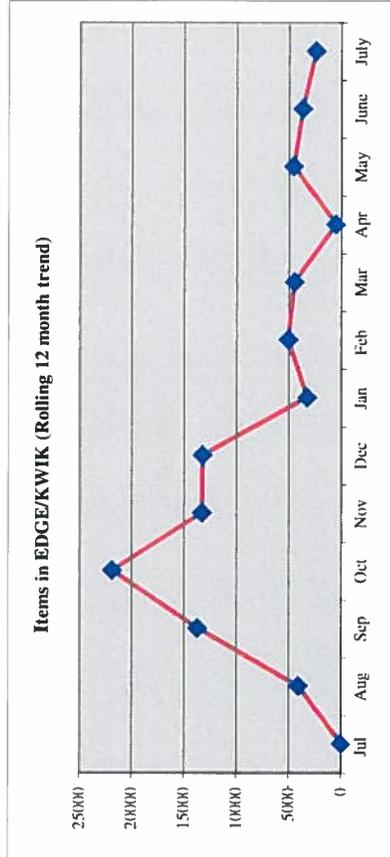
Total Receipts

Current Inventory

Avg./Mail Receipts (20 days)

DROH Current Inventory / Avg. Mail Receipts

| | | | | | | | | | | | | |
|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|
| - | 4,107 | 13,750 | 21,908 | 13,318 | 13,268 | 3,275 | 5,080 | 4,505 | 520 | 4,579 | 3,705 | 2,440 |
| 5,616 | 12,834 | 22,724 | 30,947 | 67,135 | 54,344 | 18,997 | 8,417 | 22,085 | 24,781 | 26,815 | 42,938 | 43,581 |
| 4,335 | 7,703 | 11,718 | 15,495 | 25,606 | 9,350 | 1,793 | 1,355 | 1,804 | 7,094 | 5,165 | 7,424 | 4,749 |
| 7,511 | 4,845 | 5,998 | 3,354 | 7,054 | 13,758 | 12,376 | 11,523 | 10,719 | 12,182 | 11,589 | 12,882 | 13,499 |
| 11,342 | 13,809 | 23,477 | 22,246 | 15,536 | 15,441 | 20,998 | 22,057 | 18,159 | 21,883 | 23,082 | 24,089 | 31,285 |
| 17,462 | 30,425 | 54,338 | 71,728 | 113,113 | 90,720 | 36,441 | 26,375 | 39,113 | 44,577 | 48,148 | 66,949 | 64,269 |
| 1,633 | 2,680 | 3,881 | 4,540 | 4,414 | 3,799 | 3,903 | 4,535 | 4,669 | 4,479 | 4,244 | 4,893 | 5,069 |
| 11 | 11 | 14 | 16 | 26 | 24 | 9 | 6 | 8 | 10 | 11 | 14 | 13 |



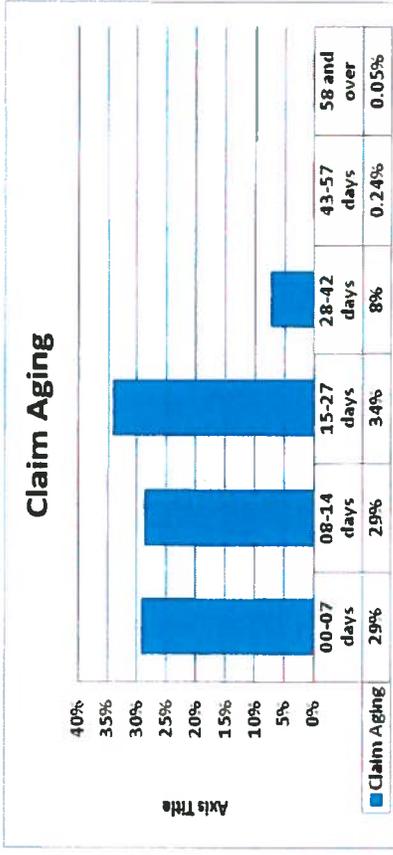
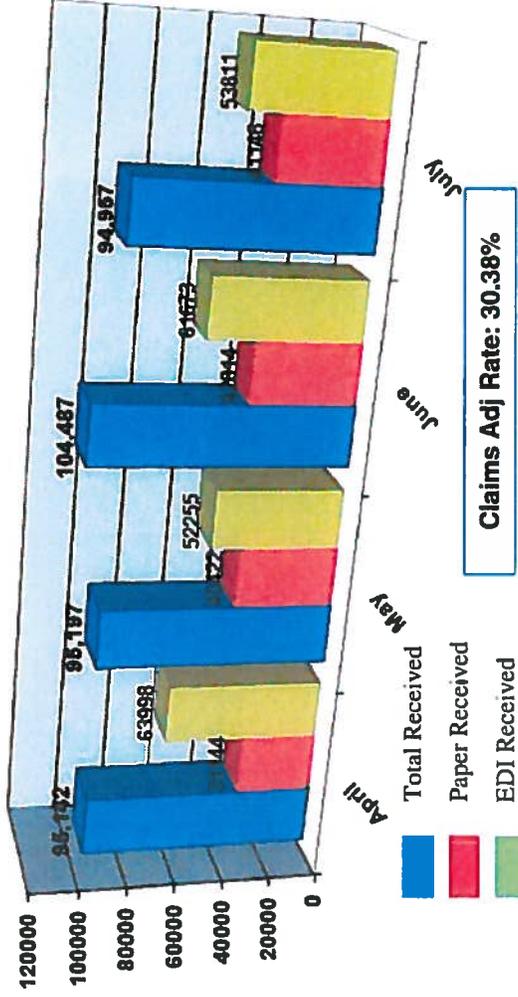
Claim Dashboard - July 2012

Top Operational Issues

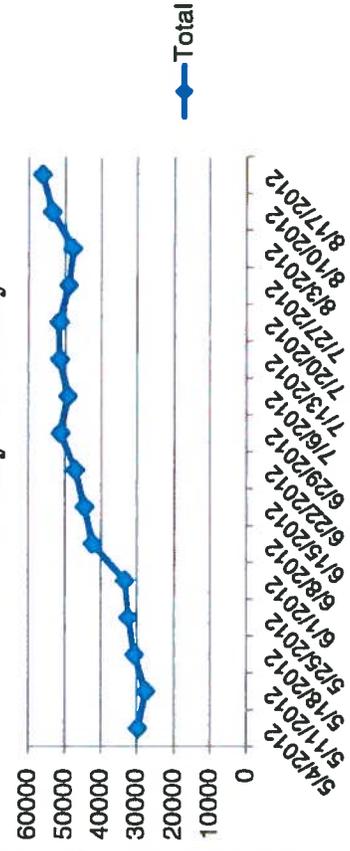
- > Claims Reduction Plan - TAT 30 days
- > Interest Payments
- > Adjustments/Refunds

Top Projects

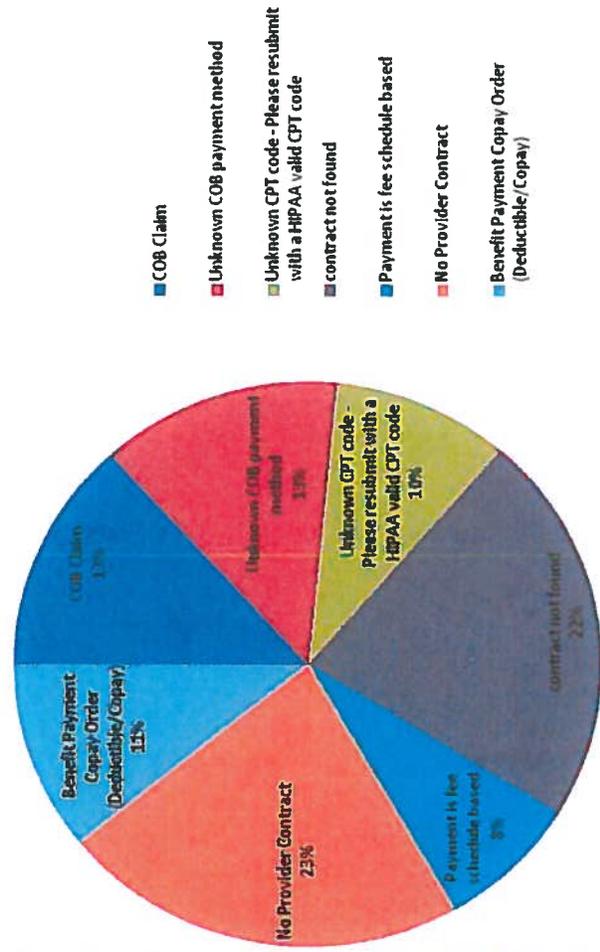
- > 835 for smaller providers-September
- > EFT -8/31/12
- > Vision Management Group-9/31/12 (Pending 35C)
- > CBAS-Letters to Members 8/24/12, Impl. 10/1/12
- > Clinicas Kickoff – September 2012



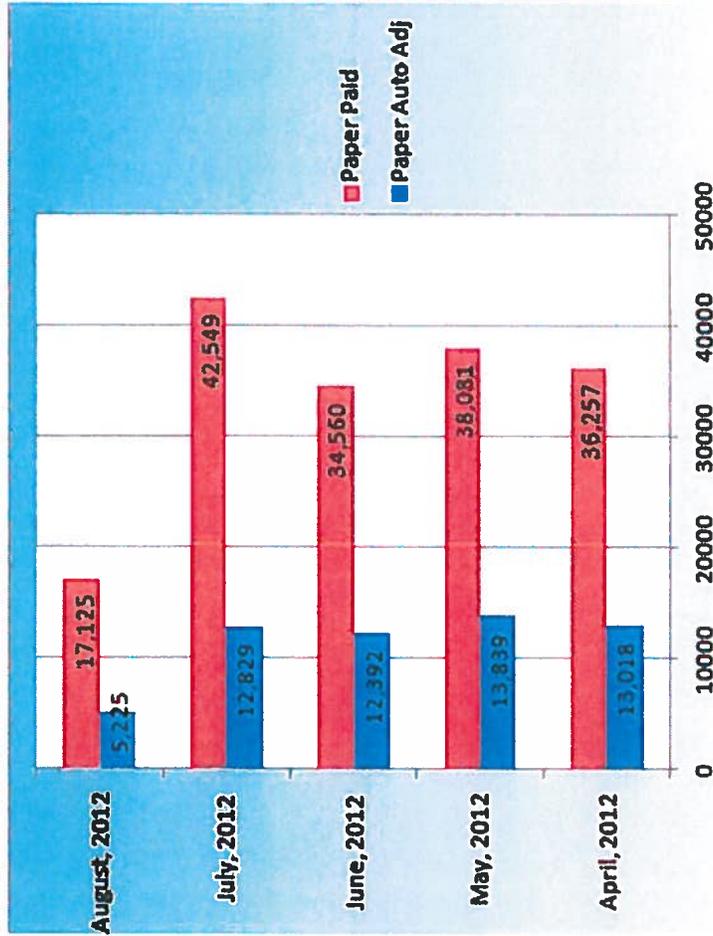
Weekly Inventory



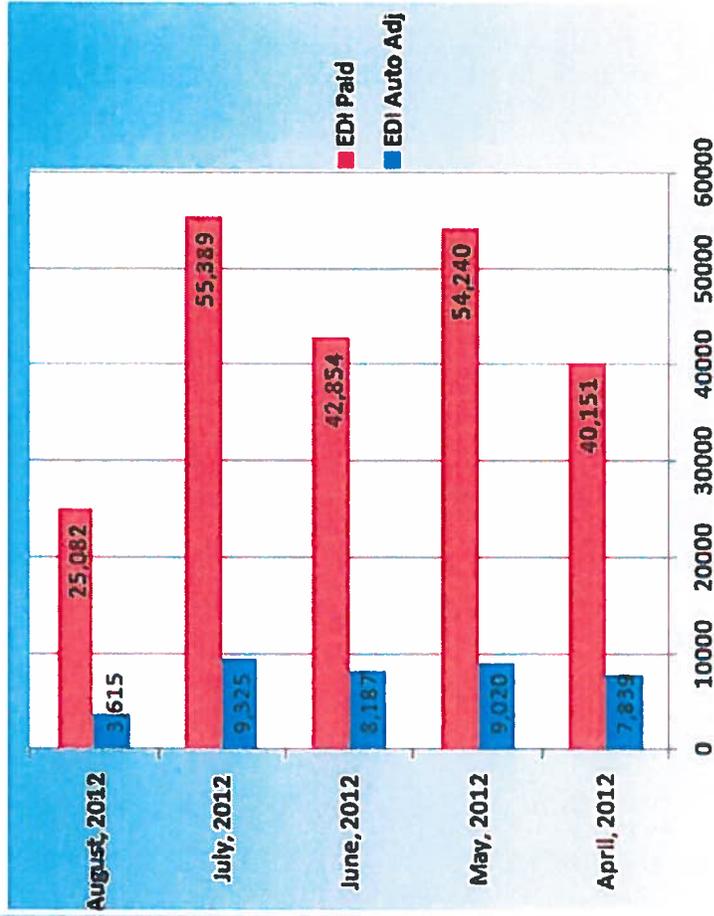
Percentage Breakdown of Pends



Trends

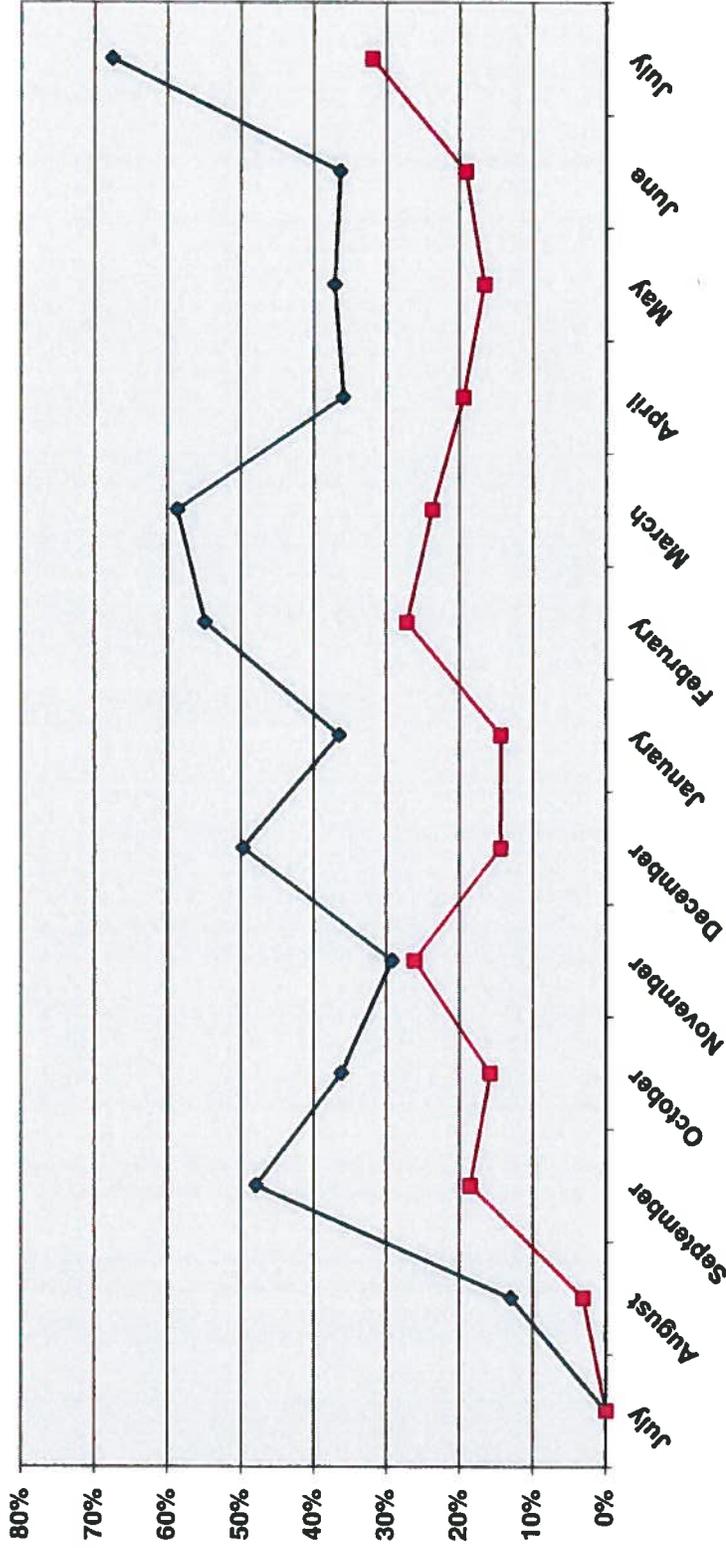


EDI Paid vs EDI Auto-Adjudication



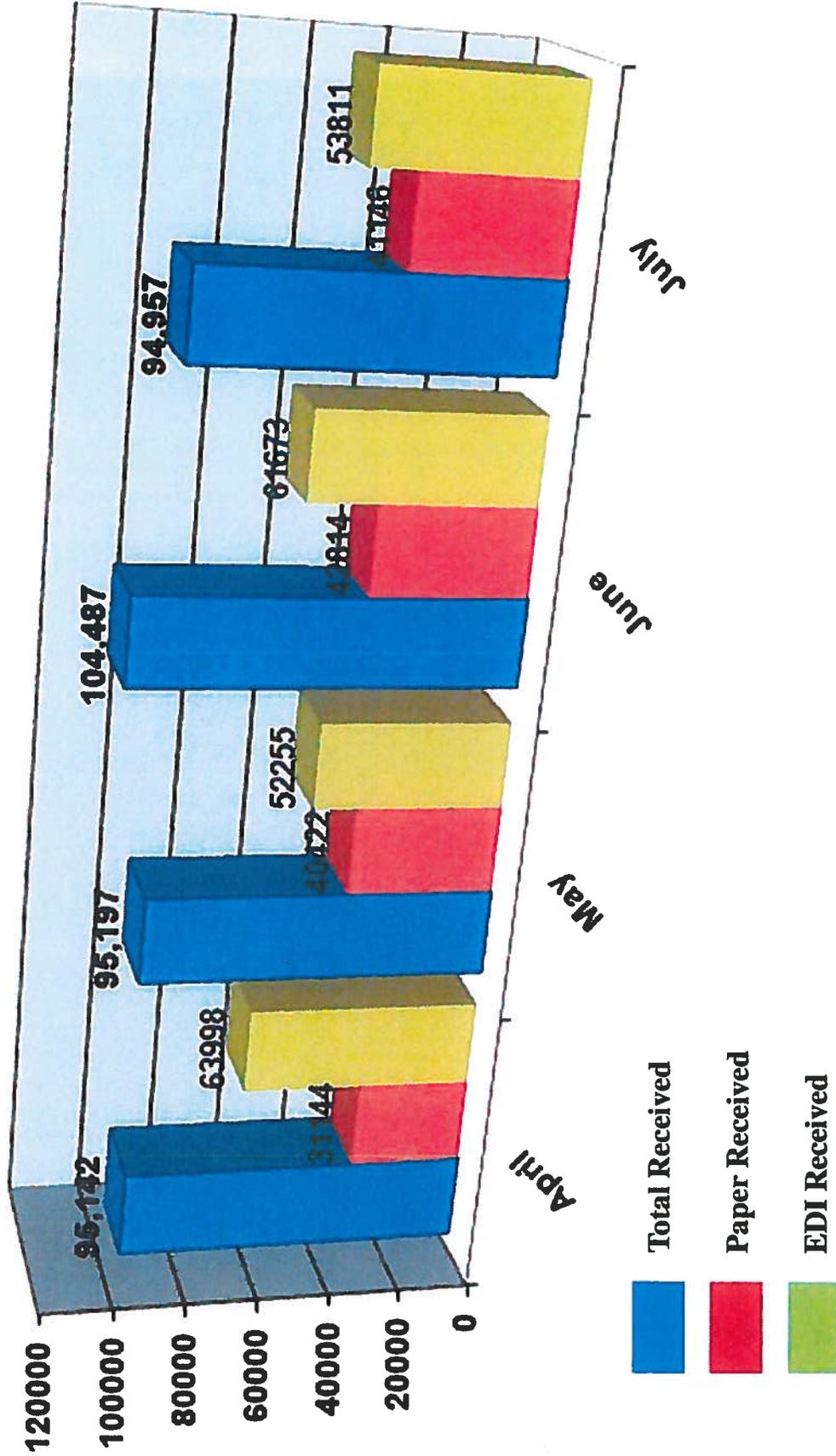
Trends

Auto-Adjudication



Trends

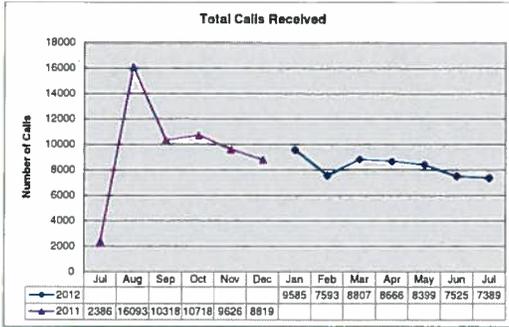
Claims Received



**Gold Coast Health Plan
Call Center Volume Stats Trend**

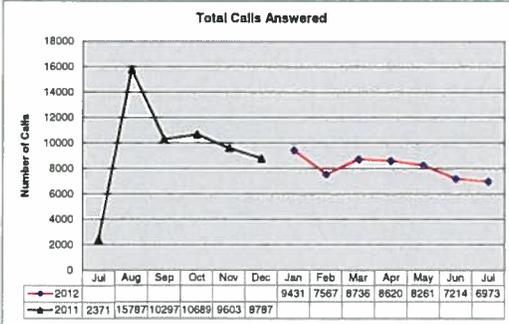
Calls Received

| | 2011 | 2012 |
|-------|-------|-------|
| Jul | 2386 | |
| Aug | 16093 | |
| Sep | 10318 | |
| Oct | 10718 | |
| Nov | 9626 | |
| Dec | 8819 | |
| Jan | | 9585 |
| Feb | | 7593 |
| Mar | | 8807 |
| Apr | | 8666 |
| May | | 8399 |
| Jun | | 7525 |
| Jul | | 7389 |
| Total | 57960 | 57964 |



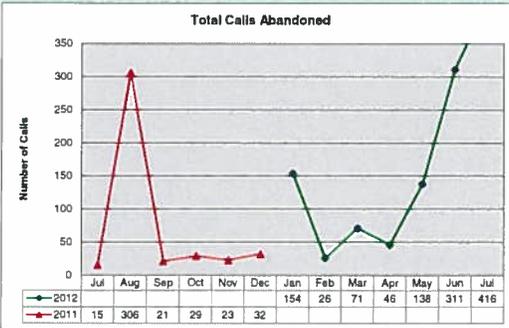
Calls Answered

| | 2011 | 2012 |
|-------|-------|-------|
| Jul | 2371 | |
| Aug | 15787 | |
| Sep | 10297 | |
| Oct | 10689 | |
| Nov | 9603 | |
| Dec | 8787 | |
| Jan | | 9431 |
| Feb | | 7567 |
| Mar | | 8736 |
| Apr | | 8620 |
| May | | 8261 |
| Jun | | 7214 |
| Jul | | 6973 |
| Total | 57534 | 56802 |



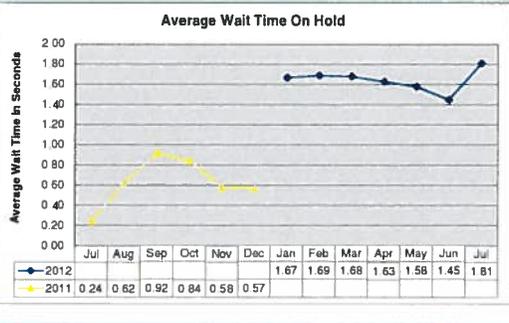
Calls Abandoned

| | 2011 | 2012 |
|-------|------|------|
| Jul | 15 | |
| Aug | 306 | |
| Sep | 21 | |
| Oct | 29 | |
| Nov | 23 | |
| Dec | 32 | |
| Jan | | 154 |
| Feb | | 26 |
| Mar | | 71 |
| Apr | | 46 |
| May | | 138 |
| Jun | | 311 |
| Jul | | 416 |
| Total | 2437 | 1162 |



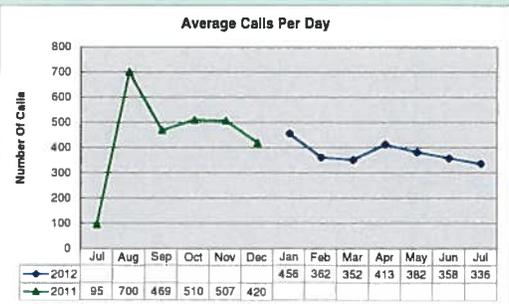
**Average Wait Time On Hold
(50 seconds goal)**

| | 2011 | 2012 |
|-----|------|------|
| Jul | 0.24 | |
| Aug | 0.62 | |
| Sep | 0.92 | |
| Oct | 0.84 | |
| Nov | 0.58 | |
| Dec | 0.57 | |
| Jan | | 1.67 |
| Feb | | 1.69 |
| Mar | | 1.68 |
| Apr | | 1.63 |
| May | | 1.58 |
| Jun | | 1.45 |
| Jul | | 1.81 |



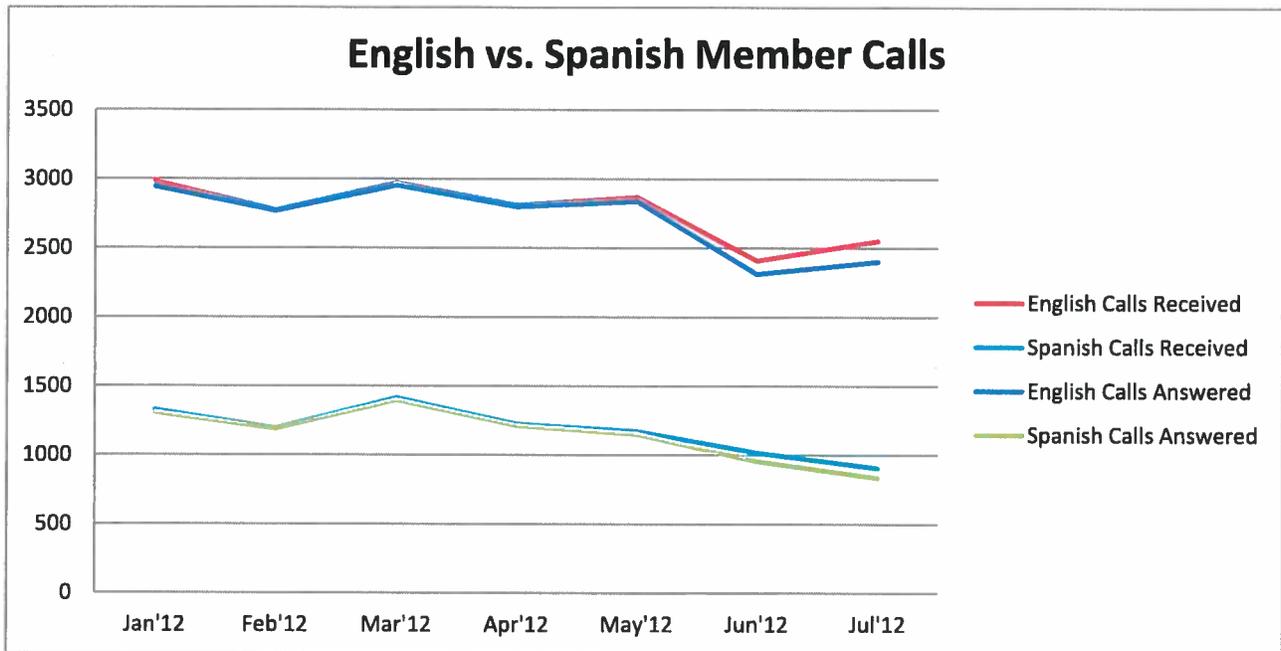
Average Calls Per Day

| | 2011 | 2012 |
|-----|------|------|
| Jul | 95 | |
| Aug | 700 | |
| Sep | 469 | |
| Oct | 510 | |
| Nov | 507 | |
| Dec | 420 | |
| Jan | | 456 |
| Feb | | 362 |
| Mar | | 352 |
| Apr | | 413 |
| May | | 382 |
| Jun | | 358 |
| Jul | | 336 |



Gold Coast Health Plan
 Call Center Comparison Trend
 English vs. Spanish Member Calls

| Call Center Activity | Jan'12 | Feb'12 | Mar'12 | Apr'12 | May'12 | Jun'12 | Jul'12 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|
| English Calls Received | 2981 | 2775 | 2970 | 2811 | 2869 | 2406 | 2551 |
| Spanish Calls Received | 1326 | 1193 | 1416 | 1226 | 1172 | 1017 | 905 |
| English Calls Answered | 2944 | 2767 | 2953 | 2800 | 2837 | 2310 | 2401 |
| Spanish Calls Answered | 1308 | 1190 | 1398 | 1212 | 1151 | 954 | 834 |

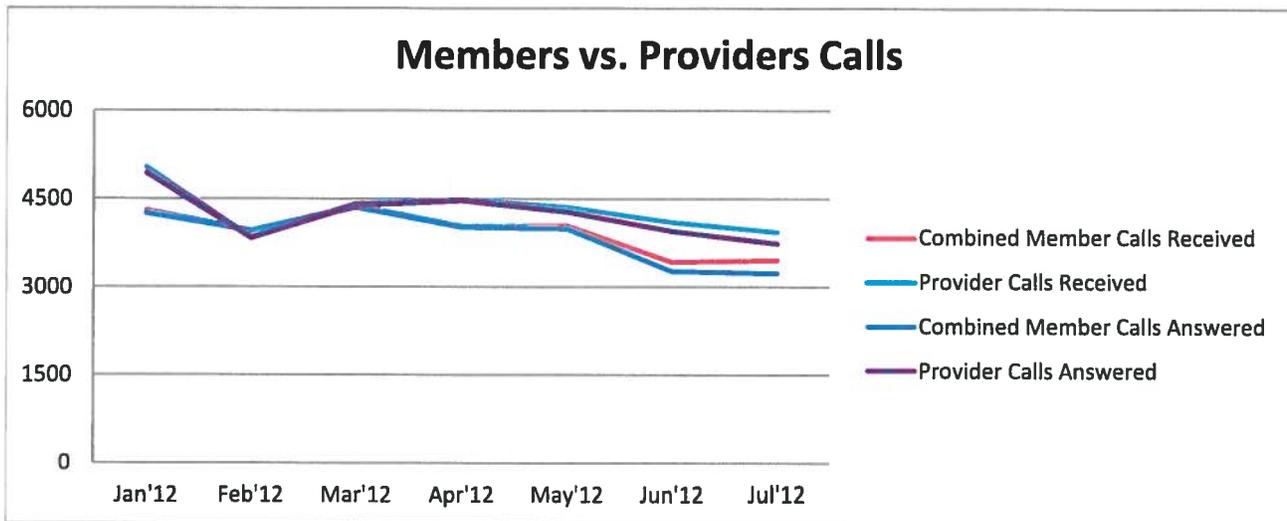


Gold Coast Health Plan

Call Center Comparison Trend

Combined Members vs. Provider Calls

| Call Center Activity | Jan'12 | Feb'12 | Mar'12 | Apr'12 | May'12 | Jun'12 | Jul'12 |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|
| Combined Member Calls Received | 4307 | 3968 | 4386 | 4037 | 4041 | 3423 | 3456 |
| Provider Calls Received | 5037 | 3845 | 4421 | 4483 | 4358 | 4102 | 3933 |
| Combined Member Calls Answered | 4252 | 3957 | 4351 | 4012 | 3988 | 3264 | 3235 |
| Provider Calls Answered | 4940 | 3830 | 4385 | 4463 | 4273 | 3950 | 3738 |



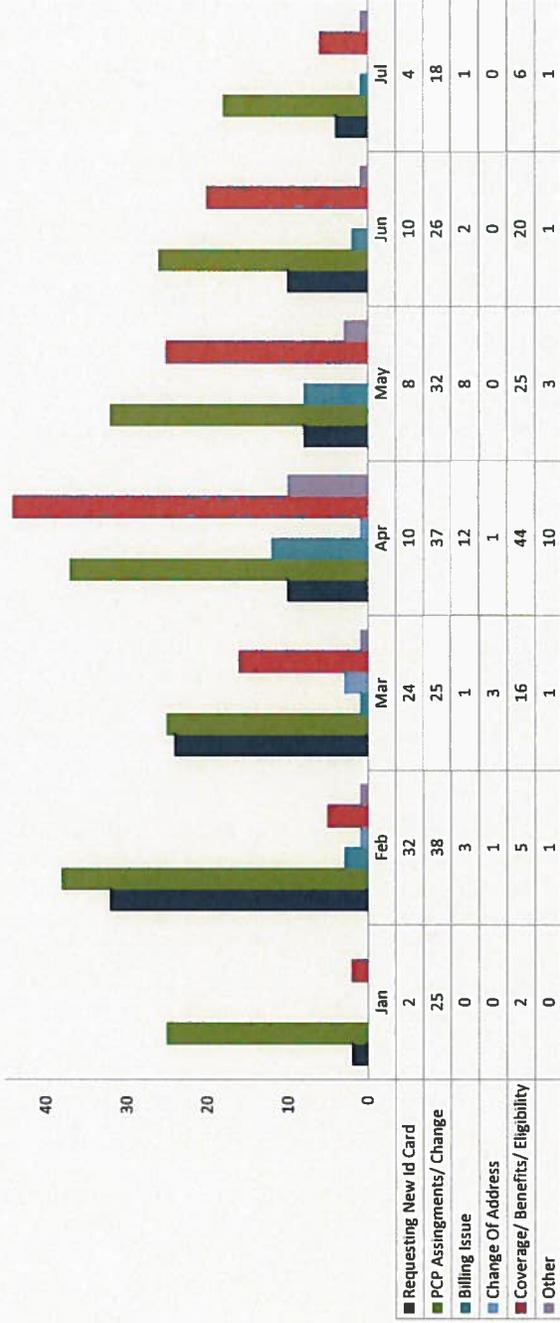
Gold Coast Health Plan

Member Services Daily Activity Trend

Type of Walk- Ins/ Calls Issues Comparison
January - July 2012

| Type of Issue Requesting | Jan | Feb | Mar | Apr | May | Jun | Jul |
|---------------------------------|-----------|-----------|-----------|------------|-----------|-----------|-----------|
| Requesting New Id Card | 2 | 32 | 24 | 10 | 8 | 10 | 4 |
| PCP Assignments/ Change | 25 | 38 | 25 | 37 | 32 | 26 | 18 |
| Billing Issue | 0 | 3 | 1 | 12 | 8 | 2 | 1 |
| Change Of Address | 0 | 1 | 3 | 1 | 0 | 0 | 0 |
| Coverage/ Benefits/ Eligibility | 2 | 5 | 16 | 44 | 25 | 20 | 6 |
| Other | 0 | 1 | 1 | 10 | 3 | 1 | 1 |
| Total Count | 29 | 80 | 70 | 114 | 76 | 59 | 30 |

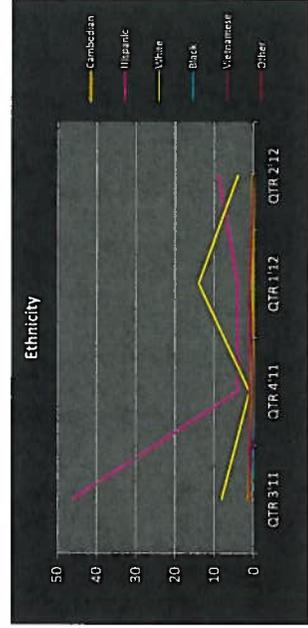
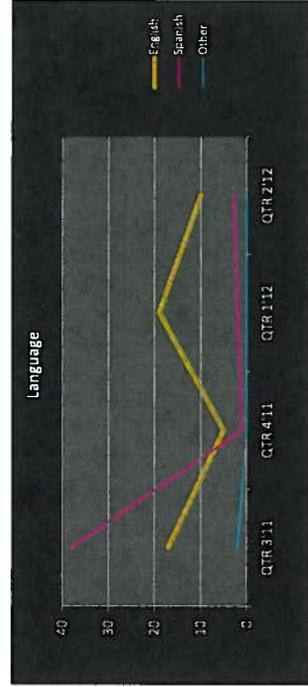
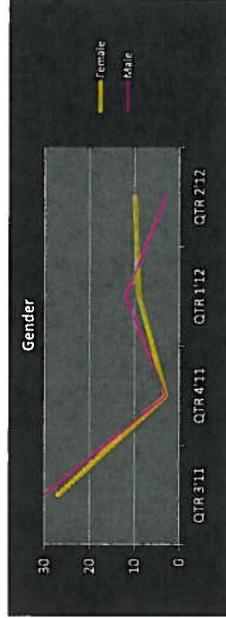
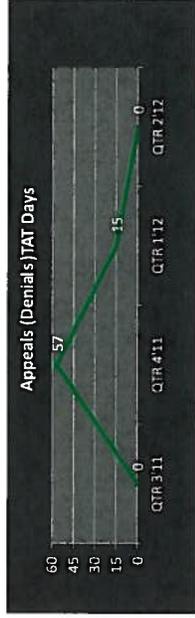
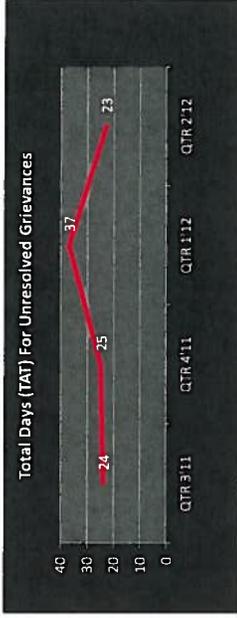
Walk - In's/Calls Issues Trend



Gold Coast Health Plan

Medi-Cal Member Grievances And Appeals Stats
For The Twelve Months Ended June 30, 2012

| | Calendar Year 2011- 2012 | | | |
|--|--------------------------|----------|-----------|-----------|
| | QTR 3'11 | QTR 4'11 | QTR 1'12 | QTR 2'12 |
| Total Number of Days (TAT) Unresolved Grievance (within 30 days) | 24 | 25 | 37 | 23 |
| Total Count Unresolved Grievance (within 30 days) | 57 | 4 | 12 | 12 |
| Pending > 30 days | 0 | 0 | 2 | 0 |
| Appeals (Denials) TAT days | 0 | 57 | 15 | 0 |
| Appeals (Denials) Total Count | 0 | 2 | 9 | 0 |
| Issue Type: | | | | |
| Access To Care | 0 | 0 | 0 | 0 |
| Access to Specialist | 0 | 0 | 1 | 1 |
| Coverage Disputes | 0 | 0 | 1 | 0 |
| Culture & Linguistics | 0 | 0 | 0 | 0 |
| Disputes Involving Medical Necessity | 0 | 2 | 9 | 1 |
| Quality of Care | 0 | 1 | 3 | 1 |
| Quality of Service | 2 | 3 | 4 | 8 |
| Timely Assignment | 55 | 0 | 3 | 2 |
| Total | 57 | 6 | 21 | 13 |
| Gender: | | | | |
| Female | 27 | 3 | 9 | 10 |
| Male | 30 | 3 | 12 | 3 |
| Total | 57 | 6 | 21 | 13 |
| Language: | | | | |
| English | 17 | 5 | 19 | 10 |
| Spanish | 38 | 1 | 2 | 3 |
| Other | 2 | 0 | 0 | 0 |
| Total | 57 | 6 | 21 | 13 |
| Ethnicity: | | | | |
| Cambodian | 1 | 0 | 0 | 0 |
| Hispanic | 46 | 4 | 4 | 9 |
| White | 8 | 1 | 14 | 4 |
| Black | 0 | 0 | 1 | 0 |
| Vietnamese | 1 | 0 | 1 | 0 |
| Other | 1 | 1 | 1 | 0 |
| Total | 57 | 6 | 21 | 13 |



Gold Coast Health Plan
Fiscal Year July 1, 2012 - June 30, 2013
Forecasted P & L - 08.23.12

| | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total |
|---------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Enrollment-Members | 96,540 | 96,564 | 96,588 | 97,612 | 97,637 | 97,661 | 97,686 | 97,710 | 97,734 | 97,759 | 97,783 | 97,808 | 1,169,083 |
| Retroactivity | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Member Months | 96,540 | 96,564 | 96,588 | 97,612 | 97,637 | 97,661 | 97,686 | 97,710 | 97,734 | 97,759 | 97,783 | 97,808 | 1,169,083 |
| Average Membership | | | | | | | | | | | | | 97,424 |
| <u>Revenue</u> | | | | | | | | | | | | | |
| Premium | 24,937,223 | 24,943,457 | 24,949,693 | 26,058,491 | 26,065,005 | 26,071,522 | 26,078,039 | 26,084,559 | 26,091,080 | 26,097,603 | 26,104,127 | 26,110,653 | 309,591,453 |
| Reserve for Retro Rate Adj | (588,844) | (588,991) | (589,139) | (589,286) | (589,433) | (589,581) | (589,728) | (589,875) | (590,023) | (590,170) | (590,318) | (590,465) | (7,075,853) |
| Adjusted Revenue | 24,348,379 | 24,354,466 | 24,360,555 | 25,469,205 | 25,475,572 | 25,481,941 | 25,488,311 | 25,494,684 | 25,501,057 | 25,507,432 | 25,513,809 | 25,520,188 | 302,515,599 |
| Interest Income | 14,962 | 14,966 | 14,970 | 15,635 | 15,639 | 15,643 | 15,647 | 15,651 | 15,655 | 15,659 | 15,662 | 15,666 | 185,755 |
| Other Income | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 459,996 |
| Total Gross Revenue | 24,401,674 | 24,407,765 | 24,413,857 | 25,523,173 | 25,529,544 | 25,535,917 | 25,542,291 | 25,548,667 | 25,555,045 | 25,561,424 | 25,567,805 | 25,574,187 | 303,161,350 |
| MCO Tax | 586,025 | 586,171 | 586,318 | 612,375 | 612,528 | 612,681 | 612,834 | 612,987 | 613,140 | 613,294 | 613,447 | 613,600 | 7,275,399 |
| Net Revenue | 23,815,650 | 23,821,594 | 23,827,540 | 24,910,798 | 24,917,016 | 24,923,236 | 24,929,457 | 24,935,680 | 24,941,904 | 24,948,130 | 24,954,358 | 24,960,587 | 295,885,951 |
| <u>Health Care Costs</u> | | | | | | | | | | | | | |
| Capitation | 626,428 | 626,585 | 626,742 | 626,898 | 627,055 | 627,212 | 627,369 | 627,526 | 627,682 | 627,839 | 627,996 | 628,153 | 7,527,486 |
| <u>Claims</u> | | | | | | | | | | | | | |
| Inpatient | 10,157,036 | 10,159,576 | 10,162,116 | 11,224,806 | 11,227,612 | 11,230,419 | 11,233,227 | 11,236,035 | 11,238,844 | 11,241,654 | 11,244,464 | 11,247,275 | 131,603,065 |
| Outpatient | 3,209,770 | 3,210,573 | 3,211,375 | 3,212,178 | 3,212,981 | 3,213,784 | 3,214,588 | 3,215,391 | 3,216,195 | 3,216,999 | 3,217,804 | 3,218,608 | 38,570,247 |
| Professional | 2,097,933 | 2,098,458 | 2,098,982 | 2,099,507 | 2,100,032 | 2,100,557 | 2,101,082 | 2,101,607 | 2,102,133 | 2,102,658 | 2,103,184 | 2,103,710 | 25,209,843 |
| Pharmacy | 3,205,671 | 3,206,472 | 3,207,274 | 3,208,075 | 3,208,877 | 3,209,680 | 3,210,482 | 3,211,285 | 3,212,088 | 3,212,891 | 3,213,694 | 3,214,497 | 38,520,985 |
| Other | 1,688,082 | 1,688,504 | 1,688,927 | 1,689,349 | 1,689,771 | 1,690,194 | 1,690,616 | 1,691,039 | 1,691,461 | 1,691,884 | 1,692,307 | 1,692,730 | 20,284,865 |
| Reinsurance | 224,938 | 224,994 | 225,051 | 227,437 | 227,494 | 227,551 | 227,608 | 227,664 | 227,721 | 227,778 | 227,835 | 227,892 | 2,723,964 |
| Care Management | 497,883 | 535,590 | 567,712 | 586,034 | 588,251 | 590,517 | 590,110 | 590,202 | 590,795 | 590,388 | 590,480 | 590,573 | 6,908,534 |
| Total Claims | 21,081,314 | 21,124,167 | 21,161,436 | 22,247,386 | 22,255,018 | 22,262,701 | 22,267,712 | 22,273,224 | 22,279,238 | 22,284,252 | 22,289,768 | 22,295,286 | 263,821,503 |
| Total Health Care Costs | 21,707,742 | 21,750,752 | 21,788,178 | 22,874,285 | 22,882,074 | 22,889,913 | 22,895,081 | 22,900,750 | 22,906,920 | 22,912,092 | 22,917,765 | 22,923,439 | 271,348,989 |
| Administrative Expenses | 1,454,729 | 1,542,562 | 1,657,463 | 1,685,747 | 1,555,797 | 1,523,013 | 1,528,646 | 1,507,515 | 1,512,730 | 1,511,737 | 1,532,764 | 1,512,097 | 18,524,799 |
| Net Income | 653,179 | 528,280 | 381,898 | 350,766 | 479,146 | 510,310 | 505,731 | 527,416 | 522,255 | 524,301 | 503,830 | 525,051 | 6,012,163 |

Gold Coast Health Plan
Fiscal Year July 1, 2012 - June 30, 2013
Forecasted P & L - 08.23.12

| | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Ratio Analysis | | | | | | | | | | | | | |
| Revenue | | | | | | | | | | | | | |
| Premium | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% |
| Interest Income | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% | 0.1% |
| Other Income | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.2% | 0.1% | 0.1% | 0.1% | 0.2% |
| Total Gross Revenue | 100.0% |
| MCO Tax | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% |
| Net Revenue | 97.6% |
| Health Care Costs | | | | | | | | | | | | | |
| Capitation | | | | | | | | | | | | | |
| | 2.6% | 2.6% | 2.6% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% | 2.5% |
| Claims | | | | | | | | | | | | | |
| Inpatient | 42.6% | 42.6% | 42.6% | 45.1% | 45.1% | 45.1% | 45.1% | 45.1% | 45.1% | 45.1% | 45.1% | 45.1% | 44.5% |
| Outpatient | 13.5% | 13.5% | 13.5% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 13.0% |
| Professional | 8.8% | 8.8% | 8.8% | 8.4% | 8.4% | 8.4% | 8.4% | 8.4% | 8.4% | 8.4% | 8.4% | 8.4% | 8.5% |
| Pharmacy | 13.5% | 13.5% | 13.5% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 12.9% | 13.0% |
| Other | 7.1% | 7.1% | 7.1% | 6.8% | 6.8% | 6.8% | 6.8% | 6.8% | 6.8% | 6.8% | 6.8% | 6.8% | 6.9% |
| Reinsurance | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% | 0.9% |
| Care Management | 2.1% | 2.2% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.4% | 2.3% |
| Total Claims | 88.5% | 88.7% | 88.8% | 89.3% | 89.2% |
| Total Health Care Costs | 91.1% | 91.3% | 91.4% | 91.8% | 91.7% |
| Administrative Expenses | | | | | | | | | | | | | |
| | 6.1% | 6.5% | 7.0% | 6.8% | 6.2% | 6.1% | 6.1% | 6.0% | 6.1% | 6.1% | 6.1% | 6.1% | 6.3% |
| Net Income | 2.7% | 2.2% | 1.6% | 1.4% | 1.9% | 2.0% | 2.0% | 2.1% | 2.1% | 2.1% | 2.0% | 2.1% | 2.0% |

| Impact on TNE: | | | | | | | | | | | | | |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Required TNE | 15,362,684 | 15,382,644 | 15,400,817 | 15,543,009 | 15,629,520 | 15,688,198 | 15,730,606 | 15,762,905 | 15,788,518 | 15,809,355 | 15,826,763 | 15,841,598 | 15,841,598 |
| Phased in Requirement | 5,530,566 | 5,537,752 | 5,544,294 | 5,595,483 | 5,626,627 | 5,647,751 | 8,179,915 | 8,196,711 | 8,210,030 | 8,220,865 | 8,229,917 | 8,237,631 | 8,237,631 |
| Monthly TNE | 7,485,872 | 8,014,152 | 8,396,051 | 8,746,817 | 9,225,963 | 9,736,273 | 10,242,004 | 10,769,420 | 11,291,674 | 11,815,976 | 12,319,805 | 12,844,856 | 12,844,856 |
| TNE Excess / (Deficiency) | 1,955,306 | 2,476,401 | 2,851,757 | 3,151,334 | 3,599,336 | 4,088,522 | 2,062,089 | 2,572,709 | 3,081,645 | 3,595,111 | 4,089,889 | 4,607,226 | 4,607,226 |
| | 48.7% | 52.1% | 54.5% | 56.3% | 59.0% | 62.1% | 65.1% | 68.3% | 71.5% | 74.7% | 77.8% | 81.1% | (1) |

| | | | | | | | | | | | | | |
|--|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Minimum TNE | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 |
| 2% of 1st \$150 mil Annualized Premium | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 | 3,000,000 |
| 1% of Annualized Premium > \$150 mil | 1,351,483 | 1,351,839 | 1,352,195 | 1,384,851 | 1,404,594 | 1,417,880 | 1,427,477 | 1,434,768 | 1,440,521 | 1,445,199 | 1,449,094 | 1,452,402 | 1,452,402 |
| 8% of 1st \$150 mil Annualized HCC | 10,487,306 | 10,506,657 | 10,524,220 | 10,538,585 | 10,548,130 | 10,555,273 | 10,560,678 | 10,565,056 | 10,568,803 | 10,572,012 | 10,574,874 | 10,577,475 | 10,577,475 |
| 4% of Annualized HCC > \$150 mil | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 4% of Annualized Hospital Exp | 4,875,377 | 4,875,987 | 4,876,596 | 5,004,424 | 5,081,390 | 5,132,925 | 5,169,929 | 5,197,850 | 5,219,716 | 5,237,344 | 5,251,889 | 5,264,123 | 5,264,123 |

(1) Note - 68% required going into FY 2013-14

Gold Coast Health Plan
Monthly Restated Membership Report
Month, Year

| <u>Aid Category - Member Months</u> | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------------|
| Adult/Family | 70,377 | 70,395 | 70,412 | 70,430 | 70,447 | 70,465 | 70,483 | 70,500 | 70,518 | 70,536 | 70,553 | 70,571 | 845,686 |
| Aged - Medi-cal | 1,150 | 1,150 | 1,151 | 1,151 | 1,151 | 1,151 | 1,152 | 1,152 | 1,152 | 1,153 | 1,153 | 1,153 | 13,819 |
| Disabled - Medi-Cal | 7,764 | 7,766 | 7,768 | 7,770 | 7,772 | 7,774 | 7,776 | 7,778 | 7,780 | 7,781 | 7,783 | 7,785 | 93,296 |
| Long Term Care - Medi-Cal | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 76 | 913 |
| Aged - Dual | 8,809 | 8,811 | 8,813 | 8,816 | 8,818 | 8,820 | 8,822 | 8,824 | 8,827 | 8,829 | 8,831 | 8,833 | 105,853 |
| Disabled - Dual | 7,203 | 7,205 | 7,207 | 7,208 | 7,210 | 7,212 | 7,214 | 7,216 | 7,217 | 7,219 | 7,221 | 7,223 | 86,555 |
| Long Term Care - Dual | 905 | 905 | 905 | 906 | 906 | 906 | 906 | 907 | 907 | 907 | 907 | 907 | 10,875 |
| BCCTP | 256 | 256 | 256 | 256 | 256 | 256 | 256 | 256 | 257 | 257 | 257 | 257 | 3,076 |
| CBAS | - | - | - | 1,000 | 1,000 | 1,001 | 1,001 | 1,001 | 1,001 | 1,002 | 1,002 | 1,002 | 9,009 |
| Total | 96,540 | 96,564 | 96,588 | 97,612 | 97,637 | 97,661 | 97,686 | 97,710 | 97,734 | 97,759 | 97,783 | 97,808 | 1,169,083 |

| <u>Aid Category - Allocated P&L</u> | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Total |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|
| Adult/Family (Incl Hyde) | 533,388 | 442,359 | 335,669 | 319,149 | 411,802 | 434,310 | 431,030 | 446,700 | 442,999 | 444,500 | 429,752 | 445,087 | 5,116,744 |
| Aged - Medi-cal | 97,885 | 96,420 | 94,699 | 94,451 | 95,987 | 96,377 | 96,346 | 96,625 | 96,586 | 96,633 | 96,415 | 96,688 | 1,155,112 |
| Disabled - Medi-Cal | 523,346 | 513,420 | 501,766 | 500,060 | 510,397 | 512,997 | 512,751 | 514,596 | 514,304 | 514,586 | 513,075 | 514,884 | 6,146,181 |
| Long Term Care - Medi-Cal | (8,886) | (8,987) | (9,105) | (9,125) | (9,027) | (9,005) | (9,011) | (8,996) | (9,003) | (9,004) | (9,022) | (9,008) | (108,178) |
| Aged - Dual | (327,112) | (338,605) | (352,058) | (354,224) | (342,725) | (340,006) | (340,515) | (338,653) | (339,215) | (339,125) | (341,070) | (339,249) | (4,092,557) |
| Disabled - Dual | (145,806) | (155,173) | (166,142) | (167,883) | (158,451) | (156,197) | (156,583) | (155,029) | (155,458) | (155,355) | (156,914) | (155,395) | (1,884,386) |
| Long Term Care - Dual | (121,106) | (122,309) | (123,713) | (123,957) | (122,798) | (122,541) | (122,615) | (122,445) | (122,525) | (122,538) | (122,759) | (122,594) | (1,471,901) |
| BCCTP | 48,176 | 47,857 | 47,480 | 47,431 | 47,780 | 47,874 | 47,873 | 47,942 | 47,940 | 47,957 | 47,915 | 47,982 | 574,206 |
| CBAS | - | - | - | (9,104) | (7,792) | (7,475) | (7,525) | (7,306) | (7,362) | (7,344) | (7,557) | (7,343) | (68,809) |
| Total | 599,884 | 474,981 | 328,596 | 296,798 | 425,174 | 456,334 | 451,751 | 473,432 | 468,267 | 470,310 | 449,834 | 471,051 | 5,366,412 |
| Interest Income | 14,962 | 14,966 | 14,970 | 15,635 | 15,639 | 15,643 | 15,647 | 15,651 | 15,655 | 15,659 | 15,662 | 15,666 | 185,755 |
| Other Income | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 38,333 | 459,996 |
| Net Income | 653,179 | 528,280 | 381,898 | 350,766 | 479,146 | 510,310 | 505,731 | 527,416 | 522,255 | 524,301 | 503,830 | 525,051 | 6,012,163 |

Gold Coast Health Plan

Fiscal Year July 1, 2012 - June 30, 2013

Total Administrative Expense

| | | 2012-13 | | | | | | | | | | | | |
|-------------------------------------|------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|
| | | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Budget |
| Salaries | 7200 | 268,452 | 316,694 | 382,663 | 394,003 | 402,277 | 409,446 | 409,446 | 409,446 | 409,446 | 409,446 | 409,446 | 409,446 | 4,630,210 |
| Benefits | 7400 | 116,363 | 140,839 | 160,599 | 168,545 | 172,085 | 177,499 | 177,499 | 177,499 | 177,499 | 177,499 | 177,499 | 177,499 | 2,000,926 |
| Temp Labor | 7210 | 54,483 | 54,483 | 54,483 | 44,528 | 9,398 | - | - | - | - | - | - | - | 217,375 |
| EE Recruitment | 8410 | 750 | 1,500 | 36,000 | 750 | - | - | - | - | - | - | - | - | 39,000 |
| Staff Training & Seminars | 7500 | 500 | 500 | 700 | 500 | 500 | 700 | 500 | 500 | 700 | 500 | 500 | 700 | 6,800 |
| Conferences | 7510 | - | 600 | 500 | 815 | 500 | 1,700 | 300 | - | 2,500 | 300 | - | 400 | 7,615 |
| Outside Services - ACS | 6070 | 867,355 | 867,555 | 867,754 | 876,223 | 876,424 | 876,626 | 876,828 | 877,030 | 877,232 | 877,434 | 877,636 | 877,838 | 10,495,936 |
| Outside Services - Scriptcare | 6080 | 248,439 | 248,502 | 248,564 | 248,626 | 248,688 | 248,750 | 248,812 | 248,875 | 248,937 | 248,999 | 249,061 | 249,124 | 2,985,376 |
| Care Management - ACS | 6090 | 199,838 | 199,868 | 217,382 | 236,141 | 236,355 | 236,386 | 236,416 | 236,446 | 236,477 | 236,507 | 236,538 | 236,568 | 2,744,922 |
| Outside Services - RGS | 6330 | 10,196 | 11,651 | - | - | - | - | - | - | - | - | - | - | 21,847 |
| Outside Services - Other | 6340 | 40,697 | 45,697 | 43,127 | 93,197 | 17,892 | 22,962 | 17,962 | 17,892 | 17,962 | 17,892 | 17,962 | 17,892 | 371,134 |
| Consulting Services | 6320 | 27,340 | 32,340 | 44,840 | 44,840 | 47,340 | 27,340 | 27,340 | 27,340 | 27,340 | 27,340 | 27,340 | 27,340 | 388,080 |
| Translation Services | 6335 | 1,383 | 1,383 | 1,383 | 1,388 | 1,388 | 1,388 | 1,388 | 1,389 | 1,389 | 1,389 | 1,389 | 1,389 | 16,645 |
| Meetings & Events | 7520 | - | 1,000 | 500 | 3,666 | - | - | - | - | - | - | - | - | 5,166 |
| Travel - Airlines | 7600 | 2,260 | 700 | 1,245 | 2,460 | - | 500 | 1,960 | - | 500 | 1,960 | - | 200 | 11,785 |
| Travel - Hotels | 7610 | 1,750 | - | 678 | 2,400 | - | - | 1,750 | - | - | 1,750 | - | - | 8,328 |
| Travel - Auto & Transportation | 7620 | 1,977 | 1,900 | 1,302 | 1,987 | 94 | 1,294 | 913 | 104 | 1,153 | 916 | 100 | 1,095 | 12,835 |
| Travel - Meals | 7630 | 580 | 250 | 501 | 675 | - | 180 | 420 | - | 150 | 420 | - | 150 | 3,326 |
| Travel - Misc./Tips | 7640 | 50 | - | - | 60 | - | - | 50 | - | - | 50 | - | - | 210 |
| Non-Capital Furniture & Equipment | 7900 | 4,500 | 9,000 | 6,000 | 4,500 | 10,000 | 3,000 | - | - | - | - | - | - | 37,000 |
| Non-Capital Equipment - Computer | 7910 | 4,800 | 9,600 | 6,400 | 4,800 | 20,000 | 3,200 | - | - | - | - | - | - | 48,800 |
| Software Licenses | 8020 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 25,678 | 308,136 |
| Lease - Office | 7700 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 13,420 | 161,040 |
| Office & Operating Supplies | 7920 | 3,497 | 3,994 | 4,344 | 4,524 | 4,524 | 4,724 | 4,724 | 4,724 | 4,724 | 4,724 | 4,724 | 4,724 | 53,954 |
| Shipping & Postage | 8000 | 415 | 432 | 11,322 | 2,872 | 522 | 522 | 11,322 | 522 | 522 | 522 | 11,322 | 522 | 40,819 |
| Printing | 8010 | 2,261 | 2,329 | 8,533 | 9,943 | 1,945 | 1,945 | 8,545 | 1,945 | 1,945 | 1,945 | 8,545 | 1,945 | 51,827 |
| Repairs & Maintenance | 8030 | 626 | 627 | 702 | 702 | 703 | 703 | 703 | 704 | 704 | 705 | 705 | 705 | 8,289 |
| Telephone Services/Internet Charges | 8200 | 1,759 | 1,768 | 1,888 | 1,940 | 1,940 | 1,967 | 1,967 | 1,967 | 1,967 | 1,967 | 1,967 | 1,967 | 23,064 |
| Charitable Contributions | 8720 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Advertising & Promotions Expense | 8400 | - | - | 2,500 | - | - | 2,500 | - | - | 2,500 | - | - | 2,500 | 10,000 |
| Insurance | 8500 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 3,255 | 39,060 |
| Legal | 6310 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 11,500 | 138,000 |
| Accounting & Actuarial | 6300 | 7,500 | 38,500 | 37,000 | 37,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 5,000 | 160,000 |
| Bank Fees | 6150 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Meals & Entertainment | 7530 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Committee & Advisory Fees | 6360 | 2,100 | 3,550 | 2,100 | 2,100 | 3,550 | 2,100 | 2,100 | 3,550 | 2,100 | 2,100 | 3,550 | 2,100 | 31,000 |
| Professional Dues, Fees, & Licenses | 8700 | 5,076 | 5,576 | 5,436 | 5,076 | 5,076 | 5,276 | 5,076 | 5,076 | 5,076 | 5,076 | 5,276 | 5,076 | 62,172 |
| Subscriptions & Publications | 8710 | - | - | - | - | - | - | - | - | - | - | 7,000 | 800 | 7,800 |
| Depreciation/ Amortization Expense | 7810 | 1,806 | 1,806 | 1,806 | 1,806 | 2,139 | 2,139 | 2,139 | 2,139 | 2,139 | 2,139 | 2,139 | 2,139 | 24,336 |
| Interest Expense | 8600 | 22,005 | 21,657 | 21,072 | 21,861 | 21,853 | 21,829 | 21,740 | 21,716 | 21,709 | 21,692 | 21,691 | 21,696 | 260,521 |
| Total | | 1,952,611 | 2,078,152 | 2,225,176 | 2,271,781 | 2,144,048 | 2,113,530 | 2,118,755 | 2,097,717 | 2,103,525 | 2,102,125 | 2,123,244 | 2,102,670 | 25,433,333 |
| Care Management | | 497,883 | 535,590 | 567,712 | 586,034 | 588,251 | 590,517 | 590,110 | 590,202 | 590,795 | 590,388 | 590,480 | 590,573 | 6,908,534 |
| Administrative | | 1,454,729 | 1,542,562 | 1,657,463 | 1,685,747 | 1,555,797 | 1,523,013 | 1,528,646 | 1,507,515 | 1,512,730 | 1,511,737 | 1,532,764 | 1,512,097 | 18,524,799 |
| Total | | 1,952,611 | 2,078,152 | 2,225,176 | 2,271,781 | 2,144,048 | 2,113,530 | 2,118,755 | 2,097,717 | 2,103,525 | 2,102,125 | 2,123,244 | 2,102,670 | 25,433,333 |

Gold Coast Health Plan

Staffing Budget: FY 2012-13

| | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Gold Coast Health Plan FTEs | 40 | 46 | 50 | 53 | 53 | 55 | 55 | 55 | 55 | 55 | 55 | 55 |
| ACS Nursing Staff | 12 | 12 | 14 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| Temporary Help | 4 | 4 | 4 | 3 | 3 | - | - | - | - | - | - | - |
| Open Positions | - | - | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 * |
| | 56 | 62 | 70 | 79 | 79 | 78 | 78 | 78 | 78 | 78 | 78 | 78 |

Current FTEs, 7/1/12 39

Known new hires:

| | | |
|---------------------------|---|----|
| CEO | 1 | |
| Contract Manager | 1 | |
| Outreach Coordinator | 1 | |
| QM - Delegated Oversight | 1 | |
| QM - HESDI/QI Mgr | 1 | |
| QM - HESDI/QI Staff | 1 | |
| Clinical Operations Ass't | 3 | |
| Member Services Rep | 1 | |
| Provider Services Rep | 1 | 11 |

Recruiting in Process

| | | |
|--------------------------|---|----|
| IT Director | 1 | |
| COO | 1 | |
| Health Services Director | 1 | |
| Care Coordination Mgr | 1 | |
| H/R Technician | 1 | 5 |
| FTEs in Budget | | 55 |

Open Positions

| | | |
|------------------------|---|----|
| Sr Accountant | 1 | |
| QI-Master Trainer | 1 | |
| H/R Director/Manager | 1 | |
| H/R Analyst | 1 | |
| Provider Relations Rep | 3 | 7 |
| | | 62 |

* Open positions are shown for information only - no salary or benefit dollars in current budget version

Gold Coast Health Plan

Fiscal Year July 1, 2012 - June 30, 2013

Total Administrative Expense

| | 2012-13 | 2011-12 | | | |
|-------------------------------------|-------------------|-------------------|------------------|-------------|---|
| | Budget | Actual | Change | %Change | |
| Salaries | 4,630,210 | 3,174,802 | 1,455,408 | 45.8% | Staff adds of 16 FTEs |
| Benefits | 2,000,926 | 1,268,138 | 732,788 | 57.8% | |
| Temp Labor | 217,375 | 240,532 | (23,157) | -9.6% | |
| EE Recruitment | 39,000 | 131,912 | (92,912) | -70.4% | Assumes use of outside recruiting firms for 1 position |
| Staff Training & Seminars | 6,800 | 3,607 | 3,193 | 88.5% | |
| Conferences | 7,615 | 1,710 | 5,905 | 345.4% | |
| Outside Services - ACS | 10,495,936 | 11,473,044 | (977,108) | -8.5% | Decrease in retroactivity and \$25K drop in monthly flat fee |
| Outside Services - Scriptcare | 2,985,376 | 2,743,337 | 242,040 | 8.8% | Prior Year Q1 started slow |
| Care Management - ACS | 2,744,922 | 2,230,840 | 514,081 | 23.0% | Increase in nursing staff |
| Outside Services - RGS | 21,847 | 113,094 | (91,247) | -80.7% | |
| Outside Services - Other | 371,134 | 780,455 | (409,321) | -52.4% | Tatum, HEDIS project, Compliance 360, ADP processing, IT services |
| Consulting Services | 388,080 | 506,966 | (118,886) | -23.5% | Operations Director, H/R transitions consulting |
| Translation Services | 16,645 | 17,510 | (864) | -4.9% | |
| Meetings & Events | 5,166 | 13,004 | (7,838) | -60.3% | |
| Travel - Airlines | 11,785 | 12,197 | (412) | -3.4% | |
| Travel - Hotels | 8,328 | 7,148 | 1,180 | 16.5% | |
| Travel - Auto & Transportation | 12,835 | 13,048 | (213) | -1.6% | |
| Travel - Meals | 3,326 | 1,136 | 2,191 | 192.9% | |
| Travel - Misc./Tips | 210 | - | 210 | 100.0% | |
| Non-Capital Furniture & Equipment | 37,000 | 106,409 | (69,409) | -65.2% | Assumes additional cubicle or furniture for each new FTE |
| Non-Capital Equipment - Computer | 48,800 | 52,970 | (4,170) | -7.9% | Assumes additional computer for each new FTE |
| Software Licenses | 308,136 | 84,113 | 224,023 | 266.3% | Amortization of MedInsight, Multiview, Verisk & Compliance 360 licenses |
| Lease - Office | 161,040 | 147,194 | 13,846 | 9.4% | Square footage increase per FTE adds |
| Office & Operating Supplies | 53,954 | 77,767 | (23,813) | -30.6% | |
| Shipping & Postage | 40,819 | 185,519 | (144,700) | -78.0% | No large mailing needed for launch this year |
| Printing | 51,827 | 58,075 | (6,248) | -10.8% | |
| Repairs & Maintenance | 8,289 | 14,191 | (5,902) | -41.6% | |
| Telephone Services/Internet Charges | 23,064 | 41,038 | (17,974) | -43.8% | |
| Charitable Contributions | - | 2,000 | (2,000) | -100.0% | |
| Advertising & Promotions Expense | 10,000 | 188,729 | (178,729) | -94.7% | |
| Insurance | 39,060 | 37,965 | 1,095 | 2.9% | |
| Legal | 138,000 | 153,498 | (15,498) | -10.1% | |
| Accounting & Actuarial | 160,000 | 153,406 | 6,594 | 4.3% | |
| Bank Fees | - | 1,467 | (1,467) | -100.0% | |
| Meals & Entertainment | - | 105 | (105) | -100.0% | |
| Committee & Advisory Fees | 31,000 | 12,350 | 18,650 | 151.0% | |
| Professional Dues, Fees, & Licenses | 62,172 | 55,599 | 6,573 | 11.8% | |
| Subscriptions & Publications | 7,800 | 9,705 | (1,905) | -19.6% | |
| Depreciation/ Amortization Expense | 24,336 | 17,873 | 6,463 | 36.2% | |
| Interest Expense | 260,521 | 403,350 | (142,829) | -35.4% | |
| Total | 25,433,333 | 24,535,802 | 897,531 | 3.7% | |
| Care Management | 6,908,534 | 5,762,751 | 1,145,783 | 19.9% | |
| Administrative | 18,524,799 | 18,773,051 | (248,252) | -1.3% | |
| Total | 25,433,333 | 24,535,802 | 1,346,435 | 5.5% | |

Gold Coast Health Plan
 Premium - Budget Rate Comparison

| | Premium Rate | AB97 Adjustment | Reduced Premium | Average Enrollment | Average Monthly Revenue |
|-----------------------|---------------|-----------------|-----------------|--------------------|-------------------------|
| 2012-13 Budget | | | | | |
| FAMILY / ADULT | 145.93 | (1.44) | 144.49 | 70,474 | 10,182,709 |
| AGED | 562.01 | (0.16) | 561.85 | 1,152 | 647,249 |
| DISABLED | 779.67 | (5.84) | 773.83 | 7,775 | 6,016,513 |
| LONG TERM CARE | 7,215.22 | (303.37) | 6,911.85 | 76 | 525,300 |
| AGED DUAL | 172.20 | (7.07) | 165.13 | 8,821 | 1,456,603 |
| DISABLED DUAL | 170.67 | (6.88) | 163.79 | 7,213 | 1,181,382 |
| LTC DUAL | 4,786.99 | (295.46) | 4,491.53 | 906 | 4,069,326 |
| BCCTP | 1,135.32 | (4.77) | 1,130.55 | 256 | 289,422 |
| CBAS | 1,102.56 | - | 1,102.56 | 751 | 828,023 |
| HYDE | 0.71 | (0.54) | 0.17 | 70,474 | 11,652 |
| | <u>264.80</u> | <u>(6.05)</u> | <u>258.75</u> | | <u>25,208,180</u> |

| | | | | | |
|-----------------------|---------------|---------------|---------------|--------|-------------------|
| 2011-12 Budget | | | | | |
| FAMILY / ADULT | 131.64 | (1.30) | 130.34 | 74,975 | 9,772,242 |
| AGED | 521.14 | (0.15) | 520.99 | 1,250 | 651,238 |
| DISABLED | 832.79 | (6.24) | 826.55 | 7,774 | 6,425,600 |
| LONG TERM CARE | 7,027.51 | (295.48) | 6,732.03 | 70 | 471,242 |
| AGED DUAL | 233.79 | (9.60) | 224.19 | 9,118 | 2,044,164 |
| DISABLED DUAL | 197.32 | (7.96) | 189.36 | 7,396 | 1,400,507 |
| LTC DUAL | 4,494.06 | (277.38) | 4,216.68 | 873 | 3,681,162 |
| BCCTP | 1,062.47 | (4.46) | 1,058.01 | 250 | 264,503 |
| HYDE | 0.73 | (0.56) | 0.17 | 74,975 | 12,746 |
| | <u>248.97</u> | <u>(5.88)</u> | <u>243.09</u> | | <u>24,723,402</u> |

**COMPARISON OF PREMIUM RATES - COHS
FISCAL YEAR 2011-2012**

| COUNTY ORGANIZED HEALTH SYSTEM | Monthly Eligibles | Adult / Family | Aged - Medi-cal | Disabled - Medi-Cal | LTC - Medi-Cal | Aged - Dual | Disabled - Dual | LTC - Dual | BCCTP | Average PMPM | Annual Revenue |
|---|-------------------|----------------|-----------------|---------------------|-----------------|---------------|-----------------|-----------------|-----------------|---------------|-------------------------|
| Central Coast Alliance for Heath - Merced | 74,902 | 158.34 | 503.85 | 805.31 | 8,178.60 | 275.88 | 189.85 | 5,167.19 | 1,524.23 | 237.96 | \$ 213,888,000 |
| Central Coast Alliance for Heath - Monterey | 75,638 | 139.08 | 604.02 | 897.82 | 7,290.38 | 205.45 | 190.60 | 5,485.33 | 1,393.15 | 246.72 | \$ 223,938,000 |
| Central Coast Alliance for Heath - Santa Cruz | 35,628 | 151.62 | 563.08 | 893.85 | 6,592.22 | 221.83 | 199.92 | 4,819.49 | 1,381.55 | 287.84 | \$ 123,062,000 |
| Health Plan of San Mateo | 62,903 | 178.61 | 662.85 | 1,250.07 | 6,678.96 | 353.20 | 389.58 | 6,918.21 | 1,544.62 | 453.83 | \$ 342,566,000 |
| CalOptima-Orange County | 385,666 | 124.52 | 427.85 | 881.52 | 6,676.52 | 177.06 | 251.31 | 4,425.96 | 1,418.46 | 261.77 | \$ 1,211,467,000 |
| Partnership Health Plan of California - Mendocino | 20,396 | 189.22 | 720.50 | 961.05 | 5,268.92 | 245.89 | 234.01 | 4,983.60 | 1,039.05 | 326.88 | \$ 80,004,000 |
| Partnership Health Plan of California - Marin | 17,206 | 171.78 | 592.13 | 1,397.44 | 7,417.95 | 238.78 | 117.17 | 4,869.70 | 1,326.84 | 429.85 | \$ 88,751,000 |
| Partnership Health Plan of California - Napa | 14,724 | 190.22 | 482.75 | 896.74 | 4,957.76 | 188.94 | 235.22 | 3,896.94 | 1,597.08 | 328.58 | \$ 58,057,000 |
| Partnership Health Plan of California - Solano | 63,148 | 175.00 | 558.40 | 865.62 | 6,098.88 | 210.68 | 230.27 | 4,821.94 | 1,410.64 | 302.73 | \$ 229,404,000 |
| Partnership Health Plan of California - Yolo | 27,548 | 149.16 | 589.44 | 1,008.01 | 6,529.40 | 203.30 | 249.35 | 4,415.04 | 1,298.50 | 301.72 | \$ 99,741,000 |
| Partnership Health Plan of California - Sonoma | 54,678 | 119.21 | 703.83 | 944.89 | 5,394.44 | 283.82 | 944.89 | 4,018.39 | 940.23 | 342.72 | \$ 224,872,000 |
| CenCal - SLO | 29,454 | 123.22 | 506.80 | 768.55 | 7,043.72 | 178.89 | 146.37 | 4,408.22 | 1,333.77 | 276.55 | \$ 97,746,000 |
| Cen-Cal - Santa Barbara | 65,164 | 144.08 | 549.46 | 866.50 | 8,719.24 | 204.91 | 189.05 | 5,825.61 | 1,367.20 | 269.87 | \$ 211,029,000 |
| Ventura | 103,739 | 131.64 | 521.14 | 832.79 | 7,027.51 | 233.79 | 197.32 | 4,494.06 | 1,062.47 | 243.00 | \$ 302,508,000 |
| Total / Average | 1,030,794 | 153.26 | 570.44 | 947.87 | 6,705.32 | 230.17 | 268.92 | 4,896.41 | 1,331.27 | 307.86 | \$ 3,507,033,000 |

Gold Coast Health Plan

Health Care Costs - Budget Rate Comparison

| | All Others FFS | Emergency Room Facility Services FFS | Inpatient Hospital Services FFS | Laboratory and Radiology FFS | Long-Term Care Facility FFS | Other Medical Prof Services FFS | Outpatient Facility Services FFS | Physician Specialty Services FFS | Transportation FFS | Reinsured Claims | Pharmacy FFS | TOTAL | Average Enrollment | Average Monthly Cost |
|-----------------------|----------------|--------------------------------------|---------------------------------|------------------------------|-----------------------------|---------------------------------|----------------------------------|----------------------------------|--------------------|------------------|--------------|----------|--------------------|----------------------|
| 2012-13 Budget | | | | | | | | | | | | | | |
| FAMILY / ADULT | 1.53 | 4.80 | 29.65 | 1.96 | 0.59 | 1.20 | 21.34 | 14.08 | 0.61 | 2.33 | 26.25 | 104.33 | 70,474 | 7,352,323 |
| AGED | 48.90 | 4.30 | 97.58 | 7.58 | 6.58 | 4.06 | 45.03 | 61.07 | 7.02 | 2.33 | 146.93 | 431.38 | 1,152 | 496,947 |
| DISABLED | 52.23 | 11.24 | 149.45 | 4.12 | 72.15 | 2.72 | 65.57 | 44.99 | 4.63 | 2.33 | 245.36 | 654.79 | 7,775 | 5,091,014 |
| LONG TERM CARE | 354.53 | 10.84 | 510.81 | 24.81 | 5,309.63 | 6.44 | 23.13 | 185.89 | 45.86 | 2.33 | 342.73 | 6,817.01 | 76 | 518,093 |
| AGED DUAL | 28.80 | 0.10 | 19.11 | 0.38 | 75.39 | 5.03 | 5.51 | 15.36 | 7.61 | 2.33 | 16.10 | 175.73 | 8,821 | 1,550,125 |
| DISABLED DUAL | 38.92 | 0.18 | 20.38 | 0.34 | 40.27 | 2.82 | 6.11 | 12.34 | 11.94 | 2.33 | 20.67 | 156.30 | 7,213 | 1,127,402 |
| LTC DUAL | 189.04 | 0.00 | 12.90 | 0.89 | 4,246.98 | 7.72 | 0.85 | 3.46 | 9.13 | 2.33 | 18.73 | 4,492.03 | 906 | 4,069,783 |
| BCCTP | 6.52 | 5.81 | 85.67 | 5.45 | - | 2.30 | 349.46 | 220.42 | 0.88 | 2.33 | 203.27 | 882.10 | 256 | 225,817 |
| CBAS | - | - | - | - | 1,060.15 | - | - | - | - | 2.33 | - | 1,062.48 | 751 | 797,922 |
| | 13.39 | 4.46 | 38.51 | 1.94 | 67.88 | 1.88 | 23.10 | 17.56 | 2.59 | 2.33 | 44.27 | 217.91 | 97,424 | 21,229,427 |
| 2011-12 Budget | | | | | | | | | | | | | | |
| FAMILY / ADULT | 1.52 | 4.75 | 29.40 | 1.94 | 0.59 | 1.19 | 21.16 | 13.96 | 0.60 | 0.91 | 26.03 | 102.05 | 74,975 | 7,650,980 |
| AGED | 48.48 | 4.27 | 96.75 | 7.52 | 6.53 | 4.02 | 44.65 | 60.56 | 6.96 | 0.91 | 145.69 | 426.34 | 1,250 | 532,926 |
| DISABLED | 51.79 | 11.14 | 148.19 | 4.08 | 71.54 | 2.69 | 65.02 | 44.61 | 4.59 | 0.91 | 243.30 | 647.87 | 7,774 | 5,036,570 |
| LONG TERM CARE | 351.54 | 10.75 | 506.51 | 24.60 | 5,264.88 | 6.38 | 22.94 | 184.32 | 45.48 | 0.91 | 339.84 | 6,758.16 | 70 | 473,071 |
| AGED DUAL | 28.55 | 0.10 | 18.95 | 0.38 | 74.75 | 4.99 | 5.46 | 15.23 | 7.54 | 0.91 | 15.97 | 172.85 | 9,118 | 1,576,044 |
| DISABLED DUAL | 38.59 | 0.17 | 20.21 | 0.34 | 39.93 | 2.80 | 6.06 | 12.24 | 11.84 | 0.91 | 20.50 | 153.58 | 7,396 | 1,135,905 |
| LTC DUAL | 187.45 | 0.00 | 12.79 | 0.88 | 4,211.18 | 7.65 | 0.84 | 3.43 | 9.06 | 0.91 | 18.57 | 4,452.77 | 873 | 3,887,271 |
| BCCTP | 6.46 | 5.76 | 84.94 | 5.41 | - | 2.28 | 346.51 | 218.56 | 0.87 | 0.91 | 201.56 | 873.26 | 250 | 218,316 |
| | 12.91 | 4.45 | 38.02 | 1.93 | 55.36 | 1.86 | 22.92 | 17.39 | 2.53 | 0.91 | 43.38 | 201.67 | 101,706 | 20,511,083 |

GOLD COAST HEALTH PLAN

FY 2012-13 BUDGET ASSUMPTIONS

Membership

Enrollment is assumed to remain steady, with negligible growth of about 0.3% annually. Under a new DHCS policy effective July 1, 2012, retroactive enrollment will no longer be processed. The policy should relieve the Plan of retroactively incurring claims, but will also result in the loss of revenue for this enrollment. The planned transition of Healthy Families to Medi-Cal, which was expected to result in the assignment approximately 16,000 Healthy Families members to the Plan, has been delayed until August 2013. The enrollment for Community Based Adult Services (CBAS) is expected to become effective in October 2012. There will be approximately 1,000 enrollees in this category. The total impact of these new programs on the Plan's enrollment is projected to be:

| | |
|--------------------------------------|--------|
| Beginning membership at July 1, 2012 | 96,540 |
| CBAS, beginning October 1, 2012 | 1,000 |
| Projected normal growth | 268 |
| Ending enrollment, June 30, 2013 | 97,808 |

Premium

Based on the recently released rate sheet from the DHCS, the Plan's premium revenue is expected to increase by about 3.9%. The increase will cause the overall gross revenue pmpm to average \$258.31 (using projected enrollment), up from the current rate of about \$248.45. However, due to the loss of revenue from retroactively, an assumed loss in revenue of about \$3.7 million for the year is expected (\$13.6 million offset by gains from CBAS of \$9.9 million).

| Aid Category - Revenue pmpm | 2011-12 | 2012-13 |
|------------------------------|---------------|---------------|
| Adult/Family | 131.64 | 145.93 |
| Aged - Medi-Cal | 521.14 | 562.01 |
| Disabled - Medi-Cal | 832.79 | 779.67 |
| Long Term Care - Medi-Cal | 7,027.51 | 7,215.22 |
| Aged – Dual | 233.79 | 172.20 |
| Disabled – Dual | 197.32 | 170.67 |
| Long Term Care - Dual | 4,494.06 | 4,786.99 |
| BCCTP | 1,062.47 | 1,135.32 |
| Abortion (Family/Adult Only) | 0.73 | 0.71 |
| Total excluding CBAS | 248.45 | 258.31 |
| CBAS | N/A | 1,102.56 |
| Total | 248.45 | 264.82 |

The premium rates do not reflect any reductions in accordance with AB97. During Fiscal Year 2011-12, the Plan reserved an amount of approximately 2.2% of gross premium in the event that repayments to the state would be required. For the budget, the Plan will continue to reserve a similar amount of premium until such time as the state provides a formal announcement of repeal or successful litigation.

Health Care Costs

For budget purposes, it is assumed that overall health care cost increases of 0.85% of current health care costs (which had been developed by Milliman using data provided by DHCS in the original model) can be allowed, which would enable the Plan to meet its regulatory capital requirements. While management fully recognizes that health care inflation is likely to exceed this rate, it is assumed that the addition of staff and other resources (as well as the acquisition of first-year experience) will translate into increased managed care savings. As payment patterns have been somewhat erratic, the ability to find meaningful trends or correlations has been problematic. Therefore, medical costs and IBNR will continue to be calculated using budgeted rates, based on the above rate assumptions. This methodology has again received confirmation by the Plan’s actuaries, while the rates are subject to review and revisions, as new information is received. Using these assumptions, the rates are as follows:

| Health Care Costs | 2011-12 | 2012-13 |
|------------------------------|----------------|----------------|
| All Other FFS | 14.44 | 14.56 |
| Emergency Room | 5.00 | 4.99 |
| Inpatient Hospital | 42.61 | 43.11 |
| Laboratory & Radiology | 2.17 | 2.16 |
| Long-Term Care Facility | 62.65 | 69.46 |
| Other Medical Professional | 2.29 | 2.05 |
| Outpatient Facility Services | 25.71 | 25.83 |
| Pharmacy | 28.61 | 32.95 |
| Physician Specialty Services | 19.48 | 19.52 |
| Transportation Services | 2.82 | 2.79 |

The rates presented above are an overview, and do not directly translate to the aforementioned increases in comparing the two years. The projected rates were developed in detail, as a separate category of service for each aid category. The blended rates above are affected by membership mix and utilization within each aid category, and are presented as an average rate throughout the year. Also, it should be noted that the CBAS enrollees are treated as an addition to the Long-Term Care population. In addition, new re-insurance rates are known to be \$2.33 pmpm.

Capitation Payments to Providers

For the year beginning July 1, 2012, capitation is assumed to remain stable and continue with existing rates as contracted with providers. Renegotiation will be deferred until the 2013-14 fiscal year. Rates are as follows:

| | <u>2012-13</u> |
|-------------------|-----------------------|
| Adult/Family | 8.38 |
| Aged Medi-Cal | 10.99 |
| Disabled Medi-Cal | 12.06 |

Capitation is paid for members who have selected a primary care physician. Not all members are required to select a PCP, and recent payment history shows that about 85% of the expected capitation amount translates to actual payments. It is assumed that this trend will continue.

Staffing and Salaries

After assessing long-term needs of the Plan, it has been determined that approximately 25 new positions are needed to support a new organizational structure. The Nursing/Case Management staff is expected to remain under ACS until the following fiscal year. The staffing levels as projected will ultimately result in having 55 FTEs under Gold Coast and 16 FTEs under ACS. There are also 7 additional positions that have been identified if business conditions proceed as expected. It is also assumed that the relationship with RGS will be severed effective September 1, 2012, necessitating an interim H/R consultant followed by the addition of a human resources FTE. Salaries are projected to be within market-anchored rates. The timing of hiring and the rates for specific positions are being developed as specific needs are more thoroughly analyzed. Merit increases of 2.1% per year are anticipated in November. Benefits (including payroll taxes) are assumed to follow existing rates, and average about 40% of salary rates.

Facilities

As the current office environment has become inadequate, a search for new facilities has been underway. However, it is assumed that a move will not occur until space has been identified along with all of the costs of the new lease and moving expenses. The projected space requirement is under analysis and will increase in relation to the number of new hires, using an allowance for future growth. In the current environment for office space, it is expected that any tenant improvements will be favorably negotiated with the final lease agreement, with little cost to the Plan.

Administrative Expenses

Expenses are projected using the current year's history, adjusted for the increase in FTEs where the usage is variable. The bulk of general office expenses are assumed to maintain stable levels, with the exception of known seasonal events (annual audits, timed printing and mailing of membership material). Additional computers and cubicle units will be required for new employees; the assumed total cost is \$85,800, incurred throughout the year as the new hires are added. Major purchases, deferred until the following fiscal year, include case management software. It is possible that software will be purchased (including implementation costs) that would be in the range of \$400,000-\$500,000. In addition, Milliman Guidelines software will be acquired during that period as well. In the event of a move to new facilities, GCHP will incur additional costs related to new computer and other equipment as well as a new phone system.

Tangible Net Equity

According to Title 28 CCR §1300.76, the Plan is allowed to use a phase-in approach in achieving its required TNE. This stair-step approach is as follows: 20% within 6 months, 36% within 12 months, 52% within 18 months, 68% within 24 months, 84% within 30 months and 100% within 36 months. At July 1, 2012, the Plan would be at the 36% step, followed by 52% at December 31, 2012, leading into the 68% step for the following year.

Forecast Risks

The budget in its current form allows the Plan to meet its TNE requirement of 68% by year end. While rates are still in development, the inherent risk is that the Plan may be unable to effectively manage its health care costs in response to the anticipated premium rate reduction in a manner that will achieve the TNE target. Other risks include:

- Premium rates have not been officially finalized by DHCS
- Premium rate reductions from AB97 larger than anticipated
- The inability to limit Provider Capitation rates to current levels
- Utilization rates exceeding historical averages
- New legislation or litigation requiring COHS to cover additional services or respond to new regulations

This is by no means an all-inclusive list, but shows that the current environment is able to produce various factors both within and outside the control of the Plan.



AGENDA ITEM 4, 6 & 7

To: VCMCMCC

From: Cassandra Undlin, Interim CEO

Date: August 27, 2012

Re: Recommendation to accept the attached GCHP Personnel Rules, Regulations and Policies, Injury and Illness Prevention Program and Hazard Communication Program

GCHP Human Relations/Compensation Committee met August 20, 2012 to review and approve the GCHP Personnel Rules, Regulations, and Policies. These policies substantially reflect the same policies that were in effect under RGS. There have been a few changes and they have been reviewed by legal counsel.

It is also recommended that they be reviewed at a future date to more reflect what the new leadership of GCHP has as their vision of the organization.

RESOLUTION 2012-_____

**A RESOLUTION OF THE VENTURA COUNTY MEDI-CAL
MANAGED CARE COMMISSION ADOPTING RULES AND
REGULATIONS FOR THE ADMINISTRATION OF THE
PERSONNEL SYSTEM**

WHEREAS, the Ventura County Medi-Cal Managed Care Commission doing business as Gold Coast Health Plan hereinafter referred to as GCHP, Plan or Employer is authorized to adopt rules and regulations for the administration of the personnel system; and

WHEREAS, the objectives of these Personnel Rules and Regulations are to facilitate efficient and economical services to the public and to provide for an equitable system of personnel management; and

WHEREAS, these Personnel Rules and Regulations set forth those procedures that ensure similar treatment for persons who apply for, are selected for, or who are employed by the Agencies, and define many of the obligations, rights, privileges, and prohibitions that are placed upon all employees in the service of the Plan; and

WHEREAS, at the same time, within the limits of administrative feasibility, considerable latitude shall be given to Chief Executive Officer and designee in the interpretation of these rules;

NOW, THEREFORE, BE IT RESOLVED that the Commission of the Plan does hereby adopt the following Personnel Rules, Regulations, and Policies. These Personnel Rules, Regulations and Policies are effective September 1, 2012.

PASSED, APPROVED AND ADOPTED by the Ventura County Medi-Cal Managed Care Commission dba Gold Coast Health Plan at a regular meeting on the 27th day of August, 2012 by the following vote:

Robert Gonzalez, Chair

Attest:

Traci R. McGinley, Clerk of the Board



**Gold Coast
Health Plan**SM
A Public Entity

Personnel Rules, Regulations, and Policies

**Effective
September 1, 2012**

Ventura County Medi-Cal Managed Care Commission doing business as Gold Coast
Health Plan (GCHP, Plan or Employer)

Personnel Rules, Regulations, and Policies

WHEREAS, the Commission for Ventura County Medi-Cal Managed Care Commission doing business as Gold Coast Health Plan hereinafter referred to as GCHP, Plan or Employer is authorized to adopt rules and regulations for the administration of the personnel system; and

WHEREAS, the objectives of these Personnel Rules and Regulations are to facilitate efficient and economical services to the public and to provide for an equitable system of personnel management; and

WHEREAS, these Personnel Rules and Regulations set forth those procedures that ensure similar treatment for persons who apply for, are selected for, or who are employed by the Agencies, and define many of the obligations, rights, privileges, and prohibitions that are placed upon all employees in the service of the Plan; and

WHEREAS, at the same time, within the limits of administrative feasibility, considerable latitude shall be given to Chief Executive Officer and designee in the interpretation of these rules; now, therefore, be it

RESOLVED, that the Commission of the Plan does hereby adopt the following Personnel Rules, Regulations, and Policies. These Personnel Rules, Regulations and Policies are effective September 1, 2012.

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All policies affect all employees regardless of at-will status.

Section 1 Introduction

1.1 Mission and Purpose:

Gold Coast Health Plan shall design and operate a program or programs, whose mission is to improve the health of its members through the provision of the best possible quality care and services. This will be accomplished by:

- (a) Delivering medical care via a contracted provider network that will improve access to primary, specialty and ancillary services;
- (b) Establishment of mechanisms to assure that medical care services meet appropriate quality of care standards;
- (c) Incorporating a plan of service delivery and implementing reimbursement mechanisms which promote the long-term viability of a locally operated Medi-Cal managed care system and the existing participating provider networks inclusive of "Safety Net" providers herein defined as Medi-Cal disproportionate share hospitals, county clinics, federally qualified health centers, and licensed rural health clinics;
- (d) Implementing a financial plan which includes the creation of a prudent reserve and which provides that if additional surplus funds accrue, they shall be used to expand access, improve benefits and augment provider reimbursement in Ventura County;
- (e) Placing a high priority on prevention, education, early intervention services and case management for enrolled recipients;
- (f) Ensuring that all obligations, statutory, contractual or otherwise, shall be the obligations of the VCOMMCC and shall not be the obligations of the County of Ventura or the State of California; and
- (g) Implementing programs and procedures to ensure a high level of member satisfaction.

1.2 **The Plan:** Gold Coast Health Plan, herein after, the Plan, serves to a variety of members and providers. Employees are the Plan's representatives when performing those services.

1.3 **Commissioners and Executive/Finance Committee:** The Commission for Gold Coast Health Plan is comprised of eleven representatives from various facets of the medical industry and profession and the Executive/Finance Committee is made up of 5 Commissioners.

1.4 **Name:** These Personnel Rules, Regulations, and Policies (hereafter "Rules") generally describe the employment relationship between the Gold Coast Health Plan and their employees. These Rules apply to employees, except where otherwise indicated in these Rules or where an applicable employee agreement specifically conflicts with a Rule, in which case the employee agreement provision shall govern. These Rules do not apply to appointive officers of the governing body (Commissioners) or Executive/Finance Committee members.

1.5 **Conflicting Rules:** These Rules were established to conform and be complementary to federal, state, and local policies. In cases where there is deemed

-
- to be a conflict between a federal or state law and these policies, the federal or state rule shall apply.
- 1.6 **Amendments:** These Rules may be amended from time to time and approved by the Plan's Commission. Copies of any approved amendments shall be provided to the Employees.
- 1.7 **Accessing Rules:** These Rules are available to all employees and are posted on the Plan's internal website. Each employee is responsible for reading and complying with them.
- 1.8 **Violation of Rules:** Violations of Rule provisions shall result in disciplinary action, up to and including dismissal, to be taken in accordance with these Personnel Rules, Regulations, and Policies.
- 1.9 **Discrepancies:** In the event there is a discrepancy between the language in these Rules and state or federal law, federal or state law shall prevail over these Rules.
- 1.10 **Severability:** If any part of these Rules is determined to be unconstitutional or illegal, such part shall be severed from these Rules and the remaining Rules shall be given full force and effect.
- 1.11 **Word Usage:** The term Plan as used in these Rules refers to Gold Coast Health Plan. Responsibilities and rights of the Plan under these Rules are exercised by the Chief Executive Officer and may be delegated in his/her discretion.
- 1.12 **Chief Executive Officer:** The term Chief Executive Office refers to Gold Coast Health Plan's Chief Executive Officer. The Chief Executive Officer may designate authority to the human resources or department head, as appropriate. When interpreting these Rules, anytime the Chief Executive Officer is listed, it should also be interpreted to mean the Chief Executive Officer or designee.

Section 2 Employer/Employee Relations

- 2.1 **Commission Management Rights:** All management rights shall remain vested exclusively with the Commission or its Executive/Finance Committee, and any omission in a management right listed below shall not be construed as the Commission's waiver of such right. Management rights include, but are not limited to the right to:
- Determine the mission of the Plan's institutions, divisions, committees, boards, and commissions.
 - Full and exclusive control of the management and organization of the employer; supervision of all operations; determinations of methods, means, location, and assignments of performing all work; and the composition, assignment, direction, location, and determination of the size and mission of the work force.
 - Determine the work to be done by employees, including establishment of service levels, appropriate staffing, and the allocation of funds for any position(s) within the organization.
 - Review and inspect, without notice, all employer-owned facilities, including without limitation desktop computers, desks, email, facsimile, and copy machines, computer storage drives, voicemail systems, and filing cabinets and systems. This section shall not grant the unfettered right to inspect personal

-
- property without legal cause.
 - Change or introduce different, new, or improved operations, technologies, methods, or means regarding any work, and to contract out for the work.
 - Establish and modify qualifications for employment, including the content of any job classification, job description, or job announcement, and to determine whether minimum qualifications are met.
 - Establish and enforce employee performance standards.
 - Schedule and assign work, make reassignments, and assign overtime work.
 - Hire, fire, promote, reassign, transfer, release, discipline, layoff, terminate, demote, suspend, or reduce in step or grade, all employees.
 - Reorganize any of its divisions and reassign workers accordingly.
 - Require fitness-for-duty evaluations upon reasonable cause.
 - Require drug and/or alcohol tests upon reasonable suspicion of possession of illegal drugs or alcohol in the workplace, or impairment while on the job.
 - Investigate regarding complaints or concerns about employee performance deficiencies or misconduct of any sort, including the right to require employees to appear, respond truthfully, and cooperate in good faith regarding any employer investigation.
 - Designate employees as exempt, or non-exempt, pursuant to the Fair Labor Standards Act.
 - Maintain orderly, effective, and efficient operations.

2.2 **Miscellaneous Provisions:**

2.2.1 **Anti-discrimination:** The Commission is committed to ensuring that its workplaces are free from discrimination and harassment made unlawful pursuant to Title VII of the Civil Rights Act, the Fair Employment and Housing Act, and other applicable local, state, and federal laws regarding discrimination. This Rule shall be interpreted to comply with such laws

Section 3 Definition of Terms

The terms used in these Personnel Rules and Regulations shall have the meanings as defined below:

- 3.1 **Administrative Leave**-Is approved with pay time off from work provide either in the employment agreement or as set forth in 9.3.3 herein.
- 3.2 **Advancement:** A salary increase within the position.
- 3.3 **Plan:** As used in these Rules refers to the Gold Coast Health Plan. Responsibilities and rights of the Plan under these Rules are exercised by the Plan's Chief Executive Officer or as delegated by the CEO in his/her discretion.
- 3.4 **Allocation:** The assignment of a single position to its proper class in accordance with the duties performed and responsibilities exercised.
- 3.5 **Anniversary Date:** Date an employee is appointed, promoted, demoted, or reinstated to a position within the Plan.
- 3.6 **Applicant:** Any person submitting formal, completed application materials for employment.

-
- 3.7 **Appointing Authority:** The Chief Executive Officer or designee has the authority to make an appointment to a position to be filled.
- 3.8 **Appointment:** Placement of a candidate into a position.
- 3.9 **At Will Employee:** Employees are at will and serve at the pleasure of the CEO, who retains the authority to terminate any such employee at any time with or without notice or cause and without right of appeal. At will employees do not acquire a property interest in their positions with the Plan.
- 3.10 **Compensation:** Salary, wages, fees, benefits, allowances, or monies paid to, or on behalf of, an employee for work services.
- 3.11 **Compensatory Time Off:** Time off in lieu of pay for overtime worked.
- 3.12 **Continuous Examination:** An examination which is administered periodically.
- 3.13 **Continuous Service:** Employment without interruption. This includes approved paid leaves of absences and leaves of absences to serve in the armed forces of the United States, as provided by Section 395 of the Military and Veterans Code.
- 3.14 **Days:** Means calendar days unless otherwise stated.
- 3.15 **Demotion:** The voluntary or involuntary movement of an employee from one position to another position having a lower maximum base rate of pay.
- 3.16 **Disciplinary Action:** The discharge, demotion, reduction in pay, suspension, or transfer of an employee for disciplinary reasons.
- 3.17 **Employee:** An individual appointed to a position with the Plan.
- 3.18 **Employment Date:** For retirement, sick leave, and other benefit purposes, this is the effective date of an employee's initial appointment to a full-time or part-time position.
- 3.19 **Examination:** An examination open to qualified applicants either within or outside of the Plan.
- 3.20 **Full-Time Position:** A position requiring a minimum of 40 hours of work per week each week of a calendar year.
- 3.21 **Grievance:** A grievance is defined as any dispute involving the interpretation, application, or alleged violation of a specific express term of these Rules.
- 3.22 **Grievance Procedure:** The systematic means by which an employee may obtain consideration of a grievance.
- 3.23 **Grievant:** An employee or group of employees filing a grievance.
- 3.24 **Initial Appointment:** The appointment of a person to a position in the Plan.
- 3.25 **Introductory Employee:** Employees who are hired as Introductory Employees are employees during their first 90-days of employment with the Plan. During this period, the Plan will evaluate introductory employee's work attitude, attendance, performance and ability to work with other employees and supervisors. When the employee has satisfactorily completed Employee's introductory period, you will become a regular (full or part-time) employee, unless the introductory period is extended for another 90-days at the sole discretion of the Plan. Completing your introductory period and any applicable extension of the introductory period does not alter your at-will employment status.
- 3.26 **Layoff:** The separation of employees from the active work force due to lack of work, lack of funds, organizational changes, or the abolition of positions. An employee

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- who is laid off has no bumping rights, no right of appeal, nor any greater rights to return status.
- 3.27 **Gold Coast Health Plan:** Are referred to herein and in other official documents and Gold Coast Health Plan, the Plan, Employer or GCHP.
- 3.28 **Part-Time Position:** A position of less than 35 hours per week each week of a calendar year.
- 3.29 **Position:** A group of duties and responsibilities requiring the full-time or part-time employment of one person.
- 3.30 **Position Specification:** The written job description, including the title; a statement of the nature of the work, examples of duties and responsibilities, and the requirements that are desirable for the satisfactory performance of the duties of the position.
- 3.31 **Position Title:** The title assigned to a particular position and used for reference to that position.
- 3.32 **Promotion:** The movement of an employee from one position to another position having a higher maximum base rate of pay.
- 3.33 **Reallocation:** The official determination that an employee be assigned to a position different from the one to which it was previously assigned.
- 3.34 **Reinstatement:** The return of an employee to a classification in which the employee formerly served.
- 3.35 **Relief of Duty:** The temporary assignment of an employee to a status of leave with pay.
- 3.36 **Resignation:** Voluntary termination of employment by an employee.
- 3.37 **Salary Advancement:** A salary increase from one salary step to a higher salary step in the same pay range.
- 3.38 **Selection Process:** The process of testing, evaluating, investigating, and determining the fitness and qualification of applicants for Plan positions.
- 3.39 **Separation:** Leaving employment for any reason.
- 3.40 **Suspension:** The temporary suspension of an employee without pay for disciplinary purposes.
- 3.41 **Termination:** The separation from service with the action generated by Plan.
- 3.42 **Transfer:** A change of an employee from one position to another position with comparable pay and skill requirements.
- 3.43 **Unit:** This term refers to the various departments, divisions, or units within the Plan.
- 3.44 **Manager:** This is an employee providing services, who is the lead employee for the specific unit, division, or department.
- 3.45 **Vacancy:** A duly created position which is not occupied and for which monies have been appropriated.
- 3.46 **Y-rating:** An action to freeze an employee's salary at the current rate until such time that the top step of the salary range for such position equals or exceeds the employee's salary at the time of the Y-rating action.

Section 4 At Will Employment and Introductory Employees

- 4.1 **At Will Employment:** All positions within the Plan are at will positions. The employment of at will employees may be terminated at any time, for any reason, and without any requirement of demonstrating “good cause.” At will employees have no right to appeal any discipline or termination. At will employees do not acquire a property interest in their position.
- 4.2 **Administrative Staff Employment:** The Plan employ a variety of administrative staff as needed to perform duties necessary to ensure a well-functioning operation.
- 4.3 **Introductory employee** is an Employee during your first 90-days of employment with the Plan. During this period, the will evaluate Employee’s work attitude, attendance, performance and ability to work with other employees and supervisors. Likewise, during this period, you have the opportunity to determine if you are satisfied with your position and working environment. While in the introductory period, Employee will receive Plan benefits, except as noted or as mandated by law.

When you have satisfactorily completed your introductory period, you will become a regular (full or part time) employee. The introductory period may be extended for a period of 90-days at the sole discretion of the Plan. Completing employee’s introductory period or any extension thereof does not alter Employee’s at will employment status. You retain the right to terminate your employment at any time, with or without cause or notice, and we have a similar right throughout your employment with us.

Section 5 Recruitments, Applications, and Examinations

- 5.1 **Recruitment:** The Plan may utilize any legitimate recruitment procedure for attracting qualified applicants. Recruitments may be open or may be limited to Plan employees, depending on Plan needs. The Chief Executive Officer may make appointments without going through a recruitment procedure, when in the best interest of the Plan.
- 5.2 **Announcement:** Examinations for positions shall be publicized by such methods as human resources deems appropriate. Recruitments shall be conducted in accordance with equal employment opportunity guidelines as well as appropriate and valid selection procedures.
- 5.3 **Application Materials:** Application materials shall require information covering training, experience, and other pertinent information designed to determine if the applicant can perform the essential job duties. Application materials may include references and background checking, such as verification of criminal record, driver’s license, education, work, etc. False information of material fact on application materials may result in rejection or dismissal of the applicant. Applications and examinations are confidential records and shall not be returned to applicants. No applicant information shall be asked that is prohibited under any state or federal law.

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- 5.4 **Disqualification:** Human resources may disqualify any candidate for any legitimate reason. An applicant has no right to grieve or appeal any such actions by the Plan. Any one or more of the following reasons may result in disqualification.
- 5.4.1 **Improperly Completed Application:** The applicant did not properly complete the application materials.
 - 5.4.2 **Minimum Qualifications:** The application indicates on its face that the applicant does not possess the minimum qualifications for the position.
 - 5.4.3 **Essential Duties:** The applicant is unable to perform the essential functions of the position sought, with or without reasonable accommodations.
 - 5.4.4 **Illegal Drugs:** The applicant is currently using illegal drugs.
 - 5.4.5 **Conviction of a Crime:** The applicant has been convicted of a crime that may have an adverse impact on the applicant's ability to perform the job for which the applicant is applying.
 - 5.4.6 **Legal Right to Work:** The applicant is not legally permitted to work within the United States.
 - 5.4.7 **False Statements:** The applicant has made false statement of any material fact or practiced or attempted to practice deception or fraud in making the application for employment.
 - 5.4.8 **Material Cause:** Material cause, in the judgment of human resources, would render the applicant unsuitable for the position, including a prior resignation from Plan service, termination from Plan service, or significant disciplinary action.
- 5.5 **Examinations**
- 5.5.1 **Examination Process:** All hiring shall be made according to merit and fitness. The Plan may utilize any legitimate objective method to determine the qualifications of applicants, including without limitation, written tests, physical agility tests, oral examinations, training and experience review, panel interviews, assessment centers, and oral interviews. The selection practices used in the examination process shall be impartial and relate to those subjects that, in the opinion of human resources, fairly measure the relative capacities of the candidates to execute the duties and responsibilities of the class.
 - 5.5.2 **Conduct of Examination:** The Plan may hold the selection processes itself or contract with any competent organization, individual, or firm for preparing and/or administering examinations.
 - 5.5.3 **Notification of Examination Results and Review of Materials:** Examination results are not provided. However, if requested by a candidate in an examination, exam results may be given, at the sole discretion of human resources.
 - 5.5.4 **Continuous Recruitments:** When necessary to meet continued requirements for filling positions, the closing date for any selection process may be indefinite and applicants may be tested continuously in such manner and at such times and places as may be determined by human resources.

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- 5.5.5 **Backgrounds:** As part of the pre-employment procedure, applicants may be required to supply references, and will be required to submit to a thorough background check. Background checks conform with state and federal law. In addition, all employees must be physically and mentally capable of performing the essential functions of their jobs with or without reasonable accommodation. The Plan shall have the right to conduct a complete and exhaustive background investigation on all applicants seeking employment, including a criminal background check, where applicable, and a medical and/or psychological examination by the Plan-retained medical practitioners, where deemed appropriate by the Plan. Any medical or psychological examination shall be conducted only after a conditional job offer has been made, in accordance with applicable law.
- 5.5.6 **Appointment:** The Chief Executive Officer is the only employee authorized to hire. The Chief Executive Officer may appoint any competent applicant to a position for which the applicant is qualified. Positions may be full-time or part-time, long-term or short-term, depending on the needs of the Plan. The Chief Executive Officer may appoint a designee to perform this function.

Section 6 Benefits and Compensation

- 6.1 **Benefits:** All compensation and benefits afforded Plan employees and their eligible dependents are governed by the terms and conditions of the contractual agreements with the benefit providers. Compensation shall be determined by the Chief Executive Officer, consistent with these policies and procedures, in the best interest of the Plan, and governed by the terms and conditions of employee's individual employment agreement. Insurance premiums not paid in whole or part by the Plan shall be the responsibility of the employee.
- 6.1.1 **Qualifying for Benefits:** A medical plan, dental plan, vision plan, long- and short term disability programs, life insurance, employee assistance program, flexible spending accounts, and other such benefits are available to full-time employees and may be pro-rated for eligible regularly working part-time employees, with costs shared by the Plan and the employee as defined and provided for in the individual employment agreement.
- 6.2 **Group Health Insurances:** These insurances are subject to the terms and conditions of the specific benefit plans.
- 6.2.1 **Insurance Premium:** Full time employees and their eligible dependents shall be provided insurance for themselves and eligible dependents, up to the maximum contribution as provided in the Plan Health Contribution Plan. The maximum monthly contribution for employees only covering themselves and for one or more family member is determined annually.
- 6.2.2 **Eligibility:** All regular full-time and regular part-time employees who are assigned to work more than 30 hours per week are eligible to participate. Part-time employees shall have their benefit costs pro-rated and if employee elects coverage, such additional premium costs will be paid by the employee through payroll deductions.

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- 6.2.3 **Coverage:**
- 6.2.3.1 **Dental and Vision Effective Dates:** Based on the terms and conditions with the provider, generally coverage shall become effective on the first day of the month following the employee's actual start date, and shall terminate on the last day of the month in which the employee leaves employment.
 - 6.2.3.2 **Medical Effective Dates:** Based on the terms and conditions with the provider, generally coverage shall become effective on the first day of the month following the employee's initial appointment date, and shall terminate on the last day of the month following the month in which the employee leaves employment.
 - 6.2.3.3 **Life, AD&D, and Short-term and Long-term Disability Effective Dates:** These benefits are only available for regularly working full time employees. Coverage shall become effective on the first day of the month following the employee's initial appointment date and shall terminate on the last day in which the employee was in paid status.
 - 6.2.3.3.1 **Life and Accidental Death and Dismemberment Insurance:** Coverage for all employees is up to two times the employee's compensation to a maximum of \$200,000.
 - 6.2.3.3.2 **Short- and Long-term Disability Insurance:** The Plan maintains a short- and long-term disability insurance program for all regular full-time employees. This insurance is intended to cover employees in the event of a long-term injury or illness that is not covered by some other leave benefit. Eligibility for disability benefits begins after the employee has been absent from work for a certified illness/injury for a minimum of 30 calendar days. The benefit pays up to 2/3rds of the employee's gross monthly salary up to a maximum level of \$6,000, if employee is certified as disabled. Accumulated sick leave or vacation may be used during the waiting period.
- 6.3 **Other Benefits:** The Plan contributes on the employee's behalf, the employer costs for Medicare. This benefit follows federal requirements. The Plan does not participate in social security.
- 6.4. **Deferred Compensation Plans:** The Plan participates in a deferred compensation (IRC sec. 457) plans and 401(a) plans.
- 6.5. **Domestic Partner Health Benefits Eligibility:** The Plan provides registered domestic partners and the children of domestic partners, the opportunity to enroll in health plans administered by the California Public Employees Retirement system. Domestic partners must meet the requirements for enrollment as stated in Article 9, Section 22873 of the Public Employees Retirement Law, and must submit the required documentation for confirmation.
- 6.5.1 **Definition:** For the purpose of providing health care benefits, a domestic partnership is defined as two adults of the same sex, both over the age of 18,

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- and opposite sex domestic partners where one person is over the age of 62 and who are registered as domestic partners with the State of California.
- 6.5.2 **Dependent Children:** Children must be economically dependent upon the employee for their financial support and have a parent-child relationship with the employee. Coverage for children will be terminated when the child reaches age 23 (exceptions apply for children with disabilities), or when the child marries.
- 6.5.3 **Procedures:** Employees may enroll their registered domestic partner and or children of their registered domestic partner on the first day of the month following receipt of the notarized Declaration of Domestic Partner Registration from the Secretary of State. The Plan must receive the declaration within 60 days of issue. A Statement of Financial Liability for Domestic Partner Health Benefits must be completed and signed, along with the declaration, as well as the health enrollment form before enrollment of partner or children.
- 6.5.4 **Tax Implications:** Federal law does not recognize domestic partner relationships for tax purposes. Therefore the value of the additional benefits received by a domestic partner is considered taxable income. The tax liability is an “imputed value” based on the fair market value of the benefit of all of the selected coverage, as assigned by the individual plans. If the domestic partner qualifies as a dependent for tax reporting requirements under the Internal Revenue Code, the value of the additional benefits may be exempt for the imputed tax upon proper certification. Imputed earnings are subject to federal tax and are not added to your taxable gross income for California state tax purposes.
- 6.6 **Eligible Dependents Change in Relationship:** It is the responsibility of the employee to notify human resources to cancel a spouse or domestic partner’s coverage if the relationship terminates or when the spouse or domestic partner no longer shares a common residence with employee. It is the responsibility of the employee to notify human resources to cancel an adult child’s coverage once the adult child reaches the benefit limit. If the employee does not notify human resources of the termination of the relationship within 31 days of the event, the employee will be held responsible for all costs for medical services received by the spouse or partner and or children of the spouse or partner after the termination of the relationship.
- 6.7 **COBRA Requirements:** COBRA medical insurance will be offered through CalPERS to employees, and their legal dependents as required by law. Other COBRA required insurance will be offered through the Plan insurance plans. In the event of termination of marriages, domestic partnership, the death of the employee, or a depend child reaching the age limit for insurance, under the same conditions used for traditional marriages, COBRA will be offered. Should the spouse or partner elect COBRA, the coverage will continue as required by law. The spouse or partner of the employee pays for COBRA benefits.
- 6.8 **Retirement:** All regular full-time and regular part-time employees shall participate in the 401(a) retirement plan and shall be governed by its rules and

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- regulations. The Plan shall contribute 10% of salary towards the employee's 401(a) retirement plan for all hours in a paid status, except for any excess vacation paid each December, or any vacation paid upon separation from employment.
- 6.8.1. Some employees are eligible for a 457 match, as outlined in their individual employment agreements.
- 6.9 **Mileage Reimbursement:** Employees who do not receive an auto allowance and are authorized by their manager to use their personal vehicles for work-related business, may request mileage reimbursement. Approved mileage reimbursement will be paid at the IRS per-mile business rate. The employee must have a valid California Driver's License, an acceptable driving record, and proof of automobile insurance.
- 6.10 **Vehicle Allowances:** Employees who receive a vehicle allowance are not eligible for mileage reimbursement.
- 6.11 **Compensation:** Human resources administers and maintains the Plan Compensation Plan and may make appropriate revisions to the Plan as often as necessary to ensure that the Plan provides uniform and equitable compensation rates and policies.
- 6.11.1 **Salary Ranges:** Salary ranges and performance-based pay plans are intended to furnish administrative flexibility in recognizing individual differences among positions, in providing employee incentives, and in rewarding employees for meritorious service. The Plan has a salary range table and employees can be placed at any spot within the range.
- 6.11.2 **Salary Advancements:** Salary advancements within an established range shall not be automatic, but shall be based upon satisfactory job performance as determined, and supported in writing, by the employee's unit manager.
- 6.11.3 **Timing of Salary Advancements:** Merit salary advancements shall occur in accordance with the following:
- 6.11.3.1 **Salary on Promotion:** An employee who is promoted to a position in a class allocated to a higher salary range than the class to which the employee was formerly assigned may receive the nearest higher monthly salary in the higher salary range.
- 6.11.3.2 **Salary on Transfer:** An employee who is transferred from one position to another in the same class or to another position in a class having the same salary range shall be compensated at the same step in the salary range as previously received. The employee's merit review and anniversary date may not change.
- 6.11.3.3 **Salary on Suspension without Pay:** Any employee who has been suspended for disciplinary reasons shall not receive pay for the duration of the suspension; nor shall any benefits which are calculated upon hours worked be credited to the employee, including but not limited to, sick leave, vacation, retirement, or disability insurance, during the period of suspension. Should such suspension be later modified or revoked, the employee may be entitled to receive payment to compensate proportionately for loss of income and benefits during the period of suspension.

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- 6.11.3.4 **Salary on Demotion:** An employee who is involuntarily demoted may receive a salary adjustment as determined by the Chief Executive Officer in consultation with human resources.
- 6.11.3.5 **Special Compensation:** Other compensation in the form of incentive pay, bonus, or any other such similar forms of compensation, may occur at any time not relating to an employee's anniversary date, calendar year, fiscal year, or other such timing.
- 6.11.4 **Salary for Portion of Payperiod:** A Fair Labor Standards Act (FLSA) non-exempt employee serving on a full-time basis who works less than a full payperiod, except when on authorized leave of absence with pay, shall receive as compensation for such period an amount equal to the number of hours worked times the employee's hourly rate. For FLSA exempt employees when absent from work for a period of time, leave balances shall be used and the amount of compensation paid to said employee shall not be subject to a deduction. No deduction shall be made from the employee's paycheck even if the employee's absence cannot be covered or paid through accumulated vacation, sick leave, or compensatory time off, unless it is determined in accordance with law that such deduction will not result in the loss of exempt status of the employee.
- 6.11.4.1 **Allowable Deductions From Salaries:** Notwithstanding any other provisions in these Rules, the Plan may take deductions from paychecks of FLSA-exempt employees for any of the following reasons:
- When an employee is absent from work for one or more full days for personal reasons other than sickness or disability.
 - For absences of one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness.
 - To offset amounts employees receive as jury or witness fees or for temporary military duty pay.
 - For penalties imposed in good faith for infractions of safety rules of major significance.
 - For unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions.
 - In the employee's initial or terminal week of employment if the employee does not work the full week.
 - For unpaid leave taken by the employee under the federal Family and Medical Leave Act (FMLA).
 - For absences due to a budget-required furlough.
- 6.11.4.2 **Prohibited Deductions From Salaries:** Notwithstanding any other provision in these Rules, if an FLSA-exempt employee is absent for one and one-half days for personal reasons, the Plan may only deduct for the one full-day absence. The FLSA-exempt employee must receive a full day's pay for the partial day worked. In

no event shall the Plan take deductions from paychecks of FLSA-exempt employees for any of the following:

- Jury duty on a workday in which the employee does any work.
- Temporary military leave.
- Witness leave on a workday in which the employee does any work, except when the employee has brought the legal action.
- Disciplinary action of suspensions less than one full workweek unless the discipline is based on an infraction of workplace conduct rules.

6.12 Payroll Advances: In certain situations, at the sole discretion of the Plan's CEO, for employees who work regularly 20 or more hours per week, the Plan may advance funds to an employee of not more than one month's salary. Payroll advances can be made through the payroll system or through the Accounts Receivable system, with a promissory note. Payroll advances due and paid off within two payperiods shall have no interest charged. Payroll advances not paid in full by the end of two payperiods (or one month, whichever is greater) shall be charged an interest cost equivalent to the current lowest rate available to the Plan. Depending on the size of the payroll advance, repayment may be made within one or 2 payperiods, but it may not take longer than 6 months' duration from the time the advance was received. An employee seeking such a payroll advance shall make this request in writing to the human resources at least two weeks prior to requesting the funds. As part of the request, the employee must indicate the requested repayment schedule and execute a promissory note stating the terms of the advance or loan that contains a release indicating that failure to repay such payroll advances will be subject automatic payroll deductions and/or to statutory actions.

Section 7 Personnel Files, Personal Identifying Information, and Medical Information

7.1 Official Personnel Files: The Plan shall maintain an official personnel file in either hard copy or electronic form for each of its employees. Personnel files contain such personnel records as may be deemed necessary for the administration of human resources.

7.2 Inspection of Personnel Files: Personnel files shall be made available for inspection by employees within a reasonable time after an employee's request and without loss of pay, provided that employees must make arrangements with their manager if the inspection occurs on duty. Upon written request, employees may obtain copies of the materials subject to inspection. The Plan may preclude inspection of certain information in accordance with law, such as background and other pre-employment information, and materials relating to confidential investigations.

7.3 Confidential Files: Confidential files are maintained, such as injury reports and confidential medical records, in separate electronic files.

7.4 Employee Data: Employees must ensure that human resources is kept apprised of their current address, personal phone number , as well as ensure that all legally

required or required documentation is kept up-to-date and on file in human resources. Employees are responsible for keeping human resources apprised of all personal information related to their benefit status. Changes in marital status, birth or death that affect benefits must be communicated to human resources within 30 calendar days of the event.

7.5 **Personal Identifying Information (PII):**

7.5.1 **Policy Purpose:** It is the policy of the company to comply with any federal or state statute and reporting regulations. The Plan recognizes the need to maintain the confidentiality of Personal Identity Information (PII) and understands that such information is unique to each individual. The PII covered by this policy may come from various types of individuals performing tasks on behalf of the Plan and includes employees, applicants, independent contractors, and any PII maintained on its various databases. The scope of this policy is intended to be comprehensive and will include requirements for the security and protection of such information throughout the Plan and its approved vendors both on and off work premises. PII may reside in hard copy or electronic records; both forms of PII fall within the scope of this policy.

7.5.2 **Key Elements of the Policy:** Personal Identity Information has unique personal identification numbers or data, including:

- Social Security Numbers (or their equivalent issued by governmental entities outside the United States).
- Taxpayer Identification Numbers.
- Employer Identification Numbers.
- State or foreign drivers license numbers.
- Date of birth.
- Corporate or individually held credit or debit transaction card numbers (including PIN or access numbers) maintained in organizational or approved vendor records.

7.5.3 **PII Retention:** The Plan minimizes the amount of PII data it maintains, and it retains such PII only as long as necessary.

7.5.4 **Data Breaches/Notification:** Databases that include PII may be breached inadvertently or through wrongful intrusion. Upon becoming aware of a data breach, human resources will notify all affected individuals whose PII data may have been compromised, and the notice will be accompanied by a description of action being taken to reconcile any damage as a result of the data breach. Notices will be provided as expeditiously as possible and in no event be later than the commencement of the payroll period after which the breach was discovered.

7.5.5 **Data Access:** The Plan maintains multiple IT systems where PII data may reside; thus, user access to such IT systems is the responsibility of the Plan. Internal controls have been created for such systems to establish legitimate access for users of data, and access shall be limited to those approved. Any change in vendor status or the separation of an employee or independent

contractor with access will immediately result in the termination of the user's access to all systems where the PII may reside.

7.6.6 **Data Transmission and Transportation:**

7.6.6.1 **Access to PII:** The Plan human resources, finance, and information technology units have defined responsibilities for access of data that may include PII. Employees may need to access PII while off site and access to such data shall not be prohibited, subject to the provision that the data to be accessed is minimized to the degree possible to meet business needs and that such data shall reside only on assigned laptops/approved storage devices that have been secured in advance.

7.6.6.2 **Vendors:** The Plan may share data with vendors who have a business need to have PII data. Where such inter-agency sharing of data is required, encryption and protection standards will be used safeguard all PII data.

7.6.6.3 **Portable Storage Devices:** The Plan reserve the right to restrict PII data it maintains in the workplace. In the course of doing business, PII data may also be downloaded to laptops or other computing storage devices to facilitate business. To protect such data, the company will also require that any such devices use approved encryption and security protection software while such devices are in use on or off company premises.

7.6.6.4 **Employee Concerns:** If an employee has reason to believe that his or her PII data security has been breached or that Plan representative(s) are not adhering to the provisions of this policy, an employee should contact the company human resources immediately.

7.6.7 **Confirmation of Confidentiality:** All company employees must maintain the confidentiality of PII to which they may have access and understand that that such PII is to be restricted to only those with a business need to know.

7.6.8 **Violations of PII Policies and Procedures:** The protection of PII data is of the utmost importance. Infractions of this policy or its procedures will result in disciplinary action up to and including termination.

7.7 **Confidentiality of Medical Information Act:** The Plan has a bona fide business need to collect and review medical information about its employees for various reasons. This policy is established to comply with the State's Confidentiality of Medical Information Act (California Civil Code Section 56, et.seq.), and to protect the confidentiality of medical history, mental, or physical condition, or treatment, and to limit its use in employment decisions. This policy will define "medical information", who is authorized to access that information, and how it will be stored.

7.7.1 **Medical Information Definition:** The Confidentiality of Medical Information Act (CMIA) broadly defines the term "medical information as: "...any individually identifiable information in possession of or derived from a provider of health care regarding a patient's medical history, mental or physical condition, or treatment." This definition *includes* information obtained from pre-employment medical examinations, fitness for duty

evaluations, worker's compensation claims, verifications of disability status, and drug and alcohol testing results. In essence, any document produced by a doctor, clinic, hospital, psychiatrist, employee assistance program, substance abuse professional, or testing laboratory is considered a confidential medical record.

- 7.7.2 **Authorized Use:** To ensure proper handling of employee medical information the Commission authorizes the following positions and their designees to receive and use this type of information on an as-needed basis: Chief Executive Officer and the human resources.
- 7.7.3 **Utilization of Medical Information:** The Plan may legally receive medical reports or information without the employee's authorization for administering and maintaining the following programs:
- Employee benefits plans, including health care plans.
 - Plans providing short-term and long-term disability income.
 - Worker's compensation benefits.
 - Programs for determining eligibility for paid or unpaid medical leave.
 - Fitness-for-duty results that describe the employee's job-related functional limitations and exclude any diagnosis or statement of cause.
 - In a proceeding that is a lawsuit, arbitration, grievance, or other claim wherein the employee has placed in issue his or her medical condition.
- 7.7.4 **Protecting Employees Medical Information:** To protect employee's rights under the CMIA, the Plan shall keep the information in a medical file, in a separate secure file, apart from personnel files.
- 7.7.5 **Release of Employee Medical Information:** Should the Plan need medical information about an employee in order to assess accommodation, workplace safety, fitness for duty, etc, a release of information form must be signed by the employee.

Section 8 Attendance, Working Hours, and Workplace Attire

- 8.1 **Attendance:** Employees shall be in attendance at their workplace in accordance with these Rules. All units shall keep attendance records of employees which shall be reported via the online payroll system.
- 8.2 **Overtime:** The Plan is committed to observing all of its obligations under the Fair Labor Standards Act (FLSA). These Rules, as well as all pay practices, shall comply with, and shall be interpreted to ensure the minimum requirements of the FLSA. Overtime shall be defined and compensated for in accordance with the appropriate compensation designated for the employee.
- 8.2.1 **FLSA-Exempt Employees:** The Plan designates as FLSA Exempt those employees who work in professional, executive, or administrative capacities and who are therefore not entitled to overtime compensation under the FLSA.
- 8.2.2 **Overtime Paid:** The Plan follows FLSA guidelines and it pays overtime on hours worked as well as hours in a paid status of more than 40 hours in a workweek. All compensable overtime must be authorized by the employee's

manager. Except when necessary to address an emergency or special circumstances, employees who are entitled to overtime compensation under the law may not work outside of regularly scheduled working hours, or during unpaid meal periods, without the prior authorization of their manager. In that event, employees shall report overtime work as soon as possible after the work is performed.

- 8.2.3 **Compensatory Time:** Employees, may with express approval of their manager, accrue compensatory time.
- 8.2.3.1 **Accrual:** No more than 80 hours may be accrued at any one time.
- 8.2.3.2 **Calendar Year:** All compensatory time must be used by 12/15 of each calendar year.
- 8.2.3.3 **Paying Off:** Compensatory time remaining on the books as of 12/15 of each year, will be paid as compensation.
- 8.2.3.4 **Tracking:** Managers will track employee's accrual and use of compensatory time.
- 8.3 **Workweek:** The basic workweek for full time employees shall be 40 hours per week, in a 7-day period as identified in each individual employment agreement. The workweek commences at 12:00 a.m. every Sunday., and is a regularly recurring 7-day period ending at 11:59 p.m. every Saturday evening.
- 8.4 **Change in Work Hours:** The Plan shall establish and may modify regular working hours for its employees and may require employees to work additional hours, overtime, or to perform standby responsibilities.
- 8.5 **Alternate Work Schedules:** Employees may work alternate work schedules, such as 4 ten-day workdays in each workweek, or a 9/80 schedule in a 2-week period, if approved by the manager, and the alternate work schedule does not have a negative operational affect on work output. For employees working such alternate work schedules, all leaves will continue to accrue based on a 2080 work hours in each calendar year or prorated if working less than fulltime. No holiday shall be compensated at more than 8 hours.
- 8.6 **Meal Period:** Employees receive a 30 or 60 minute meal period that is not compensable. During the meal period, the employee shall be completely relieved of duties. If the employee is authorized in advance and performs work during the meal period, the employee shall be compensated for such time. Meal periods may not be used to shorten the workday unless the employee obtains express prior approval from his/her unit manager.
- 8.7 **Rest Periods:** Unless otherwise established for a unit or particular employee, employees shall have a 15 minute rest period for each half of their shift. The rest period may be interrupted or cancelled if necessary to complete work. The rest periods may not be combined or used to shorten the workday.
- 8.8 **Workplace Attire:** The Plan maintains a professional working environment for the benefit of its employees and the public. As public servants, each employee shall present him/herself appropriately and professionally, including but not limited to workplace attire, especially when attending off-site meetings and events. If an employee is on the job in inappropriate clothing, the immediate supervisor may require the employee to change into appropriate work wear.

Section 9 Leaves

- 9.1 **General Leave Provisions:** Employees are expected to be at work at their scheduled times. To ensure accountability and the integrity of public service, all employees who receive leave benefits are expected to account for their absences from work. Leave time for all employees is chargeable in increments of .25 hours (15 minutes).
- 9.1.1 **Leave Approval:** Leaves shall be subject to approval by the manager, and scheduled in advance whenever possible, with due regard for service needs.
- 9.1.2 **Leave Accounting:** The Plan may employ any reasonable measure to ensure employees are properly accounting for leaves, including requiring reasonable proof that the basis for the leave is legitimate. Employees may be required to submit a medical certification of sickness supporting a request for sick leave. The Plan may require a fitness-for-duty certification from any employee returning from medical leave.
- 9.1.3 **Leave Benefits:** Leave benefits are available only as identified in each individual employment agreement. Typically each employee accrues 15 days (120 hours) of vacation each year; accrues 6 days (48 hours) of sick leave each year, and 10 holidays per year. Management employees also receive 16 hours of administrative leave each year. Employees may not exchange leaves with another leave type without the express approval of the CEO. This means that employees may end up in a leave without pay status.
- 9.1.4 **Leave Accruals:** Employees eligible for leave shall accumulate leave from the date of the employee's initial appointment until separation from employment.
- 9.1.5 **Absent Without Pay Leave Accruals:** Leave accrues on hours in a paid status. No leaves will accrue when an employee is on an unpaid leave.
- 9.2 **Available Leave Categories:** The Plan provide the following leave categories: administrative leave, annual vacation leave, bereavement leave, compensatory time, family and medical leave, holidays, job-incurred disability leave, jury duty, leave of absence with pay, leave of absence without pay, military leave (including military family leave), pregnancy disability leave and parental leave, sick leave with pay, school leave, and time off to vote.
- 9.3 **Administrative Leave:** Administrative leave may be granted to an employee as part of the terms of an individual employment agreement.
- 9.3.1 **Administrative Leave Pay on Separation From Service:** Any accrued but unused Administrative Leave shall not be paid out at the end of each calendar year nor upon separation from service.
- 9.3.2 **Administrative Leave Pay:** Employees who do not use their administrative leave each calendar year shall forfeit any unused amount as of 12/31 of that year.
- 9.3.3 **Others Types of Administrative Leave:** Administrative leave with or without pay may be granted by the Chief Executive Officer, as appropriate, to address administrative issues.

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- 9.4 **Annual Vacation Leave:** The Plan provide annual vacation leave as described in each individual employment agreement. Earned and accrued vacation leave may be taken as it accrues. An employee may take vacation that has not yet been accrued only with prior approval of the Chief Executive Officer in consultant with human resources. Scheduling of vacations must be made in consideration of the unit's workload.
- 9.4.1 **Vacation Pay on Separation From Service:** Employees who separate from service shall be cashed out of their accrued but unused vacation at the employee's hourly rate at the time of separation from service.
- 9.4.2 **Maximum Vacation Accrual:** Employees may accrue vacation up to the maximum amount as indicated in their individual employment agreements. Excess vacation beyond the individual maximum limit will be paid at the employee's actual hourly rate of pay at the payperiod ending 12/15 of each year, unless specifically pre-approved by human resources.
- 9.5 **Bereavement Leave:** Bereavement leave is provided for employees as defined in their individual employment agreements. Unless otherwise stipulated in an individual employment agreement, employees may take bereavement leave of up to 24 hours in the event of death of any of an immediate family member. Immediate family members are defined as: as spouse, domestic partner as defined by the State of California, father, mother, grandfather, grandmother, sister, brother, son, and daughter.
- 9.6 **Holidays:** Ten paid 8-hour day holidays are provided for employees as described in the individual employment agreement. Employees must be in a paid status the day before and the day after the holiday to receive holiday pay.
- 9.7 **Job-incurred Disability Leave:** All employees are entitled to workers' compensation insurance benefits in accordance with state law. If an employee is injured or made ill arising out of or in the course of work, the employee may file a claim on the approved claim forms with the Plan workers' compensation claims administrator. Employees are eligible to receive workers' compensation insurance benefits if the claim is declared compensable under the California workers' compensation laws. Payment of job-incurred disability leave shall be at the amount of temporary disability indemnity received, pursuant to workers' compensation law. If an employee becomes disabled to such an extent that the employee cannot return to work, the employee may be entitled to disability retirement.
- 9.7.1 **Labor Code Section 3352:** In accordance with Section 3352 of the Labor Code, the Plan does not extend workers' compensation benefits to volunteers.
- 9.7.2 **Fitness for Duty:** When an employee seeks to return to work after being on job-incurred disability leave, the employee must provide medical certification that he/she is physically able to perform the duties of the position. The Plan may require the employee to undergo a fitness-for-duty examination before returning to work. If the employee is not fit to perform his/her duties with or without reasonable accommodation, the Plan may consider placing the employee in another position, seek the employee's disability retirement, or separate the employee in accordance with applicable law.

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- 9.8 **Jury Duty:** An employee summoned and required to serve as a juror in a trial, upon notification and appropriate verification submitted to his/her unit manager, may be absent from duty with full pay as defined in the individual employment agreement. The employee shall remit, within 15 days of receipt, all fees received for serving as a juror except those fees specifically allowed for mileage and expenses.
- 9.8.1 **Witness Leave:** An employee who is subpoenaed to appear in court in a matter regarding an event or transaction which he/she perceived or investigated in the course of his/her employment with the Plan shall be allowed to do so without loss of compensation, unless it is the employee's own lawsuit. An employee subpoenaed to appear in court in a matter unrelated to his/her official capacity, or who is appearing in court in a matter initiated by the employee, shall be permitted time off without pay, or if the employee chooses, to use accrued vacation for such purpose.
- 9.9 **Leave of Absence:** When an employee is requesting a leave of absence, a written request shall be provided to his/her manager with a copy to human resources, stating the dates of the leave requested, the type of leave requested, the specific cause of the leave, and any other information necessary for the request to be evaluated. The letter must be reviewed and approved by the CEO in consultation with human resources prior to the leave commencing. Except for emergency circumstances, the written request must be completed in advance.
- 9.10 **Leave of Absence Without Pay:** Employees may be granted leaves of absence without pay for up to 3 months upon written approval of the Chief Executive Officer or designee. The Chief Executive Officer in consultation with human resources may grant or deny a request for unpaid leave of absence in his/her sole discretion. Upon expiration of an approved leave, the employee shall be reinstated in the position held at the time leave was granted. Failure of an employee on leave to report to work promptly at the leave's expiration without request and approval for an extension of said leave in writing, shall constitute voluntary resignation by the employee. The depositing in the United States mail of a first class letter, postage paid, addressed to the employee's last known address or an e-mail to the employee's last known personal e-mail address, shall be reasonable notice of the Plan's acceptance of the employee's resignation.
- 9.11 **Leave of Absence – Unauthorized:** Any unauthorized leave of absence from duty by an employee shall result in disciplinary action and/or discharge. Subsequently such absence may be approved by the employee's unit manager in consultation with human resources, with or without pay, where extenuating circumstances are found to have existed.
- 9.12 **Military Leave:** Military leave shall be granted in accordance with the provisions of state and federal law. All employees entitled to military leave shall give the CEO an opportunity, within the limits of military regulations, to determine when such leave shall be taken. Certain military leave shall be paid leave for a period of time as specified in state law. Employees on military leave are entitled to health, welfare, and seniority-related benefits as required by state and federal law. Employees on military leave shall be granted promotional opportunities and reinstatement after return from military leave in accordance with applicable law. As required by law,

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- leave accruals will continue during paid military leave and contributions as appropriate, will be made under the applicable retirement plan. Employees on military leave have the option to continue health benefits as follows:
- 9.12.1 **Less Than 31 Days:** If the leave is less than 31 days, the employee is required to pay the employee's share of the insurance premiums.
 - 9.12.2 **More than 30 Days:** If the leave is more than 30 days, the employee is required to pay 102% of the full costs the health (medical, dental, vision, and life insurance) premiums.
- 9.13 **Military Family Leave:** In accordance with the Family and Medical Leave Act (FMLA), eligible employees may use their 12 weeks of FMLA leave for any "qualifying exigency" arising out of a family member's active military duty. Eligible employees are also permitted to take up to 26 weeks of leave in a single 12-month period to care for a family member who sustains a serious illness or injury while on active military duty.
 - 9.14 **Military Spouse Leave:** In accordance with California Military & Veterans Code, eligible spouses and domestic partners of active members of the military are entitled to up to 10 days of unpaid leave when their spouse or domestic partner, who is in active military service, is on leave.
 - 9.15 **Other Authorized Leaves:** The unit manager may authorize employees to take leave with or without pay for training, education, conferences, or meetings.
 - 9.16 **Pregnancy Disability Leave (PDL):**
 - 9.16.1 **Eligibility:** Any employee who is disabled because of pregnancy, childbirth, or a related medical condition may be entitled to pregnancy disability leave (PDL). For employees who are also eligible for FMLA/CFRA (California Family Rights Act) leave, PDL is not counted as time used for CFRA leave, but does run concurrently with available FMLA leave.
 - 9.16.2 **Reasons for Leave:** This leave is for any period(s) of actual disability caused by pregnancy, childbirth, or related medical conditions. Pregnancy leave does not need to be taken in one continuous period of time but can be taken on an as-needed basis. Time off needed for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, and recovery from childbirth are all covered by this leave.
 - 9.16.3 **Amount of Leave:** Employees may take up to 4 months for pregnancy disability. Employees affected by pregnancy or a related medical condition, may also be eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if this transfer is medically advisable.
 - 9.16.4 **Benefits While On Leave:**
 - 9.16.4.1 **Benefits:** Pregnancy leave is unpaid. Employees may use accrued leave as if on FMLA and will receive benefits pursuant to these Rules up through exhaustion of the employees' available PDL and/or FMLA leave time as required by law. Employees who are not eligible for FMLA leave or employees who continue taking PDL after they have exhausted their available FMLA leave, shall receive benefits only to the same extent as other similarly situated employees on leave for a disability.

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- 9.16.4.2 **Accrued leaves:** While on unpaid leave, employees do not accrue vacation, sick, or other paid leave time, and performance evaluation dates may be adjusted, to the same extent as for any other unpaid leaves.
- 9.16.5 **Substitution of Paid Accrued Leaves:** Employees taking pregnancy leave shall concurrently use any available sick leave. Employees may also use any accrued vacation or other accrued time off as a part of their PDL before taking the remainder of their leave as an unpaid leave.
- 9.16.6 **Employee Notice of Leave:** To the extent possible, employees requesting PDL should notify their manager and human resources as soon as possible or when they reasonably know an absence is pending.
- 9.16.7 **Medical Certification:** The Plan may require an employee requesting PDL to provide certification from the health care provider. The certification should include all of the following:
- 9.16.7.1 **Date:** The date on which the employee became disabled due to the pregnancy.
- 9.16.7.2 **Duration:** The probable duration of the period(s) of disability.
- 9.16.7.3 **Statement:** A statement that, due to the disability, the employee is unable to work at all or to perform any one or more of the essential functions of their position without undue risk to the employee, the successful completion of the pregnancy, or to other persons, or a statement that, due to the pregnancy, a transfer is medically advisable.
- 9.16.8 **Reinstatement Upon Return From Leave:**
- 9.16.8.1 **Reinstatement to Position:** Upon expiration of leave, an employee is entitled to be reinstated to the position of employment held when the leave commenced, or to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. Employees have no greater rights to reinstatement, benefits, and other conditions of employment than if the employee had been continuously employed during the PDL period.
- 9.16.8.2 **Fitness-for-Duty Certification:** As a condition of reinstatement or a transfer, the employee may be asked to provide to the Plan a fitness-for-duty certification from a health care provider that the employee is able to resume work in the position sought. Failure to provide such certification may result in denial of reinstatement.
- 9.17 **Parental Leave:** After the employee's pregnancy disability ends, the employee may be eligible for CFRA leave, in accordance with the Family and Medical Leave policy, to care for a newborn. The Plan may require that the employee provide a medical certification indicating when the pregnancy disability ended. In addition, an employee may request leave without pay to care for the newborn. Such requests may be granted within the discretion of the CEO in consultation with human resources.

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- 9.18 **Sick Leave:** Employees accrue up to 48 hours of sick leave each year. Sick leave credit for employees is identified in each individual employment agreement. Unused sick leave may be accrued without limit. Employees shall not be entitled to sick leave as a matter of right, but only in accordance with the provisions of law, Plan policies, and the individual employment agreement. An employee shall not receive payment for unused accumulated sick leave upon separation of employment or retirement (either disability or service retirement). The manager in consultation with human resources may request, in his/her discretion, that the employee produce a certificate issued by a licensed physician or other satisfactory proof of illness before sick leave is granted. The manager in consultation with human resources may also direct an employee to attend a physical examination by a Plan-retained licensed physician, at the Plan's expense, to ascertain whether the employee is fit to perform the duties of his/her position.
- 9.18.1 **Sick Leave as Kin Care:** In cases of illness of a family member, employees are entitled to use not less than up to one-half of the employee's annual sick leave entitlement to attend to the illness of a spouse, domestic partner, parent, or child, in accordance with Labor Code section 233. Additional family sick leave usage for special circumstances may be granted on a case-by-case basis in the discretion of the manager in consultation with human resources.
- 9.18.2 **Notification of Sick Leave:** When an employee is unable to report for duty due to the employee's own illness or that of a designated family member as defined in Labor Code 233, the employee must notify his/her manager as soon as possible. The employee shall report the intended use of sick leave and the reason for the absence. If the manager is not immediately available, the employee may leave a voice mail message, unless otherwise directed.
- 9.19 **School Leave:** Employees are allowed to take up to 40 hours off per year for school activities for children in kindergarten through twelfth grade. The employee must use existing vacation, administrative leave, or compensatory time off during such absences and the employee must give reasonable notice to his/her manager of the planned school leave.
- 9.20 **Time Off to Vote:** Employees who are registered voters may claim necessary time off to vote at statewide elections under the provisions of the State Elections Code Section 14350. If an employee does not have sufficient time outside of working hours to vote at a statewide election, the employee may without loss of pay, take enough working time off, which when added to the voting time available outside of working hours, will enable the employee to vote. Absentee voting is encouraged if the employee lives such a distance that considerable time would be needed to travel to the employee's designated polling place.
- 9.20.1 **Amount:** No more than 2 hours of the time taken off for voting shall be without loss of pay. The time off for voting shall be only at the beginning or end of a regular working shift, whichever allows the most free time for voting and the least time off from work. In no event is the voter/employee eligible to take off more time than is necessary to vote and then travel to or from the worksite.

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- 9.20.2 **Notice:** The employee shall give the manager at least 2-working days' notice that time off for voting is desired.
- 9.20.3 **Scheduling Absence:** Registered voters/employees who need time off to vote must make arrangements with his/her manager.
- 9.21 **State Disability Insurance Leave:** The Plan does not participate in State Disability Insurance, or any leaves associated with it. The Plan contributes to a short-term and long-term disability plan.
- 9.22 **Short- and Long-term Disability Benefits:** Eligibility for short- or long-term disability is identified in each individual employment agreement. Employees may not simultaneously use sick leave and disability benefits. Employees may use all discretionary leaves prior to going on short- or long-term disability.
- 9.23 **Disability Retirement Eligibility:** If an employee is determined to be eligible for disability retirement, the employee shall not be permitted to exhaust paid sick leave balances prior to retiring.

Section 10 Separation From Service

- 10.1 **Resignation:** Employees are encouraged to give at least 2 weeks' notice when resigning. The resignation becomes effective upon receipt of an oral, written, or e-mailed notice of the resignation. The resignation letter or e-mail should state the effective date and reasons for leaving. Once a resignation becomes effective, it is irrevocable except that the Chief Executive Officer after consultation with human resources, in his/her discretion, may permit a resignation to be rescinded.
- 10.2 **Automatic Resignation:** Employees are deemed to have resigned when absent from work without prior authorization for at least one workday. The Plan shall give notice of such automatic resignation via email to the employee's last known personal email address. In such circumstances the Plan's at will employees shall have no right of appeal of the automatic resignation.
- 10.3 **Failure to Report:** Failure on the part of an employee, absent without leave, to return to duty within one working day, shall be cause for immediate discharge, including failing to show up at any time and/or failing to return after an authorized leave.
- 10.4 **Discharge:** At will employees may be discharged by the Chief Executive Officer with or without reason or just cause and without right of appeal.
- 10.5 **Layoff Policy and Procedure:**
- 10.5.1 **Statement of Intent:** When, in the judgment of the CEO, it becomes necessary to abolish a position or employment due to lack of funds, curtailment of work, organizational changes, or for other business reasons, the employee holding such position or employment may be laid off or demoted without disciplinary action and without the right of appeal. An employee who is laid off has no bumping rights, no right to appeal the decision to layoff, nor any greater rights to return status. Employees may choose to appeal based on Skelly rights as afforded by law.
- 10.5.2 **Order of Layoffs:** Layoffs shall be by made in accordance with serving the best needs of the Plan.

10.5.3 **Notification:** Employees to be laid off shall be given as much notice as possible, prior to separation.

Section 11 Evaluations, Transfer, and Reinstatement

11.1 **Employee Performance Evaluations:** The Plan shall strive to provide a professional work environment that encourages and supports fair and equitable treatment of its employees. The Plan recognize the importance of employee performance appraisals in sustaining an effective staff, and further, encourages an open, ongoing dialogue between managers, supervisors, and employees. Performance appraisals are completed generally once a year and may be done more frequently at the discretion of the manager. The purpose of the employee performance evaluation process is to provide an opportunity for the manager and employee to review and evaluate performance standards and objectives. Performance appraisals are not subject to the grievance procedure.

11.1.1 **Annual Performance Appraisals:** At a minimum, a work planning and performance evaluation shall occur at least once a year for all employees at an appropriate and logical date. For all employees who are at the top of the salary range, performance evaluations may be done annually but no less than once every two years.

11.1.2 **Evaluation Forms:** The performance evaluation shall be completed on any form acceptable to human resources.

11.1.3 **Performance Improvement Plan:** The manager may propose a Performance Improvement Plan to improve deficiencies in performance. Such Performance Improvement Plan is to be considered part of the evaluation program and is not considered disciplinary action.

11.2 **Transfer:** Upon approval of the Chief Executive Officer after consultation with the manager and human resources, an employee may be transferred at any time from one position to another.

11.3 **Reinstatement:** The Chief Executive Officer after consultation with human resources may approve the reinstatement of an employee who has resigned within the previous 36 months and who has a good record, to a vacant position without competing for the position.

Section 12 Grievance Procedure

This grievance procedure is intended to ensure that every reasonable effort will be made to resolve problems as near as possible to the point of origin.

12.1 **Definition of Grievance:** Subject to the exclusions listed in this Rule, a grievance is defined as any dispute involving the interpretation, application, or alleged violation of a specific express term of these Rules.

12.2 **Eligibility to File a Grievance:** Only employees who are adversely affected by the act or omission are eligible to file a grievance.

12.3 **Exclusions From the Grievance Procedure:** The following matters are excluded from the definition of a grievance.

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- 12.3.1 Requests for changes in wages, hours, or working conditions.
 - 12.3.2 The content of employee evaluations or performance reviews, except those that result in a loss of benefits to the employee.
 - 12.3.3 Challenges to reclassification, layoff, transfer, denial of reinstatement.
 - 12.3.4 Challenges to examinations or appointment to positions.
 - 12.3.5 Challenges to this grievance procedure.
 - 12.3.6 Challenges to disciplinary action or termination.
- 12.4 **Grievance Procedure:** The grievance procedure shall consist of the following steps:
- 12.4.1 **Step 1 – Informal Grievance:** Employees shall bring their informal grievances to the attention of their immediate supervisor or human resources within 5-working days of the occurrence of the act causing the basis for the grievance.
 - 12.4.2 **Step 2 – Formal Grievance:** If the grievance is not resolved at this step within 15-working days of the date the grievance was raised with the immediate supervisor, the employee shall have the right to submit a formal written grievance to the employee’s manager. If the employee’s immediate supervisor is the manager, then it is still submitted formally at this step. The formal written grievance shall be presented in writing within 15-working days after the date upon which the grieving employee informally discussed the grievance with his/her immediate supervisor. Failure to do so will result in waiver of the right to pursue the grievance. The written grievance shall contain the following information:
 - 12.4.2.1 **Grievant Name:** The name and signature of the grievant.
 - 12.4.2.2 **Worksite:** The specific work site of the grievant.
 - 12.4.2.3 **Immediate Supervisor:** The name of the immediate supervisor and manager of the grievant.
 - 12.4.2.4 **Nature of Grievance:** A statement of the nature of the grievance, including date and place of occurrence.
 - 12.4.2.5 **Violation:** The specific provision, policy, or procedure alleged to have been violated.
 - 12.4.2.6 **Remedies:** The remedies sought by the grievant.
 - 12.4.3 **Step 3 – Response to Formal Grievance:** Within 15-working days of receipt of the written grievance, the manager shall submit to the employee an answer in writing. If the grievance is not resolved at this level, the employee shall have 15-working days from receipt of the answer in which to file an appeal to the CEO.
 - 12.4.4 **Step 4 – Chief Executive Officer Response:** The Chief Executive Officer shall respond to the grievance in writing within 15-working days of its receipt. Within this period, at the CEO’s discretion, an informal hearing involving the parties to the dispute may be conducted. The decision of the Chief Executive Officer shall be binding.
- 12.5 **Representation:** The grievant is entitled to legal representation of his/her choice at any point in the grievance procedure. The grievant must inform human resources whether he/she will be represented by legal counsel at any meeting

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- regarding the grievance, along with the identity of the representative, at least 48 hours prior to the grievance meeting.
- 12.6 **Waiver of Grievance:** Failure by the grievant to appeal his/her grievance to the next step within the specified time limits of this Rule shall constitute a waiver of the right to pursue the grievance further, unless an extension of time to a definite date was granted by the appropriate employee. Failure by the Plan to respond to the grievance within any of the specified time lines shall entitle the grievant to appeal to the next level of review. Additionally, failure on the part of an employee or his/her representative to appear for any scheduled meeting without notification may result in the Plan' denial of the grievance.
- 12.7 **No Retaliation:** Employees shall not be penalized or retaliated against in any way for using the grievance procedures, or testifying as a witness in a grievance proceeding.

Section 13 Disciplinary Action

- 13.1 **Policy:** Employees are at-will and may be discharged without cause by the Chief Executive Officer at any time. While disciplinary action may be taken, it does not limit the authority of the Chief Executive Officer to discharge an employee with or without cause, with no right of appeal.
- 13.2 **Types of Discipline:** The Chief Executive Officer may invoke disciplinary action for a violation of a rule, regulation, or practice and may impose the following types of disciplinary actions: oral reprimand; written reprimand; suspension without pay; reduction in pay, or demotion.
- 13.3 **Written Notice:** The Plan will provide written notice to the employee of its intention to discipline for cause. The written notification will explain the incident, rule violation, and the proposed discipline. Such notice shall include a statement of the reason(s) for the proposed action and the ground(s) for the discipline being considered. In addition, the Plan will provide the employee the right to respond, either verbally or in writing to the proposed discipline within 5-working days from the date of the notification. The employee shall have the right to have a representative present if the employee desires to respond verbally.
- 13.4 **Grounds for Disciplinary Action:**
- 13.4.1 **Disciplinary Causes:** Causes for disciplinary action against any employee may include, but shall not be limited to, the following:
- 13.4.1.1 Misstatements or omissions of fact in completion of the employment application or to secure appointment to a position with the Plan.
 - 13.4.1.2 Furnishing knowingly false information in the course of the employee's duties and responsibilities.
 - 13.4.1.3 Inefficiency, incompetence, carelessness, or negligence in the performance of duties.
 - 13.4.1.4 Violation of safety rules.
 - 13.4.1.5 Violation of any of the provisions of these Rules or policies.
 - 13.4.1.6 Inattention to duty.

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- 13.4.1.7 Tardiness or overstaying lunch periods.
 - 13.4.1.8 Being under the influence of an intoxicating beverage or non-prescription drug or prescription drugs not authorized by the employee's physician, while on duty or on work property.
 - 13.4.1.9 Disobedience to proper authority, refusal or failure to perform assigned work, to comply with a lawful order, or to accept a reasonable and proper assignment from an authorized supervisor.
 - 13.4.1.10 Any violation of the Plan' harassment or retaliation policies.
 - 13.4.1.11 Unauthorized soliciting on Plan premises.
 - 13.4.1.12 Unauthorized absence without leave; failure to report after leave of absence has expired or after a requested leave of absence has been disapproved, revoked, or canceled, or any other unauthorized absence from work.
 - 13.4.1.13 Conviction of a felony, or a misdemeanor involving moral turpitude, or a violation of a federal, state, or local law which negatively impacts the employee's ability to perform his/her job or brings discredit to the Plan. (For purposes of this section, a misdemeanor conviction does not include a conviction based on a plea of nolo contendere).
 - 13.4.1.14 Discourteous or offensive treatment of the public or other employees.
 - 13.4.1.15 Falsifying any Plan document or record.
 - 13.4.1.16 Misuse of Plan property, improper or unauthorized use of equipment or supplies, damage to or negligence in the care and handling of Plan property.
 - 13.4.1.17 Fighting, assault, and/or battery.
 - 13.4.1.18 Working overtime without authorization.
 - 13.4.1.19 Theft or sabotage of Plan property.
 - 13.4.1.20 Sleeping on the job, except as specifically authorized.
 - 13.4.1.21 Accepting bribes or kickbacks.
 - 13.4.1.22 Gambling.
 - 13.4.1.23 Engaging in outside employment which conflicts with an employee's responsibilities.
 - 13.4.1.24 Intimidation or interference with the rights of any employee.
 - 13.4.1.25 Outside work or any other activity or conduct that creates a conflict of interest, causes discredit, negatively impacts the effective performance of the Plan's functions, or is not compatible with good public service or interests of the Plan.
 - 13.4.1.26 Abusive or intemperate language toward or in the presence of others in the workplace.
 - 13.4.1.27 Failure to obtain and/or maintain minimum qualifications for a position, including licenses or certificates.
 - 13.4.1.28 The intentional, false misrepresentation, or concealment of a material fact for the purpose of inducing another to act upon it.

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- 13.4.1.29 Forgery or alteration of any document or account belonging to the Plan.
 - 13.4.1.30 Misappropriation of funds, securities, supplies, or other assets.
 - 13.4.1.31 Impropriety in the handling or reporting of money or financial transactions.
 - 13.4.1.32 Profiteering as a result of insider knowledge or Plan activities.
 - 13.4.1.33 Disclosing confidential and proprietary information to outside parties.
 - 13.4.1.34 Accepting or seeking anything of material value from contractors, vendors, persons providing services/materials with the exception of gifts of less than \$50 in value.
 - 13.1.4.35 Destruction, removal, or inappropriate use of records, furniture, fixtures, and equipment.
 - 13.1.4.36 Any other conduct of equal gravity to the reasons enumerated above as determined by the Plan.
- 13.5 **Employee Review:** When requested, employees shall be given an opportunity to review the documents or materials upon which the proposed disciplinary action is based.
- 13.6 **Relief of Duty:** The Chief Executive Officer may place an employee on administrative leave with or without pay pending an investigation in order to determine if disciplinary action is to be taken.
- 13.7 **No Rights To Appeal:** The employee has no right to appeal any discipline action or proposed action.

Section 14 Investigation Procedures

- 14.1 **Policy:** The Plan will address allegations and suspected violations of any rules or procedures. Human Resources is responsible for determining when an investigation should be done, then conducting, or overseeing, an investigation.
- 14.2 **Duty to Act:** The Plan has a duty to act. All employees are encouraged to report any suspected policy violation. Human resources staff; managers, supervisors, or any staff who become aware of information that would lead a reasonable person to believe that a violation, or suspects a violation, of Plan policy has occurred must notify the human resources within two working days of becoming aware of the information.
- 14.3 **Action to Be Taken:** The Plan encourages resolution at the lowest possible level; however human resources must be notified in order to determine the appropriate resolution and investigation process. The Plan are not precluded from taking any action it deems appropriate, including informing the accused of the allegations and pursuing an investigation even in cases when the complainant is reluctant to proceed.
- 14.4 **Corrective Action:** Corrective action may be imposed on any individual who has violated a policy or who has duty to act in any situation of potential discrimination or harassment and who fails to respond in a manner consistent with the provisions of the applicable policies, procedures, and these rules.

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- 14.5 **Investigations:** Human resources may conduct investigations or may use external investigators to conduct formal investigations, which will be conducted in a fair, thorough, and impartial manner by persons selected by human resources. Individuals may be informed of the investigation and its progress as appropriate.
- 14.6 **Retaliation:** The Plan will not tolerate retaliation in any form against any person who files an allegation, serves as a witness, assists an alleged, or participates in an investigation. The Plan's policy and state and federal law prohibit retaliation against an individual for reporting or for participating in an investigation. Retaliation is a serious violation that can subject the offender to sanctions independent of the merits of the allegation. Allegations of retaliation should be directed to human resources.
- 14.7 **Confidentiality:** To the extent possible, the Plan will make every reasonable effort to conduct all proceedings in a manner that will protect the confidentiality of those involved. Information received in connection with the filing, investigation, and resolution of allegations will be treated as confidential except to the extent it is necessary to disclose particulars in the course of the investigation or when compelled to do so by law. Individuals involved in the process must observe the same standard of discretion and respect for confidentiality.
- 14.8 **Public Records Law:** Upon conclusion of the investigation, records may be made available only to the extent mandated by law.
- 14.9 **Human Resources Actions:** Human resources will
- 14.9.1 Assess the situation and attempt timely resolution.
 - 14.9.2 Address all concerns promptly and thoroughly.
 - 14.9.3 Respect confidentiality of individuals involved.
 - 14.9.4 Conduct or oversee the conduct of investigations, following these guidelines.
 - 14.9.5 Maintain appropriate records.
 - 14.9.6 Communicate investigation findings to the CEO, complainant, and accused, as appropriate.
 - 14.9.7 Issue appropriate actions steps and/or corrective measures.
 - 14.9.8 Monitor action steps and/or corrective measures to ensure behavioral change and compliance.
- 14.10 **Investigation Process**
- 14.10.1 **Investigation Purpose:** The purpose of the investigation is to evaluate the allegations, formulate a response that addresses the facts as they are determined, and follow up to ensure that the necessary action steps are completed.
 - 14.10.2 **Investigation Method:** Depending on the facts of the case, an investigation may range along a continuum from a one-on-one conversation with the accused with an agreement as to further interactions; to an inquiry with one or more witness interviews. During the investigation, the investigator may interview those who have knowledge of the events and gather relevant documents. After analyzing all the information, the investigator will prepare a report with findings and submit it to human resources.

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- 14.10.3 **Written Report:** The investigator will prepare a written summary of the outcome of the investigation and may inform the complainant and accused of the investigation outcome.
- 14.10.4 **Corrective Action Implementation:** When behavior in violation of Plan policy is found, steps will be taken to ensure that the behavior is stopped promptly. Appropriate corrective action may range from counseling, written reprimands, suspensions, or other action up to and including dismissal.
- 14.10.5 **Policy Violations:** If discrimination, harassment, false allegation, inappropriate behavior, or another policy violation has occurred, the Plan will take necessary steps to correct the behavior. Should the investigator conclude that a false charge occurred; the Plan will take prompt remedial action consistent with the severity of the offense.
- 14.10.6 **Possible Outcomes:** An investigation may result in one of the following findings. A determination that:
- There is sufficient evidence to indicate a violation of policy.
 - There is insufficient evidence to indicate a violation of policy.
 - Inappropriate behavior has occurred.
 - There is sufficient evidence to indicate that an allegation is false.

Section 15 Equal Employment/Anti-discrimination Policy

- 15.1 **Anti-discrimination Policy:** The Plan is committed to equal opportunity in employment and services. The Plan, its employees, contractors, and agents shall not discriminate with respect to service provision, program operation, or in the recruitment, selection, testing, training, transfer, promotion, demotion, termination, performance appraisal process, compensation, or in any other term, condition, or privilege of employment because of the individual's actual or perceived race, color, religion, gender, national origin, ancestry, citizenship, age, marital status, physical disability, mental disability, medical condition, pregnancy, childbirth or related medical condition, genetic characteristics, family care sexual orientation, gender identification, military veteran's status, or any other basis protected by law, or on the basis of a perception that an individual is associated with a person who has, or is perceived to have, any of these characteristics.
- 15.2 **Equal and Fair Personnel Practices:** The Plan, its employees, contractors, and agents must administer all human resource functions in a manner that is equal and fair to all employees and prospective employees. It is the obligation of every employee in all the locations to comply with this policy in substance, practice, and in spirit.
- 15.3 **Non-discrimination and Harassment Policy:**
- 15.3.1 **Purpose:** The purpose of this policy is:
- 15.3.1.1 **Reaffirm:** To reaffirm the Plan commitment to prohibit and prevent unlawful discrimination (including harassment) in all workplaces.
- 15.3.1.2 **Define:** To define discrimination and harassment prohibited under this policy.

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- 15.3.1.3 **Identify Procedures:** To set forth a procedure for resolving complaints of prohibited discrimination and harassment.
- 15.3.2 **Interpretation and Application of Policy:** This policy shall not be construed to create a private or independent right of action. Although this policy is intended to prohibit discrimination consistent with Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the California Fair Employment and Housing Act, and California Labor Code Section 1102.1, the Plan reserve the right to interpret and apply this policy to provide greater protection than what is afforded under those laws.
- 15.3.3 **Statement of Policy:** The Plan are committed to providing an environment that is free from harassment and discrimination of any kind, including sexual harassment and harassment based on race, color, religion, national origin, ancestry, age, physical disability, mental disability, medical condition, , pregnancy, childbirth or related medical condition, genetic characteristics, family care marital status, sexual orientation, gender orientation, veteran's status, or any other characteristic prohibited by state or federal law. It is important that the Plan maintain an atmosphere characterized by mutual respect in order to ensure fair and courteous treatment of employees and the public.
- 15.3.4 **Disapproval of Harassment:** The Plan strongly disapproves of and will not tolerate harassment or discrimination against employees or applicants by elected or appointed officials, managers, supervisors, or coworkers. The Plan also strongly disapproves of unlawful harassment of employees by persons with whom the Plan has a business, service, or professional relationship.
- 15.3.5 **Misconduct:** Illegal harassment and discrimination are considered serious acts of misconduct and will not be tolerated. Employees who violate this policy and engage in acts of illegal harassment or discrimination of any type, for any duration, shall be subject to severe disciplinary action, up to and including termination.
- 15.3.6 **Non-retaliation:** Retaliation against individuals who complain of illegal harassment or discrimination or who participate in an investigation into illegal harassment or discrimination shall not be tolerated. Employees who engage in such acts of retaliation shall be subject to serious disciplinary action, up to and including termination.
- 15.3.7 **Definitions:**
- 15.3.7.1 **Harassment:** Depending upon the circumstances, a single act of harassment, as defined below, can violate this policy.
- 15.3.7.1.1 **Verbal Harassment:** Includes epithets, jokes, comments, or slurs that identify a person on the basis of his/her protected classification, intimate or other nicknames, comments on appearance, including dress or physical features, or stories that tend to disparage those with a protected classification.
- 15.3.7.1.2 **Visual Forms of Harassment:** Includes gestures, posters, notices, bulletins, cartoons, photography, or

drawings that tend to disparage those with a protected classification.

15.3.7.1.3 **Physical Harassment:** Includes the following conduct taken because of an individual's protected classification: assault, impeding or blocking movement, physically interfering with normal work or movement, pinching, grabbing, patting, propositioning, leering, making express or implied job threats or promises in return for submission of physical acts, mimicking, stalking, or taunting.

15.3.7.1.4 **Sexual Harassment:** Includes unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that are an express or implied condition of continued employment or other term and condition of employment.

15.3.7.1.5 **Retaliation:** Any adverse employment action taken because an employee has reported harassment, or has participated in the complaint procedure. "Adverse employment action" includes any personnel action that has a significant effect upon the terms or conditions of employment.

15.3.8 **Guidelines for Identifying Harassment:** To help clarify what constitutes harassment in violation of this policy, employees shall use the following guidelines:

15.3.8.1 **Unwelcome Conduct:** Harassment includes any conduct which would be unwelcome to a reasonable person of the recipient's same protected classification and which is taken because of the recipient's protected classification.

15.3.8.2 **Appearance of Consent:** It is no defense that the recipient appears to have voluntarily consented to the conduct at issue. A recipient may not protest for many legitimate reasons, including the need to avoid being insubordinate or to avoid being ostracized.

15.3.8.3 **Lack of Complaints:** Simply because no one has complained about a joke, gesture, picture, physical contact, or comment does not mean that the conduct is welcome. Harassment can evolve over time. Small, isolated incidents might be tolerated up to a point. The fact that no one is complaining now does not preclude anyone from complaining if the conduct is repeated in the future. A complaint does not necessarily need to be lodged for human resources to undertake an investigation.

15.3.8.4 **Third-party Observer:** Even visual, verbal, and/or physical conduct between 2 employees who appear to welcome it can constitute harassment of a third applicant, officer, official, employee, or contractor who observes the conduct or learns about the conduct later. Conduct can constitute harassment even if it is not explicitly or specifically directed at an individual.

15.3.8.5 **Intention:** Conduct can constitute harassment in violation of this policy even if the individual engaging in the conduct has no intention to harass. The Plan recognizes that it is legitimate for those in protected classifications to have heightened sensitivities to harassment as a result of their life experiences. Even well-intentioned conduct can violate this policy if the conduct is directed at, or implicates a protected classification, and if an individual of the recipient's same protected classification would find it offensive.

15.3.8.6 **Single Act:** A single act can violate this policy and provide grounds for discipline or other appropriate sanctions. Therefore, if employees are in doubt as to whether any particular conduct may violate this policy, they should not engage in the conduct, and should seek guidance from a supervisor.

15.4 **Reporting Unlawful Harassment or Discrimination:**

15.4.1 **Reporting:** Any employee who believes he/she has been unlawfully harassed or discriminated against should promptly report it orally or in writing to the employee's manager, human resources, or the CEO. An employee is not required to complain first to a manager if that person is the individual who is harassing and/or engaging in discriminatory actions against the employee. Instead, the employee may report the harassment/discrimination to any management employee.

15.4.2 **Receiving Complaints:** Any supervisor, manager, or director who receives a complaint of unlawful harassment/discrimination, or who observes or otherwise learns about unlawfully harassing conduct is required to notify human resources immediately. Failure to do so may result in disciplinary action.

15.4.3 **Action Taken With No Complaint Filed:** If human resources becomes aware of inappropriate actions or behavior, it may undertake an investigation even though no complaint has been filed.

15.5 **Remedial Action:**

15.5.1 **Action:** Upon receiving complaints of discrimination or harassment, the Plan may undertake an investigation of the complaints. The CEO, human resources, or Plan attorney may retain an outside investigator to conduct the investigation. All complaints shall be investigated to the extent that the Plan deem appropriate. Any investigation and investigation report prepared relating to the complaint shall be kept confidential except as required by law. If harassment or discrimination is found to have occurred in violation of this policy, action shall be taken to ensure or confirm that the harassment or discrimination at issue is stopped. The Plan may take whatever measures are appropriate to ensure its workplaces remain free from unlawful discrimination or harassment.

15.5.2 **Disciplinary Action:** Employees found to have engaged in discrimination or harassment covered by this policy may be subject to disciplinary action up to and including termination of employment. First-time violations of this policy, depending on the severity of the conduct, may lead to termination.

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- 15.5.3 **Dishonest or Uncooperative Behavior:** Employees found to have been dishonest or uncooperative during an investigation into allegations of unlawful harassment or discrimination may be subject to disciplinary action up to and including termination of employment.
- 15.6 **No Retaliation:** Employees should feel free to report valid claims of unlawful harassment or discrimination without fear of retaliation of any kind. The Plan will not retaliate against or tolerate retaliation against employees for making any complaint of unlawful harassment in good faith, or against any employee for cooperating in an investigation.
- 15.7 **Dissemination:** Policy and complaint procedures shall be provided to employees, and to new employees. From time to time, the Plan may also conduct training for its employees to assist them in learning how to recognize, avoid, and correct harassing and discriminatory behavior.
- 15.8 **Department of Fair Employment and Housing (DFEH) and the Equal Employment Opportunity Commission (EEOC):**
- 15.8.1 **DFEH:** In addition to notifying the Plan about unlawful harassment or retaliation, an affected employee may also direct his/her complaint to the California DFEH, which has the authority to conduct investigations of the facts. The deadline for filing complaints with the DFEH is one year from the date of the alleged unlawful conduct. The nearest DFEH office or the FEHC can be found by searching the internet, looking in the local telephone directory, or by checking in the area where employment-related posters are kept.
- 15.8.2 **EEOC:** An employee also has the right to direct his/her complaint to the federal Equal Employment Opportunity Commission (EEOC).
- 15.9 **Obligations of Employees:**
- 15.9.1 **Know the Policies:** Employees are responsible for knowing the Plan anti-discrimination policy; refraining from discriminatory behavior, including harassment; reporting incidents of discrimination in a timely fashion; cooperating in any investigation concerning allegations of discrimination; and maintaining confidentiality concerning any investigation that is conducted.
- 15.9.2 **Communicate:** Employees are also encouraged to communicate with one another to assist co-workers in identifying, avoiding, and addressing behavior that may be perceived as harassing, discriminatory, or otherwise offensive.

Section 16 Drug and Alcohol-free Policy

- 16.1 **Plans Policy:** The Plan's policy is to maintain a drug-free workplace. Involvement with alcohol and drugs on and off the job can take its toll on job performance and employee safety. Employees must be in a condition to perform their duties safely and efficiently. The presence of alcohol and drugs on the job, and the influence of these substances on employees during working hours, is prohibited. If an employee is misusing alcohol or drugs, the Plan may refer the employee for treatment. This

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- treatment may or may not be covered by the Plan's health plan or the treatment may be at the employee's own expense.
- 16.2 **Unlawful Behavior:** No employee shall unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of any alcoholic beverage, drug, or controlled substance as defined in the Controlled Substances Act and Code of Federal Regulations during work hours or in any workplace. Employees who engage in this prohibited behavior may be subject to discipline up to and including termination.
- 16.3 **Suspicion:** Upon reasonable suspicion of an employee being under the influence of drugs or alcohol while on duty, the Plan may require the employee to submit to drug and alcohol testing, at the Plan's expense. Employees who decline to submit to such testing may be subject to discipline, up to and including termination of employment.

Section 17 Safety in the Workplace Policy

- 17.1 **Workplace Safety Policy:** The Plan is committed to providing a safe and healthful work environment and maintains an employee safety program meeting the requirements of state law.
- 17.2 **Management Responsibilities:** Management shall be expected to take steps within its control to maintain a safe work environment and to be in compliance with federal and state safety regulations.
- 17.3 **Employee Responsibilities:** Employees shall be expected to obey safety rules, follow established safe work practices, and exercise caution in all their work activities. Employees are also expected to report any unsafe conditions to their manager. Employees at all levels who are responsible for correcting unsafe conditions are required to do so. Written safety rules are a basic part of the Injury and Illness Prevention Program and employees shall be required to know and follow the safety rules, and management shall enforce them.
- 17.4 **Reporting Injuries:** Work-related injuries should be reported to the employee's manager. The report should then be sent immediately to human resources. Any serious employee injury or illness should also be immediately reported to CalOSHA by the employee's immediate supervisor.
- 17.5 **Other Safety Rules:** Individual units may adopt specific safety rules applicable to their operations.
- 17.6 **Injury and Illness Prevention Program:** The Plan have an Injury and Illness Prevention Program (IIPP) designed to specifically address the legislation and regulations, and to function as an umbrella program that incorporates the elements of other occupational hazard control programs and procedures (e.g., Hazard Awareness and Communication Program, Chemical Hygiene Plan, etc.). The safety program includes: a written IIPP that provides for identification and correction of safety hazards; video display terminal and computer equipment policy; driver safety standards; and applicable ongoing safety training in compliance with federal and state safety regulations. The intent of the IIPP is to facilitate identification and evaluation of workplace hazards, enable the correction of unsafe conditions, provide

a means of communication between employees and management on matters concerning employee safety and health, educate and train employees on health and safety matters, and implement a strategy by which compliance with the regulation can be achieved and documented. The IIPP designates a responsible person (or persons) and a system for:

- Communicating with employees on matters concerning safety and health.
- Identifying and evaluating workplace hazards.
- Implementing procedures for injury/illness investigation,
- Mitigating hazards.
- Training employees.
- Maintaining records.

Section 18 Smoking Policy

As required by state law, smoking is prohibited in all Plan vehicles, facilities, and within 20 feet of any entrances, exits, and windows that can be opened. In addition, if there are applicable local laws and regulations such local laws and regulations shall also be complied with. Smoking is also prohibited while driving or riding in a vehicle on work-related business.

Section 19 Policy on Accepting Gifts

Employees are discouraged from accepting gifts from any outside vendor, citizen, or organization except for gifts of food that are shared among other employees and that retail for less than \$75. Employees shall adhere to the Fair Political Practices Commission (FPPC) rules for accepting and reporting gifts.

Section 20 Travel and Training Policy

20.1 Travel and Training: The Plan is committed to ensuring that its employees receive adequate training to perform their jobs. Training and travel are subject to management approval. Training opportunities that occur during normal work hours require approval by the employee's manager.

20.2 Minimizing Lost Work Time: The Plan generally requires that training, and attendant travel, be scheduled in a way that will minimize expense.

20.3 Cost-effective Travel: Business travel for the Plan shall be carried out in an efficient, cost-effective manner resulting in the best value. Teleconferencing should be considered when possible. The Plan will pay or reimburse all business travel-related expenses based on reasonableness, on the actual amount of expense incurred by the employee, and on the terms and conditions of the employee's individual employment agreement. Receipts when available are required for all travel expenses. Reimbursement for personal expenses and alcoholic beverages will not be authorized for payment.

20.4 Travel Guidelines for Allowable Travel: Allowable travel is for such work-related items as:

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- 20.4.1 **Legislators:** Communicating with representatives of regional, state, and the federal government on adopted policy positions.
 - 20.4.2 **Professional Organizations:** Serving on professional organizations or governmental committees, boards, commissions, or task forces.
 - 20.4.3 **Conferences:** Attending educational seminars, conferences, or organized educational activities designed to improve skill levels or provide information on topics important to the Plan's policy and operations.
 - 20.4.4 **Research:** Preparing research for either projects or implementing adopted plans, policies, goals, or programs.
 - 20.4.5 **Meetings:** Attending meetings involving activities or decisions important to the Plan's interests, consistent with adopted plans, policies, goals, or programs.
 - 20.4.6 **Events:** Attending events where the Plan is a formal sponsor or participant, or in performance of official duties.
 - 20.4.7 **Community Groups:** Communicating with individuals or representatives of community groups on policy positions adopted by or under consideration by the Plan.
 - 20.4.8 **Employee Recognition:** Recognizing employee service to the Plan.
 - 20.4.9 **Other Business Activities:** Engaging in other business related activities with a direct connection to the implementation of adopted plans, policies, goals, or programs.
 - 20.5 **Government or Group Transportation and Lodging Rates:** It is the policy to use discounted government or sponsoring group rates for transportation, whenever these are offered and available.
 - 20.6 **Sponsored Lodging Costs:** When conference or training sponsors have made arrangements for lodging, employees shall stay at one of these facilities and the cost should not exceed the maximum group rate published. In the event that rooms are not available at one these facilities, employees should stay at a comparable facility at a comparable cost, not to exceed the maximum group rate published by the sponsor.
 - 20.7 **Receipts:** Receipts must be submitted for all expenses. In the event that receipts are not available, an employee must provide a written explanation of the circumstances as to why this is the case and reason the expense was incurred.
 - 20.8 **Meal Guidelines for Local Meeting and Training Costs:** The Plan use the IRS meal allowances at the time the travel was undertaken for the state in which it was taken at the highest allowable cost for that state.
 - 20.8.1 **Allowable Meal Expenses:** Meals not incurred as part of out-of-area or overnight travel are limited to activities outside of normal duties, such as business-related meetings held before or after regular working hours (including working lunches where this is the only time available) or extended overtime due to special projects or emergencies.
 - 20.8.2 **Unallowable Meal Expenses:** Meal reimbursements are not allowed as part of routine daily work assignments, unless part of the registration cost or the meal is served on site as part of the program to keep all participants together and not have them disperse for meals.

Section 21 Policy on Plan Equipment and Vehicle Use

- 21.1 Use of Plan Equipment/Automobile Use:** No Plan-owned equipment, automobiles, instruments, supplies, machines, or any other item that is the property of the Plan shall be used by an employee other than for work-related business, unless the CEO approves in advance. No employee shall allow any unauthorized person to rent, borrow, or use any property, except upon prior approval of the Chief Executive Officer.
- 21.2 Automobile Use:** Plan-owned vehicles are to be used by employees who have valid driver's licenses and insurance certificates for travel on work-related business.
- 21.2.1 Valid California Driver's License and Certificate of Insurance:** Prior to using a vehicle on work-related business, employees must obtain and provide a copy of their California driver's license and a copy of a Certificate of Insurance on the form provided by the Plan which evidences that employee has comprehensive automobile liability insurance or business automobile liability insurance in an adequate amount. Should the employee be in a their own vehicle and in an accident while performing Plan business, for claims processing the employee's own insurance provider is primary and Plan's insurance provider is secondary.
- 21.2.2 Pull Program Releases:** At hire, employees must complete and sign the California Department of Motor Vehicles Pull Program release form. Any employee who has not signed a release shall not be eligible to drive on Plan business.
- 21.2.3 Satisfactory Driving Record:** Employees who utilize Plan-owned vehicles or their own personal vehicle in the performance of their duties must maintain a valid California driver's license at all times, have a satisfactory driving record, and must maintain their driving insurance. A satisfactory driving record is considered 4 or fewer points in the California system. Employees with more than 4 points on their driving record will undergo an assessment to determine eligibility to continue driving on Plan business.
- 21.2.4 Complying with Traffic Regulations:** Employees must comply with all traffic regulations, laws, and ordinances while engaged in driving on work-related business.
- 21.2.5 Mobile Devices:** Only hands-free mobile devices may be used when driving, and no communications device may be used while driving to write, send, or read a text-based communication.
- 21.3 Use of Vehicle Safety Belts:** Employees who drive on work-related business shall use and ensure that all passengers use available safety belts in the vehicles being operated. Passengers shall ride only in those positions of a vehicle designed for the carrying of passengers.
- 21.4 Department of Motor Vehicles Pull Program:** The Plan participates in the State of California Department of Motor Vehicles (DMV) Pull Notice Program. Under this program the State sends the Plan driving records of all employees on an ongoing basis. Human Resources reviews the driving records of those employees who drive as part of their condition of employment and will take appropriate action

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- should any of the driving records indicate any of the following: DUI, suspended license, or other serious driving offense (i.e., reckless driving, etc.)
- 21.5 **Vehicle Accidents:** When an accident occurs on the job involving one or more vehicles, the following steps should be taken by employees:
- 21.5.1 **Scene:** Secure the scene of the accident.
 - 21.5.2 **Move Vehicles:** Move any involved vehicles out of the right of way, if possible.
 - 21.5.3 **Emergency Response:** Call 911 for emergency services if someone appears to be injured or asks that 911 be called.
 - 21.5.4 **Manager:** Contact your manager immediately, if communication devices are available.
 - 21.5.5 **Driver Information:** Exchange driver information and give the other driver a business card.
 - 21.5.6 **Personal Information:** Obtain the names, phone numbers, addresses, and e-mail addresses of any vehicle occupants, or observers of the accident.
 - 21.5.7 **Police Report:** Get the number of the police report that will be filed if the police respond to the accident.
 - 21.5.8 **Statements:** Do not make any statements concerning the assumption of liability. Give out only the required information.
 - 21.5.9 **Pictures:** Take pictures of the damage and all relevant aspects of the accident (the area where accident occurred, objects blocking view, etc.). If a camera is not immediately available, write down all of the relevant information.
 - 21.5.10 **Insurance and Legal Requirements:** Follow any insurance and legal requirements, such as immediately notifying your insurance company or the State of California's Department of Motor Vehicles.

Section 22 Information and Electronic Systems Use Policy

- 22.1 **Definitions:** Electronic systems are defined as all hardware, software, and other electronic communication or data processing devices owned, leased, or contracted for by the Plan and available for official use, by employees. This use includes, but is not limited to, electronic mail, voice mail, calendaring, and systems such as the internet.
- 22.2 **Public Disclosure:** Employees who use electronic systems and/or tools provided by the Plan do not have a right of privacy in such uses. Under the Public Records Act, e-mail messages and information stored in work computers and other electronic systems are public records subject to disclosure to the public, or they can be subpoenaed. In addition, the Plan reserve the right to review, audit, and disclose all matters sent over and/or stored in work systems at any time without advance notice. The Chief Executive Officer or his designee retains the right to enter and/or retrieve an employee's electronic communication system, data files, logs and programs used on Plan-owned electronic systems. Security features provided by the electronic communication system, such as, passwords, access codes, or delete functions, shall not prevent authorized employees from accessing stored electronic

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- communications. Deletion of e-mail messages or files may not fully eliminate the message from the system.
- 22.3 **Serial Meetings:** In accordance with the Brown Act (Gov Code section 54950 *et seq.*), employees must take care to ensure that electronic systems are not used to transmit, either all-at-once or serially, legislative officials' positions on matters of Plan business to a majority of any body of elected officials.
- 22.4 **Use During Normal Business Hours:** The Plan' electronic systems are provided for the purposes of conducting business. Except for brief, occasional, necessary, or emergency use, the electronic systems shall not be utilized for personal use during normal business hours. Use of non-Plan software including games or entertainment software is considered an improper use of these electronic systems. Employees shall not conduct personal or private business, including purchase of goods or services via the Plan's internet connection. Such uses are prohibited at all times during normal business hours or outside of normal business hours.
- 22.5 **Account Access:** Employees shall not attempt to gain access to another employees' personal file of electronic mail messages without the latter's express written permission or permission from the manager.
- 22.6 **Prohibited Use:** The electronic mail and other electronic systems shall not be used in a way that may be disruptive, offensive to others, harmful to morale, violate the Plan's policies and procedures, or violate laws. These electronic systems shall not be used to solicit or proselytize others for commercial venture, religious or political causes, outside organizations, or other non-job-related solicitations. Improper use includes any display or messages that are derogatory, defamatory, obscene, violent, or offensive to employees or the public and/or any messages that are of a sexual or discriminatory nature, including, but not limited to, slurs, offensive jokes, or other offensive language of disparagement of others based on their protected status, including, but not limited to race, national origin, sex, sexual orientation, age, disability, or religious beliefs.
- 22.6.1 **Policy Compliance:** Employees are required to comply with all operational guidelines developed by the Plan. Such guidelines will address operational standards such as: message retention, schedule, copyright issues, use of passwords, system availability, back-up procedures, etc.
- 22.6.2 **Incidental Use:** Incidental and occasional personal use of electronic mail is permitted within the Plan, but the messages will be treated no differently from other messages and will remain the property of the Plan as to review and auditing procedures. All personal use shall be done outside of normal working hours.
- 22.6.3 **Personal Messages:** Employees who use the Plan' electronic mail system to send or receive personal or private messages must remove such messages from the system no later than 30 days after receiving or sending. Employees have no right of privacy to any email, whether personal or business related, in the Plan's computers.
- 22.6.4 **Internet Use:** Occasional personal access to the internet may be permitted. Such personal use shall only be permitted if it does not interfere with or delay the employee's work or interfere with regular Plan business and shall comply

with all provisions herein. All use of the internet may be periodically reviewed by the manager.

22.6.5 Other Prohibited Uses: In addition to other prohibited uses, employees shall not:

22.6.5.1 Install: Install programs on computer system (including but not limited to virus checking and screen savers) without the prior written consent of information technology staff.

22.6.5.2 Copy: Copy programs for personal use.

22.6.5.3 Disclose: Disclose an account password or otherwise make the account available to others.

22.6.5.4 Infringe: Infringe on others' access and use of computers, including but not limited to:

22.6.5.4.1 Excessive Messages: Send excessive messages, either locally or offsite.

22.6.5.4.2 Unauthorized System Modification: Unauthorized modification of system facilities, operating systems, or disk partitions.

22.6.5.4.3 Crashing the Network: Attempt to crash or tie up a computer or network.

22.6.5.4.4 Damaging: Damage or vandalize computing facilities, equipment, software, or computer files.

22.6.5.4.5 Intentionally Developing or Using Bad Programs: Use of programs that disrupts other computer users, intentionally developing bad programs, access private or restricted portions of the system, and/or damage system software or hardware components.

22.6.5.4.6 Installing: Install or use a modem on Plan-owned or leased computers without the prior written consent of the information technology staff.

22.6.5.4.7 Attorney-client Privileged Communication: Forwarding or reproducing communications marked attorney-client privileged or confidential without the prior consent of the Chief Executive Officer and/or Plan Attorney.

22.6.5.4.8 Federal or State Laws: Violating any federal, state, or local law in the use of Plan information systems.

22.7 Public Records: All permanent business records, including those stored on paper and electronic media, may be governed by the mandatory public disclosure requirements of the Public Records Act (Government Code section 6250 *et seq.*), and the limited exceptions thereto. If a draft record is retained, it may become a public record subject to disclosure unless it is subject to an exception under the Public Records Act.

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- 22.7.1 **Permanent Records:** All permanent records, whether stored on paper or electronic media, shall not be destroyed unless prior written authorization is obtained.
 - 22.7.2 **Public Records Requests:** Public Records requests shall be handled in accordance with Government Code section 6250 *et seq.*
 - 22.7.3 **Media Disclosure:** The Plan reserve the right for any reason to access and disclose all messages and other information sent or received by electronic means or stored on electronic media.
 - 22.7.4 **Plan Rights:** The Plan has the right to delete or retain any or all messages or other information sent or received by electronic means or stored on electronic media by an employee who is no longer employed by the Plan.
 - 22.8 **Intellectual Property Rights:** No employee shall violate any copyright, software license, or other online information (including, but not limited to, text images, icons, programs, etc.) whether created by the Plan or any other person or entity.

Section 23 Outside Employment Policy

- 23.1 **Outside Employment:** Employees may not engage in any outside employment, enterprise, or activity that the CEO determines is in conflict with or impairs the employee's ability to perform their duties and responsibilities, or impacts any aspect of operations. Employees are required to notify human resources of all outside employment they are engaged in so that the outside employment may be assessed for conflict.
- 23.2 **Workday Activities:** During the workday, employees are expected to devote their time in performing their assigned duties as an employee. Any outside work, part-time job, hobbies, or personal business must be performed during off-duty hours.
- 23.3 **Incompatible Work:** Employee shall not perform work for compensation outside of his/her employment where any part of his/her efforts will be subject to approval by any officer, employee, board, or commission, unless the employee obtains the prior approval of the Chief Executive Officer after consultation with the employee's manager and human resources.

Section 24 Policy on Workplace Violence Prevention

- 24.1 **Violence in the Workplace Policy:** Acts of violence, whether threatened, gestured, or carried out will not be tolerated in the workplace. Anyone witnessing or becoming the subject of such behavior shall immediately report it to their manager and human resources for proper investigation. Minimizing the threat of violence is a duty of all employees.
- 24.2 **Notification:** It is the responsibility of all employees to notify a manager, human resources, or the Chief Executive Officer immediately of any violent act or a threat, or if a violent act or threat against themselves or any other employee occurs in the workplace or is directly associated with their employment. Notification may be made to any of these persons as appropriate and shall be reported as soon as

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- practicable. Retaliation or the threat of retaliation against a person who reports such an incident is unlawful and shall not be tolerated.
- 24.3 **Possession of Inappropriate Items:** Employees shall not possess the following instruments at a worksite or on Plan property, including parking lots, unless there is a work-related purpose and written approval has been obtained from the employee's manager.
- 24.3.1 **Firearms:** Any type of firearms.
- 24.3.2 **Explosives:** Any type of explosives or ammunition.
- 24.3.3 **Fixed Knives:** Fixed blade knives.
- 24.3.4 **Folding Knives:** Folding knives with blades over 3.5 inches.
- 24.3.5 **Weapons:** Illegal weapons such as defined in Section 12020 of the California Penal Code.
- 24.4 **Disciplinary Action:** The Plan shall take appropriate disciplinary action, up to and including termination of employment, against an employee violating this policy.
- 24.5 **Counseling Services:** As needed, incident-related counseling services may be offered through the Plan's Employee Assistance Program (EAP), or any other resource or program made available by the Plan, to employees who are the victims of violence, subjects of threats of violence, or subject to intimidation at the workplace. The Plan will work with public safety, the courts, and other entities necessary to ensure employee safety.
- 24.6 **Procedures for Imminent or Actual Violent Acts:**
- 24.6.1 **Employee Responsibilities:** An employee who is in immediate apparent danger of a violent act, or another employee who witnesses a violent act or the threat of a violent act shall, whenever possible:
- 24.6.1.1 **Safe Location:** Get in a safe location.
- 24.6.1.2 **Emergency Services:** Call 911 and request the immediate response of a police officer. Be prepared to inform the dispatcher of the circumstances and exact location of where an officer is needed.
- 24.6.1.3 **Management:** Inform a manager of the circumstances.
- 24.6.1.4 **Media:** Refer media inquiries to the manager.
- 24.6.1.5 **Cooperate:** Cooperate fully in any administrative or criminal investigation conducted within this policy and the laws.
- 24.6.2 **Manager Responsibilities:**
- 24.6.2.1 **Safe Location:** Get in a safe location.
- 24.6.2.2 **Ensure Safety:** A manager who is informed of a violent act or the threat of a violent act shall whenever possible ensure the immediate safety of employees and the worksite by calling 911, and notifying their site manager and human resources.
- 24.6.2.3 **Involve Individuals:** If feasible, the manager shall have the involved individuals wait in separate rooms or locations until the police take control or remove them from the premises.
- 24.6.2.4 **Restraining Order:** In consultation with human resources, the manager should determine if it is appropriate to obtain a restraining order, other appropriate injunctive, legal, and/or equitable relief.
- 24.6.2.5 **Reassign:** Reassign/relocate employees or job duties, if required.

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- 24.6.2.6 **Terminate:** Terminate any business relationship.
 - 24.6.2.7 **Take Action:** Take any other action deemed to be necessary or required under the circumstances.
 - 24.6.2.8 **Obtain Information:** Obtain basic information from the employee and provide to emergency responders.
 - 24.6.2.9 **Media Inquiries:** Respond to media inquiries or ask the Chief Executive Officer's office to respond to them.
 - 24.6.3 **Procedures – Future Violence:**
 - 24.6.3.1 **Reasonable Belief:** Employees who have reason to believe they, or another employee, may be victimized by a violent act sometime in the future, at the workplace, or as a direct result of their employment, shall inform their manager immediately so appropriate action may be taken and so human resources can be notified.
 - 24.6.3.2 **Restraining Orders:** Employees who have signed and filed a restraining order, temporary or permanent, against an individual due to a potential act of violence, who would be in violation of the order by coming near them at work, shall immediately supply a copy of the signed order to human resources.
 - 24.6.4 **Post-incident Review:**
 - 24.6.4.1 **Policy Evaluation:** The CEO, human resources, and the manager may conduct a post-incident review and use the review to evaluate this policy and procedure.
 - 24.6.4.2 **Support Systems:** The Plan may determine and oversee any post-incident support systems may be needed.

Section 25 Policy on Relatives Working for the Plan

- 25.1 **Relatives Working for the Plan:** No employee, prospective employee, or applicant shall be improperly denied employment or benefits of employment on the basis of marital status with another employee or official of the Plan.
- 25.2 **Plan Rights:** Notwithstanding the above, the Plan retains the right to take appropriate steps to avoid inappropriate working relationships among relatives. For administrative purposes, a relative shall be defined as a spouse or domestic partner, child, step-child, parent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, cousin, niece, nephew, parent-in-law, brother-in-law, sister-in-law, or any other individual related by blood, marriage, living in the same household, or having a personal relationship that may be perceived as compromising employment objectivity. Notwithstanding the above, the Plan retains its rights to:
 - 25.2.1 **Plan Rights:** Take appropriate steps to avoid inappropriate working relationships that are under the direct or indirect supervision of another party of a relationship.
 - 25.2.2 **Same Work Area:** Refuse to place 2 parties to a relationship in the same area when such action has the potential for creating adverse impact on

supervision, safety, security, or morale, or involves potential conflicts of interest.

25.2.3 **Disqualification:** Disqualify one party to a relationship for a position privy to confidential personnel matters who has a relative already in the Plan's employment when the relationship may compromise confidential information.

25.2.4 **Transfer:** Effect a transfer in the event the Plan learns of circumstances described above.

Section 26 Political Activity Policy

Except as specifically allowed by law, Plan employees are prohibited from participating in any political activity while on duty or while performing official business.

Section 27 Policy on Violations of the Hatch Act

27.1 **Hatch Act:** The Plan may apply for federal grant funding for a variety of projects. Some of those grant funds may be used for employee compensation. The Hatch Act prohibits government employees who are compensated by federal funding from engaging in partisan political activities, including but not limited to the following:

27.1.1 **Membership:** The Act precludes employees from membership in any political organization which advocates the overthrow of our constitutional form of government.

27.1.2 **Campaign Contribution Limits:** Employees receiving compensation from federal funds have an annual ceiling of \$5,000 for contributions to the campaign of an individual candidate for federal office.

27.1.3 **Guidelines:** Below are some of the guidelines that employees receiving compensation from federal funds need to follow when working or volunteering on a political campaign for federal office. Employees may not:

- Be a candidate in a political election in which any candidate represents a political party.
- Raise money for a partisan political campaign.
- Allow their names to be used in any fundraising appeal on behalf of a partisan political campaign.
- Participate in a phone bank that is engaged in fundraising for a partisan campaign.

Section 28 Workplace Accommodations for Employees With Disabilities Policy

Accommodation for Employees with Disabilities: If an employee believes he/she has a disability, the employee may request a reasonable accommodation for that disability. Such requests should be submitted to the employee's manager or human resources. Human resources, in consultation with the manager, may engage in an interactive process

with the employee to determine an appropriate reasonable accommodation for the employee in accordance with applicable law.

Section 29 Family and Medical Leave Policy

- 29.1 **Family and Medical Leave Policy:** Under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), employees are not eligible for FMLA or CFRA leave benefits unless the Plan provides work for 50 or more employees.
- 29.2 **Providing Similar Benefits:** The Plan will provide Family and Medical Leave (“FML”) benefits to its employees according to the following rules.
- 29.3 **Eligibility:** In order to qualify for Family and Medical Leave, the employee must meet the following conditions:
- 29.3.1 **Employment Period:** The employee must have been employed by the Plan for 12 months.
- 29.3.2 **Working Hours:** The employee must have actually worked at least 1,250 hours during the 12 month period immediately before the date when the leave begins. If an employee is employed but is on leave, any time spent on leave shall not count towards the 1,250 hours.
- 29.4 **Type of Leave Covered:** Family and Medical Leave is a leave taken for the following purposes:
- 29.4.1 **Newborn Children, Adoption, Foster Care:** In order to care for a newborn son or daughter, or for placement of a child for adoption or foster care.
- 29.4.2 **Family Members Covered:** In order to care for a spouse, domestic partner, child, or parent with a serious health condition.
- 29.4.3 **Employee’s Own Serious Health Condition:** Because of a serious health condition that makes the employee unable to perform the functions of the employee’s position.
- 29.4.4 **Military “Qualifying Exigency Leave”:** Necessary leaves that arises from the employee’s spouse, son, daughter, or parent being a covered military member on active duty (or having been notified of an impending call or order to active duty).
- 29.4.5 **Military Caregiver Leave:** Leave may be taken for up to 26 workweeks in a single 12-month period to care for a spouse, child, parent, or next of kin who is a covered servicemember with a serious injury or illness.
- 29.5 **Policy Definitions:**
- 29.5.1 **Rolling 12-Month Period:** This means a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken.
- 29.5.2 **Child:** This means a child under the age of 18 years of age, or 18 years of age or older who is incapable of self-care because of mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care and includes a biological, adopted, foster, or step-child.

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- 29.5.3 Child Incapable of Self Care:** A child is incapable of self-care if he/she requires active assistance or supervision to provide daily self-care in 3 or more of the activities of daily living or instrumental activities of daily living, such as caring for grooming, hygiene, and bathing, dressing and eating, cooking, cleaning, shopping, taking public transportation, paying bills, maintaining a residence, and/or using telephones and directories.
- 29.5.4 Parent:** This means a biological parent of an employee or an individual who stood in *loco parentis* (in place of the parent) to an employee when the employee was a child. This term does not include parents-in-law.
- 29.5.5 Spouse:** This means a husband or wife as defined or as recognized as such under California law for purposes of marriage.
- 29.5.6 Domestic Partner:** For this purpose, and any other benefit purpose, this means a domestic partner as defined under California Family Code section 297.
- 29.5.7 Serious Health Condition:** This means an illness, injury, impairment, or physical or mental condition that involves any of the following:
- 29.5.7.1 Inpatient:** Inpatient care (i.e., overnight stay) in the hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work, or perform other regular daily activities due to the serious health condition, treatment involved or recovery therefrom).
 - 29.5.7.2 Continuing Treatment by a Health Care Provider:** A serious health condition involving continuing treatment by a health care provider includes any one of or more of the following:
 - 29.5.7.3 Period of Incapacity:** A period of incapacity (i.e., inability to work, or perform other regular daily activities due to serious health condition of more than 3 consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition), that also involves the following:
 - 29.5.7.3.1 Treatment:** Treatment 2 or more times within a 30-day period of the first day of incapacity, one of which must be within 7 days of incapacity, by a health care provider, by a nurse or physician's assistant under direct supervision by a health care provider, or by a provider of health care services (e.g., a physical therapist) under orders of, or on referral by, a health care provider.
 - 29.5.7.3.2 Treatment Regimen:** Treatment by a health care provider on at least one occasion within 7 days of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. This includes for example, a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition. If the medication is over the counter, and can be initiated

without a visit to a health care provider, it does not constitute a regime of continuing treatment.

- 29.5.7.4 **Pregnancy-related Incapacity:** Any period of incapacity due to pregnancy or for prenatal care. (See section 9.16 of these Rules for Pregnancy Disability Leave. Pregnancy disability is included as FMLA leave, but not CFRA leave.) Under California law, an employee disabled due to pregnancy is entitled to pregnancy disability leave up to a maximum of 4 months. After the birth of the baby, the employee is entitled to additional CFRA bonding leave up to a maximum of 12 weeks. However, regardless of the length of time an employee takes leave for pregnancy disability and newborn care, under the FMLA and CFRA, the Plan' obligation to pay for health insurance is limited to a maximum of 12 weeks over a 12 month period.
- 29.5.7.5 **Chronic Serious Health Condition:** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which involves the following:
- 29.5.7.5.1 **Periodic Health Care Visits:** Required periodic visits for treatment by a health care provider, or by a nurse or physician assistant under direct supervision of a health care provider.
- 29.5.7.5.2 **Continuous:** Continues over an extended period of time (including recurring episodes of a single underlying condition).
- 29.5.7.5.3 **Episodic:** May cause episodic rather than continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.). Absences for such incapacity qualify for leave even if the absence lasts only one day.
- 29.5.7.6 **Long-term Treatment:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider.
- 29.5.7.7 **Multiple Treatments:** Any period of absence to receive multiple treatments (including any period of recovery incapacity) by a health care provider of health care service after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than 3-consecutive calendar days in the absence of medical intervention or treatment.
- 29.5.7.8 **Health Care Provider:** This means an individual duly licensed as a physician, surgeon, or osteopathic physician or surgeon who directly treats or supervises treatment of a serious health condition; podiatrist, dentist, clinical psychologists, optometrists, and chiropractors, (limited to treatment consisting of manual

manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in California and performing within the scope of their practice as defined under California law; nurse practitioners and nurse-midwives and clinical social workers who are authorized to practice under California law and who are performing within the scope of their practice as defined under California law; and Christian Science practitioners listed with the First Church of Christ, Scientist in Boston and Massachusetts.

29.6 Amount of Leave:

29.6.1 Leave Amount: Eligible employees are entitled to up to a total of 12 weeks of leave during a 12-month period. Twelve weeks means the equivalent of 12 of the employee's normally scheduled workweeks. For eligible employees who work more or less than 5 days a week or who work alternative work schedules, the number of working days that constitute 12 weeks is calculated on a pro rata or proportional basis.

29.6.2 Minimum Duration of Leave: If leave is requested for the birth, adoption, or foster care placement of a child of the employee, basic leave must be concluded within the first year of the birth or placement of the child.

29.6.3 Spouses/Domestic Partners Both Employed by the Plan: In any case in which a husband and wife or domestic partners are both employed by the Plan and are both entitled to leave, the combined number of weeks of leave to which both may be entitled may be limited to 12 weeks during a 12 month period if leave is taken for the birth or placement for adoption or foster care of the employee's child (i.e., bonding leave.) This limitation does not apply to any other type of leave under this policy.

29.7 Intermittent Leave or Leave on a Reduced Work Schedule: If an employee requests leave intermittently (a few days or hours at a time) or on a reduced leave schedule to care for an immediate family member with a serious health condition, the employee must provide medical certification that such leave is medically necessary. Medically necessary means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule. The leave may not exceed a total of 12 weeks over a 12 month period.

29.8 Substitution of Paid Accrued Leaves:

29.8.1 Unpaid Leave: Leave under this policy is unpaid. However, the Plan shall require an employee to use concurrently all paid accrued leaves while on Family and Medical Leave as follows: Where an employee has accrued sick leave, administrative leave and/or vacation, the Family and Medical Leave shall run concurrently with all such accrued leaves. The Plan shall require the concurrent use of sick leave only when the circumstances warrant the use of such leaves. The Plan shall not require an employee to use compensatory time earned in lieu of overtime concurrently with Family and Medical Leave.

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- 29.8.2 **Compensatory Time:** Employees may be required to use compensatory time earned in lieu of overtime concurrently with Family and Medical Leave. Employees are required to provide reasonable advance notice to the Plan of their desire to use compensatory time concurrently with Family and Medical Leave.
- 29.8.3 **Leave Running Concurrently:** If an employee takes a leave of absence for any reason which is FMLA/CFRA-qualifying, the Plan will designate that non-FMLA/CFRA leave as running currently with the employee's 12-week FMLA/CFRA leave entitlement.
- 29.9 **Payment of Health Insurance Premiums While on Leave:**
- 29.9.1 **Health Insurance Coverage:** While an employee is on Family and Medical Leave, the Plan shall maintain the employee's health insurance coverage on the same conditions as if the employee has been continuously employed during the entire leave period. If the employee's leave is unpaid, the Plan shall maintain the employee's health coverage for a maximum of 12 weeks in a 12-month period, unless the employee requests and the Plan agree, to extend coverage beyond that period. If the employee would normally pay health insurance premiums, the Plan shall require payment from the employee while the employee is on leave.
- 29.9.2 **Disability Plans:** An employee on unpaid leave will not continue to be covered under the Plan's long-term disability and other non-health benefit plans unless the employee makes the appropriate contributions for continued coverage and said continued coverage is permitted by the particular plan(s).
- 29.10 **Medical Certification:**
- 29.10.1 **Written Certification:** Employees who request leave for their own serious health condition, or to care for a child, parent, spouse, or domestic partner who has a serious health condition, must provide written certification from a health care provider of the individual requiring care.
- 29.10.2 **Statement:** If the leave is requested because of the employee's own serious health condition, the certification must include a statement that the employee is unable to work at all or is unable to perform the essential functions of his/her position during the entire period of leave. In cases where employees request intermittent leave, employees must submit medical certification which states that such intermittent leave is needed due to the employee's serious health condition and is medically necessary.
- 29.10.3 **Time to Provide a Certification:**
- 29.10.3.1 **Certification Filing Period:** When an employee's leave is foreseeable, the employee must provide the medical certification within 30 days before the leave begins. When this is not possible, the employee must provide certification within the time frame requested by the Plan.
- 29.10.3.2 **Consequences for Failure to Provide an Adequate or Timely Certification:** If an employee fails to timely provide a medical certification or provides an incomplete medical

certification, the Plan may delay the taking of FMLA/CFRA leave until the required certification is provided.

29.10.4 Recertification:

29.10.4.1 Medical Opinion Review: If the Plan have reason to doubt the validity of a medical certification provided by an employee, the Plan may require a medical opinion of a second health care provider chosen and paid for by the Plan. If the second opinion is different from the first, the Plan may require the opinion of a third provider jointly approved by the Plan and the employee, but paid for by the Plan. The opinion of the third provider will be binding. An employee may request a copy of the health care provider's opinions when there is recertification.

29.10.5 Recertification: Recertification may also be requested under any of the following conditions:

29.10.5.1 Changed Request: When the basis for FMLA request has changed.

29.10.5.2 Extension Requests: When the employee requests an extension of leave.

29.10.5.3 Reasonable Intervals: At reasonable intervals requested, but not to be more than every 30 days, unless one of the aforementioned criteria also applies.

29.11 Procedures for Requesting Leave: All employees requesting leave under this policy must submit proper Family and Medical Leave forms to human resources. Although the Plan recognizes that emergencies arise which may require employees to request immediate leave, employees are required to give as much notice as possible of their need for leave. If leave is foreseeable, at least 30 days notice is requested. In addition, if any employee knows that he/she will need a leave in the future, but does not know the exact date(s) (e.g., for the birth of a child or to take care of a newborn), the employee shall inform his/her manager as soon as possible that such leave is needed. Such notice must be submitted in writing. If the Plan determines the notice of the employee is inadequate or the employee knew about the requested leave in advance of the request, the Plan may delay the granting of the leave until it can, in its discretion, adequately cover the position.

29.12 Accrual of Benefits While on Leave: Employees will not accrue benefits while in an unpaid leave status, including seniority rights, vacation, and sick leave accrual. Employee will accrue benefits while using paid leave concurrently with FMLA/CFRA leave.

29.13 Right to Reinstatement Upon Return From FMLA Leave: Upon the expiration of leave, an employee is entitled to be reinstated to the position of employment held when the leave commenced, or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment. Employees have no greater rights to reinstatement, benefits and other conditions of employment than if the employee had been continuously employed during the Family and Medical Leave period.

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- 29.14 **Employee's Obligation to Periodically Report on Condition:** An employee on leave is required to periodically report every 30-calendar days on his/her status and within 5 days of intent to return to work.
- 29.15 **Fitness-for-Duty Certification:** As a condition of reinstatement of an employee whose leave was due to the employee's own serious health condition, which made the employee unable to perform his/her job, the employee must obtain and present a fitness-for-duty certification from the health care provider that the employee is able to resume work at least 5 days prior to the employee's intent to return to work. Failure to provide such certification may result in denial of reinstatement.
- 29.16 **Failure to Return From FMLA Leave:** If an employee uses Family and Medical Leave and fails to return to work, the Plan may recover its share of health care premiums paid on behalf of the employee while the employee was on leave. The Plan reserves the right to seek reimbursement from the employee by any legal means.

Section 30 Policy on Fitness for Duty Evaluations

- 30.1 **Fitness for Duty:** The Plan, at its expense, may require an employee to undergo a fitness-for-duty evaluation for any reasonable cause. If the employee is not fit to perform his/her duties with or without reasonable accommodation, the Plan may consider placing the employee in another position, seek the employee's disability retirement, or separate the employee in accordance with applicable law.

Section 31 Confidentiality Policy

- 31.1 **Policy:** The public and other parties with whom we do business entrust the Plan with important information relating to their businesses. It is the Plan's policy to follow state and federal regulations in that all information considered confidential will not be disclosed to external parties or to employees without a "need to know." If there is a question of whether certain information is considered confidential, the employee should first check with his/her immediate supervisor. This policy is intended to alert employees to the need for discretion at all times and is not intended to inhibit normal business communications.
- 31.2 **Protecting Information:** Employees have access to a variety of sensitive and confidential information by virtue of their job assignment. Employees must comply with any measures and policies that the Plan institutes regarding confidential information and privacy, including those required by applicable laws. Employees must also protect that information from disclosure to anyone, except where that disclosure is required by their jobs. When the Plan makes it possible to access or use confidential information from a remote location, employees shall follow the policies and procedures for doing so, and shall not store such information at the remote location. Writing about confidential information for non-work-related business in e-mails, on websites, on social networking sites, in chat rooms, or in blogs is expressly prohibited, as well as verbally communicating such information in

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- person, over the phone, or in any other manner. Additionally Plan logos may not be used in any of these forums.
- 31.3 **Confidential Information:** Confidential information shall include but may not be limited to any of the following:
- Passwords and access codes.
 - Individual employment records.
 - Citizen lists, personal information, or histories.
 - Financial statements.
 - Computer programs and object and source codes.
 - Systems and their documentation.
 - Other non-public business and technical information, whether related to past, present, or future programs and services.
- 31.4 **Penalties for Disclosing Confidential Information:** Employees who disclose confidential information are subject to disciplinary action up to and including dismissal from employment.

Section 32 Emergency Service Workers

- 32.1 **Emergency Service Workers:** Plan employees are designated per state law as emergency service workers and are deputized per civil defense rules under a declared emergency to carry out the orders of established emergency command sections with the provided limited immunity under the Government Code. Every employee should know where he or she reports in the event of an area-wide emergency. In the event of an emergency or disaster, every employee shall attempt to call in or contact their manager. Notwithstanding the call-in requirement, all employees are expected in an emergency or disaster to act as follows:
- **Attend** to the immediate physical safety of yourself and those immediately around you.
 - **Contact** or see to the safety of your immediate family, develop a family plan, and establish a family call-in phone contact in advance, preferably with a relative out of state or out of the region.
 - **Report to work** when directed to do so after trying to call in or when called back to work.
- 32.2 **Emergency Situations:** In an emergency situation, employees may be assigned to a variety of duties other than their normal assignments but generally related to their knowledge, skills, and abilities under their job class description. Those who are assigned to report to another organization shall be treated as Plan employees assigned to another public entity and shall be compensated and otherwise covered as Plan employees upon proof of service attendance in that other public entity. Those reporting to work to their usual assignment shall be governed by established regular time and overtime rules.

Section 33 Fraud Policy

- 33.1 **Background:** This anti-fraud policy aids in the detection and prevention of fraud (as defined below) against the Plan and provides guidelines and assigns responsibility for the development of controls and conduct of investigations.
- 33.2 **Policy Scope:** This policy applies to any fraud or suspected fraud, involving employees as well as consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties with a business relationship to the Plan. Any investigation activity required will be conducted without regard to the suspected wrongdoer's length of service, position, title, or relationship to the Plan.
- 33.3 **Policy:** The Plan's management is responsible for the detection and prevention of fraud, misappropriations of funds, and other inappropriate conduct within the Plan and their respective organizational units. Fraud is defined as the intentional, false representation, or concealment of a material fact for the purpose of inducing another to act upon it. Management should be familiar with the types of improprieties that might occur within their own area of responsibility, and be alert for any indication of fraud and develop any specific necessary controls to prevent, deter, or identify fraudulent activities. Any fraud that is detected or suspected must be reported immediately to the human resources, who coordinates all investigations.
- 33.4 **Actions Constituting Fraud:** For the purposes of this policy, the term fraud, but is not limited to, any of the following:
- The intentional, false representation or concealment of a material fact for the purpose of inducing another to act upon it.
 - Forgery or alteration of any document or account belonging to the Plan.
 - Misappropriation of funds, securities, supplies, or other assets.
 - Impropriety in the handling or reporting of money or financial transactions.
 - Profiteering as a result of insider knowledge of Plan activities.
 - Disclosing confidential and proprietary information to outside parties.
 - Accepting or seeking anything of material value from contractors, vendors, or persons providing services/material with the exception of gifts of less than \$50 in value.
 - Destruction, removal, or inappropriate use of records, furniture, fixtures, and equipment.
 - Any similar or related irregularity.
- 33.5 **Reporting Procedures:** Any employee who suspects dishonest or fraudulent activity (as defined above) shall notify the human resources immediately, and should not attempt to personally conduct investigations, interviews, or interrogations related to this activity.
- 33.6 **Investigating Suspected Fraud:** Upon receiving complaints of fraud, the Plan may undertake an investigation of the complaints. The CEO, human resources, or the Plan attorney may retain an outside investigator to conduct the investigation. All complaints shall be investigated to the extent that the Plan deems as

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- appropriate. Any investigation and investigation report prepared relating to the complaint shall be kept confidential, except as required by law. Human
- 33.7 **Disciplinary Action:** Employees found to have engaged in fraud may be subject to disciplinary action, up to and including termination of employment.
- 33.8 **Dishonest or Uncooperative Behavior:** Employees found to have been dishonest or uncooperative during an investigation into allegations for fraud may be subject to disciplinary action up to and including termination of employment.

Section 34 Conflict of Interest Code

- 34.1 **Background:** Under the Political Reform Act, all public agencies are required to adopt a conflict of interest code, which designates positions required to file Statements of Economic Interests (Form 700), and assigns disclosure categories specifying the types of interest to be reported. The Form 700 is a public document intended to alert public officials and members of the public to the types of financial interests that may create conflicts of interests for the Plan's staff.
- 34.2 **Designated Positions:** The Plan designates the following:
- Commission Members of the Plan.
 - Executive/Finance Committee members of the Plan.
 - CEO.
 - Department heads.
 - Managers.
 - Human resources personnel.
- 34.3 **Disclosure Categories:** A primary purpose of the code is to require disclosure of those types of investments, interests in real property, sources of income, and business positions that designated positions may affect in their decision-making.
- 34.4 **Code Approval:** Codes are not effective until they have been approved by the Plan's code reviewing body..

Section 35 Emergency Action Plan

- 35.1 **Purpose:** This policy applies to all employees and is an action plan in the event of a natural or human-made disaster and will assist to protect life and property by encouraging proper planning and preparation.
- 35.2 **Policy:** It is the Plan policy to notify all employees of the elements of the emergency action plan and to expect all employees to read and understand the information presented in this plan. It is the intent of this plan to provide not only employees, but also visitors with an appropriate Emergency Action Plan.
- 35.3 **Emergency Action Plan Elements:**
- 35.3.1 **Rescue and Medical Duties:** The Plan is housed in structures, and some administrative employees work from home offices. If two or more employees are working at the site and should the Emergency Action Plan be activated, the most senior employee will be the person in charge.

35.3.2 Chief Emergency Warden: The Chief Executive Officer will serve as the Chief Emergency Warden with the objective to protect the lives of those who are on the premises, and to minimize property loss. The Chief Emergency Warden shall:

- Maintain overall responsibility for safety of occupants and building.
- Ensure that an effective workplace emergency preparedness and response program is implemented.
- Provide direction to staff following an evacuation, once life safety response operations are completed.
- Implement emergency response plans including evacuation and communication procedures.
- Revise and update emergency preparedness and response plans.
- Ensure Senior Emergency Wardens, if there is a large enough employee population to have them, are trained to assume duties of Chief Emergency Warden when absent.
- Appoint Floor Emergency Wardens for each floor as necessary.
- Maintain documentation/log of events and decisions made during emergency response.

35.3.3 Senior Emergency Wardens: The Chief Executive Officer shall designate the Senior Emergency Warden to assist the Chief Emergency Warden with:

- Implementing emergency response plans including evacuation and communication procedures.
- Ensuring that the Floor Emergency Wardens are trained in workplace response and reporting.
- Ensuring assignment of employees who will assist disabled individuals during emergency procedures are trained.
- Overseeing the building emergency response, including ordering an evacuation when one is required.
- Ensuring emergency services and other designated authorities have been notified in the event of a fire or other emergency.
- Accounting for employees at assembly areas, and ensuring reports are provided to the Chief Emergency Warden.
- Coordinating and supervising necessary search procedures and/or evacuations.
- Identifying themselves to emergency service workers and acting in a leadership role.
- Entering each area for which they are responsible, including washrooms, and directing occupants to leave the buildings.
- Ensuring that all doors are closed but not locked, which will assist in restricting the movement of smoke or fire, and allow access by emergency service workers.
- Ensuring that persons designated to assist in the evacuation of employees and visitors who need assistance are available.
- Ensuring that everyone from responsibility area has left the buildings.

-
- Reporting to the Chief Emergency Warden on the state of evacuation of the area of their responsibility and assisting in securing the buildings.

35.3.4 Floor Emergency Wardens: The Floor Emergency Wardens are designated by the Chief Emergency Warden to assist the Senior Emergency Wardens with:

- Knowing the emergency procedures, exit routes, fire alarm pull stations, fire extinguisher locations, and assembly points.
- Knowing the location and name of the certified first aid trained employees and location of first aid supplies.
- Promoting awareness and participation in a buddy system.
- Being aware of anyone who is disabled or who may require assistance for a safe evacuation.
- Checking on fire extinguishers and emergency lighting.
- Identifying assembly areas outside of the building for designated places should evacuation be required.
- Identifying themselves and acting in a leadership role, in the event of an evacuation.
- Entering each areas for which they are responsible, including washrooms, and directing occupants to leave the building.
- Ensuring that all doors are closed but unlocked.
- Ensuring that persons are available who are designated to assist in the evacuation of employees and visitors.
- Ensuring that everyone from their area has left the building.
- Reporting to the Chief Emergency Warden on the state of evacuation for their area of responsibility, and assisting in securing the building.

35.3.5 Employees: During an emergency employees are responsible for:

- Accepting and following instructions of the Floor Warden, Senior Emergency Warden, and external emergency workers.
- Leaving the work area immediately and in a responsible manner.
- Remaining at the designated assembly area; responding to roll calls.
- Notifying the Senior Emergency Warden or Floor Warden if leaving the assembly area.
- Re-entering the building after an evacuation, only when instructed, by the proper authority.

35.4 Response Plans: The emergency response plans assists in preparing staff and visitors for an evacuation of the buildings so that, if and when the time arrives, they will act in a safe, rapid, and orderly manner.

35.4.1 Fire

35.4.1.1 The Chief Emergency Warden coordinates all emergency procedures to ensure the safety of staff and visitors. Floor Emergency Wardens report to their Senior Emergency Warden during an emergency response.

35.4.1.2 Senior Emergency Warden activates fire alarms if not already active, assists in the evacuation of the workplace, and implements

and maintains response procedures, including communications with other designated staff.

35.4.1.3 **Floor Wardens** activates fire alarm if not already done, collects work site register for roll, checks for an appropriate and safe evacuation route(s); instructs all staff and visitors within area of responsibility to evacuate the building by the designated evacuation route; directs staff assigned to assist in evacuating persons with physical disabilities; after all persons have been evacuated from area of responsibility, quickly searches all rooms and washrooms to ensure no one is left behind; ensures all doors are closed for a fire emergency; completes roll call at the designated assembly area and reports results to the Senior Emergency Warden; reports anyone missing to the Senior Emergency Warden, after confirming with other staff that the missing person was in fact at work at the time of the event; and re-enter the buildings only upon instructions from the Chief Emergency Warden or emergency responders.

35.4.1.4 **Employees** accept and follow instructions from appropriate designated staff; leave the work area immediately and in a responsible manner, when directed; remain at their designated assembly area and respond to roll calls; notify the Floor Warden or Senior Emergency Warden if leaving the assembly area; and re-enter the building after an evacuation, only when instructed, by the Chief Emergency Warden or emergency responders.

35.4.1.5 **What to know**

- Know where fire alarms are located in each building.
- Locate the two exits nearest your work area; learn whether the door swings in or out, and where the stairs lead.
- Know who your Floor Warden is.
- Use stairs, not elevators to move from floor to floor or out of the building.

35.4.1.6 **What to do:** Do the following if obvious smoke or fire is observed:

- Call 911, giving name, address, and building location.
- Alert others in the building by pulling the fire alarm switch.
- Attempt to extinguish the fire with an extinguisher only after assessing the size of the fire and/or the air quality if the fire is limited to the original material ignited; if it is contained; if it has not spread to other materials; if the flames are no higher than your head; and if the air quality is still safe.
- Evacuate immediately if the fire is not contained; fire, heat, or smoke blocks the evacuation path; if the fire involves flammable solvents; if it has spread over more than 60 square feet; if it is partially hidden behind a wall or ceiling, or cannot be reached from a standing position.
- Close all doors and windows when leaving; follow evacuation procedures; do not delay by gathering personal items.

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- If in an office or meeting room and the door is closed, first feel the door. IF IT IS HOT – DO NOT OPEN IT! Remain in the office or meeting room, call 911 and tell them your situation, then place material along the bottom of the door to keep the smoke out. If an outside window or door is available, open it or break it and hang colored material out to attract attention.
 - Get out quickly following evacuation procedures. Know at least two ways out. Do not use elevators.
 - If in smoke or heat – stay low. If trapped and cannot reach an exit, close nearest doors and seal cracks with extra clothing; wait at a window, and signal for help. Do not panic.

35.4.1 **Earthquake:**

35.4.1.1 **Chief Warden:** The Chief Emergency Warden coordinates all emergency procedures. Floor Emergency Wardens report to their Senior Emergency Warden during an emergency response. During an emergency event, or drill, the Chief Emergency Warden will go to the designated assembly area.

35.4.1.2 **Senior Emergency Warden** activates alarm if not already active and assists in the evacuation of the workplace; and implements and maintains response procedures, including communications with the appropriate authorities.

35.4.1.3 **Floor Warden** reports to the Senior Emergency Warden and delivers verbal messages; at the assembly area, reports any pertinent information about other areas observed. Returns to the original area with any information from the assembly area when directed; when the shaking has stopped, remains covered and holding, and tells everyone to wait 60 seconds. This is to ensure that things falling from the ceiling have the time to fall to the floor before people move out from the safety of their desks or tables. Then move cautiously from the safe area under the desk or table. Look up and around for hazards. If and when aftershocks occur, interrupt all activities, and call loudly, “EARTHQUAKE! DUCK, COVER AND HOLD!” Then repeat the above procedure. Aftershocks do not always occur.

- Checks surrounding area for damage and trapped individuals. Note injuries or missing persons. Confirms who is absent from work that day.
- Replaces phone handsets that have fallen off the hook. Uses phones in the event of life-threatening emergencies only. Ignores ringing phones.
- Does not attempt to move an injured person who is unable or unwilling to move; has been unconscious; is confused or disoriented; or who has received a blow to the head, neck, shoulders, or torso.

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- Once the earthquake is over proceeds with evacuation, only if this is required. Cautiously evacuates the building when directed to do so. All walking wounded and non-injured staff should leave the building during this evacuation process. Trained emergency responders will evacuate trapped or unconscious people later. It is important to get the majority out of the building as soon as it is safe to do so.
 - Reports evacuation to the Senior Emergency Warden. Reports on the status of missing and injured or trapped persons and their locations to the Senior Emergency Warden. If injured persons have been left, records location and what time the injured were left.
 - Assemble staff in the safest clear area outside the building and check if any staff is missing. Conduct a roll call, and note any visitors who are now in the area.

35.4.1.4 **Employee Responsibilities:**

- During an earthquake, when the building shakes, takes cover under the nearest safe piece of furniture, such as a desk or table. Covers head and as much of body as possible. Holds onto the furniture leg so it does not move away during the shaking.
- Stays away from danger spots in the room, including windows, hanging objects, tall-unsecured bookcases or file cabinets, and light fixtures.
- Moves to an inside wall corner if in hallways or other open areas, brings knees up to chest, and with elbows on knees, protects face and head with arms and hands.
- Stays calm and moves cautiously away from safe area only after the shaking has stopped and on the advice of the appropriate authorities.
- Avoids using the elevator. But if in the elevator during earthquake, the elevator will not fall down the shaft and nothing heavy is likely to fall on it. If the power fails, the lights will remain off until power is restored. Presses the emergency button to let others know people are trapped in the elevator, uses the emergency phone to report being trapped and waits for assistance.
- Stay calm. Move cautiously from the safe area under your desk or table. Look up and around for hazards.
- If aftershocks occur, find the nearest safe location.
- Check for injuries and seek first aid if required.
- Replace phone handsets that have fallen off the hook.
- Only use phones in the event of a life-threatening emergency for the first 90 minutes after an earthquake.
- Follow Floor Warden instructions.
- Try to identify everyone at work that day and any staff who are away from the work area at the time of the earthquake. Report names of those people away from work that day to the Floor Warden.

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- Report any injuries or trapped persons and their location to the Floor Warden.
 - If directed by the Floor Warden or Senior Emergency Warden, move to the nearest safe assembly area after the shaking has stopped.
 - Take your jacket and purse/wallet with you.
 - Move to the designated assembly location, assist injured persons, and evacuate when ordered.
- 35.5 **Bomb Threat:** The following reporting procedure is to be followed.
- 35.5.1 Call 911.
 - 35.5.2 Notify all others in the building through the standard notification process.
 - 35.5.3 Exit building immediately.
 - 35.5.4 Do not re-enter the building until told to do so by the Chief Warden or designee.
- 35.6 **Medical:** In the event of a serious medical emergency, the following steps should be followed.
- Assess the situation and try to confirm the scene is safe prior to proceeding with assistance.
 - Call 911. Provide the nature, location, number of people involved and what actions are currently being taken to manage the incident.
 - Designate someone to promptly direct the resources that arrive at the scene.
 - Those administering medical aid shall take necessary bloodborne pathogens isolation precautions (gloves, goggles, masks, etc.).
 - Determine the most appropriate course of action for providing the best care to the individual(s) involved.
 - Transfer care to medical professionals upon arrival at scene.
 - Document all actions taken.
- 35.7 **Emergency Escape Procedures and Routes:**
- Proceed to the nearest safe stairwell or exit.
 - Do not use elevators.
 - Do not run. Remove high-heeled shoes if necessary.
 - Listen for and heed directions given by Chief Emergency Warden, Senior Emergency Warden, Floor Warden and other emergency responders.
 - Use stairwell handrails, moving to the right-hand side if emergency crews are encountered.
 - If unable to descend to the ground floor, proceed to the roof.
 - Assist those who are slower moving, injured, or handicapped
 - Upon exiting, proceed to designated assembly area.
 - Floor plans for emergency exits are posted throughout the buildings.
- 35.8 **Evacuating Persons With Restricted Mobility:**
- 35.8.1 In every situation, a cooperative effort is necessary to achieve a safe evacuation. Any disabled or injured persons that may require assistance during an emergency should not hesitate to recruit helpers. They should inform helpers of their condition and be prepared to provide instructions on the best methods to aid them to safety;

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- 35.8.2 During an evacuation, individuals with restricted mobility should proceed to the nearest safe stairwell and then seek assistance. Planning is the best way to ensure the safe evacuation of handicapped and injured individuals.
- 35.9 **Emergency Shutdown Procedures:** During some emergency situations, it may be necessary for specifically assigned and properly trained employees to remain in work areas that are being evacuated long enough to perform critical tasks. These assignments are necessary to ensure proper emergency control.
- 35.10 **Employee Accountability Procedures Following an Emergency Evacuation:** Each warden is responsible for accounting for each assigned employee following an emergency evacuation.
- 35.10.1 Assembly areas have been established for all evacuation routes and procedures. Staff is to assemble at the primary location first or secondary location only if primary location is unsafe.
- 35.10.2 All wardens and employees must report to their designated assembly areas immediately following an evacuation.
- 35.10.3 Each employee is responsible for reporting to his or her floor warden so that an accurate head count can be made. Wardens will check off the names of all those reporting and will report those not checked off as missing to the Chief Emergency Warden.
- 35.10.4 The Chief Emergency Warden will determine the method to be utilized to locate missing people.
- 35.11 **Rescue and Medical Duties:** It may become necessary in an emergency to rescue individuals and perform some specified medical duties, including first-aid treatment. All employees assigned to perform such duties will have been properly trained and equipped to carry out their assigned responsibilities properly and safely.
- 35.12 **References:** OSHA Standard 29 CFR 1910.38(a).

Section 36 Non-Solicitation Policy

- 36.1 Policy: Unauthorized solicitation by employees including, but not limited to, seeking payments, contributions to charities and other organizations, bets, memberships, funds, sale of merchandise, services or tickets, requesting support for a political candidate or commitment with respect to causes, groups, or interests is not permitted on Plan premises at any time. This includes solicitation that is discriminatory, hateful, harassing, illegal, defamatory, profane, or obscene is prohibited at all times.
- 36.2 **Distribution and Posting of Literature By Employees:** Distribution of handbills, brochures, advertisements, announcements, and other such unauthorized literature is not permitted. Employees may not use Plan property such as walls, doors, and bulletin boards for posting of unauthorized information/materials. Employees also may not use Plan-provided resources including but not limited to, e-mail, fax machines, photocopiers, and the Plan-accessed Internet and Intranet for literature distribution purposes. This restriction applies whether employees are on or off-duty, whether the activities are conducted during working or non-working hours, or whether the activities are located on or off the premises.

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- 36.3 **Solicitation or Distribution By Non-Employees/Outside Organizations:** Unauthorized solicitation or distribution of handbills, brochures, advertisements, announcements, and other such unauthorized literature by anyone who is not an employee of the Plan is not permitted on the premises at any time.
- 36.4 **Limited Exceptions To Solicitation/Distribution Policy:** Plan-sponsored activities including but not limited to, United Way campaign, March Of Dimes Walk, Aids Walk, American Heart Association campaign, food/toy drives, and blood drives are approved exceptions to this guideline. Other limited exceptions to this prohibition must be approved in writing by human resources after consideration of such factors as the frequency of the solicitation, the extent of the disruption likely to be caused to the workplace, nature of the solicitation (charitable or commercial) and the need to be consistent in application. All requests for on-site visits by outside organizations must be approved in writing by human resources several days prior to the event.

Section 37. Attendance at Public Meetings

Only employees who are authorized by their immediate supervisor to attend a public meeting of the Plan shall be allowed to attend on work time and be compensated for such time. Should a meeting be held after normal working hours, employees may attend and will not receive compensation for those hours unless they are specifically directed by their supervisor that their attendance at such meeting is required.

Section 38. Whistleblower Policy

- 38.1 **Purpose:** It is the intent of the Plan to adhere to all laws and regulations that apply to it. The underlying purpose of this policy is to support the Plan goal of legal compliance. Support by all employees is necessary to achieving compliance with various laws and regulations.
- 38.2 **Policy:** If any employee reasonably believes that some policy, practice, or activity of the Plan or an entity with which the Plan has a business relationship is in violation of a law, a written complaint must be filed by that employee with the Human resources.
- 38.3 **Non-retaliation:** An employee is protected from retaliation if the employee brings the alleged unlawful activity, policy, or practice, to the attention of the Plan and provides the Plan with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described is only available to employees that comply with this requirement. The Plan will not retaliate against an employee who in good faith, has made a protest or raised a complaint about some practice of the Plan or of an entity with which the Plan has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy. Nor will the Plan retaliate against employees who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of the Plan, that the employee reasonably believes is in violation of a law, or a rule, or

regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

Section 39. Arbitration

The Plan and Employee agreed to abide by the terms and conditions of the Arbitration provision in the Employment Agreement.

Section 40. Employee Required Signed Forms

All Employees will be provided with and required to review and execute the following forms:

- Employee Acknowledgements
- Confidential Information Agreement.

40.1 Employee Acknowledgments

EMPLOYEE ACKNOWLEDGMENTS

Handbook Acknowledgement. I, _____, acknowledge that I have received and read a copy of the employee handbook. I agree to follow the guidelines and policies contained in the Handbook or as directed by the Company. I further understand that the Company has the right to revise the policies and procedures in the handbook at any time. I understand that no statements, representations or actions of any employee or principal of the Company will modify these policies and procedures unless I receive specific written notice of modification.

Initials: _____

At-Will Acknowledgement. I understand that the handbook is not a contract for or a guarantee of continuing employment. I understand that, unless I am advised in writing otherwise, I am an at will employee of the Company. This means that my employment is for no definite period and my terms and conditions of employment may be changed at any time, with or without cause. It also means that I may leave my employment at any time and the Company may terminate my employment at any time, with or without cause, and without any prior notice. I acknowledge that this constitutes the entire agreement between me and the Company regarding my at will employment status, and that it supersedes any prior written, oral or implied agreements on this subject. I also acknowledge that this at will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by Authorized Person.

Initials: _____

Harassment Acknowledgement. I understand and acknowledge that the Company has a no-tolerance policy against harassment. I have reviewed and understand the Policy Against Harassment and the policy on Reporting Harassment contained in this Handbook, and I agree to abide by those policies and to immediately report any incident of harassment against me or any other person working for or related in any way to the Company.

Initials: _____

Communications Acknowledgement. I understand and acknowledge the Company's policies on Communications Systems, Social Media, Endorsements and Use of Communication Devices contained in this Handbook. I understand that all electronic and media communications equipment provided to me by the Company or used by me to perform my job duties remain the sole property of the Company. I further understand and acknowledge that I have no right of privacy in the work product, data, messages or communications sent to or from me in the course of my work for the Company or related in any way to the Company. I understand that the Company may review my sent and received e-mail, voicemail, text messages, internet activity and any other use of electronic storage, media, or communications by me at any time.

Initials: _____

Date: _____

(Print Employee Name)

(Sign Employee Name)

40.2 Confidential Information Agreement

CONFIDENTIAL INFORMATION AGREEMENT

I, _____, as a condition of my continued at-will employment with Gold Coast Health Plan (the "Plan") agree that:

1. In the course of my employment, I will have access to information regarding the Plan's business that is confidential and proprietary. Proprietary information includes all trade secrets and non-public information related to (i) the business, present or future, of the Plan; (ii) the research, inventions, products and services of the Plan; (iii) the customers of the Plan; and (iv) the employees, operations and capabilities of the Plan. For example, proprietary information may include, but is not limited to, procedures; data files; computer programs; systems design; manuals; research; techniques; customer lists; marketing data, business plans, and product development strategies.

2. During my employment with the Plan I may use or disclose proprietary information only to the extent necessary to perform my duties. Any disclosure of such information outside the Plan as is necessary to the performance of my duties shall be made only with the prior written consent of Authorized Person. I acknowledge and agree that unauthorized use or disclosure of this confidential and proprietary information may result in my immediate discharge.

3. After the voluntary or involuntary termination of my employment, I will not use or disclose the Plan's trade secrets for any purpose, including but not limited to: (a) obtaining business from the customers or clients of the Plan; (b) inducing or attempting to

induce any employees of the Plan to leave their employment; (c) assisting others to obtain business from the Plan's customers or recruit the Plan's employees; or (d) engaging in any other activity that harms the interest of the Plan.

4. As a result of my prior employment, I may be in possession of information that my prior employer considers to be confidential. If I use any trade secrets of my prior employer in order to benefit the Plan, I may expose myself and the Plan to legal liability. Therefore, I will not use or disclose any such information in connection with my employment with the Plan. I will not bring to the Plan or copy to any of the Plan's computer devices any documents containing such information.

5. I acknowledge that (i) in the event my employment with the Plan terminates for any reason, I will be able to earn a livelihood without violating the foregoing restrictions, and (ii) my ability to earn a livelihood without violating these restrictions is a material condition to my employment with the Plan.

6. I acknowledge that my compliance with this agreement is necessary to protect the business and goodwill of the Plan and that the Plan will pursue legal action against me to remedy any damages caused by my breach of this Agreement.

7. If any portion of this Agreement is held to be void or unenforceable, the remainder of the Agreement shall remain in effect. This Agreement shall apply to the Plan as well as to its successors, assigns, parent or subsidiary companies or other related persons. No alteration or modification to any of the provisions of this Agreement will be valid unless made in writing and signed by me and the Plan.

8. This Agreement shall be subject to and governed by the laws of the State of California. In any legal action between me and the Plan to enforce any provision of this Agreement, the prevailing party shall recover its attorneys' fees.

9. This Agreement constitutes the complete understanding between me and the Plan regarding the matters addressed, and all prior representations or agreements regarding confidential information and unfair competition are superseded by this Agreement.

10. Nothing in this agreement alters my at-will employment relationship with the Plan.

Date: _____

(Print Employee Name)

(Sign Employee Name)



**Gold Coast
Health Plan**SM
A Public Entity

AGENDA ITEM 5

To: VCMCMCC

From: Cassandra Undlin, Interim CEO

Date: August 27, 2012

Re: Recommendation to accept the attached Compensation Schedule

Commissioner Juarez, Commissioner Rodriguez and Cassie Undlin Interim CEO met on Monday August 20th to review the compensation schedule.

The research for competitive and equitable salaries for Gold Coast Health Plan was performed over the period of approximately 60 days. Several steps were involved, including the accumulation of research sources demonstrated as follows;

1. Executive Compensation Survey Report for ACAP, Association for Community Affiliated Plans-2011
2. California State Auditor Report of Medi-Cal Managed Care Program-2011
3. CenCal Health of Santa Barbara, CA-20112
4. Central California Alliance for Health Total Compensation Survey of California HealthCare Systems
5. City of Ventura Job Class Salary Table
6. County of Ventura Job Class Salary Table
7. City of Oxnard Job Class Salary Table
8. Partnership Health Plan of California
9. Health Plan of San Mateo
10. Robert Half Executive Salary Guide for Accounting & Finance

With the payroll data for current employees, job descriptions and duties, and individual placement within the organization, we developed the attached compensation schedule.

2012 Salary Composite Research Process

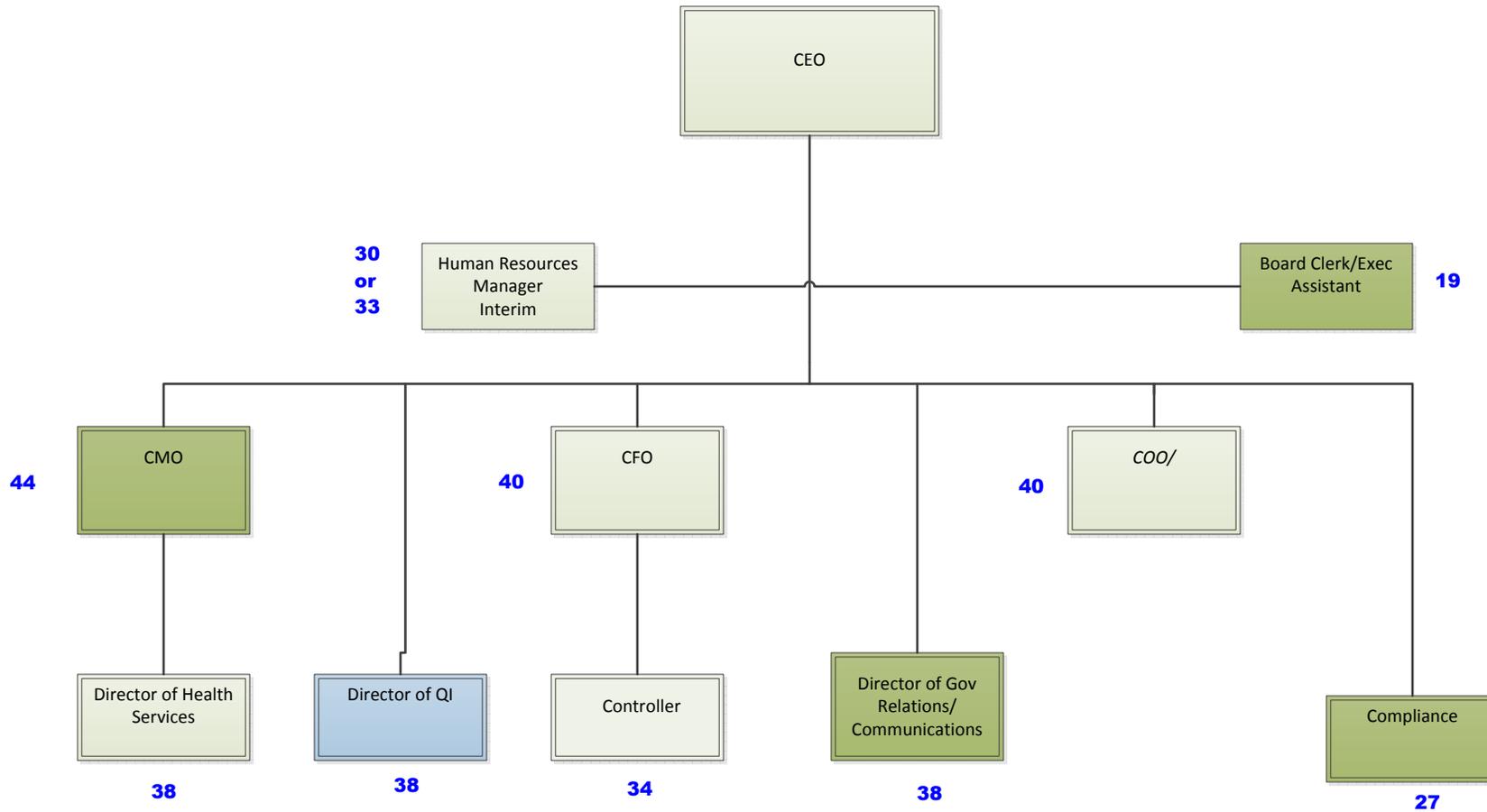
The compensation schedule of salaries was established with 50 - 5% upward growth ranges, while allowing 7 - 5% across the scale step growths. We determined, based on our research, that this was best growth pattern for each of the over 57 positions.

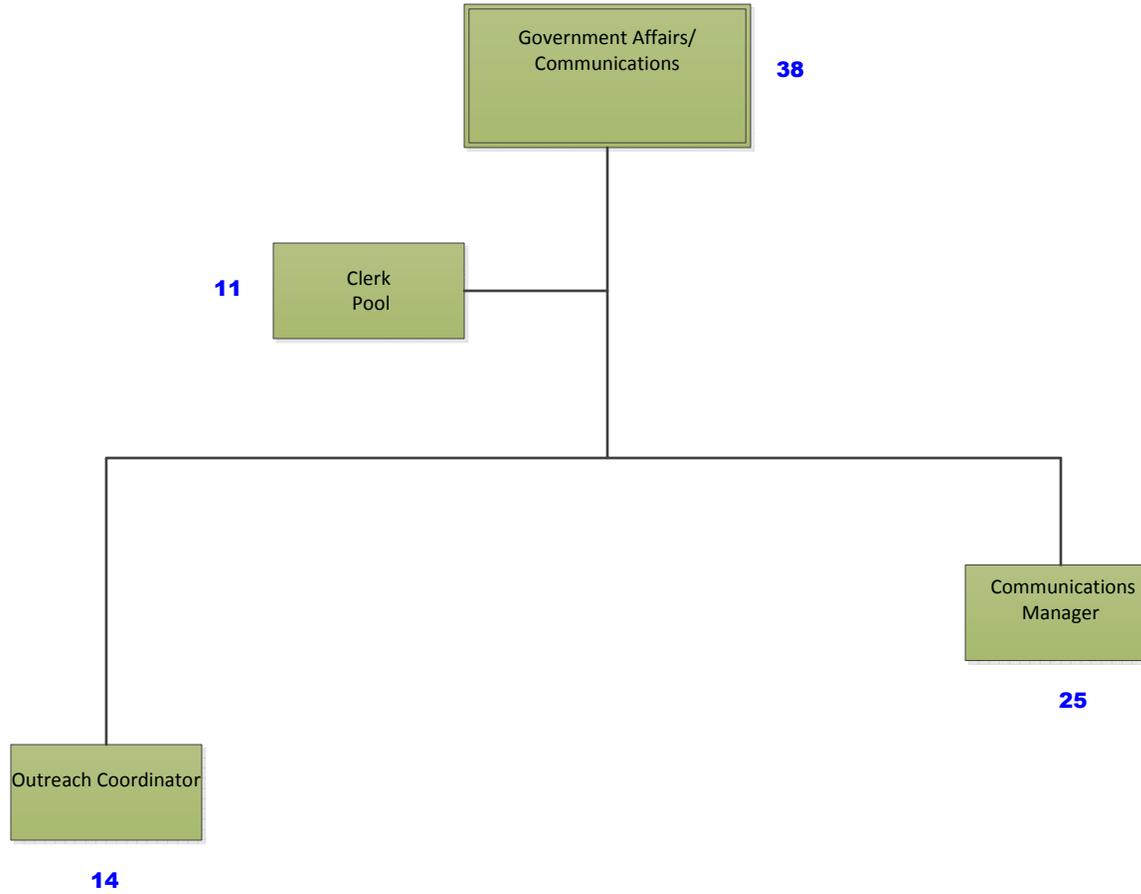
An evaluation of the current staff as they fall within these ranges will require a total annual adjustment to salaries of approximately \$45,000.

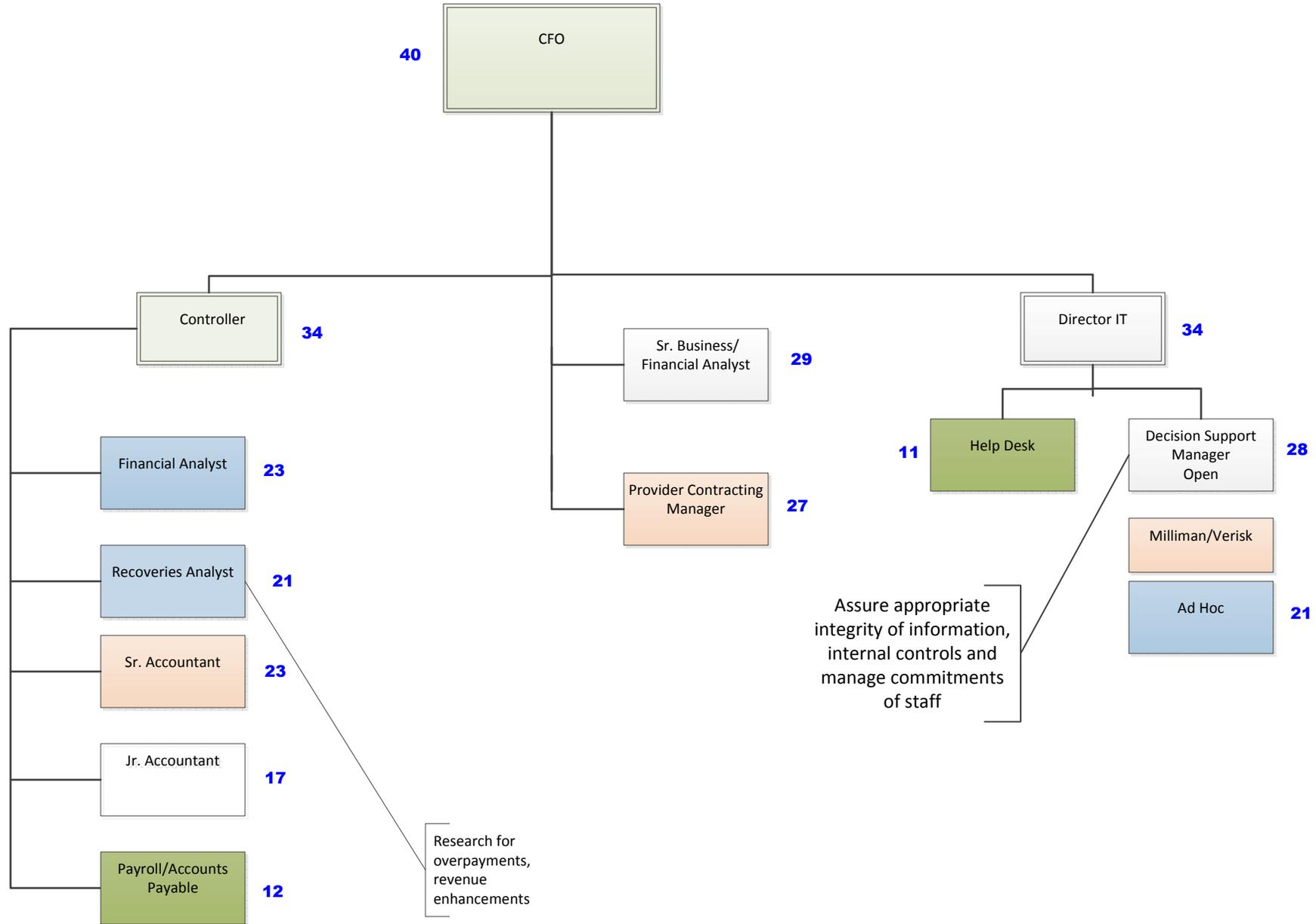
GOLD COAST HEALTH PLAN JOB TITLES

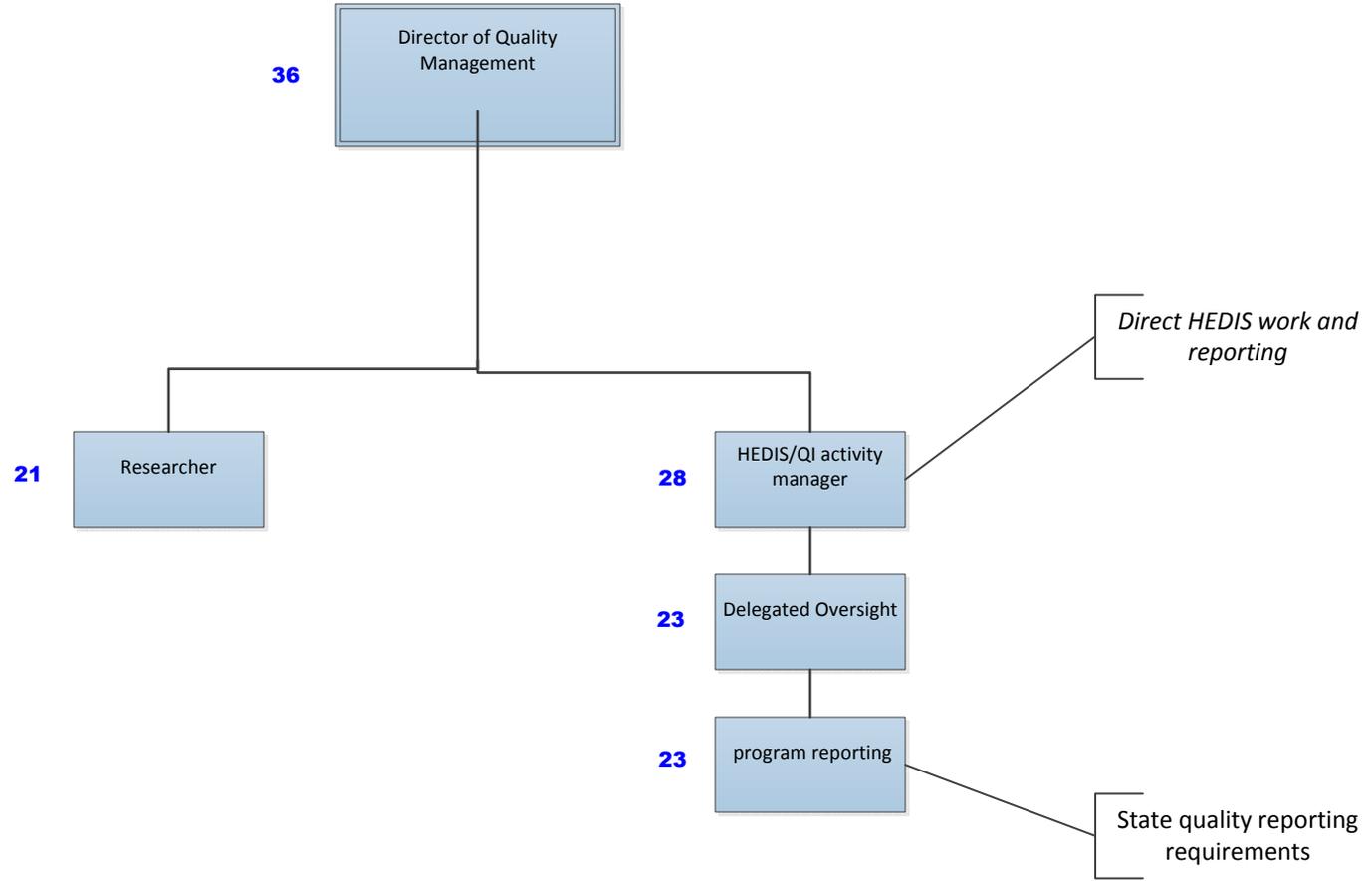
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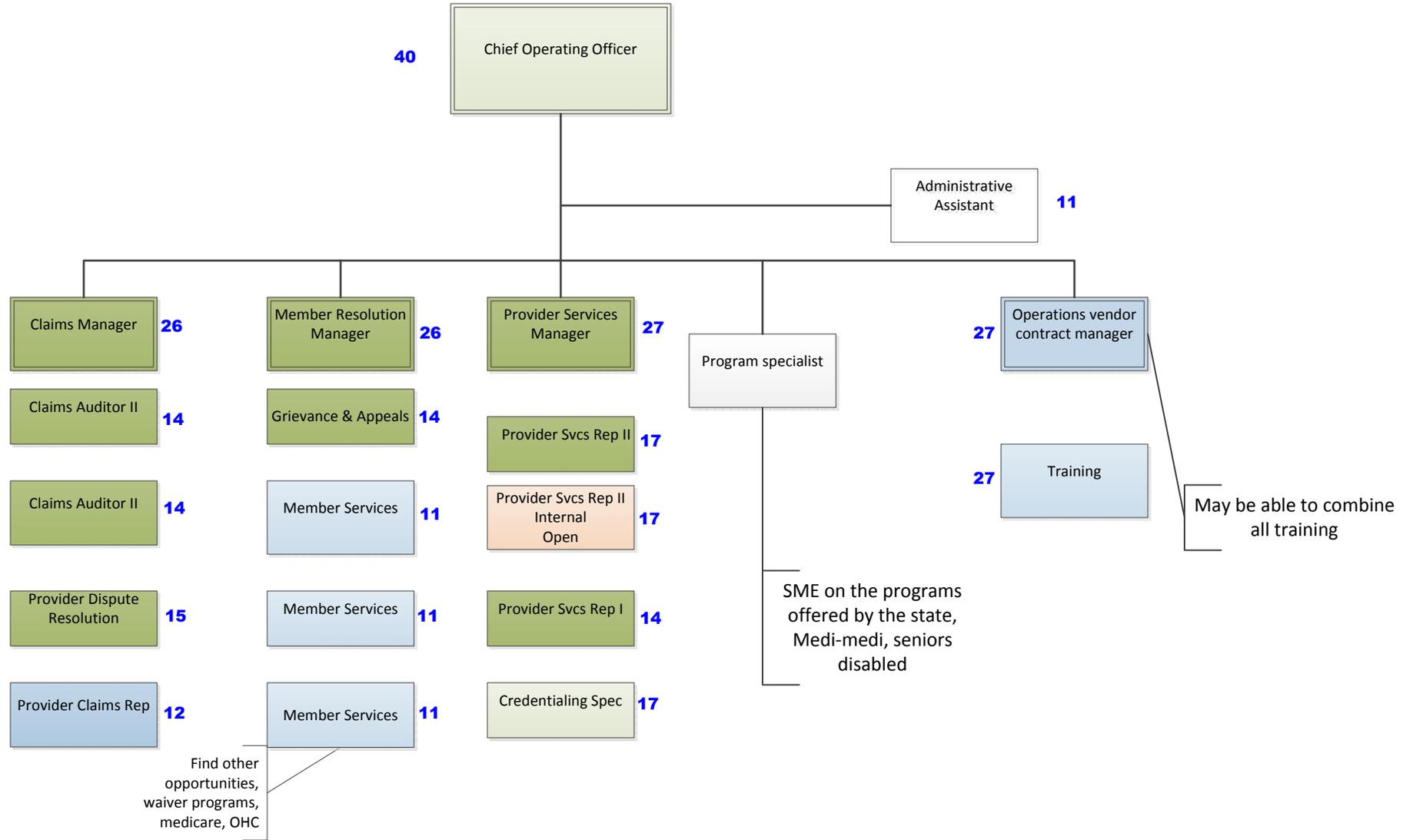
| | RANGE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | MEDIAN PAY RANGE | RANGE |
|---|-----------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------------|-----------|
| | | MINIMUM | | | | | | MAXIMUM | | |
| | 48 | \$ 248,853.32 | \$ 261,295.99 | \$ 274,360.79 | \$ 288,078.83 | \$ 302,482.77 | \$ 317,606.91 | \$ 333,487.25 | \$ 291,170.29 | 48 |
| | 47 | \$ 237,003.16 | \$ 248,853.32 | \$ 261,295.99 | \$ 274,360.79 | \$ 288,078.83 | \$ 302,482.77 | \$ 317,606.91 | \$ 277,305.04 | 47 |
| Chief Executive Officer | 44-47.6-7 | \$ 206,000.00 | \$ 223,166.67 | \$ 240,133.34 | \$ 257,500.01 | \$ 274,666.68 | \$ 291,833.35 | \$ 309,000.02 | \$ 257,500.00 | 44-47.6-7 |
| | 46 | \$ 225,717.30 | \$ 237,003.16 | \$ 248,853.32 | \$ 261,295.99 | \$ 274,360.79 | \$ 288,078.83 | \$ 302,482.77 | \$ 264,100.03 | 46 |
| | 45 | \$ 214,968.86 | \$ 225,717.30 | \$ 237,003.16 | \$ 248,853.32 | \$ 261,295.99 | \$ 274,360.79 | \$ 288,078.83 | \$ 251,523.84 | 45 |
| Chief Medical Officer | 44 | \$ 204,732.24 | \$ 214,968.86 | \$ 225,717.30 | \$ 237,003.16 | \$ 248,853.32 | \$ 261,295.99 | \$ 274,360.79 | \$ 239,546.52 | 44 |
| | 43 | \$ 194,983.09 | \$ 204,732.24 | \$ 214,968.86 | \$ 225,717.30 | \$ 237,003.16 | \$ 248,853.32 | \$ 261,295.99 | \$ 228,139.54 | 43 |
| | 42 | \$ 185,698.18 | \$ 194,983.09 | \$ 204,732.24 | \$ 214,968.86 | \$ 225,717.30 | \$ 237,003.16 | \$ 248,853.32 | \$ 217,275.75 | 42 |
| | 41 | \$ 176,855.41 | \$ 185,698.18 | \$ 194,983.09 | \$ 204,732.24 | \$ 214,968.86 | \$ 225,717.30 | \$ 237,003.16 | \$ 206,929.29 | 41 |
| Chief Financial Officer; Chief Operating Officer | 40 | \$ 168,433.72 | \$ 176,855.41 | \$ 185,698.18 | \$ 194,983.09 | \$ 204,732.24 | \$ 214,968.86 | \$ 225,717.30 | \$ 197,075.51 | 40 |
| Associate Chief Medical Officer | 39 | \$ 160,413.07 | \$ 168,433.72 | \$ 176,855.41 | \$ 185,698.18 | \$ 194,983.09 | \$ 204,732.24 | \$ 214,968.86 | \$ 187,690.96 | 39 |
| Director - Health Services | 38 | \$ 152,774.35 | \$ 160,413.07 | \$ 168,433.72 | \$ 176,855.41 | \$ 185,698.18 | \$ 194,983.09 | \$ 204,732.24 | \$ 178,753.30 | 38 |
| | 37 | \$ 145,499.38 | \$ 152,774.35 | \$ 160,413.07 | \$ 168,433.72 | \$ 176,855.41 | \$ 185,698.18 | \$ 194,983.09 | \$ 170,241.24 | 37 |
| Director - Quality Improvement; Director - Government Relations | 36 | \$ 138,570.84 | \$ 145,499.38 | \$ 152,774.35 | \$ 160,413.07 | \$ 168,433.72 | \$ 176,855.41 | \$ 185,698.18 | \$ 162,134.51 | 36 |
| | 35 | \$ 131,972.23 | \$ 138,570.84 | \$ 145,499.38 | \$ 152,774.35 | \$ 160,413.07 | \$ 168,433.72 | \$ 176,855.41 | \$ 154,413.82 | 35 |
| Controller; Director - IT | 34 | \$ 125,687.84 | \$ 131,972.23 | \$ 138,570.84 | \$ 145,499.38 | \$ 152,774.35 | \$ 160,413.07 | \$ 168,433.72 | \$ 147,060.78 | 34 |
| Director - Human Resources | 33 | \$ 119,702.70 | \$ 125,687.84 | \$ 131,972.23 | \$ 138,570.84 | \$ 145,499.38 | \$ 152,774.35 | \$ 160,413.07 | \$ 140,057.89 | 33 |
| | 32 | \$ 114,002.57 | \$ 119,702.70 | \$ 125,687.84 | \$ 131,972.23 | \$ 138,570.84 | \$ 145,499.38 | \$ 152,774.35 | \$ 133,388.46 | 32 |
| Manager - Care Coordination; Manager - Case Management | 31 | \$ 108,573.88 | \$ 114,002.57 | \$ 119,702.70 | \$ 125,687.84 | \$ 131,972.23 | \$ 138,570.84 | \$ 145,499.38 | \$ 127,036.63 | 31 |
| Manager - Human Resources | 30 | \$ 103,403.70 | \$ 108,573.88 | \$ 114,002.57 | \$ 119,702.70 | \$ 125,687.84 | \$ 131,972.23 | \$ 138,570.84 | \$ 120,987.27 | 30 |
| Analyst - Senior Financial | 29 | \$ 98,479.71 | \$ 103,403.70 | \$ 108,573.88 | \$ 114,002.57 | \$ 119,702.70 | \$ 125,687.84 | \$ 131,972.23 | \$ 115,225.97 | 29 |
| Manager - Quality Improvement Projects; Manager - Decision Support Project | 28 | \$ 93,790.20 | \$ 98,479.71 | \$ 103,403.70 | \$ 108,573.88 | \$ 114,002.57 | \$ 119,702.70 | \$ 125,687.84 | \$ 109,739.02 | 28 |
| Manager - Provider Services; Manager-Vendor Operations Contracts; Manager - Compliance; Manager - Projects; Manager - Communications | 27 | \$ 89,324.00 | \$ 93,790.20 | \$ 98,479.71 | \$ 103,403.70 | \$ 108,573.88 | \$ 114,002.57 | \$ 119,702.70 | \$ 104,513.35 | 27 |
| QI Master Trainer/Facility Site Review RN; Manager - Claims; Manager - Health Education; Manager - Member Services; RN; RN-Case Manager and UR | 26 | \$ 85,070.48 | \$ 89,324.00 | \$ 93,790.20 | \$ 98,479.71 | \$ 103,403.70 | \$ 108,573.88 | \$ 114,002.57 | \$ 99,536.53 | 26 |
| Analyst - Senior Business; Manager - Provider Contracts; | 25 | \$ 81,019.50 | \$ 85,070.48 | \$ 89,324.00 | \$ 93,790.20 | \$ 98,479.71 | \$ 103,403.70 | \$ 108,573.88 | \$ 94,796.69 | 25 |
| | 24 | \$ 77,161.43 | \$ 81,019.50 | \$ 85,070.48 | \$ 89,324.00 | \$ 93,790.20 | \$ 98,479.71 | \$ 103,403.70 | \$ 90,282.56 | 24 |
| Analyst - Senior Decision Support Project; Analyst - Senior Quality Improvement Projects; Senior Staff Accountant | 23 | \$ 73,487.08 | \$ 77,161.43 | \$ 81,019.50 | \$ 85,070.48 | \$ 89,324.00 | \$ 93,790.20 | \$ 98,479.71 | \$ 85,983.39 | 23 |
| | 22 | \$ 69,987.69 | \$ 73,487.08 | \$ 77,161.43 | \$ 81,019.50 | \$ 85,070.48 | \$ 89,324.00 | \$ 93,790.20 | \$ 81,888.95 | 22 |
| Analyst - Data (IT); Analyst I - Business; Analyst I - Financial | 21 | \$ 66,654.94 | \$ 69,987.69 | \$ 73,487.08 | \$ 77,161.43 | \$ 81,019.50 | \$ 85,070.48 | \$ 89,324.00 | \$ 77,989.47 | 21 |
| | 20 | \$ 63,480.90 | \$ 66,654.94 | \$ 69,987.69 | \$ 73,487.08 | \$ 77,161.43 | \$ 81,019.50 | \$ 85,070.48 | \$ 74,275.69 | 20 |
| Clerk of the Board; Analyst - Human Resources; Specialist - Claims Recovery | 19 | \$ 60,458.00 | \$ 63,480.90 | \$ 66,654.94 | \$ 69,987.69 | \$ 73,487.08 | \$ 77,161.43 | \$ 81,019.50 | \$ 70,738.75 | 19 |
| | 18 | \$ 57,579.05 | \$ 60,458.00 | \$ 63,480.90 | \$ 66,654.94 | \$ 69,987.69 | \$ 73,487.08 | \$ 77,161.43 | \$ 67,370.24 | 18 |
| Accountant; Specialist - Quality Improvement; Representative II - Provider Services; Specialist - Credentialing; | 17 | \$ 54,837.19 | \$ 57,579.05 | \$ 60,458.00 | \$ 63,480.90 | \$ 66,654.94 | \$ 69,987.69 | \$ 73,487.08 | \$ 64,162.13 | 17 |
| PC Maintenance Technician II | 16 | \$ 52,225.89 | \$ 54,837.19 | \$ 57,579.05 | \$ 60,458.00 | \$ 63,480.90 | \$ 66,654.94 | \$ 69,987.69 | \$ 61,106.79 | 16 |
| Clinical Operations Assistant II; Representative II - Provider Dispute Resolution | 15 | \$ 49,738.95 | \$ 52,225.89 | \$ 54,837.19 | \$ 57,579.05 | \$ 60,458.00 | \$ 63,480.90 | \$ 66,654.94 | \$ 58,196.94 | 15 |
| Analyst II - Claims (Auditor); Representative II - Member Services; Representative II - Provider Claims Research; Representative II - Grievance and Appeals; Representative I - Provider Services | 14 | \$ 47,370.42 | \$ 49,738.95 | \$ 52,225.89 | \$ 54,837.19 | \$ 57,579.05 | \$ 60,458.00 | \$ 63,480.90 | \$ 55,425.66 | 14 |
| | 13 | \$ 45,114.69 | \$ 47,370.42 | \$ 49,738.95 | \$ 52,225.89 | \$ 54,837.19 | \$ 57,579.05 | \$ 60,458.00 | \$ 52,786.34 | 13 |
| Analyst I - Claims (Auditor); Clinical Operations Assistant I; Representative I - Provider Claims Research; Specialist - Accounts Payable; Specialist - Payroll; Representative I - Grievance and Appeals | 12 | \$ 42,966.37 | \$ 45,114.69 | \$ 47,370.42 | \$ 49,738.95 | \$ 52,225.89 | \$ 54,837.19 | \$ 57,579.05 | \$ 50,272.71 | 12 |
| Representative I - Member Services; Administrative Assistant; PC Maintenance Technician I; Outreach Coordinator - External or Internal | 11 | \$ 40,920.35 | \$ 42,966.37 | \$ 45,114.69 | \$ 47,370.42 | \$ 49,738.95 | \$ 52,225.89 | \$ 54,837.19 | \$ 47,878.77 | 11 |
| Pharmacy Assistant | 10 | \$ 38,971.77 | \$ 40,920.35 | \$ 42,966.37 | \$ 45,114.69 | \$ 47,370.42 | \$ 49,738.95 | \$ 52,225.89 | \$ 45,598.83 | 10 |
| Provider Services Clerk | 9 | \$ 37,115.97 | \$ 38,971.77 | \$ 40,920.35 | \$ 42,966.37 | \$ 45,114.69 | \$ 47,370.42 | \$ 49,738.95 | \$ 43,427.46 | 9 |
| | 8 | \$ 35,348.54 | \$ 37,115.97 | \$ 38,971.77 | \$ 40,920.35 | \$ 42,966.37 | \$ 45,114.69 | \$ 47,370.42 | \$ 41,359.48 | 8 |
| | 7 | \$ 33,665.28 | \$ 35,348.54 | \$ 37,115.97 | \$ 38,971.77 | \$ 40,920.35 | \$ 42,966.37 | \$ 45,114.69 | \$ 39,389.98 | 7 |
| | 6 | \$ 32,062.17 | \$ 33,665.28 | \$ 35,348.54 | \$ 37,115.97 | \$ 38,971.77 | \$ 40,920.35 | \$ 42,966.37 | \$ 37,514.27 | 6 |
| | 5 | \$ 30,535.40 | \$ 32,062.17 | \$ 33,665.28 | \$ 35,348.54 | \$ 37,115.97 | \$ 38,971.77 | \$ 40,920.35 | \$ 35,727.88 | 5 |
| | 4 | \$ 29,081.33 | \$ 30,535.40 | \$ 32,062.17 | \$ 33,665.28 | \$ 35,348.54 | \$ 37,115.97 | \$ 38,971.77 | \$ 34,026.55 | 4 |
| | 3 | \$ 27,696.51 | \$ 29,081.33 | \$ 30,535.40 | \$ 32,062.17 | \$ 33,665.28 | \$ 35,348.54 | \$ 37,115.97 | \$ 32,406.24 | 3 |
| | 2 | \$ 26,377.62 | \$ 27,696.51 | \$ 29,081.33 | \$ 30,535.40 | \$ 32,062.17 | \$ 33,665.28 | \$ 35,348.54 | \$ 30,863.08 | 2 |
| | 1 | \$ 25,121.55 | \$ 26,377.62 | \$ 27,696.51 | \$ 29,081.33 | \$ 30,535.40 | \$ 32,062.17 | \$ 33,665.28 | \$ 29,393.41 | 1 |

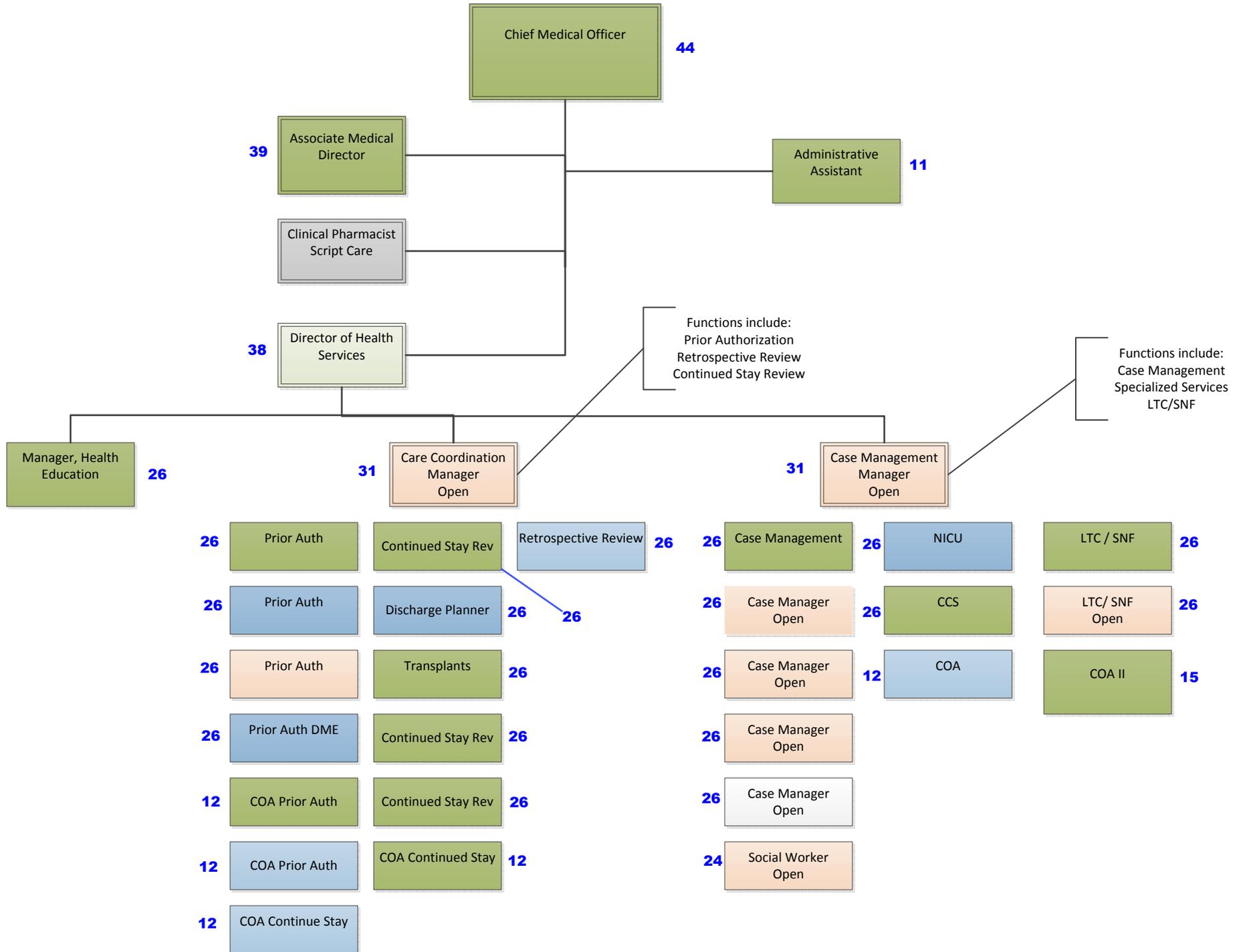














**Gold Coast
Health Plan**SM
A Public Entity

Hazard Communication Program

September 2012

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Gold Coast Health Plan
Hazard Communication Program

1. **Purpose:** This program is to ensure that all employees of Gold Coast Health Plan have adequate information and training on the hazardous substances used in their work assignments and that they are provided with proper equipment as well as personal protective equipment (PPE) as necessary.
2. **Scope:** Title 8, California Code of Regulations, General Industry Safety Orders, Section 5194, requires employers to establish a written hazard communication program that includes procedures for employee training, hazard identification, labeling, and records maintenance.
3. **Definitions:**
 - 3.1 **Material Safety Data Sheets (MSDS):** A form with data regarding the properties of particular substances that includes such information as:
 - Physical data
 - Toxicity
 - Health effects
 - First aid
 - Reactivity
 - Storage
 - Disposal
 - Spill handling procedures
 - Etc.
 - 3.2 **Personal Protective Equipment (PPE):** Anything worn in order to protect the body from workplace hazards, including such items as:
 - Safety goggles
 - Blast shields
 - Hard hats
 - Gloves
 - Ear plugs
 - Aprons
 - Work boots
 - Etc.
 - 3.3 **Hazardous substances:** Chemicals present in the workplace that are capable of causing harm.
4. **Responsibilities:**
 - 4.1. **Department Director:** Each director of any work unit using hazardous substances is responsible for ensuring that the hazard communication program is maintained.
 - 4.2. **Supervisor:** Each supervisor is responsible for:
 - 4.2.1. Establishing and maintaining a hazardous substances inventory for those chemical products used in the work unit (Appendix A).
 - 4.2.2. Advising employees of the location and availability of the Plan's written hazard communication program, including the list of hazardous substances and MSDS.

Gold Coast Health Plan
Hazard Communication Program

- 4.2.3 Ensuring that employees are properly trained on the health hazards of the substances in the work unit, and the measures they can take to protect themselves from these hazards.
- 4.2.4 Maintaining documentation of employee hazard communication program training (Appendix B).
- 4.2.5 Ensuring that primary and secondary chemical containers are properly labeled.
- 4.2.6 Ensuring that employees are using approved PPE where required.
- 4.2.7 Providing a copy of the hazard control plan upon request to employees, their designated representatives, Cal/OSHA, or NIOSH.
- 4.2.8 Providing information and training on hazardous substances in employee work units at the time of initial assignment and whenever a new hazard is introduced (Appendix C).
- 4.2.9 Training employees in the methods and observations that may be used to detect the presence or release of a hazardous substance in the work unit. Training may include monitoring done by the Plan, monitoring devices, and visual appearance or odor of the substances.
- 4.2.10 Ensuring that MSDS for hazardous substances are obtained.
- 4.2.11 Informing employees of the location of the MSDS and ensuring employees have unrestricted access to them.
- 4.2.12 Ensuring the MSDS coincide with the chemicals in stock.
- 4.2.13 Ensuring that the chemical manufacturer is contacted in writing if the MSDS was not provided by the vendor (Appendix D).
- 4.2.14 Ensuring that the most current MSDS are being used for all chemicals in stock.
- 4.3 **Chief Executive Officer:** The Chief Executive Officer has overall responsibility for the hazard communication program as well as:
 - 4.3.1 Ensuring that supervisors and department directors are properly trained and provide assistance where needed.
 - 4.3.2 Monitoring compliance with the hazard communication standard.
 - 4.4.3 Coordinating preliminary training and assisting with future training requirements.
 - 4.4.4 Maintaining and updating a master copy of the written hazard communication program.
 - 4.4.5 Ensuring employee training is documented consistent with Cal/OSHA standards and available for review by regulatory agencies.
 - 4.4.6 Providing a copy of the hazard control plan upon request to employees, their designated representatives, Cal/OSHA, or NIOSH.
 - 4.4.7 Sending the State of California's director of industrial relations a copy of the written inquiry to a chemical manufacturer for an MSDS if a response has not been received from the manufacturer within 25 working days.

- 4.4.8 Informing employees of their right to personally receive information regarding hazardous substances to which they may be exposed.
- 4.4.9 Informing employees that their physician or collective bargaining agent can receive information regarding hazardous substances to which the employee may be exposed (Appendix E).
- 4.4.10 Informing employees that he/she may not be disciplined due to the employee's exercise of the rights afforded pursuant to the provisions of the Hazardous Substances Information and Training Act.
- 4.5. **Employees:** Each employee who is authorized to use hazardous substances has a duty to follow the safe practices and procedures prescribed for such products, including the use of PPE and other clothing provided.
- 5. **Hazardous Substance Inventory:** An inventory will be performed initially to identify hazardous products and chemicals at each work location. Current hazardous substance inventory forms will be maintained in each area where these materials are used or stored. Hazardous products and chemicals include many materials not usually thought of as being chemical or hazardous.
 - Custodial staff uses may be items such as, cleaners, soaps, waxes, detergents, and sweeping compounds.
 - Vehicle services use fuels, lubricants, antifreeze, brake, and hydraulic fluids. Shops use solvents, oils, adhesives, and coolants.
 - Graphic areas use inks, solvents, and dust-producing products.
 - Offices use typewriter cleaner, rubber cement, duplicator chemicals (toner), markers, correction fluid, and so on (Appendix F).
- 6. **Material Safety Data Sheets (MSDS):** MSDS will be obtained from manufacturers or suppliers for all products identified during the inventory as containing hazardous or toxic ingredients. Following initial program compliance, MSDS will be obtained for all subsequent purchases. Products without accompanying MSDS will not be accepted for use until the MSDS has been received, reviewed, and approved. All purchase orders will include a requirement that an MSDS be provided as a condition of purchase. A current MSDS binder will be maintained in each area where these materials are stored and used.
- 7. Periodic evaluation of safety control measures for hazardous substances and chemicals will be made in each storage and use area. This evaluation will include the following:
 - Hazard Class (flammable, toxic, corrosive, reactive, etc.)
 - Storage compatibility
 - Secondary Containers
 - Labeling
 - Protective clothing and personal protective equipment needed
 - Emergency eyewash/shower facilities
 - Spill cleanup supplies and equipment

- Fire protection measures
 - Ventilation
 - Static grounding
8. **Labeling:** The manufacturer or distributor of a hazardous substance is responsible for proper labeling and hazard warnings on their product containers. The Plan's responsibilities are:
- 8.1 To ensure that all products containing hazardous substances and chemicals are properly marked as to contents and hazard, consistent with applicable standards. Container labels should provide:
 - 8.1.1 Identity of hazardous substance(s) and chemical(s).
 - 8.1.2 Level of hazard warning statement.
 - 8.1.3 Name and address of manufacturer or distributor.
 - 8.2 Ensure that storage/process tanks and piping will be marked or tagged to indicate contents and appropriate warnings.
 - 8.3 Ensure that when a substance is transferred from the original container, the secondary container will be properly labeled with either a copy of the original manufacturer's label or with generic labels, which have a block for identity and blocks for the hazard warning.
 - 8.4 Ensure that manufacturer labels on incoming containers of hazardous substances will not be removed or defaced. Torn or damaged labels will be repaired or replaced before being moved to a storage or use area.
 - 8.5 Provide information in other languages to labels and warnings as long as the same information is also displayed in English.
9. **Hazard Communication Training:** Employees will be trained in the handling and use of hazardous substances and chemicals in the work place. Employees from other locations temporarily working at a location will be provided a hazard orientation by the unit supervisor prior to any work activities. Area specific training will be developed by managers and provided for each employee. At a minimum, training will include:
- 9.1 Identification of all hazardous substances and chemicals in the work place.
 - 9.2 Selection and use of appropriate PPE when working with hazardous substances and chemicals.
 - 9.3 Labeling requirements.
 - 9.4 Hazardous leak and spill response, clean up, and disposal.
 - 9.5 Protection against exposure to hazardous substances including proper work practices.
 - 9.6 Exposure first aid measures.
 - 9.7 Location and use of MSDS binder, chemical inventory list and written hazard communication program.
10. **Hazardous Non-routine Tasks:** Employees may periodically be required to perform hazardous non-routine tasks. Each affected employee will be given information by their supervisor about hazards to which they may be exposed prior to starting work on such projects. This information will include:
- 10.1 Specific hazards that may be encountered.
 - 10.2 Protective measures that must be utilized.

Gold Coast Health Plan
Hazard Communication Program

- 10.3 Supervisory measures taken to minimize the hazards, including use of PPE, ventilation, presence of additional employees, and emergency procedures.
11. **Contractors:** GCHP frequently employs contractors to perform work. If contractors are used, they are required to have their own Hazard Communication Program. The CEO shall provide the contractor with documented information on any known hazardous conditions or substances to which they may be exposed. A record of this communication shall be kept.
12. **References:** CCR Title 8 GISO Section 519.

APPENDIX A HAZARDOUS MATERIAL INVENTORY

Department _____ Date: _____

| |
|--|
| 1. LOCATION Location Name: _____ Building Location: _____ Address: _____ Contact Person: _____ Phone No: _____ |
| 2. PRODUCT Product name: _____ Manufacturer/Supplier: _____ _____ Street City State Zip Is Product: Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Is MSDS on File? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. CHEMICALS Read label - List ingredients: _____ List any warning on label: _____ _____ |
| 4. CONTAINER Type of Container (bottle, can, barrel, bag, box, cylinder, drum, underground tank, etc.) _____ Size of Container: gal/oz _____ weight _____ |
| 5. WORK ACTIVITY Work activity and/or process where product is used (typing, copying, welding, painting, spraying, cleaning, sterilizing, etc.): Work Setting: Office <input type="checkbox"/> Maintenance <input type="checkbox"/> Laboratory <input type="checkbox"/> Other: _____ |
| 6. WASTE Note if some of product ends up as waste. If so, where is it disposed? Specify: _____ Quantity of Waste (gal/lbs): _____ Type of container holding waste (see Section 4. Container above): _____ |

APPENDIX B EMPLOYEE TRAINING CHECKLIST

This report is to be completed by the supervisor and new employee within 5 working days of employment or new job assignment. Additional forms are to be prepared as the employee receives safety training during the course of employment, but no less than at least annually.

Employee's Name: _____

Date Employed: _____

Job Title: _____

Employee past work experience:

A. Has employee taken pre-employment physical? [Yes] [No]

B. Are there any physical limitations? [Yes] [No]

If answer to B is yes, please explain: _____

I HAVE BEEN INSTRUCTED IN THE FOLLOWING SUBJECTS THAT ARE INDICATED:

- | | | |
|--|-------|------|
| 1. Safety policies and programs | [Yes] | [No] |
| 2. Safety rules, both general and specific to the job assignment | [Yes] | [No] |
| 3. Safety rule enforcement procedures | [Yes] | [No] |
| 4. Use of tools and equipment | [Yes] | [No] |
| 5. Proper work shoes and other personal protective equipment | [Yes] | [No] |
| 6. Handling of material | [Yes] | [No] |
| 7. Lifting and use of lifting equipment such as hoists and cranes | [Yes] | [No] |
| 8. How, when and where to report injuries | [Yes] | [No] |
| 9. Importance of housekeeping | [Yes] | [No] |
| 10. Special hazards of job | [Yes] | [No] |
| 11. When and where to report unsafe conditions | [Yes] | [No] |
| 12. Safe operation of vehicle | [Yes] | [No] |
| 13. Personal protective equipment: List Items _____ | | |
| 14. Hazardous materials: List Items _____ | | |
| 15. Tools/Equipment: List _____ | | |
| 16. List all training not indicated above (use back of form if necessary): _____ | | |

Employee Signature: _____ Date: _____

Follow up on employee will be observed by _____
Employee has performed operation to the satisfaction of the undersigned. An observation was complete on the date indicated.

Supervisor Signature: _____ Date: _____

APPENDIX C
HAZARD COMMUNICATION PROGRAM (HCP)
TRAINING OUTLINE BY WORK AREA/ACTIVITY

Department: _____ Date: _____

Worksite: _____ Address: _____

Type of training

- Introduction (Light use rating) - Basic materials for awareness of HCP and where to get more information.
- Overview (Medium use rating) - More in depth information about MSDS, toxicology and labeling.
- Chemical/Hazard Specific (Medium/Heavy use rating) - Information specific to very hazardous or toxic chemicals.

| EMPLOYEE NAME | HAZARDOUS CHEMICAL USE RATING | TRAINING INFORMATION/ RESOURCES |
|----------------------|--------------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**APPENDIX D
EXAMPLE MSDS REQUEST LETTER**

Date _____

Chemical Company or Distributor _____

Street Address or P.O. Box _____

City, State Zip Code _____

Regarding: MSDS FOR (Name of Product/Chemical)

Please send a copy of your Material Safety Data Sheet (MSDS) for the above product(s). The MSDS is needed in compliance with the State of California Hazard Communication Standard, Section 5194 of Title 8, California Code of Regulations.

Please send the MSDS to:

_____ (Department Name)
_____ (Street Address)
_____ (City, State Zip Code)
_____ (Attn: Supervisor)

and

_____ (Risk Manager)
_____ (Street Address)
_____ (City, State Zip Code)

If you have any questions concerning this request, please contact me at:

Phone _____

E-mail _____

Sincerely,

Name

Title

cc: CEO



**Gold Coast
Health Plan**SM
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INJURY AND ILLNESS PREVENTION PROGRAM

September 2012

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Injury and Illness Prevention Program

It is the Plan's policy to provide a safe and healthy working environment. California law requires all employers to have an Injury and Illness Prevention Program. This document complies with that law following the same general categories.

1. **Program Authority:** Gold Coast Health Plan (the Plan), has the responsibility and authority to implement and maintain an Injury and Illness Prevention Program. The responsibilities of this assignment are documented in the Responsibility statement. California law requires that employees be assigned specific responsibility relating to the Injury and Illness Prevention Program. In accordance with Plan's policy to provide a safe and healthy working environment, the Chief Executive Officer or the designee has responsibility to develop, implement, and maintain the Plan's Injury and Illness Prevention Program. Specifically, this will include the following duties:
 - A. Develop rules of safe practices for each administrative function of Plan operations.
 - B. Develop safe operating rules for operation of mechanical equipment based on manufacturer's operating instructions.
 - C. Develop a system to encourage employees to report unsafe conditions.
 - D. Conduct a thorough investigation of each accidental occurrence, whether or not it results in an injury, to determine why it occurred and how to prevent recurrence.
 - E. Instruct supervisors in safety responsibilities.
 - F. Develop a program of employee education into Plan policy and work practices.
 - G. Conduct scheduled periodic inspections of Plan-owned facilities, equipment, and work areas to identify and correct unsafe conditions and work practices.
 - H. Maintain records of training, periodic inspections, corrective actions, and accident investigations.
2. **Recognition Program:** In order to ensure that employees comply with safe and healthy work practices, the Plan has implemented the following:
 - A. Recognition - Compliance by all employees with the Plan's Injury and Illness Prevention Program is mandatory and shall be considered to be a condition of employment. The employee's immediate supervisor will provide appropriate recognition of safety-conscious employees with accident-free records.
 - B. Disciplinary System – As required by law, disciplinary action is part of the program. The failure of an employee to adhere to safety policies and procedures will be considered a violation of the conditions of employment. Accordingly, the employee may be subject to disciplinary actions, up to and including termination and, in severe cases, possible civil litigation. Violations will be noted on the applicable documents.
3. **Communication:** Communication with all employees on matters of safety and health in a form readily understandable is required by the law. Safety meetings will be held once a quarter and more frequently if needed as part of regularly scheduled all staff meetings.

A. **Additional Methods:** The following are additional methods that may be used;

| <u>Methods</u> | <u>Yes/No</u> | <u>Frequency</u> |
|-----------------------------|---------------|--------------------------------------|
| Safety Posters | Yes | Changed as appropriate |
| Written Handouts | Yes | As part of any Benefits Notification |
| Individual Employee Contact | Yes | Periodically as needed |
| Safety Committee | Yes | Annual |

B. **Safety Suggestions:** Safety suggestions may be sent to human resources who will review the recommendations in consultation with the application department managers, and act accordingly. All suggestions will be taken seriously.

4. **Hazard Identification and Correction:** In order to identify and correct workplace hazards, periodic safety inspections will be conducted of worksites, materials, any Plan vehicles, and procedures on an annual basis. These inspections will be conducted by the Chief Executive Officer, or designee. Inspections will be completed using hazard checklists. The form will be noted to identify safety hazards, unsafe conditions, and work practices as well as their priority for attention. The date the hazard is abated, and the corrective measures taken, will also be noted on the form.

A. **Unscheduled Inspections:** Additionally, unscheduled inspections will take place whenever any new substance, process, procedure, or equipment is introduced into the workplace. An inspection, investigation, and adoption of appropriate safeguards will also take place whenever a new or previously unrecognized hazard is noted.

B. **Inspection Results and Follow Up:** Results of the inspections will be reviewed by human resources and addressed according to priority. Minor safety hazards, unsafe conditions, and work practices identified by each inspection will be corrected as soon as possible. Serious safety hazards, unsafe conditions, unsafe work practices, and other areas presenting an imminent danger to employees will be abated immediately. Failing this, all employees shall be removed from the site of the imminent hazard until said hazard is corrected.

C. **Records:** Records of these inspections shall be retained by human resources for a period of no less than three years after the date of the inspection.

5. **Accidents:** All work-related accidents will be investigated by the appropriate employee's immediate supervisor in a timely manner.

A. **Incidents:** Minor incidents and near accidents will be investigated as well as serious accidents.

B. **Investigation Procedures:** Investigating work-related accidents will provide information regarding accident prevention as well as pointing out trends that indicate problems that need to be corrected. The investigation will determine what factors, conditions, and/or practices contributed to the accident. In the case of a vehicle accident, while operating a Plan vehicle or on Plan approved business, a police report shall be made. The investigation is not intended as a medium for assigning blame.

C. **Supervisor's Report:** Accidents will be investigated using the Supervisor's Report of Accident form according to the following principles.

1. Accident scene will be visited as soon as possible while facts are fresh and before witnesses forget important details.

2. If possible, the injured will be interviewed at the scene of the accident and taken through a re-enactment.
 3. All interviews will be as private as possible. Witnesses will be interviewed one at a time. As practical, everyone who has knowledge of the accident will be interviewed.
 4. Signed statements will be taken in cases where facts are unclear or where there may be controversy.
 5. Details will be documented graphically using sketches, measurements, diagrams, and photos as appropriate.
 6. Causes of the accident and contributions to the accident, such as hazards, will be followed up on.
 7. An action plan for preventing future such accidents will be developed, as appropriate.
 8. Where a third party or defective product contributed to the accident, evidence will be saved.
 9. Accident reports shall be retained by the human resources for a period of not less than three years after the accident.
6. **Correcting Unsafe Conditions:** The method and procedure to correct unsafe or unhealthy conditions, work practices, and work procedures is outlined in this document. The Chief Executive Officer or designee has the authority and responsibility for correction of hazards, unsafe conditions, and work practices. Corrections of hazards will be made by the supervisor for the area. Timeliness of correction will be based on the severity of the hazard. This will include when a hazard is observed or discovered or if an imminent hazard exists. All exposed employees will be cleared from the area except those staff necessary to correct it.
7. **Safety Training:** New employees will receive safety orientation from their immediate supervisor. All employees will receive appropriate training on all of the equipment, methods, and vehicles they use from their immediate supervisor. This training and shall be documented and copies of that documentation forwarded to human resources. Employees will receive training when:
- A. Given new job assignments that materially change the way work must be performed.
 - B. Whenever new substances, processes, procedures, or equipment are introduced.
 - C. When made aware of new or previously unrecognized hazard(s).
 - D. For supervisors to familiarize them with the safety and health hazards to which their employees under their direction and control may be exposed.
8. **Annual Program Review:** The injury and illness prevention program and the safety performance of those responsible for carrying it out will be reviewed annually by human resources with a report submitted.

Appendix A
NOTICE OF SAFETY INFRACTION

The safety of Plan employees is very important. Therefore, to prevent accidents, it is the Plan's policy to enforce safety rules.

Infractions of safety rules may result in any of following: verbal warning, written warning, 1 to 5 day suspension, suspension of a longer period of time, demotion, or dismissal.

_____ has been observed working in the following unsafe manner:

This is the First Second Third Fourth Infraction

Action taken, therefore, is: _____

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

cc: Personnel File

Appendix B
SAFETY POLICY AND SAFETY PRACTICES

It is the Plan's intent to provide safe and healthy working conditions and to establish and maintain safe practices at all times by all employees. As such, it is the Plan's policy that accident prevention shall be considered of primary importance in all phases of operation and administration.

The prevention of accidents is an objective affecting all employees and Plan activities. It is, therefore, a basic requirement that each supervisor makes employee safety an integral part of his/her regular supervisory duties. It is equally the duty of each employee to accept and follow established safety regulations and procedures.

Every effort will be made to provide adequate training to employees. However, if an employee is ever in doubt about how to do a job safely, it is the employee's duty to ask his/her supervisor for assistance with how to perform the job.

Employees are expected to support management in accident prevention activities. Unsafe conditions must be reported. Fellow employees that need help should be assisted. Everyone is responsible for the housekeeping duties that pertain to their jobs.

Any injury that occurs on the job, even a slight cut or strain, must be reported to the employee's immediate supervisor as soon as possible. In no circumstances, should an employee leave work without reporting an injury that occurred.

Working safely benefit's everyone.

These practices have been developed to help each employee make safety a regular part of every workday.

- **WORK SAFELY** – Safety is everyone's business. Teach new employees safe work methods. Accidents can be prevented. Report all unsafe conditions immediately.
- **WHEN LIFTING** – Bend your knees, get a firm grip on the object, hold it close to your body, space your feet for good balance; lift, using strong leg muscles, not back muscles. Get help with heavy or bulky loads.
- **TRASH DISPOSAL** – Keep sharp objects and dangerous substances out of the trash can. Dispose of them in approved containers when available.
- **CLEAN UP** – Remove refuse promptly to prevent slips and tripping. The first person to see a spill or debris should pick it up or report it.
- **PREVENT FALLS** – Keep aisles, work spaces, and stairways clean, clear, and well lighted. Report slippery or faulty floor surfaces.
- **WALK-DON'T RUN** – Watch your step. If appropriate for your job assignment, wear safety shoes with slip resistant soles.
- **EXTINGUISHER** – Know where fire extinguishers are and know how to use them.
- **PREVENT INFECTION** – Punctures, cuts, and scratches can be dangerous. Get first aid.
- **IF INJURED** – Report all injuries, no matter how slight.
- **HORSEPLAY** – Scuffling, practical jokes, and tricks are not allowed.

- DRUGS AND ALCOHOL – Use of drugs and/or alcohol prior to or during working hours is prohibited.
- MATERIAL HANDLING – Do not throw objects, always carry or pass them. Use hand trucks or other equipment when possible. Get help with heavy or awkward objects.

The above is a copy of the Plan's safety practices. These practices have been developed under guidelines provided by CAL-OSHA and are intended to assist in safeguarding employee's health and safety. While it is the Plan's responsibility to notify each employee of these rules, it is each employee's responsibility to read and observe these rules.

I have read and understand the safety rules and have had an opportunity to ask questions.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

cc: Employee File

Appendix C
EMPLOYEE SAFETY INFORMATION FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Description of Unsafe Condition or Practice _____

Causes or Other Contributing Factors _____

Employee's Suggestion for Improving Safety _____

Has This Matter Been Reported to the Supervisor? Yes No

Employee Name (Optional) _____

Department _____ Date _____

Employees are advised that the use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the Plan to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

The employer will investigate any report and advise the employee who provided the information or the workers in the area of the employer's response.

Appendix E
SUPERVISOR'S ACCIDENT REPORT

Employee's Name _____

Job Title _____ Supervisor's Name _____

Date/time of accident _____ Location _____

Task being performed when accident occurred _____

Date and time accident reported to you _____

Name(s) of witnesses _____

Accident resulted in: Injury Fatality Property Damage

First aid given? Yes No . Medical treatment required? Yes No

Workdays lost _____

Describe how the accident occurred? _____

What actions, events, or conditions contributed most directly to this accident?

Could anything be done to prevent accidents of this type? If so, what?

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____

I have had an opportunity to review, discuss, and ask questions about the above information.

cc: Personnel File

Appendix F
EMPLOYEE'S REPORT OF ACCIDENT
(Report must be filled out as soon as possible after an accident)

Employee's Name _____ Date of Birth _____

Job Title _____ Work Phone _____

Department _____ Normal work hours _____

Supervisor's name _____

Accident Date/time _____

Location _____

Accident Date/time reported _____

Police or Law Enforcement Department:

Report No. _____

Name(s) of witnesses) _____

Describe how the accident occurred _____

What part of the body was injured? _____

Describe the injury in detail _____

Date, time you first sought medical attention _____

Name of doctor and/or hospital _____

Could anything be done to prevent accidents of this type? _____

If so, what? _____

(Use additional paper, if needed.)

Employee's Signature _____

Date _____

Appendix G
VEHICLE ACCIDENT REPORT

Accident reports must be filed with your supervisor immediately after an accident.

Dept _____ Driver's Name _____

Date of Accident _____ Time _____ AM/PM

Time Called in _____ AM/PM

Accident occurred on _____ near _____
street or route no. nearest intersection

Vehicle ID No. _____ Driver's Home Phone _____

Driver's Address _____
Street City State Zip Code

Driver's License No. _____ State _____ Exp. Date _____

Driver's Insurance Co. and Policy No. _____

Passengers? YES NO If yes Names and Addresses _____

Description of accident _____

Traffic control at scene of accident:

Police officer Signal Light Stop Sign Caution Sign

No control Other-specify _____

OTHER VEHICLE:

Other Driver's Name: _____

Vehicle Owner: _____

Address: _____
Street City State Zip

Code

OTHER DRIVER INFORMATION

Home Phone: _____ Work Phone: _____

License No. _____ State _____ Exp. Date _____

Insurance Co. and Policy No. _____

Vehicle License Plate No. _____ State _____ Exp. Date _____

Vehicle ID No. (registration) _____

Passengers? YES NO If yes Names and Addresses _____

Pedestrians? YES NO If yes Names and Addresses _____

Witnesses? YES NO If yes Names and Addresses _____

OTHER INFORMATION:

Police Contacted and Report Number _____

Citation Issued YES NO If yes, Describe _____

Was anyone injured or killed? YES NO If yes, Name(s) of injured persons or fatalities: _____

Hospital to which injured persons were taken _____

Employee's Name (print)

Employee's Signature

Date

Supervisor's Name (print)

Supervisor's Signature

Date

Appendix H
EMPLOYEE SAFETY RECORD

Name (print) _____

I agree to report any injury received during the course of my work to my supervisor.

Employee Safety Courses

List the Safety Courses received:

Employee has been trained on the following (check all that apply):

- General hazards of the work place
- First Aid Kit and Fire Extinguisher locations
- Evacuation Plan
- Personal protective equipment
- Safety issues of specific job assignment
- Plan safety policy
- Injury reporting procedures
- Hazardous Communication Program
- Other Safety Training: List _____

I have received and understood information on the above noted topics. I agree to report any injury received during the course of my employment (regardless of how minor) to my supervisor.

Employee's Signature _____ Date _____

cc: Personnel File

Appendix J
NEW EMPLOYEE SAFETY CHECK LIST

This report is to be done by the Supervisor and the new employee within 10-working days after employment and forwarded electronically to the finance for the employee's personnel file. The supervisor and new employee are to review the following safety concerns, then check and discuss those that apply.

EMPLOYEE NAME (PRINT)

DATE CHECKLIST COMPLETED

Check, and discuss where appropriate. Write NA if not applicable.

- 1. Plan safety policies and programs
- 2. Safety rules, both general and specific to job assignment
- 3. Safety rule enforcement procedures
- 4. Housekeeping importance
- 5. When and where to report unsafe conditions
- 6. Fire safety
- 7. Emergency procedures
- 8. Lifting
- 9. Safe operation of vehicle(s)
- 10. How, when, and where to report injuries
- 11. Employee responsibility for the prevention of accidents
- 12. Special hazards of job
- 13. Use of tools and equipment
- 14. Employee agrees to fully cooperate with the Plan's safety efforts, follow all safety rules, and use good judgment concerning safe work behavior
- 15. Plan policy on medical treatment for work related injuries
- 16. Only work related injuries are covered by workers' compensation
- 17. Toxic materials employee might be exposed to
- 18. Supervisor will adequately and frequently review performance of new employee, superior behavior will be reinforced and substandard behavior will be corrected
- 19. Use of specific lifting equipment such as hoists, hand truck, etc.
- 20. Product handling
- 21. Special additional instruction and guidance _____
- 22. Proper work shoes and other personal protective equipment, as needed
- 23. Proper guarding of equipment

Additional comments and notes: _____

Supervisor's Signature and Date

Employee's Signature and Date

For Personnel File

Appendix K
SAFETY CODE/STANDARDS

CALIFORNIA CODE OF REGULATIONS TITLE 8, CHAPTER 4: 3203. INJURY AND ILLNESS PREVENTION PROGRAM.

Effective July 1, 1991, every employer shall establish implement and maintain an effective Injury and Illness Prevention Program. The Program shall be in writing and shall, at a minimum:

- A. Identify the person or persons with authority and responsibility for implementing the Program.
- B. Include a system for ensuring that employees comply with safe and healthy work practices, substantial compliance with this provision includes recognition of employees who follow safe and healthful work practices, training and retraining programs, disciplinary actions, or any other such means that ensures employee compliance with safe and healthful work practices.
- C. Include a system for communicating with employees in a form readily understandable by all affected employees on matters relating to occupational safety and health, including provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal. Substantial compliance with this provision includes meetings, training programs, posting, written communications, a system of anonymous notification by employees about hazards, labor/management safety and health committees, or any other means that ensures communication with employees. Exception: Employers having fewer than 10 employees shall be permitted to communicate to and instruct employees orally in general safe work practices with specific instructions with respect to hazards unique to the employee's job assignments.
- D. Include procedures for identifying and evaluating workplace hazards including scheduled periodic inspections to identify unsafe conditions and work practices. Inspections shall be made to identify and evaluate hazards:
 1. When the Program is first established.
 2. Whenever new substances, processes, procedures, or equipment are introduced to the workplace that represent a new occupational safety and health hazard.
 3. Whenever the employer is made aware of a new or previously unrecognized hazard.
- E. Include a procedure to investigate occupational injury or occupational illness.
- F. Include methods and/or procedures for correcting unsafe or unhealthy conditions, work practices and work procedures in a timely, manner based on the severity of the hazard:
 1. When observed or discovered.
 2. When an imminent hazard exists that cannot be immediately abated without endangering employees and/or property, remove all exposed employees from the area except those necessary to correct the existing condition. Staff necessary to correct the hazardous condition shall be provided the appropriate safeguards.
- G. Provide training and instruction:
 1. When the program is first established.
 2. For all new employees when hired.

3. To all employees given new job assignments for which training has not previously been received.
 4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard.
 5. Whenever the employer is made aware of a new or previously unrecognized hazard.
 6. For supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.
- II. Records of the steps taken to implement and maintain the Program shall include:
- A. Records of scheduled and periodic inspections required by subsection (a) (4) to identify unsafe conditions and work practices, including person(s) conducting the inspection, the unsafe conditions and work practices that have been identified and action taken to correct the identified unsafe conditions and work practices. These records shall be maintained for three years; and EXCEPTION: Employees with fewer than 10 employees may elect to maintain the inspection records only until the hazard is corrected.
 - B. Documentation of safety and health training required by subsection (a) (7) for each employee, including employee name or other identifier, training dates, type(s) of training, and training providers. This documentation shall be maintained for three years. Exception 1: Employers with fewer than 10 employees can substantially comply with the documentation provision by maintaining a log of instructions provided to the employee with respect to the hazards unique to the employee's job assignment when first hired or assigned new duties. Exception 2 Training records of employees who have worked for less than one year for the employer need not be retrained beyond the term of employment if they are provided to the employee upon termination of employment.
 - C. Employers who elect to use a labor/management safety and health committee to comply with the communication requirements of subsection (a) (3) of this section shall be presumed to be in substantial compliance with subsection (a) (3) if the committee:
 - A. Meets regularly, but not less than quarterly;
 - B. Prepares and makes available to the affected employees, written records of the safety and health issues discussed at the committee meetings and, maintained for review by the Division upon request;
 - C. Reviews results of the periodic, scheduled worksite inspections;
 - D. Reviews investigations of occupational accidents and causes of incidents resulting in occupational injury, occupational illness, or exposure to hazardous substances and, where appropriate, submits suggestions to management for the prevention of future incidents;
 - E. Reviews investigations of alleged hazardous conditions brought to the attention of any committee member. When determined necessary by the committee, the committee may conduct its own inspection and investigation to assist in remedial solutions;
 - F. Submits recommendations to assist in the evaluation of employee safety suggestions; and
 - G. Upon request from the Division, verifies abatement action taken by the employer to abate citations issued by the Division.

1509. INJURY AND ILLNESS PREVENTION PROGRAM (CONSTRUCTION ONLY)

- A. Every employer shall establish, implement and maintain an effective INJURY AND ILLNESS PREVENTION PROGRAM in accordance with Section 3203 of the General Industry Safety Orders.**
- B. Every employer shall adopt a written Code of Safe Practices which relates to the employer's operations.**
- C. The Code of Safe Practices shall be posted at a conspicuous location at each job site office or be provided to each supervisory employee who shall have it readily available.**
- D. Periodic meetings of supervisory employees shall be held under the direction of management for the discussion of safety problems and accidents that have occurred.**
- E. Supervisory employees shall conduct toolbox or tailgate safety meetings, or equivalent, with their crews at least every 10 working days to emphasize safety.**

Gold Coast Health Plan Code of Conduct

Compliance with the Law:

Gold Coast Health Plan (GCHP) is committed to conducting all activities and operations in compliance with applicable law.

Obeying the Law

Commissioners, Employees, staff and Contractors shall not lie, steal, cheat or violate any law in connection with their employment and/or engagement with GCHP.

Fraud & Abuse

GCHP shall refrain from conduct, which would violate the fraud and abuse laws. GCHP is committed to the detection, prevention, and reporting of fraud and abuse. GCHP expects and requires that its Commission members, Employees, staff, and Contractors do not participate in any conduct that may violate the fraud and abuse laws. Generally, these laws prohibit direct or indirect payments (whether in cash or kind) in exchange for the referral of patients or services, which are paid by Federal and/or State health care programs, including Medi-Cal.

Political Activities

GCHP's political participation is limited by law. GCHP funds, property, and resources are not to be used to contribute to political campaigns, political parties, and/or organizations. Commissioners, Employees, staff and Contractors may participate in the political process on their own time and at their own expense but shall not give the impression that they are speaking on behalf of or representing GCHP in these activities.

Anti-Trust All Commission members, Employees, staff, and Contractors must comply with applicable antitrust, unfair competition and similar laws, which regulate competition. Such persons shall seek advice from legal counsel if they encounter any business decisions involving a risk of violation of antitrust laws. The types of activities that potentially implicate antitrust laws include, without limitation, agreements to fix prices, bid rigging and related activities; boycotts, certain exclusive dealings and price discrimination agreements; unfair trade practices; sales or purchases conditioned on reciprocal purchases or sales; and discussion of factors determinative of prices at trade association meetings.

Member Rights

GCHP is committed to meeting the health care needs of its members by providing access to quality health care services.

Access

Employees, staff and Contractors shall comply with GCHP policies and procedures and applicable law governing member choice and access to health care services. Employees, staff and Contractors shall comply with all requirements for coordination of medical and support services for persons with special needs.

Employees, staff and Contractors shall provide culturally, linguistically and sensory appropriate services to GCHP members to ensure effective communication regarding diagnosis, medical history and treatment, and health education.

Emergency Treatment

Employees, staff and Contractors shall comply with all applicable guidelines, policies and procedures and law governing GCHP member access and payment of emergency services including, without limitation, the Emergency Medical Treatment and Active Labor Act (“EMTALA”) and state patient “anti-dumping” laws, prior authorization limitations, and payment standards.

Complaint Process

GCHP, its Physician Groups, Medical Groups and Third Party Administrators (TPA) shall ensure that GCHP members are informed of their appeal rights through member handbooks and other communications in accordance with GCHP policies and procedures and applicable law. Employees, staff and Contractors shall address, investigate, and resolve GCHP member complaints and grievances in a prompt and nondiscriminatory manner in accordance with GCHP Policies and applicable law.

Business Ethics including Fair Political Practice Laws and Regulations

In furtherance of GCHP’s commitment to the highest standards of business ethics, Employees, staff, regulators, monitors and Contractors shall accurately and honestly represent GCHP and shall not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

Candor & Honesty

GCHP requires candor and honesty from individuals in the performance of their responsibilities and in communications with GCHP’s Supervisors, attorneys, and auditors. No commission member, Employee, or Contractor shall make false or misleading statements to any members and/or persons or entities doing business with GCHP or about products or services of GCHP.

Financial Reporting

All financial reports, accounting records, research reports, expense accounts, timesheets and other documents must accurately and clearly represent the relevant facts or the true nature of a transaction. GCHP maintains a system of internal controls to ensure that all transactions are executed in accordance with management’s authorization and recorded in a proper manner to maintain accountability of the agency’s assets. Improper or fraudulent accounting documentation or financial reporting is contrary to the policy of GCHP and may be in violation of applicable law. Commissioners and some designated Employees and Staff as a result of their positions are required to file annual financial statements and must report gifts as required by the Fair Political Practice Laws and regulations.

Regulatory Agencies and Accrediting Bodies

GCHP will deal with all regulatory agencies and accrediting bodies in a direct, open and honest manner. Employees, staff and Contractors shall not take action with regulatory agencies and accrediting bodies that is false or misleading.

Public Integrity

GCHP and its Commissioners and Employees, staff shall comply with laws and regulations governing public agencies.

Public Records

GCHP shall provide access to GCHP Public Records to any person, corporation, partnership, firm or association requesting to inspect and copy them in compliance with the California Public Records Act, California Government Code Sections 6250 et seq. , Freedom of Information Act and GCHP Policies, unless specifically exempted

Public Funds

GCHP, its Commissioners, and Employees, staff shall not make gifts of public funds or assets or lend credit to private persons without adequate consideration unless such actions clearly serve a public purpose within the authority of the agency and are otherwise approved by legal counsel. GCHP, its Commissioners, and Employees, staff shall comply with applicable law and GCHP Policies governing the investment of public funds and expenditure limitations.

Public Meetings

GCHP and its Commissioners, and Employees, staff shall comply with requirements relating to the notice and operation of public meetings in accordance with the Ralph M. Brown Act, California Government Code Sections 54950 et seq.

Confidentiality

Commissioners, Employees, staff , and Contractors shall maintain the confidentiality of all confidential information in accordance with applicable law and shall not disclose such confidential information except as specifically authorized by GCHP policies, procedures, and applicable law.

No Personal Benefit

Commissioners, Employees, staff and Contractors shall not use confidential or proprietary GCHP information for their own personal benefit or for the benefit of any other person or entity, while employed at or engaged by GCHP, or at any time thereafter.

Duty to Safeguard Member and Medical Confidential Information

Commissioners, Employees, staff and Contractors shall safeguard GCHP member identity, eligibility, and medical information, peer review and other confidential information in accordance GCHP's policies and procedures and applicable law.

Personnel Files

Personal information contained in Employee personnel files shall be maintained in a manner designed to ensure confidentiality in accordance with applicable law.

Proprietary Information

GCHP shall safeguard confidential proprietary information including, without limitation, Contractor information and proprietary computer software, in accordance with and, to the extent required by, contract or law. GCHP shall safeguard provider identification numbers including, without limitation, Medi-Cal license, Medicare numbers, social security, and other identifying numbers.

Conflicts of Interests

Commissioners and Employees, and staff owe a duty of undivided and unqualified loyalty to GCHP

Conflict of Interest Code and Applicable Federal Regulations and Laws

Designated Employees, staff, including Commissioners, shall comply with the requirements of the GCHP Conflict of Interest Code. Commissioners and Employees, staff are expected to conduct their activities to avoid impropriety and/or the appearance of impropriety, which might arise from the influence of those activities on business decisions of GCHP, or from disclosure of GCHP's business operations.

Outside Services and Interests

Without the prior written approval of the Chief Executive Officer (or in the case of the Chief Executive Officer, the Chair of the Commission), no employee shall (1) perform work or render services for any Contractor, association of Contractors or other organizations with which GCHP does business or which seek to do business with GCHP, (2) be a director, officer, or consultant of any Contractor or association of Contractors; or (3) permit his or her name to be used in any fashion that would tend to indicate a business connection with any Contractor or association of Contractors.

Business Relationships

Business transactions with vendors, Contractors, and other third parties shall be conducted at arm's length in fact and in appearance, transacted free from improper inducements and in accordance with applicable law and ethical standards.

Business Inducements

Commissioners, Employees, staff, and Contractors shall not seek to gain advantage through improper use of payments, business courtesies, or other inducements. The offering, giving, soliciting, or receiving any form of bribe or other improper payment is prohibited. Commissioners, Employees, staff, Contractors and providers shall not use their positions to personally profit or assist others in profiting in any way at the expense of Federal and/or State health care programs, GCHP or GCHP members.

Gifts to GCHP

Commissioners and Employees, staff are specifically prohibited from soliciting and accepting personal gratuities, gifts, favors, services, entertainment or any other things of value from any person or entity that furnishes items or services used, or that may be used, in GCHP and its programs unless specifically permitted under GCHP Policies and Fair Political Practice Laws and regulations.. Employees, staff may not accept cash or cash equivalents. Perishable or consumable gifts given to a department or group are not subject to any specific limitation and business meetings at which a meal is served is not considered a prohibited business courtesy.

Provision of Gifts by GCHP

Employees, staff may provide gifts, entertainment or meals of nominal value to GCHP's current and prospective business partners and other persons when such activities have a legitimate business purpose, are reasonable, and are otherwise consistent with applicable law and GCHP Policies on this subject. In addition to complying with statutory and regulatory requirements including but not limited to the Fair Political Practice Act and associated regulations, it is critical to even avoid the appearance of impropriety when giving gifts to persons and entities that do business or are seeking to do business with GCHP.

Third-Party Sponsored Events

GCHP's joint participation in Contractor, vendor or other third-party sponsored events, educational programs and workshops is subject to compliance with applicable law including gift of public fund requirements, fair political practices laws and regulations and fraud and abuse prohibitions, and must be approved in accordance with GCHP Policies on this subject. In no event, shall GCHP participate in any joint Contractor, vendor, or third party sponsored event where the intent of the other participant is to improperly influence, or gain unfair advantage from, GCHP or its operations. Employees, staff' attendance at Contractor, vendor or other third-party sponsored events, educational programs and workshops is generally permitted where there is a legitimate business purpose but is subject to prior approval in accordance with GCHP Policies.

Provision of Gifts to Government Agencies

Commissioners, Employees, staff and Contractors shall not offer or provide any public money, gifts or other things of value to any government entity or its representatives, except personal Employee and Staff campaign contributions to elected officials in accordance with applicable campaign contribution laws.

Broad Application of Standards GCHP intends that these standards be construed broadly to avoid even the appearance of improper activity.

Protection of Agency Assets

Commissioners, Employees, staff, and Contractors shall strive to preserve and protect the agency's assets by making prudent and effective use of GCHP's resources and properly and accurately report its financial condition.

Personal Use of Agency Assets

All Commissioners, Employees, staff, and Contractors shall not convert assets of the agency to personal use. All property and business of GCHP shall be conducted in the manner designed to further GCHP's interest rather than a personal interest of an individual. Commissioners, Employees, staff, and Contractors are prohibited from the unauthorized use or taking of GCHP's equipment, supplies, materials or services. Employees, staff shall obtain the prior approval of the appropriate manager of GCHP prior to engaging in any activity on GCHP time, which will result in remuneration to the Employee from a party other than GCHP.

Communications

All communications systems, electronic mail, internet access, or voicemail are the property of GCHP and are to be used for business purposes. Commissioners, Employees, staff, and Contractors advised that communications using GCHP equipment are not private. Commissioners, Employees, staff, and Contractors shall adhere to the highest standards of professional conduct and personal courtesy in the type, tone, and content of all written, verbal and electronic communications and messages.

Electronic Mail

Commissioners, Employees, staff and Contractors may not use internal communication channels or access to the internet at work to post, store, transmit, download or distribute any information or material which are threatening, knowingly, recklessly, or maliciously false, obscene, or which constitute or encourage criminal offenses, give rise to civil liability or otherwise violate any laws. The internal communication channels or access to the internet may not be used to send chain letters, personal broadcast messages or copyrighted documents that are not authorized for reproduction nor are they to be used to conduct a job search or open misaddressed mail. Those who abuse the communication systems or use them excessively for non-business purposes may lose these privileges and be subject to disciplinary action.

Discrimination

GCHP acknowledges that fair and equitable treatment of employees, staff, members, providers, and other persons is fundamental to fulfilling its mission and goals

No Discrimination

Commissioners, Employees, staff and Contractors shall not unlawfully discriminate on the basis of race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, ancestry, age, physical disability, mental disability, medical condition, family care leave status, veteran status, marital status, or sexual orientation. GCHP is committed to providing a work environment free from discrimination and harassment based on any classification noted above.

Reassignment

GCHP, Physician Groups, and Medical Groups shall not reassign members in a discriminatory manner, including based on the enrollee's health status.

Participation Status

GCHP requires that participating providers and suppliers have valid and current licenses, certificates, and/or registration, as applicable.

Participation Status

Commissioners, Employees, staff, and Contractors shall (i) not be currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal or State health care program, including the Medi-Cal program and Medicare programs; and/or (ii) not have been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion at any time; and/or (iii) have met GCHP requirements regarding felony conviction status as set forth in GCHP policies.

Disclosure of Participation Status

Commissioners, Employees, staff and Contractors shall disclose to GCHP whether (i) they are currently suspended, terminated, debarred, or otherwise ineligible to participate in any Federal and/or State Health Care program; and/or (ii) have ever been excluded from participation in Federal and/or State health care programs based on a Mandatory Exclusion; and/or (iii) have met GCHP's Felony Conviction status requirements as set forth in GCHP Policies, as applicable.

Delegated Third Party Administrator Review

GCHP requires that its Physician Group(s) and third party administrators review participating providers and suppliers for licensure and participation status as part of the delegated credentialing and re-credentialing processes.

Licensure

GCHP requires that all Employees, staff, Contractors, Medical Groups, participating providers and suppliers who are required to be licensed, credentialed, certified and/or registered in order to furnish items or services to GCHP and its Members have valid and current licensure, credentials, certification and/or registration as applicable.

Government Inquiries

Employees, staff shall notify GCHP upon receipt of Government inquiries and shall not destroy or alter documents in response to a government request for documents or information.

Notification of Government Inquiry

Employees, staff shall notify the Compliance Officer and/or their Supervisor immediately upon the receipt (at work or at home) of an inquiry, subpoena or other agency or government requests for information regarding GCHP.

No Destruction of Documents

Employees, staff shall not destroy or alter GCHP information or documents in anticipation of, or in response to, a request for documents by any governmental agency or from a court of competent jurisdiction.

Compliance Program Reporting

Commissioners, Employees, staff, and Contractors have a duty to comply with GCHP's Compliance Program and such duty shall be a condition of their respective appointment, employment, or engagement.

Reporting Requirements

All Commissioners, Employees, staff and Contractors are expected and required to promptly report suspected violations of any statute, regulation or guideline applicable to Federal and/or State health care programs or of GCHP's own Policies in accordance with GCHP's reporting Policies and its Compliance Plan. Such reports may be made to a Supervisor, the Compliance Officer and/or anonymously to the Compliance Hotline.

Disciplinary Action

Failure to comply with the Compliance Program, including the Code of Conduct, Policies and/or applicable statutes, regulations and guidelines may lead to disciplinary action. Discipline for failure to abide by the Code of Conduct may, in GCHP's discretion, range from oral correction to termination in accordance with GCHP's Policies. In addition, failure to comply may result in the imposition of civil, criminal or administrative fines on the individual or entity and GCHP or exclusion from participation in Federal and/or State health care programs.

Certification

All Commissioners, Employees, staff and Contractors are required to certify, in writing, that they have received, read, understand and will abide by the Code of Conduct and applicable Policies.

Joan R. Araujo, RN, MHSA

Professional History

2009 – Present

County of Ventura; Health Care Agency

- Deputy Director; Administrator Ambulatory Care 2009 – Present; Full administrative responsibility for 30+ Ambulatory Care Clinics of which 18 are FQHC's , Primary Care, clinics, Specialty Care clinics and Urgent Care Centers with >500,000 visits in FY11/12; Specialty Care Referral Center; ACE program; strategic planning for new facility development and physician recruitment; oversight over new building projects including funding and OSHPD III construction; employee health division for County of Ventura; Healthcare for the Homeless Program under HRSA 330H grant, Joint Commission preparedness and quality programs.
- Director Health Care Services; Ventura County Health Care Plan 2009

2000 – 2009

Mercy Medical Center Merced / CHW 2001 - 2009

Sutter Merced Medical Center, 2000-2001

Transfer of facility ownership in April 2001 to CHW

Merced, California

- Director of Transition Planning 2007-2008; \$262M, 196-bed full replacement facility with an attached 65,000 medical office building

- Director of Staff Development 2002 – 2007; American Heart Association Regional Training Center; staff development; patient education, Chair Leadership Development Institute; Chair Clinical Policy and Procedure Committee; liaison with Merced Community College and UC Merced for allied health programs; member Regulatory Accreditation Council; DDI facilitator.
- Director of Medical, Surgical and Pediatrics 2000 – 2003
- Interim Director Outpatient Surgery / Endoscopy 2000 - 2001

1996 – 1999

California Home Care and Hospice

Merced, California

- Case Manager for Home Care and Hospice

1996 – 1997

Sutter Merced Medical Center 1997

Merced Community Medical Center 1996

Facility transferred ownership January 1997 Merced, California

- Nursing Operations Assistant (Administrative House Supervisor)

1995 – 1996

CASHA Resources Home Health Services

Merced, California

- Case Coordinator; Quality Improvement / Education Coordinator

1992 – 1996

Bloss Memorial District Hospital

Atwater, California

- Medical Floor Supervisor / Patient Care Coordinator
- Interim Director of Nursing Services (18-months)
 - Quality and Risk Manager
- Medical Floor Supervisor

- Medical Floor Charge Nurse
- Licensed Vocational Nurse

1991 – 1992 Mercy Hospital
Merced, California

- Licensed Vocational Nurse; Nursing Assistant

1985 – 1990 Merced Color Press / Quebecorworld
Merced, California

- Administrative Assistant; Secretary

1983 – 1985 Farmers Insurance Group
Merced, California

- Clerical

Education

Masters of Science, Health Services Administration (4.0 GPA);
University of Saint Francis; Joliet, Illinois

Bachelors of Arts – Health Care Administration;
Graceland University; Lamoni, Iowa

Associate of Science - Registered Nursing;
Merced College; Merced, California

Licensed Vocational Nurse;
Merced College; Merced, California

Associate of Arts – Clerical Business;
Merced College; Merced, California