



August 27, 2024

## SPECIAL NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in a special meeting in the City of Visalia City Council Chambers {707 W. Acequia, Visalia, CA} on Wednesday, August 28, 2024:

- 3:45PM Open meeting to approve the closed agenda.
- 3:46PM Closed meeting pursuant to Government Code 54956.8, Government Code 54956.9(d)(1), Government Code 54956.9(d)(2), Health and Safety Code 1461 and 32155.

In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Health Medical Center, Mineral King Wing near the Mineral King entrance.

The disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Health Medical Center – Acequia Wing, Executive Offices (Administration Department/Executive Offices) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 or email: [kedavis@kaweahhealth.org](mailto:kedavis@kaweahhealth.org), or on the Kaweah Delta Health Care District web page <http://www.kaweahhealth.org>.

KAWEAH DELTA HEALTH CARE DISTRICT

David Francis, Secretary/Treasurer

A handwritten signature in blue ink, appearing to read "Kelsie Davis".

Kelsie Davis

Board Clerk / Executive Assistant to CEO

**DISTRIBUTION:**

Governing Board, Legal Counsel, Executive Team, Chief of Staff, [www.kaweahhealth.org](http://www.kaweahhealth.org)



# KAWEAH DELTA HEALTH CARE DISTRICT SPECIAL BOARD OF DIRECTORS MEETING

City of Visalia – City Council Chambers  
707 W. Acequia, Visalia, CA

**Wednesday August 28, 2024 {Special Meeting}**

## OPEN MEETING AGENDA {3:45PM}

1. **CALL TO ORDER**
2. **APPROVAL OF AGENDA**
3. **PUBLIC PARTICIPATION** – Members of the public may comment on agenda items before action is taken and after it is discussed by the Board. Each speaker will be allowed five minutes. Members of the public wishing to address the Board concerning items not on the agenda and within the jurisdiction of the Board are requested to identify themselves at this time.
4. **CONSENT CALENDAR** - All matters under the Consent Calendar will be approved by one motion, unless a Board member requests separate action on a specific item.

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

*Action Requested – Approval of the Special August 28, 2024, Consent Calendar*

### 4.1. REPORTS

A. [Compliance Quarterly Report](#)

### 4.2. POLICIES

#### A. Human Resources

- A.1. [HR.128](#) Employee Benefits Overview – Revised
- A.2. [HR.197](#) Dress Code-Professional Appearance Guidelines – Revised
- A.3. [HR.234](#) PTO, EIB, and Healthy Workplace, Healthy Families - Revised

## 5. APPROVAL OF THE CLOSED AGENDA – 3:46PM

**Public Participation** – Members of the public may comment on agenda items before action is taken and after the item has been discussed by the Board.

*Action Requested – Approval of the Special August 28, 2024, closed meeting agenda.*

**6. ADJOURN**

**CLOSED MEETING AGENDA {3:46PM}**

**1. CALL TO ORDER**

**2. CEO EVALUATION** – Discussion with the Board and the Chief Executive Officer relative to the evaluation of the Chief Executive Officer pursuant to Government Code 54957(b)(1).

*Gary Herbst, CEO. Rachele Berglund, Legal Counsel & Board of Directors*

**3. ADJOURN**

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COMPLIANCE PROGRAM ACTIVITY REPORT – Open Meeting  
**Ben Cripps, Chief Compliance and Risk Officer**  
May 2024 through July 2024

***EDUCATION***

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Live Presentations

- Compliance and Patient Privacy – New Hire Orientation
- Compliance and Patient Privacy – Management Orientation
- Compliance and Patient Privacy – New Resident Orientation
- Compliance and Patient Privacy – Sequoia Regional Cancer Center

Written Communications – Bulletin Board / Area Compliance Experts (ACE) / All Staff

- Interpreter Services
- Safeguarding Privacy: Physical and Situational Patient Privacy
- Fairwarning: Appropriate EMR Access

***PREVENTION AND DETECTION***

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- **California Department of Public Health (CDPH) All Facility Letters (AFL)** – Review and distribute AFLs to areas potentially affected by regulatory changes; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Medicare and Medi-Cal Monthly Bulletins** – Review and distribute bulletins to areas potentially affected by the regulatory change; department responses reviewed and tracked to address the regulatory change and identify potential current/future risk
- **Office of Inspector General (OIG) Monthly Audit Plan Updates** – Review and distribute OIG Audit Plan issues to areas potentially affected by audit issue; department responses reviewed and tracked to identify potential current/future risk
- **California State Senate and Assembly Bill Updates** – Review and distribute legislative updates to areas potentially affected by new or changed bill; department responses reviewed and tracked to address regulatory change and identify potential current/future risk
- **Patient Privacy Walkthrough** – Monthly observations of privacy practices throughout Kaweah Health; issues identified communicated to area Management for follow-up and education
- **User Access Privacy Audits** – Daily monitoring of user access to identify potential privacy violations
- **Office of Inspector General (OIG) Exclusion Attestations** – Quarterly monitoring of department OIG Exclusion List review and attestations

## **OVERSIGHT**

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- **Fair Market Value (FMV) Oversight** – Ongoing oversight and administration of physician payment rate setting and contracting activities including Physician Recruitment, Medical Directors, Call Contracts, and Exclusive and Non-Exclusive Provider Contracts
- **Medicare Recovery Audit Contractor (RAC) and Medicare Probe Audit Activity** – Records preparation, tracking, appeal timelines, and reporting
- **Licensing Applications and Medi-Cal/Medicare Facility Enrollment** – Forms preparation and submission of licensing applications to the California Department of Public Health (CDPH); ongoing communication and follow-up regarding status of pending applications. The following applications for licensure and/or enrollment were completed:
  - Sequoia Regional Cancer Center Medical Oncology, Visalia
  - Sequoia Regional Cancer Center Medical Oncology Pharmacy
  - Sequoia Regional Cancer Center Medical Oncology, Hanford
  - Home Infusion Pharmacy revalidation
  - Family Pact Program – Exeter RHC
- **KD Hub Non–Employee User Access** – Oversight and administration of non-employee user onboarding, privacy education, and user profile tracking; evaluate, document, and respond to requests for additional system access; on-going management of non-employee KD Hub users; the annual renewal process with the new Compliance 360 workflow is currently in process
- **Operational Compliance Committee** – Consultation, oversight, and prevention; Comprised of eight (8) high-risk departments including Patient Accounting, Health Information Management, Revenue Integrity, Case Management, Patient Access and Clinical Documentation Improvement (CDI) Department, Radiology, and Rural Health Clinics. Meetings held bi-monthly to discuss regulations, policies, auditing and monitoring, and educational efforts within the departments.
- **Restructure of Legislative and Regulatory Processes** – Oversight; The compliance program has developed and implemented a preventionist role to strategically enhance the monitoring, review, and proactive oversight of relevant regulatory changes within the healthcare compliance landscape. The preventionist role is responsible for refining the current process of legislative and regulatory oversight, in addition to implementing new workflows and strategies to ensure leaders and stakeholders are aware of upcoming changes affecting their areas. The preventionist role works as a consultative partner with leaders to mitigate risk and provide necessary information to ensure compliance with upcoming regulatory and legislative changes. Several new processes and workstreams have been developed, including increased tracking, communication and project management of high-risk legislative updates.

## **RESEARCH & CONSULTATION**

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- **AB-1020 HCAI Regulatory Updates** - Research, consultation and oversight; Compliance provided research, consultation and oversight to implement compliance with HCAI’s updated requirements of the AB-1020, Health Care Debt and Fair Billing Act, effective January 2024. The Compliance Department worked closely with Patient Accounting and Patient Access

leadership to implement policies, processes, and workflows to comply with the new requirements outlined in the bill. The implementation of the updated requirements involved updates to financial assistance policies, signage requirements and discharge notices. Compliance with this regulation was finalized in June 2024.

- **Sequoia Regional Cancer Center Transition** – Consultation and oversight; Compliance was engaged to consult on Sequoia Regional Cancer Center’s (SRCC) transition to becoming a licensed Kaweah Health facility. In addition to the completion of CDPH licensing and Medicare enrollment, Compliance provided in person education for SRCC employees and provided consultative services regarding the issuance of pharmaceutical coupons to patients, appropriate vendor relationships, and patient privacy procedures and processes in accordance with regulatory requirements and policies.
- **Taxonomy Consultation** – Consultation and oversight; Compliance was engaged to consult on the possibility of changing the taxonomy code currently being used for our outpatient clinics. Through the partnership with a Medi-Cal consultant with the California Department of Health Care Services (DHCS), the recommendation was made to change the current specialty-specific taxonomy code for some of our multi-specialty clinics with a generic clinic taxonomy code due to reimbursement opportunities. A collaboration between Compliance and Patient Accounting took place to review individual clinic taxonomy codes and ensure appropriate application of the suggested code. Validation of taxonomy code changes are underway.
- **Consent for Outpatient Behavioral Health Services** – Research and consultation; Compliance was engaged to evaluate the consent process for outpatient (OP) behavioral health therapy, and whether the current consent process complied with regulatory requirements. Research was conducted and determined that the current consent process in our OP facilities satisfies legal requirements, however an opportunity existed to develop a separate consent form for OP behavioral health services containing greater detail into services being provided. A committee of behavioral health team members was assembled and developed a separate consent form. Review of the OP behavioral health consent form is pending approval.
- **Level of Care Screening Criteria** – Research and Consultation; Compliance was engaged to evaluate the Level of Care Screening Criteria for hospital observation patients and inpatients. A review of the Centers for Medicare and Medicaid Services (CMS) Two Midnight Rule was completed, along with other regulatory sources. Following a comprehensive review of the regulation and subsequent discussion with the Director of Case Management, the Compliance Department approved a new protocol for determining the patient’s status (Observation vs. Inpatient).

## **AUDITING AND MONITORING**

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- **Skilled Nursing Facility (SNF) Probe and Educate** - As part of the effort to lower the SNF improper payment rate, CMS initiated a SNF five (5) Claim Probe & Educate Review program for every Medicare-billing SNF in the country. The Comprehensive Error Rate Testing (CERT) program projected an improper payment rate of 15.1% for SNF services in 2022, up from 7.79% in 2021. SNF service errors were determined to be the top driver of the overall Medicare Fee-for-Service improper payment rate. The goal of the SNF five (5) Claim Probe & Educate program is to assist SNF’s in understanding how to bill appropriately under this new payment

model and decrease the improper payment rate. On June 7, 2024, Noridian (Medicare Claims Administrator) notified Kaweah Health that all five (5) claims were approved. The review has been closed.



Human Resources

Policy Number: HR.128	Date Created: 06/01/2007
Document Owner: Dianne Cox (Chief Human Resources Officer)	Date Approved: 2/28/2024
Approvers: Board of Directors (Administration)	
<b>Employee Benefits Overview</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

Eligible Kaweah Health Employees are provided a wide range of employee benefits. A number of the programs, such as Social Security, Workers' Compensation, and Unemployment Insurance, cover all employees in the manner prescribed by Federal or State law. Hospital-sponsored benefits eligibility is dependent upon a variety of factors, including employee classification. Human Resources maintains a listing of current benefits available. The controlling terms and conditions of all benefits are contained within the plan documents which define each benefits plan. In the event of discrepancies between other printed material and formal plan provisions describing Kaweah Health employee benefits programs, the official plan documents and instruments provisions govern.

Employees will be responsible for paying their insurance premiums and those for their enrolled dependents based on status and the date of eligibility. Enrollment in most plans must be completed within 30 days of the date of eligibility for the plan. Benefit eligible employees may also apply for offered benefits during Open Enrollment, normally offered in fall of each year for a January 1<sup>st</sup> effective date. If a full time employee does not elect or waive medical coverage by the deadline, their coverage will default to ~~the High Deductible Medical Plan Employee Only~~waived. Please review Summary Plan Documents for each plan for complete information.

**PROCEDURE:**

General:

1. Insurance premiums for medical, dental, vision, supplemental life, dependent life, etc., are deducted ~~each pay period~~semi-monthly (24 per calendar year) from paychecks.
2. Eligible employees may opt to cover eligible dependents with timely enrollment and financial responsibility for any dependent coverage. If a spouse or registered domestic partner has coverage available through their own outside employer (not KH); they must obtain coverage through the employer and the KH plan will pay only as secondary insurance.

3. If an event occurs which will change the amount of premium the employee pays, the employee will either be required to pay back premiums or will receive reimbursement for premiums already deducted, depending on the nature of the event.
4. All premium contributions for medical, dental and vision are deducted on pre-tax basis. The conditions of Internal Revenue Service Code, Section 125, specifically prohibit employees from changing their insurance benefit coverage until an Open Enrollment period is offered or unless there is a major life change or qualifying event. ~~Benefit changes due to a major life change or qualifying event must be made within 30-days. Certain qualifying events may permit an employee to apply for late enrollment or changes in the employee's enrolled dependents.~~

Normal Waiting Period:

1. Coverage for health benefits begin the first of the month following ~~a status change to a benefit eligible position~~ eligibility for benefits.

Status Change:

1. The department head will submit a Job Change in Workday when an employee changes employment status. The effective date of the status change is the first day of the pay period in which the status change occurs.
2. Human Resources will notify the employee of changes in eligibility and/or applicable premium levels for eligible benefits via Workday. If a ~~full time~~ benefit eligible employee does not elect or waive medical coverage, their coverage will default to ~~the High-Deductible Medical Plan Employee Only~~ waived.
3. The premiums to be deducted are dependent on the date of the status change and may apply to the portion of the premium covering the employee as well as the dependent coverage.
4. If a Per Diem employee with coverage converts to ~~B~~ benefitted status, premiums deducted will be appropriately adjusted.
- ~~5. A newly eligible employee, i.e., one who converts from Part Time No Benefits or Per Diem (because of a qualifying event) to Benefitted or benefits eligible status, who has already satisfied the waiting period will not have to satisfy an additional waiting period.~~
- ~~6. An employee who was previously eligible and enrolled in the insurance plans and subsequently changed to a non-benefit eligible status, who has now converted to a benefits eligible status will not be subject to the waiting period.~~
- ~~7.5.~~ \_\_\_\_\_ An eligible employee who was eligible for, and declined benefits because of other coverage and then loses the other coverage is eligible to enroll in

benefits ~~with no waiting period~~ under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The employee must enroll within 30 days of the loss of other coverage and provide ~~a Certificate of Creditable Coverage~~ proof that other coverage ended (ex. Letter from employer, termination letter from insurance, etc.) ~~from the other plan.~~

8.6. An employee who loses medical, vision, dental coverage or a medical spending account due to conversion to an ineligible status or termination of employment will be offered continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), ~~except in the case of discharge for gross misconduct.~~ Eligibility, payment of premiums, and length of available coverage are determined by COBRA regulations.

**Commented [TB1]:** Dianne, Is this true? I do not recall that we have excluded anyone from COBRA based on term reason.

9.7. In the case of a Leave of Absence, if an employee is on paid status (utilizing PTO/EIB), the employee may continue their normal premiums through payroll deduction. If on unpaid status, he/she is required to pay Kaweah Health his/her portion of the premiums bi-weekly/monthly while on a leave of absence for a total of four months combined within a rolling 12 months. After four months, employees will be offered COBRA Continuation Coverage for applicable benefits. Group medical, dental and vision insurance coverage will cease on the last day of the month in which an employee reaches four months of leave or employment ends except that continuation is allowed under COBRA regulations if applicable to the plan. In the case where Pregnancy Disability Leave (FMLA) combined with CFRA bonding leave applies, if an employee is on paid status (utilizing PTO/EIB), the employee may continue her normal premiums through payroll deduction. If on unpaid status, she is required to pay Kaweah Health her portion of the premiums monthly while on a leave of absence for a total of up to seven months; COBRA rules then apply.

#### Procedures for COBRA:

- a. At the time of the qualifying event, Human Resources or the COBRA Administrator will forward the Employee Notice and Election Form to the employee via US mail.

COBRA qualifiers: ~~Termination of an employee, d~~ Death of a covered employee, divorce or legal separation, a covered employee becoming eligible for Medicare, or a covered dependent child who is no longer eligible for coverage under the group plan.

- b. The employee, the separated or divorced spouse, or covered dependent will have no more than 60 days from the date of receipt of the COBRA letter to apply for continuance of medical, dental, or vision coverage. Notification is accomplished by completing the Employee Notice and Election form. If the employee, separated or divorced spouse, or covered dependent wishes to continue with medical, dental, or vision coverage, the initial premium payment to the COBRA Administrator must be received within 45 days of the

date the employee signs the Employee Notice and Election Form and must be paid in full, back to the date of COBRA coverage.

- c. Upon receipt of the initial payment, the COBRA Administrator will begin the COBRA coverage and will expect future premiums due. The employee or eligible dependent must continue payments each month in order to continue coverage. COBRA coverage will be terminated if payments are not made within the guidelines set forth.

*“Responsibility for the review and revision of this Policy is assigned to the Chief Human Resources Officer. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the employee’s responsibility to review and understand all Kaweah Health Policies and Procedures.”*



Human Resources

<b>Policy Number:</b> HR.197	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> DRAFT
<b>Approvers:</b> Kelsie Davis (Board Clerk/Executive Assistant to CEO)	
<b>Dress Code - Professional Appearance Guidelines</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

The professional appearance and conduct of our employees and contract staff are important parts of the experience for patients, their families, and visitors in clinical and non-clinical areas. Dress and behavioral guidelines help Kaweah Health employees and contract staff with expectations concerning appearance and conduct. This helps to ensure that our patients feel welcomed, respected, comfortable, and safe. This policy provides expectations and guidelines for dress and personal appearance for employees, contract staff, and other individuals working at Kaweah Health as well as while off duty.

Kaweah Health observes religious dress and grooming practices including wearing religious clothing or articles (e.g., a headscarf, turban); observing a religious prohibition against wearing certain garments (e.g., woman’s practice of not wearing pants or skirts), or adhering to shaving or hair length observances, (e.g., uncut hair and beard, dreadlocks, or sidelocks).

**PROCEDURE:**

All individuals working at Kaweah Health affect the overall image of patients, visitors, and the community. In addition, individuals are required to present a professional healthcare appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards.

Kaweah Health has established the following criteria for personal appearance. These criteria are for meeting our customers’ and the community’s expectations and the image of what they expect of healthcare providers and administrative department personnel.

The following applies while at work and not at work if wearing any article that indicates “Kaweah Health,” or Kaweah Health ID badge:

- a. Employees and contract staff are required to wear the official Kaweah Health ID badge at all times while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks, stickers (other than flu vaccine compliance), etc., or membership pins may be on the badge; it must include a current picture and not be faded or worn). Kaweah Health recognition pins may be attached to the badge extender. If an employee or contract staff member

is visiting Kaweah Health while not on duty, they are not to wear their ID badge, nor represent that they are on duty; they may not perform any work. At the option of an employee, the badge may include only the first name and initial of last name.

- b. Attire must be neat, clean, appropriately fitting, matched, and coordinated and have a professional or business-like appearance. Scrubs must be appropriately fitting as well, neither too large nor too tight; pants may not touch the ground. Scrub leggings are not permitted. Scrub jackets branded with another organization's name or logo (including health care or a hospital) are prohibited.
1. Revealing clothing (such as see-through or showing cleavage), dresses, and skirts must not be shorter than three (3) inches above the knee. Sundresses, inappropriate length dresses or mini-skirts, bare-back dresses, halter tops, tank tops, t-shirts, any denim color or denim appearing material, leggings, scrub leggings, unprofessional casual Capri pants with strings or cargo pockets, shorts or walking-shorts, army fatigue-print clothing are some examples of inappropriate attire. T-Shirts/Tops that expose chest hair are not allowed. Sleeveless attire is appropriate as long as it is business professional. "Hoodies" or hooded jackets of any kind are not permitted; team jackets are to be approved by a manager.
2. Those employees who work in departments that are exposed to the outside elements may wear hats while outside.
3. Tattoos may be visible if the images or words do not convey violence, discrimination, profanity, or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. Kaweah Health reserves the right to judge the appearance of visible tattoos. However, tattoos that are visible on the front neck area above the collar line and the face must be covered.
4. Hickeys can be considered offensive, unprofessional, and distracting in nature, and must be covered by clothing or Band-Aids.
5. Excessive jewelry and watches that may affect safe patient care or violate infection control standards, multiple ear piercings, or body piercings are not allowed. Ear expanders must be plugged with a flesh color plug. Only pin-size nose adornment and/or small nose rings/hoops are acceptable. Septum piercings and jewelry under the nose are prohibited.
6. Shoes are to be worn as appropriate for the position and must be clean, in good repair, and meet the safety and noise abatement requirements of Kaweah Health environment. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with Croc-type shoes that have holes). Closed-toe shoes are required in the patient care areas and other areas in which safety requires closed-toe shoes. Casual type thong, flip-flops, and

locker room sandals (even with back straps) are not acceptable. Dressy type sandals or open-toed shoes with a back strap are acceptable when safety does not dictate otherwise. Tennis shoes are acceptable to wear appropriate if they apply to the position. They must be neat, clean and appropriate. High heels greater than three (3) inches, wedges, and platform shoes are not safe in our work environment at Kaweah Health and may not be worn.

7. Hair is to be kept neat and clean. Unnatural hair color is acceptable, and may not be of abnormal color (purple, pink, unusual reds, etc.); extreme trends such as Mohawks (completely shaved but for hair down the middle of the head) styles are not permitted. Employees with long hair who have direct patient contact or work with food or machinery must have their hair pinned up off the shoulders, secured at the nape of the neck, or secured in a hair net. Traits historically associated with race or religion including, but not limited to, hair length, hair texture, and protective hairstyles, defined as braids, locks, and twists are allowed and must be secured. Beards, mustaches, and sideburns must be clean and neat at all times.
8. Kaweah Health is fragrance-free due to allergies that present themselves with colognes, perfumes, aftershave lotions, hand lotions, etc. Body odor, smell of cigarette/e- cigarette/tobacco smoke, or excessive makeup are examples of unacceptable personal grooming.
9. Fingernails: Employees who have direct contact with patients (those employees who touch patients as a part of their job description) and those indirectly involved in patient care, such as Pharmacy, Housekeeping, Laboratory, and Sterile Processing must comply with the following guidelines. Some departments (i.e. Food and Nutrition Services) may have specific requirements that vary:
  - a. Nails must be kept clean, short, and natural.
  - b. Artificial nails, acrylics, or other artificial materials (including nail jewelry) applied over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
  - c. Nail or Gel Polish is permissible in most areas if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks. Polish is not allowed in Food and Nutrition Services.
  - d. Nails should not be visible when holding the palm side of the hand up.

Non-direct caregivers (those employees without “hands-on” patient contact) must comply, as follows:

- i. Nails (including artificial) must be kept clean and neatly trimmed or filed.
  - ii. Short nail length is defined as the white nail tip no greater than 1/4 inch.
  - iii. Polish is permissible if used in good taste, with non-shocking colors or decor, and is maintained without chips or cracks.
10. Employees who are required to wear certain uniform-type attire must comply with the requirements set forth by their department head or Kaweah Health, within the following guidelines: attire limited to a general

color of fabric (i.e., dark, solid colors), business style jackets/blazers, white shirts/blouses, and/or black shoes. Any other attire required by Kaweah Health will be provided to the employee at no cost.

11. Employees attending Kaweah Health staff meetings on Kaweah Health premises may wear casual and appropriate attire. It would be inappropriate to wear shorts, gym-wear, tank tops, or anything similar. Jeans are appropriate as long as they are not frayed and torn. Employees must be modestly dressed. Employees attending on-site classes or other meetings are to wear office-casual attire, scrubs, or street clothes in good taste. Kaweah Health employees and contract staff are not permitted to present in any way that would appear unprofessional to Kaweah Health leadership.
12. Kaweah Health promotes organization-wide events and may allow Kaweah Health provided t-shirts for these days. These are allowed if appropriate for the employees' work environment.
13. Kaweah Health promotes organization-wide events and may allow Kaweah Health to provide t-shirts for these days. These are allowed if appropriate for the employees' work environment. With the exception of specific areas where scrubs are laundered (i.e. Cath Lab, CVOR, OR, NICU, L&D) Kaweah Health does not provide or launder scrubs or uniforms for employees, unless the garments are provided by Kaweah Health and requires dry-cleaning. However, employees who have received a splash of blood or body fluid during the normal course of their job need to change into clothing for protection. Per Standard Precautions, employees are allowed to wear Kaweah Health-provided scrubs or uniforms furnished by Kaweah Health laundry. These are to be returned to Kaweah Health at the next shift worked. Upon arriving at and leaving from work, employees are provided with reasonable paid time to change. An employee may not wear these scrubs to and from Kaweah Health or outside of the hospital unless it is for work-related business (i.e. Employee Health, Human Resources, and Employee Pharmacy) and they must wear a white lab coat over the scrubs. Upon returning to the department, personnel must change into fresh scrubs before returning to the semi-restricted or restricted areas. Refer to Policy SS4000.
14. The responsibility to determine the appropriateness of employee appearance and attire and for enforcing uniform/dress code requirements rests with leadership. For example, the Behavioral Health departments may allow exceptions to this policy as appropriate to their patient care population. Employees who fail to follow personal appearance and hygiene guidelines will be sent home and instructed to return to work in proper form. Under such circumstances, employees will not be compensated for the time away from work.

Employees who violate this policy are subject to progressive discipline per HR.216 Progressive Discipline.

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<b>Policy Number:</b> HR.234	<b>Date Created:</b> 06/01/2007
<b>Document Owner:</b> Dianne Cox (Chief Human Resources Officer)	<b>Date Approved:</b> 2/28/2024 <u>DRAFT</u>
<b>Approvers:</b> Board of Directors (Administration)	
<b>Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Act of 2014</b>	

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**POLICY:**

Paid Time Off (PTO), Extended Illness Bank (EIB) and Healthy Workplace, Healthy Families Workplace Act of 2014 – Paid Sick Leave (PSL) benefits are offered to all employees as defined in this policy. PTO is offered to full-time and part-time benefit eligible employees for leisure, celebration of holidays, short-term illness, and other personal needs. EIB is offered to full-time and part-time benefit eligible employees for extended illness and Kin Care. Private Home Care staff, temporary staff/interims, and Per Diem staff are not eligible for PTO or EIB but are eligible for Paid Sick Leave (PSL) as defined in this policy. Excessive occurrences of unapproved time off may result in disciplinary action. See Policy HR.184 Attendance and Punctuality.

This policy does not apply to Graduate Medical Education

**PROCEDURE:**

Eligibility and Accrual for PTO and EIB

Full-time and part-time benefited employees are eligible to receive PTO and EIB as of the first pay period of eligibility (date of hire or transfer). If an eligible employee is changed to a non-eligible status, the PTO and EIB time accrual will cease. The employee will receive a lump-sum payment for all accrued PTO paid at 100% of their hourly rate of pay prior to the status change. During the non-eligible status, the employee will accrue PRN/PSL.

If a non-eligible employee is changed to an eligible status, the employee begins accruing PTO and EIB as of the first pay period in which the status change became effective; PRN/PSL accrual will cease. At no time will an employee accrue PTO and EIB as well as PRN/PSL. An employee accrues either PTO and EIB or PRN/PSL.

EIB accrual will be reinstated for employees who leave Kaweah Health and are rehired as follows:

- a. If left as non-benefited and rehired as a non-benefited, we will reinstate the ending available EIB balance into a reserve bucket. These hours are available for use.
- b. If terminated as a benefited and rehired as benefited, we will reinstate the ending

EIB balance.

- c. If terminated as non-benefited and rehired as benefited, we will reinstate the ending available PRN/PSL EIB balance from the reserve as EIB balance (if any).
- d. If terminated as a benefited and rehired as non-benefited, we will reinstate the ending available EIB balance as PRN/PSL up to the 80-hour maximum, placing the excess EIB balance into a reserve bucket. These hours are not available for use.

The rate of PTO and EIB accrual received is based on years of service. Employees receive accruals on up to 80 eligible hours, per pay period. The bi-weekly pay period starts at 12 AM on a Sunday and ends at 11:59 PM on the last Saturday of the pay period. Qualified service hours which count towards a year of service for the accrual rate include the following: regular hours worked (non-overtime), Flex Time Off, PTO FMLA, PTO unscheduled, PTO/PSL, PTO Sick/Pregnancy, PTO/Workers Compensation, Sitter Pay, Sleep Pay, PTO hours, bereavement hours, jury duty hours, training/workshop hours, orientation hours, and mandatory dock hours. Neither EIB nor PTO accruals will be earned while employees are being paid EIB hours.

All Other Employees					Directors					Chiefs				
Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours accrued per pay period	PTO Days per year	Beg Years	End Years	PTO Max Hrly Accrual Rate (Up to 80 elg hrs)	Max Hours Accrued per pay period	PTO Days per year
0.0	4.9	0.084625	6.77	22	0.0	4.9	0.103875	8.3	27	0.0	1.0	0.103875	8.3	27
5.0	9.9	0.103875	8.31	27	5.0	9.9	0.123000	9.8	32	1.1	4.0	0.123000	9.8	32
10.0	14.9	0.123000	9.84	32	10.0	14.9	0.142250	11.4	37	4.1	9.0	0.142250	11.4	37
15	19.9	0.126875	10.15	33	15	19.9	0.146125	11.7	38	9.1	13.5	0.146125	11.7	38
20	24.9	0.130750	10.46	34	20	24.9	0.150000	12.0	39	13.6	18.0	0.150000	12.0	39
25	26.9	0.134625	10.77	35	25	26.9	0.153875	12.3	40	18.1	22.5	0.153875	12.3	40
27	28.9	0.138500	11.08	36	27	28.9	0.157750	12.6	41	22.6	27.0	0.157750	12.6	41
29+		0.142375	11.39	37	29+		0.161625	12.9	42	27.1		0.161625	12.9	42

Eligibility and Accrual for PRN/PSL

PRN/PSL eligible employees include Per-Diem, Private Home Care, and Part-Time non-benefit eligible employees. PRN/PSL eligible employees will accrue at the rate of one hour per every 30 hours worked (.033333 per hour); accrual begins as of the first pay period.

To qualify to use for sick leave (PTO/PSL or PRN/PSL), an employee must:

- Must be employed for 30 days;
- May use beginning at 90 days of employment;
- Will be paid to the extent of an employee’s accrued hours only.

Employees are limited to use up to 40 hours or five (5) days whichever is greater of accrued time in each calendar year. PRN/PSL will carry over to the following calendar year not to exceed 60 hours of accrual in any calendar year.

## Maximum Accruals

The maximum PTO accrual allowed is 400 hours. The accrual will cease once the maximum accrual is reached until PTO hours are used or cashed out. The maximum EIB accrual is 2000 hours; the maximum PRN/PSL accrual is 120 hours in a calendar year. No payment is made for accrued EIB or PRN/PSL time when employment with Kaweah Health ends for any reason.

## Requesting, Scheduling, and Access to PTO, EIB and PSL

Employees are required to use accrued PTO for time off for illness or unexpected absence occurrences.

Routine unpaid time off is not allowed. Any requests for unpaid time should be considered only on a case-by-case basis taking into consideration the need for additional staffing to replace the employee and other departmental impacts. It is the responsibility of management to monitor compliance. Employees should be aware that unpaid time off could potentially affect their eligibility for benefits.

Any planned request for PTO time, whether for traditional holiday, for vacation time or otherwise must be approved in advance by management. Management will consider the employee's request as well as the needs of the department. In unusual circumstances, management may need to change the PTO requests of employees based upon the business and operational needs of Kaweah Health. In such situations, Kaweah Health is not responsible for costs employees may incur as a result of a change in their scheduled PTO time.

## AB 1522 Healthy Workplace Healthy Families Act of 2014

An employee may utilize up to five (5) days or 40 hours, whichever is greater, of PTO or PSL in a calendar year (January-December). For example:

- For employees who work 12-hour shifts, the employee will be entitled to use up to 60 hours of paid sick leave (5 days x 12 hours).
- An employee who works 10-hour shifts will be entitled to use up to 50 hours (5 days x 10 hours).
- An employee who works 8-hour shifts will be entitled to use up to 40 hours (5 days x 8 hours).
- Alternatively, if an employee works only 6 hours a day and takes five days of paid sick leave, for a total of 30 hours, the employee will still have 10 hours remaining.

Employees may use PTO or PSL for the following purposes:

- a) Diagnosis, care, or treatment of an existing health condition, or preventative care for an employee or an employee's designated person, or family member, as defined as the employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and siblings.

- b) "Family Member" means any of the following:
  - i. A child, which for purposes of this policy means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis; this definition of child is applicable regardless of age or dependency status.
  - ii. A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
  - iii. Spouse
  - iv. Registered domestic partner
  - v. Grandparent
  - vi. Grandchild
  - vii. Sibling
  
- c) Designated Person means the following:
  - i. Under the California Family Rights Act (CFRA) and California Healthy Workplaces Health Families Act (HWHFA) an employee will be able to identify a designated person for whom they want to use leave when they request unpaid CFRA or paid HWHFA.
  
- d) For an employee who is a victim of domestic violence, sexual assault or stalking, as specified.

There is no cash out provision for the PRN/PSL accrual, including upon termination of employment or with a status change to a benefit eligible position. However, if an employee separates from Kaweah Health and is rehired within one year, previously accrued and unused PRN/PSL will be reinstated.

PSL and PTO time shall be utilized at a minimum of 1-hour increments and no more than the length of the employee's shift.

PTO and PSL time taken under this section is not subject to the Progressive Discipline Policy HR.216.

#### Time Off Due To Extended Illness

Employees who are absent due to illness for more than three (3) consecutive work days should notify their manager and contact the Human Resources Department to determine if they are eligible for a leave of absence. Accrued EIB can be utilized for an approved continuous leave of absence beyond three (3) days and if admitted to a hospital or have a medical procedure under anesthesia. However, in instances when an employee has been issued Disciplinary Action and directed to provide a doctor's note for all sick days, then an employee may need to submit a doctor's note. If applying for a continuous leave of absence, PTO-PSL may be applied for the first three calendar days at the employee's regular shift length, if leave is for your own medical condition. Employees who are absent due to illness for more than seven (7) consecutive

days should file a claim for California State Disability Insurance. Claim forms are available in Human Resources. State Disability payments will be supplemented with any accrued EIB time by the Payroll Department and PTO at the employee's request.

Employees who are absent with an Intermittent Leave under FMLA/CFRA are required to use accrued PTO for their absences, at no less than one hour and no more than the regular length of the shift.

### Time Off Due to Kin Care

Kin Care allows eligible employees to use up to one-half (1/2) of the Extended Illness Bank (EIB) that they accrue annually in a calendar year to take time off to care for a sick family member. Only employees who accrue EIB are eligible for Kin Care. No more than one-half of an employee's EIB accrual in a calendar year period can be counted as Kin Care. An employee who has exhausted their EIB and then is absent to care for a sick family member cannot claim that absence under Kin Care.

Kin Care can be used to care for a sick family member, to include a spouse or registered domestic partner, child of an employee, "child" means a biological, foster, or adopted child, a stepchild, a legal ward, a child of a domestic partner, or a child or a person standing in loco parentis, parents, parents-in-law, siblings, grandchildren, and grandparents.

EIB time taken under this section to care for an immediate family member is not subject to the Progressive Discipline Policy HR.216.

### Holidays

Kaweah Health observes 72 holiday hours each year. Eligible employees may be scheduled a day off and will be paid provided adequate accrual exists within their PTO bank account for each observed holiday. Time off for the observance of holidays will always be in accordance with Kaweah Health needs.

1. New Year's Day (January 1<sup>st</sup>)
2. President's Day (Third Monday in February)
3. Memorial Day (Last Monday in May)
4. Independence Day (July 4<sup>th</sup>)
5. Labor Day (First Monday in September)
6. Thanksgiving Day (Fourth Thursday in November)
7. Day after Thanksgiving Day (Friday following Thanksgiving)
8. Christmas Day (December 25<sup>th</sup>)
9. Personal Day

Business departments and/or non-patient care areas will typically be closed in observance of the noted holidays. Where this is the case, employees assigned to and working in these departments will be scheduled for a day off on the day the department is closed. Employees affected by department closures for holidays

should maintain an adequate number of hours within their PTO banks to ensure that time off is with pay.

In business departments and/or non-patient care areas, holidays, which fall on Saturday, will typically be observed on the Friday preceding the actual holiday and holidays, which fall on Sunday, will be observed on the Monday following the actual holiday.

Employees who work hours on some of these holidays may be eligible for holiday differential. For more information on eligibility, see policy HR.75 Differential Pay- Shift, Holiday, and Weekend.

*“Responsibility for the review and revision of this Policy is assigned to the Chief of Human Resources. In some cases, such as Employee Benefits Policies, Summary Plan Descriptions and Plan Documents prevail over a policy. In all cases, Kaweah Health will follow Federal and State Law, as applicable, as well as Regulatory requirements. Policies are subject to change as approved by the Governing Board and will be communicated as approved after each Board Meeting. It is the staff member’s responsibility to review and understand all Kaweah Health Policies and Procedures.”*