



REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
February 26, 2024 5:00 PM – 7:00 PM

Business Item	Person	Vote(s) Required	Page #
AGENDA & MINUTES <ul style="list-style-type: none"> Review and vote on acceptance of Meeting Agenda and the Minutes of January 29, 2025 	Leslie Bates	Vote	Page 1-4
HUMAN RESOURCES COMMITTEE REPORT <ul style="list-style-type: none"> Updates 	Renee Kaucnik		
MEDICAL TEAM REPORT <ul style="list-style-type: none"> Update on clinic operations 	Barbara Brittell		
DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT <ul style="list-style-type: none"> Updates grant, outreach, and Risk Compliance activities Vote on 2 policies and procedures Vote on credentialing Board Training: HRSA Compliance Manual Ch. 9 	Dawn McQuarrie	Vote(s)	Page 5-59
COMMUNICATIONS COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Susan Hamlin		
CEO REPORT <ul style="list-style-type: none"> Operations/Staffing Update 	Ara Chakrabarti		
CAPITAL CAMPAIGN COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Jim Nybakken		
FINANCE COMMITTEE REPORT <ul style="list-style-type: none"> Report on January Financials Vote on acceptance of the January Financials 	Drew McCalley	Vote	Page 60-74
MENDONOMA HEALTH ALLIANCE REPORT <ul style="list-style-type: none"> Update 	Janis Dolphin		
EXECUTIVE COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Leslie Bates		
PUBLIC COMMENT/SHOUT OUTS	Leslie Bates		

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties. Services are designed to meet identified needs of the communities served, are integrated with other existing health care services and systems and are evaluated on a regular basis to assure that community health needs are being met. As a non-profit corporation receiving public funds, RCMS provides services to qualifying individuals on a sliding fee scale as well as to patients with MediCal and MediCare coverage, private insurance or self pay status. RCMS plays a special role as the sole provider of medical care in the community and in responding to public health emergencies.



Redwood Coast Medical Services, Inc.
 Board of Directors Meeting – Zoom Online Meeting
Meeting Minutes of January 29, 2025

BOARD MEMBER	P	A/E	BOARD MEMBER	P	A/E	STAFF PRESENT	
Leslie Bates	X		Drew McCalley	X		Ara Chakrabarti	
Janis Dolphin	X		Jim Nybakken	X		Chris Behrens	
Susan Hamlin	X		Andrea Polk		X	Christie MacVitie	
Hall Kelley	X		Janet Sanchez		X	Dawn McQuarrie	
Kimberley Lakes	X		Laurie Voss	X		Karen Wilder	
Patricia Lynch	X		Harriet Wright	X			

Public Attendees: 0

CALL TO ORDER: Leslie Bates called the meeting to order at 5:00 pm.

APPROVAL OF AGENDA AND MINUTES: After review and additions to the agenda, Patricia Lynch moved to accept the agenda and the minutes of December 18, 2024

EMERGENCY PREPAREDNESS REPORT: Chris Behrens, Emergency Preparedness Coordinator

- Discussed the procedures in the event of visit from Homeland Security Officer.
- In discussion with County offices on correct procedures and safety measures for further guidance.
- Mitigating anxiety with patients and staff.
- CEO also discussed the impacts on the freeze of federal funds and potential impacts.

HUMAN RESOURCES COMMITTEE REPORT: Ara Chakrabarti, CEO for Renee Kaucnik, HR/Operations Manager

- New doctor is set to begin on February 10.
- Dr. Mark Kal may be coming back on a part-time basis.
- Discussed recent new hires.
- Continuing to work with several hiring agencies to post and recruit on open positions.
- Continuing to develop and implement staff training programs, including a new training program for Mas.
- January Anniversaries: Lon Transue, 2 years; Sona Weber, 2 years; Nora Messinger, 3 years; Alexandra Ramirez, 2 years

DEVELOPMENT, GRANTS, OUTREACH, AND RISK/COMPLIANCE REPORT: Dawn McQuarrie, Programs Manager

- Submitted all grants report on time and continuing to work on the annual UDS report.
- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse.
- Javier Chavez and Harm Wilkinson continue to assist our community members with outreach and enrollment.
- Surveys: Quarter 4, 2024 Urgent Care surveys are being processed.
- Continuing to streamline policy and procedures process.
- Discussed preparations for the HRSA on-site visit anticipated for this year.
- Discussed the updated policy for the Sliding Fee Discount Program under the 2025 Federal Poverty Guidelines.

On behalf of the Finance Committee, Dawn McQuarrie made the recommendation for the Board to accept the updated 2025 Sliding Fee Discount Program as presented. Seconded: Lynch. Vote: Unanimously accepted.



Board Training: Uniform Data Systems (UDS)

The UDS is a standardized data set and annual program requirement that is defined in Section 330 of the Public Health Service Act.

- **Health Center must have systems in place to:**
 - Collect and organize data related to the HRSA-approved scope of project
 - Report annually on patient characteristics, services provided, clinical processes and health outcomes, staffing, patients' use of services, and costs and revenues.
- **UDS data is also used to:**
 - Inform efforts to further expand access to care, address health disparities, improve quality of care, and reduce health care costs.
 - Document program effectiveness identifies administrative, clinical, and financial trends over time; and compare clinical quality measures (CQMs) with national benchmarks.

CEO REPORT: Ara Chakrabarti, CEO

- Updates:
 - Gave an overview of the facilities plan that was first presented in 2021.
 - Discussed the facility plan justification for 2025 and all the reasons why an extension is more feasible than purchasing a new building.

CAPITAL CAMPAIGN COMMITTEE REPORT: Jim Nybakken, Committee Chair

- The Architectural & Engineering Team is continuing to complete the 100% construction documents.
- Capital Campaign consultants have identified 20 key stakeholders and communications documents to being conversations comprised of 2/3 individuals and 1/3 private foundations.
- Planning: continuing to plan ways to develop 22 more new parking spaces. Looking at ways to partner with surrounding businesses and possibility of extending current lot towards the helipad.

On behalf of the Capital Campaign Committee, Ara Chakrabarti made the recommendation for the Board to accept the proposal to fund the completion of the construction documents, complete the feasibility study, and continue to work with the county and fund any permitting requirements to move the project forward.

Seconded: Lynch. Vote: Unanimously accepted.

FINANCE COMMITTEE REPORT: Drew McCalley, Board Treasurer

- Reviewed the Executive Summary for the month of December 2024.
- Bottom line was positive for the month due to the fundraising and 340b revenue for the month.
- Cash on hand continues to be strong and discussed situations where the cash reserve might be used.
- Visits in Primary Care continue to run below budget but new providers will help to get that back on track.
- Expenses continue to run below budget, which help to offset the shortfall in patient revenue.

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the December 2024 financials as presented. Seconded: Bates. Vote: Unanimously accepted.

COMMUNICATIONS COMMITTEE REPORT: Susan Hamlin, Committee Chair

- Continuing interviews for the staff newsletter and The Pulse
- Internal communications committee has been working on a initiative to empower Mas to play a bigger role in making sure patients vaccines are up to date.



MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- Annual audit has been completed with good results.
- New Board positions have been filled.
- New hires were introduced at the last MHA Board meeting.
- Mobile dental clinic in Fort Ross was a success seeing nearly 15 patients through the day. 32 children now enrolled in the program.
- Continuing to implement the Electronic Health record system.
- Mobile clinic is going out on the road – not as a clinic, but to provide regular outreach and preventative screening services.

EXECUTIVE COMMITTEE REPORT: Leslie Bates, Board Chair

- The Executive team will gather information from the staff on qualities for a new CEO and combine that information with the input from the board to begin searching for qualified candidates.

PUBLIC COMMENT/SHOUT OUTS:

- Susan Hamlin: Thank you, Ara Chakrabarti, for presenting the history of the building extension project.
- Jim Nybakken: Thank you to all the dental staff that provided care for him recently, their thoughtfulness and expertise really shows.
- Ara Chakrabarti: Thank you Chris Behrens for all the work to make the clinic safer and for picking up much of the work that Lynn used to do.

Meeting adjourned at 6:31 PM.

Karen Wilder, for Janis Dolphin, Board Secretary for the RCMS Board of Directors

Grants, Development, Outreach, and Compliance Report

February 2025 Activities

Grants/Funding

- State of California Statement of Information filed February 7
- UDS submitted February 12
- 340B Recertification submitted February 12
- CPCA Medi-Cal Navigators Project report submitted February 13
- DHCS Community Clinic Directed Payment (CCDP) application submitted February 14
- FTCA application opens February 27
- Looking at potential grants
- Attended meetings for all grants

Marketing

- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse
- We respond to all messages received via Facebook and website

Outreach and Enrollment

- Javier Chavez and Harm Wilkinson continue to assist our community members
- Community education is an ongoing activity

Surveys

Urgent Care surveys are sent weekly and compiled quarterly

Q1 CY25: in process

Q4 CY24: in process

Q3 CY24: 1,206 sent – 152 returned – 12.60% return rate – 95.63% satisfaction rate

Q2 CY24: 1,288 sent – 158 returned – 12.27% return rate – 95.19% satisfaction rate

Q1 CY24: 1,286 sent – 137 returned – 10.65% return rate – 94.15 % satisfaction rate

Compliance

- Q4 2024 Compliance-Risk Management Report
- 2024 Compliance-Risk Management Report
- Q4 2024 Risk Assessment
- Q4 2024 Risk Assessment Action Plan
- 2024 Risk Assessments
- Continuing to update and streamline PnPs
- Attending meeting and trainings

Risk/Safety

- A leak started in the waiting room. Dave Abdo and Kos Moelter are re-sealing where we hope the leak is coming from
- Continued cleaning of pine needles in parking lot area
- Placed caution cone on pothole in upper parking lot

Other/Policies and Procedures

- Public and Private Space

- QI-PI Work Plan 2025

- Karina Gaona, Dental Assistant
- Angie Lara, MA
- Zara Zoeller, MA

Board Training

Chapter 9: Sliding Fee Discount Program

We must:

- Have a sliding fee discount program that applies to all required and additional health services within our HRSA approved scope of project for which there are distinct fees.
- Have a board approved PnP for our sliding fee discount program
- For services provided directly by RCMS, our sliding fee discount program is structure consistently with our PnP
- Incorporate the most recent FPG
- Have an operating procedure for assessing/re-assessing patients for income and family sized consistent with our PnP
- Inform our patients of the availability of the sliding fee discount program

CY24 Q4 Compliance/Risk Management Activities

Compliance is a standing agenda items at the following meetings: Board of Directors, Performance Improvement Committee, Quality Improvement Committee, Leadership, and Provider Meetings.

Month	Activity	Remediation/Status
Compliance		
October	<p><u>Grants/Funding:</u></p> <p>HRSA ARP-C FFR submitted October 1 HRSA Annual Review-Jennifer Black – submitted October 2 CPCA Medi-Cal Navigator Program work plan submitted October 3 HRSA FTCA Remediation submitted October 8 HRSA ARP-C Re-budget submitted October 8 CPCA Medi-Cal Navigator Project report submitted October 14 PHMI IHI slide deck submitted October 17 HRSA ARP-C project questionnaire submitted October 18 HRSA FTCA deeming letter received October 22 CPCA Medi-Cal Navigator Project invoice submitted October 22 CPCA Medi-Cal Navigator Project backup documents submitted October 23 HRSA ARP-C FFR resubmitted October 24 CalFresh invoice submitted October 24 HRSA ARP-C re-budget submitted October 24 SAM registration submitted October 24 KP donation acknowledgement form submitted October 24 HRSA 2024 National Health Center Training and Technical Assistance Needs Assessment survey submitted October 24 HRSA EHB Annual Profile Review submitted October 25 HRSA NCC-BPR update submitted October 25 EPT Empanelment and Data Governance reports submitted October 31</p> <p><u>Training/Meetings:</u></p> <p>KnowBe4-Your Role: Internet Security and You training October 2 KnowBe4-Common Threats training October 2 HRSA UDS Clinical Tables Part 1: Screening and Preventive Care Measures training October 2</p>	

Month	Activity	Remediation/Status
	<p>RCMS Leadership check-in meeting October 8 Capital Campaign call with Elizabeth Ton October 8 Art is the Lobby meeting October 8 HRSA UDS Clinical Tables Part 2: Maternal Care and Children’s Health Measures training October 9 IHI Empanelment Presentation meeting October 9 RCMS Q3 + Q4 All Hands meeting October 10 RCMS PIC meeting October 10 EPT Pop Health Learning Modules: Data and IT Building Block trainings October 11 Capital Campaign meeting October 14 PHMI regional meeting October 15 Black & White Night meeting October 17 Capital Campaign meeting regarding Monday.com October 21 RCMS RM Plan CY2025 meeting October 21 PHMI Core Team meeting October 21 HRSA COVID Close-Out webinar October 22 Capital Campaign meeting October 22 HRSA UDS Clinical Tables Part 3: Chronic Disease Management Measures training October 23 PHMI Business Case meeting October 23 PHMI Pop Focus meeting October 24 HRSA UDS Reporting Financial and Operational Tables webinar October 29 CPCA EPT Learning Community-Redwood – Access webinar October 30 RCMS Board meeting October 30</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 3 – Needs Assessment</p>	<p>Presented to BoD October 30</p>
November	<p><u>Grants/Funding:</u> HRSA ARP-C FFR approved November 5 EPT Data Governance Policy and Procedure deliverable accepted November 5 HRSA ARP-C SAPR-Gualala submitted November 6</p>	

Month	Activity	Remediation/Status
	<p>CalFresh invoice updated November 6 HRSA ARP-C SAPR-EJC submitted November 12 CPCA Medi-Cal Navigator Project report submitted November 15 CDPH Gualala Facility license received November 19</p> <p><u>Training/Meetings:</u></p> <p>PHMI Senior Leadership call November 6 CPCA EPT Lilac Practice Track meeting November 6 RCMS Communications Committee meeting November 7 RCMS Leadership meeting November 12 HRSA Health Center Performance Improvement webinar November 14 PHMI Core Team meeting and HIT Utilization Review meeting November 14 RCMS Emergency Operations Plan meeting November 18 CalFresh Outreach Partners meeting November 19 PHMI Stakeholder meeting November 20 RCMS Board meeting November 20 IHI Forum trip finalized and presentation dry run November 21 RCMS QI meeting November 26</p> <p><u>Other:</u></p> <p><u>Board Training:</u></p> <p>Chapter 6 – Hours of Operation</p>	<p>Presented to BoD November 20</p>
December	<p><u>Grants/Funding:</u></p> <p>Community Foundation of Mendocino County Angel Fund report submitted December 2 Community Foundation of Mendocino County RCMS Disaster Trailer report submitted December 5 Kaiser Permanente IHI Forum 2024 sponsorship request submitted December 5 HRSA EHB annual review completed December 6 CPCA Medi-Cal Navigator Project report submitted December 13 HRSA ARP-C reports submitted December 13 (six reports total) HRSA EHB annual review completed December 31</p> <p><u>Training/Meetings:</u></p> <p>CPCA UDS Training-Part 1 December 4</p>	

Month	Activity	Remediation/Status
	PHMI Pop Focus meeting December 5 CPCA Q4 Compliance Officers Peer Network meeting December 5 CPCA UDS Training-Part 2 December 6 IHI Forum 2024 in Orlando FL December 9-11 RCMS PIC meeting December 12 RCMS Communications Committee meeting December 16 PHMI Pop Focus and PhmCAT meeting December 17 RCMS Capital Campaign meeting December 18 RCMS Board meeting December 18 RCMS/Mindful Living ECM call December 19 <u>Other:</u> <u>Board Training:</u> Chapter 10 – Quality Improvement/Assurance	Presented to BoD December 18
Credentialing		
October	None presented	
November	None presented	
December	Gail Alexander, RN Natalie Berg, ASW Jennifer Black, RN Hailey Caughey, MA Cathy Corzine, RN Jessie Ernisse, LVN Tonia Franci, RN Karlee Hopkins, RN Wanda Leong, DDS, Trina Santillan, Dental Assistant Holly Silva, MA Lowell Thomas, DDS Vicci Urizar, Dental Assistant	Presented and approved by BoD December 18
Environmental Safety		
October	<ul style="list-style-type: none"> The Great Shakeout was done on October 17 New Avive AED training was done with Madeline Perket, Renee Kaucnik, Chris Behrens, Marcus Mack-small group training was completed, training to happen with staff during provider day training 	

Month	Activity	Remediation/Status
	<ul style="list-style-type: none"> • Urgent Care ballast replaced for better lighting • Contacted Point Arena Medical Board about scheduling cleaning gutters prior to rainy season • Broken gutter at Point Arena Medical Center-Kos Moelter evaluated and determined to refer to Point Arena Medical Board • Weather stripping replaced in exterior bathroom at EJC • Medical tags outside of four exam rooms were upside down, fixed • An external generator maintenance vendor evaluated generator at Gualala Medical Center and determined the generator is in good operating order/ the outside shell needs repair 	
November	<ul style="list-style-type: none"> • A dead tree limb from neighboring property that was dangling over patient parking on hill was removed • Emergency Pull cord installed in bathroom at EJC • Restricted signs for the helipad area were installed • Gutter dis-lodged from main clinic and was dangling from upper level and represented a potential danger to our patients, staff, and property. The “STAR” (stop, think, act, review) system was used. STOP-Pause and focus on the task to be performed. Eliminate distractions. THINK-Verify the action is appropriate. ACT-perform the task. REVIEW-Verify that the anticipated result was obtained. By using this system it was determined to safest option was to cut the gutter from the exam room window on the second story. • PG&E came and installed a generator for RCMS, CLSD, SCFD, and Sea Watch during bomb cyclone and atmospheric river storm. This was a precautionary measure due to the fact that last year our generator failed during the storms. • A leak started in the waiting room. We are re-sealing where we hope the leak is coming from. 	
December	<ul style="list-style-type: none"> • A leak started in the waiting room. Dave Abdo and Kos Moelter are re-sealing where we hope the leak is coming from • Continued cleaning of pine needles in parking lot area • Placed caution cone on pothole in upper parking lot 	
Incident Reports/Complaints		
October	8 – Incident Reports	All presented to PIC October 10

Month	Activity	Remediation/Status
	Issue with LabDaq – closed Ear lavage resulted in perforated ear drum – closed Staff member fell in clinic – closed Quality control not processed for stock placed into circulation – closed Patient felt provider did not have time to address patient’s concerns – closed Unsterile swab used on wound – closed Lab reagents not removed in timely manner – closed Partial vaccination given – closed 4 – Complaints Patient felt front desk staff was rude – closed Translation services not used by Spanish speaking staff – closed (x3)	
November	None presented	
December	None presented	
Policies and Procedures		
October	Use of Animal Assisted Therapy	
November	None presented	
December	Data Governance Hours of Operation Risk Management Plan 2025	All presented and approved by BoD December 18
Quality and Process Improvement		
October	Metrics for: Partnership health plan 2024 Child and Adolescent Well Care Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Colorectal Cancer Screening Controlling High Blood Pressure Diabetes – HbA1C Good Control Diabetes – Retinal Eye Exam Immunization for Adolescents Well Child First 15 Months Lead Screening Children	Presented to PIC October 10

Month	Activity	Remediation/Status
November	None presented	
December	Metrics for: Partnership health plan 2024 Child and Adolescent Well Care Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Colorectal Cancer Screening Controlling High Blood Pressure Diabetes – HbA1C Good Control Diabetes – Retinal Eye Exam Immunization for Adolescents Well Child First 15 Months Lead Screening Children	Presented to PIC December 12
Volunteers		
October	No activity	
November	No activity	
December	No activity	

Board of Director Meetings 2024:

January	April 24	July 31	October 30
February 28	May 22	August 28	November 20
March 27	June 26	September 25	December 18

Performance Improvement Committee Meetings 2024:

February 8	April 11	June 13
August 8	October 10	December 12

CY24 Compliance/Risk Management Activities

Compliance is a standing agenda items at the following meetings: Board of Directors, Performance Improvement Committee, Quality Improvement Committee, Leadership, and Provider Meetings.

Month	Activity	Remediation/Status
Compliance		
January	<p><u>Grants/Funding:</u> SAM activated email received January 4 HRSA COVID-19 survey submitted January 8 HRSA NHCI-HTN SAPR submitted January 9 DHCS Equity and Practice Transformation awarded January 11 HRSA CADRE SAPR submitted January 16 HRSA NHCI-HTN survey submitted January 19 CalFresh FY24 Q2 Invoice submitted January 22 HRSA CADRE reports: Final Budget and Project Completion submitted January 26 Partnership reports: Measure 6: Health Equity Implementation; Appendix III: Submission for HEI; and Appendix VIII: Patient Experience Survey submitted January 30</p> <p><u>Other</u> Year-end letters sent to monthly donors January 11 CY23 Q4 Risk Assessments CY23 Risk Assessment Activities CY23 Q4 Risk Management Activities</p> <p><u>Trainings/Meetings:</u> Black and White meeting January 5 PHMI Core Team meeting January 8 PHMI Coach meeting January 8 RCMS Leadership meeting January 9 PHMI Care Team meeting January 10 RCMS Audit Status meeting January 12 HANC-NCCN QI Peer Network meeting January 12 MHA ECM meeting January 15 Black and White meeting January 16</p>	<p>Presented to BoD January 31 Presented to BoD January 31 Presented to BoD January 31</p>

Month	Activity	Remediation/Status
	<p>RCMS Capital Campaign meeting January 18 PHMI Core Team meeting January 19 DHCS PATH CITED Round 3 Office Hours January 22 PHMI LAN Peer Learning Kick-Off webinar January 23 PHMI Care Teams meeting January 23 DHCS PATH CITED Round 3 How to Improve your Application webinar January 23 ARP Capital Office Hours January 23 DHCS PATH CITED Round 3 Office Hours January 24 DHCS Medi-Cal Keep Your Community Covered webinar January 25 RCMS QI meeting January 25 RCMS Board Meeting January 31</p> <p><u>Board Training:</u> Chapter 6: Accessible Locations and Hours of Operation</p>	<p>Presented to BoD January 31</p>
February	<p><u>Grants/Funding:</u> HRSA COVID-19 survey submitted February 5 HRSA UDS submitted February 8 HRSA CADRE SAPR 23 change request submitted February 13 PATH CITED Round 3 grant application submitted February 14 FFR for CADRE submitted February 21 FFR for ARP-Capital submitted February 21 FFR for ECV submitted February 22 HRSA ECV Extension Without Funds request submitted February 23 PHMI DUA signed and submitted February 23 BPHC contact form submitted February 23 - #01568973 Covered CA documents uploaded and submitted February 28 HRSA NHCI SAPR resubmitted February 28</p> <p><u>Trainings/Meetings:</u> HANC-NCCN CalAIM-Stanford ECM meeting with West County webinar February 6 PHMI Conference Planning meeting February 8 RCMS PIC meeting February 8 PHMI Care Team meeting February 12 RCMS Team Leads check-in February 13</p>	

Month	Activity	Remediation/Status
	<p>CPCA Medi-Cal Navigator Project Training Full Functionality February 13 PHMI Care Teams meeting February 15 DHCS EPT PDPP webinar February 15 CalFresh Outreach Partner meeting February 20 CPCA Medi-Cal Navigator Project quarterly subcontractors meeting February 21 ARHC Lead Program webinar February 22 Partnership PMEDS webinar February 22 CPCA Medi-Cal Navigator Project webinar February 23 PHMI Care Team meeting February 26 Exact Sciences FOCUS Program webinar and application process February 27 CFO grant drawdown meeting February 27 RCMS Board meeting February 28 RCMS All Hands meeting February 29 CPCA Medi-Cal Navigator Project webinar February 29</p> <p><u>Other:</u> <u>Board Training:</u> Uniform Data System (UDS)</p>	Presented to BoD February 28
March	<p><u>Grants/Funding:</u> HRSA UDS updates submitted March 1 HRSA COVID-19 survey submitted March 4 FFR for ECV submitted March 7 HRSA CADRE resubmission submitted March 8 CalFresh RFP submitted March 12 CPCA Medi-Cal Navigator Report submitted March 15 California State Board of Pharmacy response submitted March 15 Exact Sciences colorectal cancer screening uptake RFP response submitted March 21 FFR for ECV submitted March 28</p> <p><u>Training/Meetings:</u> CPCA Medi-Cal Navigator Office Hours webinar March 1 FTCA Deeming Application Clinic-Day 1 webinar March 6 PHMI Qualitative Evaluation Activities meeting March 7</p>	

Month	Activity	Remediation/Status
	<p>RCMS Capital Campaign meeting March 7 PHMI Care Teams meeting March 11 RCMS Team Leads check-in meeting March 12 PHMI Business Case meeting March 12 CPCA Medi-Cal Navigator Office Hours webinar March 12 EPT PhmCat Overview meeting March 13 CPCA Compliance Officers Peer Network webinar March 13 CalFresh Contractors meeting March 14 FTCA Deeming Application Clinic-Day 2 webinar March 20 PHMI Care Teams meeting March 25 PHMI Core Team meeting March 25 FTCA Deeming Application Clinic-Day 3 webinar March 27 RCMS Board meeting March 27 RCMS QI meeting March 28</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 7: Coverage for Medical Emergencies During and After Hours</p>	Presented to BoD March 27
April	<p><u>Grants/Funding:</u> HRSA CADRE report 00277484 resubmitted April 3 HRSA CADRE report 00277485 resubmitted April 3 HRSA ECV FFR resubmitted April 3 CalFresh awarded April 4 HRSA CADRE report 00277483 resubmitted April 5 HRSA COVID-19 survey submitted April 8 Partnership Provider Retention application submitted April 8 CPCA Medi-Cal Navigator report submitted April 11 HRSA ECV Extension Without Funds request resubmitted April 12 CPCA Medi-Cal Navigator invoice submitted April 15 CDPH Facility License renewals for PA Medical and Dental submitted April 15 CDPH Medical Waste registration for PA Dental submitted April 17 CalFresh invoice submitted April 19 CPCA Medi-Cal Navigator invoice updated April 19 HRSA ECV Extension Without Funds request resubmitted April 22</p>	

Month	Activity	Remediation/Status
	<p>Partnership Provider Retention LOI submitted April 26 HRSA CADRE report 00277485 resubmitted April 26 HRSA EHB Organizational Annual Review submitted April 26</p> <p><u>Training/Meetings:</u></p> <p>DHCS ECM meeting with Mindful Living Centers April 2 PHMI Care Teams meeting April 8 DHCS EPT Activity Attestation webinar April 8 RCMS Leadership Team meeting April 9 HRSA FTCA Deeming Application Clinic-Day 4 April 9 PHMI Care Teams meeting April 10 RCMS Capital Campaign meeting April 11 RCMS PIC meeting April 11 DHCS ECM Reporting Training April 15 PHMI Core Team meeting April 15 HRSA Connecting the Dots: Care Coordination to Reduce Risk Day 1 webinar April 16 PHMI Care Teams meeting April 22 HRSA Connecting the Dots: Care Coordination to Reduce Risk Day 2 webinar April 23 RCMS/MCHC Grant meeting April 24 RCMS Board meeting April 24 DHCS ECM-Mindful Living Outreach meeting April 25 PHMI Conference Opportunities meeting April 29</p> <p><u>Other:</u></p> <p><u>Board Training:</u></p> <p>Chapter 18: Program Monitoring and Data Reporting Systems</p>	<p>Presented to BoD April 24</p>
May	<p><u>Grants/Funding:</u></p> <p>HRSA ARP-Capital Semi-Annual Progress report submitted May 6 HRSA COVID-19 survey submitted May 6 CPCA Medi-Cal Health Navigators update submitted May 7 CPCA Medi-Cal Health Navigators update re-submitted May 8 HRSA ECV Extension Without Funds request resubmitted May 13 CPCA Medi-Cal Health Navigators report and email submitted May 15 HRSA ECV Extension Without Funds request canceled May 16</p>	

Month	Activity	Remediation/Status
	<p>HRSA FY24 Behavioral Health Services grant submitted in grants.gov May 23</p> <p>HRSA FY24 Behavioral Health Services grant approved by grants.gov May 23</p> <p>CPCA Medi-Cal Health Navigators project termination notice received May 28</p> <p>HRSA NHCI-HTN final expenditure report submitted May 29</p> <p>HRSA FY24 Behavioral Health Services grant validated in EHB May 28</p> <p><u>Training/Meetings:</u></p> <p>ECM Portal/Tar Training May 1</p> <p>PHMI Care Teams meeting May 6</p> <p>DHCS Health Navigators Project stakeholder meeting May 6</p> <p>HRSA GeoCare Navigator Training May 7</p> <p>PHMI Unlocking the Potential of Care Teams: Lessons Learned May 7</p> <p>ECM RCMS/MFLC meeting May 8</p> <p>UDSA representative meeting May 8</p> <p>RCMS Capital Campaign meeting May 10</p> <p>CalFresh Outreach Partners meeting May 14</p> <p>ECM Claims Billing training May 14</p> <p>HRSA Healthy Grants Workshop May 15</p> <p>ECM Meeting May 21</p> <p>HRSA Health Center Scope of Project – Form 5A: Services Webinar May 22</p> <p>RCMS Board meeting May 22</p> <p>RCMS QI meeting May 23</p> <p>RCMS Capital Campaign meeting May 24</p> <p>RCMS Grant meeting May 29</p> <p>RCMS All Hands meeting May 30</p> <p>ARCH LeAD Leadership meeting May 30</p> <p>RCMS Grant Workbook meeting May 30</p> <p>RCMS Capital Campaign meeting May 30</p> <p><u>Other:</u></p> <p><u>Board Training:</u></p> <p>Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements</p>	<p>Presented to BoD May 22</p>

Month	Activity	Remediation/Status
June	<p><u>Grants/Funding:</u></p> <p>HRSA NHCI-HC SF424-A resubmitted June 6 HRSA QI NoA received June 7 CPCA Medi-Cal Navigator Project invoice submitted June 7 CPCA Medi-Cal Health Navigators update submitted June 7 HRSA COVID-19 survey submitted June 10 HRSA EHB Organizational Annual Review submitted June 13 HRSA Bridge Access Program semi-annual progress report submitted June 17 HANC-NCCN Social Determinants of Health CBO Partnership survey submitted June 19 HRSA FY 2024 Behavioral Health Services Expansion grant submitted June 20 HRSA CADRE SF424-C submitted June 20 HRSA Expanded Hours grant submitted and approved in grants.gov June 21 HRSA FTCA application submitted June 21 HRSA Grantee Satisfaction survey submitted June 24 HRSA NHCI-HC annual expenditure report resubmitted June 26</p> <p><u>Training/Meetings:</u></p> <p>PHMI Care Team meeting June 3 EPT-Understanding your PhmCAT Report webinar June 4 ECM RCMS/MFLC check-in June 5 CPCA Compliance Officers Peer Network meeting June 6 RCMS Capital Campaign meeting June 7 RCMS Leadership check-in USDA DLT Listening session June 11 ECM RCMS/MFLC check-in June 12 HRSA New Access Points (NAP) webinar June 13 PHMI Care Teams meeting June 17 PHMI Core Team meeting June 17 ECM RCMS/MFLC check-in June 19 CPCA Q2 Outreach and Enrollment meeting June 19 PHMI BH discussion June 20</p>	

Month	Activity	Remediation/Status
	<p>CPCA Legislative and Regulatory Committee meeting June 20 ECM RCMS/MFLC check-in June 26 RCMS Employee Survey results meeting June 26 RCMS Board meeting June 26 CPCA Change Management and Leadership Systems for Lasting Change webinar June 27</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 13: Conflict of Interest Chapter 17: Budget</p>	<p>Presented to BoD June 26 Presented to BoD June 26</p>
July	<p><u>Grants/Funding:</u> HRSA CADRE SAPR1-24 submitted July 2 PHMI HIT Assessment survey submitted July 3 HRSA FTCA application submitted July 5 HRSA 330 FFR submitted July 5 HRSA COVID-19 survey submitted July 5 CPCA Medi-Cal Navigator Project response submitted July 5 HRSA NCHI-NTN extension request submitted July 17 HRSA Expanded Hours grant application submitted July 24</p> <p><u>Training/Meetings:</u> PHMI Care Teams meeting July 1 RCMS/MFLC ECM check-in July 3 PHMI Care Teams meeting July 15 RCMS/MFLC ECM check-in July 17 PHMI Core Team meeting July 18 DeVos Institute Capital Campaign meeting July 25 Population Health Management Learning Center EPT meeting July 25 HRSA ARP-C meeting July 30 RCMS QI meeting July 30 RCMS Board meeting July 31</p> <p><u>Other:</u> CY24 Q2 Compliance/Risk Management Activities</p> <p><u>Board Training:</u> Chapter 19 – Board Authority</p>	<p>Presented to BoD July 31 Presented to BoD July 31</p>

Month	Activity	Remediation/Status
	Chapter 20 – Board Composition	Presented to BoD July 31
August	<p><u>Grants/Funding:</u></p> <ul style="list-style-type: none"> HRSA 330 FFR re-submitted August 1 CDPH Medical Waste – 2nd follow-up August 1 HRSA NHCI-HC extension request submitted August 1 HRSA COVID-19 survey submitted August 2 HRSA ECV FFR certified August 2 PHMI IHI disclosure form submitted August 9 Capital Campaign materials uploaded August 9 Pharmacy license hold released August 12 HRSA Bridge Funding SAPR re-submitted August 14 CDPH Medical Waste – 3rd follow-up August 14 CPCA Medi-Cal Navigator Project report submitted August 15 HRSA ARP-C change request submitted August 15 EPT questionnaire submitted August 16 PHMI Progress Report submitted August 21 HRSA FTCA remediation submitted August 22 ECM Capacity survey submitted August 23 HRSA ARP-C re-budget submitted August 23 CPCA Medical Waste 4th follow-up August 26 PHMI Progress Reports submitted August 29 HRSA 330 FFR updated and re-submitted August 29 <p><u>Training/Meetings:</u></p> <ul style="list-style-type: none"> AHRQ Technical Assistance webinar FRA-HS-24-003 August 1 EPT Office Hours with DHCS August 8 RCMS PIC meeting August 8 EPT Technical Assistance Kick-Off August 12 RCMS Team Leads check-in August 13 RCMS/MFLC check-in August 14 HRSA UDS Office Hours: Using Data/Reports for QI August 14 RCMS Provider meeting/ECM August 15 Capital Campaign call August 19 PHMI Core Team meeting August 19 PHMI meeting with Christie MacVitie August 20 	

Month	Activity	Remediation/Status
	<p>RCMS/MFLC check-in August 21 HealthStream Preventing Sexual Harassment for Managers, California August 22 KnowBe4 Cyber-Security Awareness Training 2024 August 23 PHMI Care Team meeting August 26 MFLC ECM on-site tour August 27 RCMS/MFLC check-in August 28 CPCA Medi-Cal Navigator Project Azara limited-functionality ACC training August 28 RCMS Board meeting August 28 RCMS Communication Committee meeting August 29 RCMS/MFLC ECM meeting with Afsoon Foorohar and Barb Brittell August 29 Katherine Willems letter printed August 29</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 4: Required and Additional Health Services</p>	Presented to BoD August 28
September	<p><u>Grants/Funding:</u> HRSA ARP-Capital questionnaire submitted September 3 HRSA EHB annual review submitted September 3 Capital Campaign information uploaded September 3 HRSA Bridge Access Program SAPR resubmitted September 4 HRSA COVID-19 survey submitted September 6 Capital Campaign additional information uploaded September 9 HRSA 330 NCC-BPR submitted September 10 HRSA 330 FFR resubmitted September 10 HRSA 330 FFR approved September 12 CPCA Medi-Cal Navigator Project report submitted September 13 HRSA ARP-Capital rebudget update submitted September 16 HANC/NCCN Senior Care survey submitted September 16 HRSA ARP-Capital EWF submitted September 16 HRSA ARP-Capital EWF letter submitted September 17 HRSA Bridge Access Program relinquishment prior approval submitted September 17</p>	

Month	Activity	Remediation/Status
	<p>KP-IHI Forum donation request submitted September 17 PHMI Wire Transfer Form signed September 17 KP IHI Forum donation request updates submitted September 25 HRSA ARP-Capital EWF approval NoA received September 26 HRSA QI-UDS+ drawdown processed September 27 HRSA Bridge Access Program relinquishment NoA received September 30</p> <p><u>Training/Meetings:</u> RCMS/MFLC check-in September 4 Capital Campaign call September 5 Black & White Night 2025 kick-off meeting September 5 ECRI FTCA Risk Management Virtual Conference September 10 Art in the Lobbies meeting September 11 PHMI Care Teams meeting September 12 Communications Committee meeting September 25 RCMS/MFLC check-in September 25 RCMS Board meeting September 25 PHMI Care Teams meeting September 26 RCMS QI meeting September 26 PHMI Core Team meeting September 26 Capital Campaign call September 27 EPT Lilac Practice Track meeting September 30</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 11 – Key Management Staff</p>	<p>Presented to BoD September 25</p>
October	<p><u>Grants/Funding:</u> HRSA ARP-C FFR submitted October 1 HRSA Annual Review-Jennifer Black – submitted October 2 CPCA Medi-Cal Navigator Program work plan submitted October 3 HRSA FTCA Remediation submitted October 8 HRSA ARP-C Re-budget submitted October 8 CPCA Medi-Cal Navigator Project report submitted October 14 PHMI IHI slide deck submitted October 17 HRSA ARP-C project questionnaire submitted October 18 HRSA FTCA deeming letter received October 22</p>	

Month	Activity	Remediation/Status
	<p>CPCA Medi-Cal Navigator Project invoice submitted October 22</p> <p>CPCA Medi-Cal Navigator Project backup documents submitted October 23</p> <p>HRSA ARP-C FFR resubmitted October 24</p> <p>CalFresh invoice submitted October 24</p> <p>HRSA ARP-C re-budget submitted October 24</p> <p>SAM registration submitted October 24</p> <p>KP donation acknowledgement form submitted October 24</p> <p>HRSA 2024 National Health Center Training and Technical Assistance Needs Assessment survey submitted October 24</p> <p>HRSA EHB Annual Profile Review submitted October 25</p> <p>HRSA NCC-BPR update submitted October 25</p> <p>EPT Empanelment and Data Governance reports submitted October 31</p> <p><u>Training/Meetings:</u></p> <p>KnowBe4-Your Role: Internet Security and You training October 2</p> <p>KnowBe4-Common Threats training October 2</p> <p>HRSA UDS Clinical Tables Part 1: Screening and Preventive Care Measures training October 2</p> <p>RCMS Leadership check-in meeting October 8</p> <p>Capital Campaign call with Elizabeth Ton October 8</p> <p>Art is the Lobby meeting October 8</p> <p>HRSA UDS Clinical Tables Part 2: Maternal Care and Children’s Health Measures training October 9</p> <p>IHI Empanelment Presentation meeting October 9</p> <p>RCMS Q3 + Q4 All Hands meeting October 10</p> <p>RCMS PIC meeting October 10</p> <p>EPT Pop Health Learning Modules: Data and IT Building Block trainings October 11</p> <p>Capital Campaign meeting October 14</p> <p>PHMI regional meeting October 15</p> <p>Black & White Night meeting October 17</p> <p>Capital Campaign meeting regarding Monday.com October 21</p> <p>RCMS RM Plan CY2025 meeting October 21</p> <p>PHMI Core Team meeting October 21</p>	

Month	Activity	Remediation/Status
	<p>HRSA COVID Close-Out webinar October 22 Capital Campaign meeting October 22 HRSA UDS Clinical Tables Part 3: Chronic Disease Management Measures training October 23 PHMI Business Case meeting October 23 PHMI Pop Focus meeting October 24 HRSA UDS Reporting Financial and Operational Tables webinar October 29 CPCA EPT Learning Community-Redwood – Access webinar October 30 RCMS Board meeting October 30</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 3 – Needs Assessment</p>	Presented to BoD October 30
November	<p><u>Grants/Funding:</u> HRSA ARP-C FFR approved November 5 EPT Data Governance Policy and Procedure deliverable accepted November 5 HRSA ARP-C SAPR-Gualala submitted November 6 CalFresh invoice updated November 6 HRSA ARP-C SAPR-EJC submitted November 12 CPCA Medi-Cal Navigator Project report submitted November 15 CDPH Gualala Facility license received November 19</p> <p><u>Training/Meetings:</u> PHMI Senior Leadership call November 6 CPCA EPT Lilac Practice Track meeting November 6 RCMS Communications Committee meeting November 7 RCMS Leadership meeting November 12 HRSA Health Center Performance Improvement webinar November 14 PHMI Core Team meeting and HIT Utilization Review meeting November 14 RCMS Emergency Operations Plan meeting November 18 CalFresh Outreach Partners meeting November 19 PHMI Stakeholder meeting November 20 RCMS Board meeting November 20</p>	

Month	Activity	Remediation/Status
	<p>IHI Forum trip finalized and presentation dry run November 21 RCMS QI meeting November 26</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 6 – Hours of Operation</p>	Presented to BoD November 20
December	<p><u>Grants/Funding:</u> Community Foundation of Mendocino County Angel Fund report submitted December 2 Community Foundation of Mendocino County RCMS Disaster Trailer report submitted December 5 Kaiser Permanente IHI Forum 2024 sponsorship request submitted December 5 HRSA EHB annual review completed December 6 CPCA Medi-Cal Navigator Project report submitted December 13 HRSA ARP-C reports submitted December 13 (six reports total) HRSA EHB annual review completed December 31</p> <p><u>Training/Meetings:</u> CPCA UDS Training-Part 1 December 4 PHMI Pop Focus meeting December 5 CPCA Q4 Compliance Officers Peer Network meeting December 5 CPCA UDS Training-Part 2 December 6 IHI Forum 2024 in Orlando FL December 9-11 RCMS PIC meeting December 12 RCMS Communications Committee meeting December 16 PHMI Pop Focus and PhmCAT meeting December 17 RCMS Capital Campaign meeting December 18 RCMS Board meeting December 18 RCMS/Mindful Living ECM call December 19</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 10 – Quality Improvement/Assurance</p>	Presented to BoD December 18
Credentialing		
January	None presented	
February	Chris Eichele, MA	Presented and approved by BoD February 28

Month	Activity	Remediation/Status
	Ivan Gustafson, MA Holly Hamm, FNP Michelle Kilday, MA	
March	None presented	
April	Kalev Golubjatnikov, FNP Amanda Chase, X-Ray Teresa Heinzelman, X-Ray Nora Messinger, RN Jun Hamilton, LVN	Presented and approved by BoD April 24
May	None presented	
June	Patricia Grabow, RN	Presented and approved by BoD June 26
July	None presented	
August	Barb Brittell, PA-C Richard Henrikson, RN Vicci Marcotte, RN Katherine Willems, FNP	Presented and approved by BoD August 28
September	None presented	
October	None presented	
November	None presented	
December	Gail Alexander, RN Natalie Berg, ASW Jennifer Black, RN Hailey Caughey, MA Cathy Corzine, RN Jessie Ernisse, LVN Tonia Franci, RN Karlee Hopkins, RN Wanda Leong, DDS, Trina Santillan, Dental Assistant Holly Silva, MA Lowell Thomas, DDS Vicci Urizar, Dental Assistant	Presented and approved by BoD December 18
Environmental Safety		
January	<ul style="list-style-type: none"> Active shooter training sent for Point Arena Med/Dental 	

Month	Activity	Remediation/Status
	<ul style="list-style-type: none"> • Communicated to A’Kesh regarding county trailer • Employee only signs to be installed at Gualala clinic admin entry door as well as timecard door. Employee only signs to be installed at Point Arena patient entry doors 	
February	<ul style="list-style-type: none"> • Active shooter drill for Point Arena Med/Dental • Employee signs installed at facilities • Need to purchase new walkie talkies for front desk/providers • Installed emergency flashlights at EJC and Sea Watch • Posted Overheads of facility shut-offs • Had Kos pick up from off-site storage face masks for medical staff • Painted steps to upper parking lot 	<ul style="list-style-type: none"> • Need training for over head facility shut offs
March	<ul style="list-style-type: none"> • Trenched soil by patient parking lot so water would not run toward patient’s cars/slippy • Placed carpet at bottom of stairs at upper parking lot/mossy/slippy • One-way sign was installed at Gualala clinic delivery parking lot • Main water shut off sign(aluminum) was installed • AED was moved from EJC bathroom to EJC lobby • Adjusted half door at top of stairs to shut better • Trained Providers on Evacuations • Replaced floor vent by reception 	
April	<ul style="list-style-type: none"> • Installed 2 Ring cameras • Started inventory on disaster trailer/cleaned and organized • New main entrance signs purchased • Trained administration and billing on evacuations • Installed new A/C vent in lab • Kos bought new rubber mat for bottom of parking lot stairs • Contacted County about trailer-no response • County trailer to be inspected on April 18 • Kos re-installed outlet near exam room 7 • Installed new main entrance signs at Gualala clinic • Install no weapons signs at all clinics • Starting to map out EJC evacuation plan 	
May	<ul style="list-style-type: none"> • Installed drains at the top and bottom of stairs to upper parking lot 	

Month	Activity	Remediation/Status
	<ul style="list-style-type: none"> • Brought up windows being left opened in exam rooms at huddle • Fire drill done at Gualala facility on May 16 • Replace battery in thermostat • Tighten screws on shelving in Tom Bertolli's office • County reached out regarding disaster trailer. County will be hauling away and replacing with two smaller trailers. Barb Brittell is working on wish list for medical supplies. 	
June	<ul style="list-style-type: none"> • Fixed pot hole at top of upper parking lot at Gualala clinic • Exam room 5 is fully operational-replaced door knob, installed phone • Ordered sit down provider desks for two exam rooms • Fire training done at Point Arena Dental and Medical clinics • Active shooter drill done at Point Arena Dental clinic • Sharp staples under desk in Urgent Care nurse's hub removed • Fire extinguishers were checked in Deer Trail, light bulb in upper bathroom was replaced • Installed emergency pull cord system in Gualala clinic bathrooms • Added more asphalt to pot hole area at tope of upper parking lot at Gualala clinic 	
July	<ul style="list-style-type: none"> • Installed Wyze camera by front door of Point Arena Dental • Installed emergency pull cord system in Point Arena Medical bathroom • Phoenix Fire Defense serviced all fire extinguishers in each facility • Sent out Active Shooter Training email with video and test • Ordered SAT phone for Point Arena • Ordered new walkie talkies • Hung fire extinguisher in Suite D at EJC • Sit down provider desks were installed in two exam rooms • Working on procedure for satellite phones 	
August	<ul style="list-style-type: none"> • Installed two Emergency pull cord system in remaining bathrooms in Point Arena • Installed smoke detector in Point Arena Dental • Installed new handicap sign at front entrance of Gualala clinic • Removed old 24 hour surveillance stickers at Gualala clinic and replaced with new stickers 	

Month	Activity	Remediation/Status
	<ul style="list-style-type: none"> • Tree limb hanging on next door property is snapped and needs to be addressed, in case of high wind it has potential to hit patients car • Purchased Ring camera with solar panel for upper parking lot • Started painting heliport • Repaired cabinet door in Point Arena Medical 	
September	<ul style="list-style-type: none"> • Re-painting heliport • Start painting lines for handicap and UC parking area • New AEDs were donated and will arrive soon – training to be scheduled • Cleaned dryer vents at both Robinson Reef and Deer Trail houses • Had evacuation/fire drill in Point Arena Dental • Bench and chair blocking ingress and egress in conference room moved in Point Arena Dental • Purchased smaller Dewar for Gualala Clinic • Researching a dispenser for the large Dewar to ensure contents (liquid nitrogen) can safely be transferred from large Dewar into smaller applicator for dermatology purposes • Replaced light on ramp to heliport • Purchased push/battery operating lights for outside of all doors for evacuation. Once lights are pressed outside of doors it shows that the room is cleared. 	
October	<ul style="list-style-type: none"> • The Great Shakeout was done on October 17 • New Avive AED training was done with Madeline Perket, Renee Kaucnik, Chris Behrens, Marcus Mack-small group training was completed, training to happen with staff during provider day training • Urgent Care ballast replaced for better lighting • Contacted Point Arena Medical Board about scheduling cleaning gutters prior to rainy season • Broken gutter at Point Arena Medical Center-Kos Moelter evaluated and determined to refer to Point Arena Medical Board • Weather stripping replaced in exterior bathroom at EJC • Medical tags outside of four exam rooms were upside down, fixed 	

Month	Activity	Remediation/Status
	<ul style="list-style-type: none"> An external generator maintenance vendor evaluated generator at Gualala Medical Center and determined the generator is in good operating order/ the outside shell needs repair 	
November	<ul style="list-style-type: none"> A dead tree limb from neighboring property that was dangling over patient parking on hill was removed Emergency Pull cord installed in bathroom at EJC Restricted signs for the helipad area were installed Gutter dis-lodged from main clinic and was dangling from upper level and represented a potential danger to our patients, staff, and property. The "STAR" (stop, think, act, review) system was used. STOP-Pause and focus on the task to be performed. Eliminate distractions. THINK-Verify the action is appropriate. ACT-perform the task. REVIEW-Verify that the anticipated result was obtained. By using this system it was determined to safest option was to cut the gutter from the exam room window on the second story. PG&E came and installed a generator for RCMS, CLSD, SCFD, and Sea Watch during bomb cyclone and atmospheric river storm. This was a precautionary measure due to the fact that last year our generator failed during the storms. A leak started in the waiting room. We are re-sealing where we hope the leak is coming from. 	
December	<ul style="list-style-type: none"> A leak started in the waiting room. Dave Abdo and Kos Moelter are re-sealing where we hope the leak is coming from Continued cleaning of pine needles in parking lot area Placed caution cone on pothole in upper parking lot 	
Incident Reports/Complaints		
January	None presented	
February	9 – incident reports Patient misdiagnosed in UC and PC – closed Patient fell entering UC from back door – closed Diabetes medication, no returned calls – closed Inadequate labeling on specimen tube – closed Wrong strep screens used-box labeled "do not use"-was used – closed	Presented to PIC February 8

Month	Activity	Remediation/Status
	<p>Sexual harassment-patient often says inappropriate things to female staff – closed</p> <p>Wrong patient and specimen on label for 4plex – closed</p> <p>Car accelerated while parking, went through rail and hit building – closed</p> <p>Patient received two flu vaccines in same week – closed</p> <p>9 – complaints all closed</p>	Presented to PIC February 8
March	None presented	
April	<p>4 – Incident Reports</p> <p>Staff performed CBC tests on a patient blood sample without proper training - closed</p> <p>Wrong urine culture/improperly labeled urine culture sent to Quest - closed</p> <p>Staff injured finger placing used needle in sharps container - closed</p> <p>No communication to patient regarding change in appointment - closed</p> <p>5 – Complaints</p> <p>Patient dissatisfied with UC wait time - closed</p> <p>Patient is uncomfortable with one of our MAs - closed</p> <p>Patient dissatisfied with BH provider - closed</p> <p>Patient was hung on by provider - closed</p> <p>Patient was told we are unable to use X-ray – closed</p>	All presented to PIC April 11
May	None presented	
June	<p>9 – Incident Reports/Complaints</p> <p>Patient administered MMRV vs Viracella - closed</p> <p>Genoa Pharmacy-medication refill issue - closed</p> <p>Spouse of patient upset due to interaction with Front Desk - closed</p> <p>Patient upset with PCP attention to detail and staff inability to call them back - closed</p> <p>Patient requested a specific form from Front Desk, request not fulfilled - closed</p> <p>Patient upset phones calls not getting returned - closed</p> <p>Provider switched, specimen not resulted - closed</p> <p>Incorrect handling of lab results entered - closed</p> <p>Family was upset with how BH concern was handled - closed</p>	All presented to PIC June 13
July	None presented	

Month	Activity	Remediation/Status
August	5 – Incident Reports Issue with LabDaq – closed Miscommunication regarding appointment – closed Near miss – lab result almost posted in incorrect chart – closed New medication issue – closed Patient uncomfortable with provider – closed	All presented to PIC August 8
September	None presented	
October	8 – Incident Reports Issue with LabDaq – closed Ear lavage resulted in perforated ear drum – closed Staff member fell in clinic – closed Quality control not processed for stock placed into circulation – closed Patient felt provider did not have time to address patient’s concerns – closed Unsterile swab used on wound – closed Lab reagents not removed in timely manner – closed Partial vaccination given – closed 4 – Complaints Patient felt front desk staff was rude – closed Translation services not used by Spanish speaking staff – closed (x3)	All presented to PIC October 10
November	None presented	
December	None presented	
Policies and Procedures		
January	Sliding Fee Discount Program	Presented to and approved by BoD January 31
February	Data Validation Emergency Codes Empanelment Uses and Disclosures of PHI QI-PI Work Plan 2024	All presented and approved by BoD February 28
March	None presented	
April	Business Associate Agreement Claims Management Code of Conduct	All presented and approved by BoD April 24

Month	Activity	Remediation/Status
	Conflict of Interest-Board of Directors Continuity of Care Facsimile of Protected Health Information Infection Control Internal Incident Reporting Occupational Exposures to Infections Substances, Including Needle Sticks Patient Grievance	
May	None presented	
June	Developing and Implementing Policies and Procedures Dispensary Services Scope of Service Empanelment Injury and Illness Prevention Program Reporting Instances of Non-Compliance Responding to Detected Offenses and Developing Appropriate Corrective Actions Subpoena Response Whistleblower Workplace violence	All presented and approved by BoD June 26
July	None presented	
August	None presented	
September	None presented	
October	Use of Animal Assisted Therapy	
November	None presented	
December	Data Governance Hours of Operation Risk Management Plan 2025	All presented and approved by BoD December 18
Quality and Process Improvement		
January	None presented	
February	Metrics for: Cervical cancer screening Depression screening Colorectal cancer screening Hypertension Diabetes – HgA1c less than 0	Presented to PIC February 8

Month	Activity	Remediation/Status
	Diabetes – HgA1c within 6 months No show Third next available appointment Partnership health plan 2023 340B recertification	
March	None presented	
April	Metrics for: Partnership health plan 2024 Child and Adolescent Well Care Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Colorectal Cancer Screening Controlling High Blood Pressure Diabetes – HbA1C Good Control Diabetes – Retinal Eye Exam Immunization for Adolescents Well Child First 15 Months Lead Screening Children	Presented to PIC April 11
May	None presented	
June	Metrics for: Partnership health plan 2024 Child and Adolescent Well Care Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Colorectal Cancer Screening Controlling High Blood Pressure Diabetes – HbA1C Good Control Diabetes – Retinal Eye Exam Immunization for Adolescents Well Child First 15 Months Lead Screening Children	Presented to PIC June 13
July	None presented	

Month	Activity	Remediation/Status
August	None presented	
September	None presented	
October	Metrics for: Partnership health plan 2024 Child and Adolescent Well Care Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Colorectal Cancer Screening Controlling High Blood Pressure Diabetes – HbA1C Good Control Diabetes – Retinal Eye Exam Immunization for Adolescents Well Child First 15 Months Lead Screening Children	Presented to PIC October 10
November	None presented	
December	Metrics for: Partnership health plan 2024 Child and Adolescent Well Care Breast Cancer Screening Cervical Cancer Screening Childhood Immunization Status Colorectal Cancer Screening Controlling High Blood Pressure Diabetes – HbA1C Good Control Diabetes – Retinal Eye Exam Immunization for Adolescents Well Child First 15 Months Lead Screening Children	Presented to PIC December 12
Volunteers		
January	No activity	
February	No activity	
March	No activity	
April	No activity	

Month	Activity	Remediation/Status
May	No activity	
June	No activity	
July	No activity	
August	No activity	
September	No activity	
October	No activity	
November	No activity	
December	No activity	

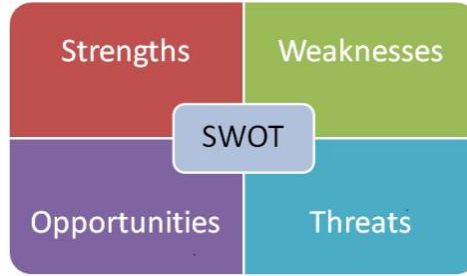
Board of Director Meetings 2024:

January	April 24	July 31	October 30
February 28	May 22	August 28	November 20
March 27	June 26	September 25	December 18

Performance Improvement Committee Meetings 2024:

February 8	April 11	June 13
August 8	October 10	December 12

Safety CY24 Q4 SWOT Analysis



<p>List the strengths of your team</p> <ul style="list-style-type: none"> - A culture of safety comes from training and improves patient and employee satisfaction - It enables organizations to improve quality of care - It decreases staff turnover - It can help reduce the incidents of adverse events 	<p>List the weaknesses of your team</p> <ul style="list-style-type: none"> - Limited budgets restrict RCMS's ability to invest in new equipment, hire more staff, or offer competitive salaries
<p>What opportunities does this project/strategy/goal present?</p> <ul style="list-style-type: none"> - Expansion of facility with solar and back-up battery offers a great resource 	<p>List those threats that might keep you from succeeding</p> <ul style="list-style-type: none"> - Epidemics or public health crisis like Covid-19 or Mpox can drastically increase demand for healthcare services, strain resources, and disrupt regular operations

Risk Assessment	Quarter	Risk Level	Action(s)
January 2024 Storms (presented to BoD October 30)	Q1	High	<p>Action: Strengthen awareness and update emergency response plans. Improve infrastructure and ensure adequate resource allocation.</p> <p>Action Plan: Continuous assessment and adjustment to the plan based on evolving conditions are critical for minimizing damage and ensuring safety.</p>
Facilities (presented to BoD October 30)	Q2	High	<p>Action: Invest in smart technologies and sustainable practices to improve efficiency and reduce operational costs.</p> <p>Action Plan: By implementing these sustainable practices, medical facilities can reduce their environmental footprint, improve operational efficiency, and create a healthier, more resilient environment for patients, staff, and the broader community.</p>
Fire Safety (presented to BoD October 30)	Q3	High	<p>Action: Invest in new technologies, improve fire escape routes, and ensure compliance with updated fire safety regulations.</p> <p>Action Plan: Medical facilities can ensure a comprehensive fire safety approach, protecting the lives of patients, staff, and visitors while minimizing the impact of any fire related incidents.</p>
Safety (presented to BoD February 26)	Q4	High	<p>Action: Review and update current safety policies, conduct audits of equipment, and provide safety training for all employees.</p> <p>Action Plan: This action plan promotes a culture of safety across all levels of a medical facility, ensuring that patients, staff, and visitors are protected in everyday operations and during emergencies.</p>



Safety CY24 Q4 Action Plan

Risk Assessment	Safety
Quarter	Q4
Risk Level	High
Action	Review and update current safety policies, conduct audits of equipment, and provide safety training for all employees.
Action Plan	This action plan promotes a culture of safety across all levels of a medical facility, ensuring that patients, staff, and visitors are protected in everyday operations and during emergencies.
Date Accomplished	October 3, 2024



Public and Private Space Policy

Department	Clinic	First Approval Date	
Scope	Entire Clinic	Previous Revision Date	
BoD Adoption Date		Committee Approval Date	
Next Review Date	January 2026	Date(s) Announced to Staff	

POLICY

Redwood Coast Medical Services (RCMS) has defined the boundary of its property as private space. The boundary of what is considered private space is considered anything within the property lines of RCMS. This includes areas inside the Gualala Health Center, Point Arena Health Center, Point Arena Dental Center, Sea Watch, and the Elaine Jacob Center encompassing our building areas, open spaces surrounding our buildings, and parking lots. RCMS retains the right to ask any person who may pose a threat to staff or patients to leave the property.

PURPOSE

The intent of this policy is to ensure the safety of our patients.



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Department	Clinic	First Approval Date	December 2014
Scope	Entire Clinic	Previous Approval Date	February 28, 2024
BoD Adoption Date		Committee Approval Date	
Next Review Date	2025	Date(s) Announced to Staff	

Purpose / Policy	Quality Improvement Committee (QI) and Performance Improvement Committee (PIC) provide a process to continuously improve quality and appropriateness of services and make recommendations to the Chief Executive Officer (CEO) and Board of Directors (BOD). This work plan is reviewed and updated yearly
Mandated by	HRSA, FTCA
Definitions	
Attachments / References	

QUALITY IMPROVEMENT – PERFORMANCE IMPROVEMENT OVERVIEW

QI and PIC consist of:

1. QI and PIC set forth the overview of mechanisms and oversight to assure the delivery of safe, continuous quality services and care to patients through an integrated program of quality improvement strategies, studies, audits, and education.
2. QI-PI Work Plan is a blueprint for QI and PIC goals and activities for a particular year. The QI-PI Work Plan consists of those yearly QI and PIC activities which are regularly conducted every year or every other year (e.g. credentialing) as well as special projects.
3. The BOD receives QI and PIC updates no less than six times a year at their monthly Board meetings to monitor the QI-PI activities throughout the year.



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Level One Activities: Level One Activities are the responsibility of the BOD, CEO, and PIC.

Activity	Rationale	Timeline	Evaluation	Person Responsible
Approval of annual QI-PI Work Plan	Federal Tort Claims Act (FTCA) recommendations and compliance with federal regulations	Ongoing	PIC Chair QI Lead	PIC Chair Deputy Medical Director (DMD), Chief Physician (CP), or Provider Designee (PD) BOD Chair
Update annual QI-PI Work Plan	FTCA recommendations and compliance with federal regulations	Annually	CEO DMD, CP, or PD QI Lead Compliance Director	PIC QI Lead Compliance Director
Adhere to Credentialing Policy	Regulatory compliance with FTCA recommendations and 330 funding	Ongoing	CEO DMD, CP, or PD	PIC HR QI Lead
Policy and Procedure updates	Regulatory compliance with 330 grant standards	Ongoing	CEO DMD, CP, or PD QI Lead Compliance Director	Department Heads Supervisors Office Managers QI Lead Compliance Director
Review reports from QI	FTCA recommendations and compliance with federal regulations	Ongoing	BOD	PIC
Review and implement necessary actions	FTCA recommendations and compliance with federal regulations	Ongoing	BOD	QI



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025 Policy and Procedure

Level One: Performance Improvement Committee

PIC is a BOD-appointed committee which provides leadership to the QI Program, including QI special projects. PIC meets every other month and applies the Continuous Quality Improvement CQI process. The members of PIC are listed below.

Members:

- PIC Chair(s)
- Representatives from the Board of Directors
- Board Approved Community Members-At-Large
- Chief Executive Officer
- Deputy Medical Director, Chief Physician, or Provider Designee
- Quality Improvement Lead
- Compliance Director

Draft



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Level Two Activities: Level Two Activities are the internal quality improvement activities, which involves general staff meetings and communications of department leads.

Activity	Rationale	Timeline	Evaluation	Person Responsible
Department Staff Meetings	Documentation of discussions, action items, decisions and/or recommendations. QI committee activities to be reported at each meeting	For each meeting, minutes are forwarded to appropriate QI committee members, as applicable	QI Lead	Supervisors Office Managers Team Leads

Level Two: Quality Improvement Committee

QI is appointed by the CEO. QI meets every other month, with additional communication as needed or required. QI represents a cross section of RCMS staff. The members of QI are listed below.

Members:

- Quality Improvement Chair - DMD
- Electronic Health Record (EHR) Coordinator
- Clinic Operations Manager
- Chief Executive Officer
- Quality Improvement Lead
- Compliance Director
- Point Arena Clinic Office Lead
- Dental Office Manager
- Urgent Care Team Lead or designee
- Primary Care Team Lead
- Front Desk Team Lead
- Information Technology Representative (as needed)
- Home Health (as needed)



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Level Three Activities: Level Three Annual Activities are determined by QI.

What	How	When	Who
Performance/Clinical Measures – Unified Data System (UDS)	UDS Module EHR Chart Review Electronic Practice Management	Annually – February 15	CEO QI Lead EHR Coordinator Grant Director
Clinical Protocol <ul style="list-style-type: none"> • Diagnosis Specific • Scope of Practice 	Annual Review and Update	Annually	DMD, CP, or PD
Provider Performance <ul style="list-style-type: none"> a. Credentialing b. Evaluation c. Peer Review 	Record Review Reports Files Chart Review	<ul style="list-style-type: none"> a. Every two years b. Annually c. Quarterly 	HR DMD, CP, or PD
Staff Performance Evaluation	Documentation	Annually	CEO HR Supervisors Office Managers Team Leads
Patient Satisfaction <ul style="list-style-type: none"> • Patient Care Surveys • Incident Reports • Patient Complaints and Compliments 	Survey Reports Incident Reports Patient Complaints and Compliments	Quarterly As needed	QI Lead Office Managers Team Leads PIC Compliance Director



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Level Four Activities: Level Four Activities (special projects) are conducted by Quality Improvement Teams as determined by QI.

Due December 31, 2025

Quality Indicators	Current	Target	Measure Definition	Strategies for Improvement	Q1 Update
Adolescent Immunizations		50%	<p>By December 31, 2025 increase RCMS adolescent immunization rate to 50%.</p> <p>Denominator: Patients who receive primary care at RCMS and were born between 4/1/2012 and 3/31/2013 with a medical visit in the past 2 years.</p> <p>Numerator: Patients who have received 1 Tdap, 1 meningococcal, and 2 HPV vaccines before their 13th birthday.</p>	Tracking and outreach to all patients turning 12 or 13 years old in the measurement period for WCC, vaccine counseling and scheduling for 2nd HPV vaccine.	
Adult BMI and follow up plan		50%	<p>By December 31, 2025 increase the percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal</p>	Develop workflow for coding BMI follow up plan. Use i2i Care Gap to identify patients due.	



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Quality Indicators	Current	Target	Measure Definition	Strategies for Improvement	Q1 Update
			parameters (For age 18 years and older, BMI greater than or equal to 18.5 and less than 25 kg/m ²) to 56%		
Breast Cancer Screening beginning at age 40		40%	In anticipation of UDS and HEDIS measurement definitions to change in the upcoming year to begin breast cancer screening at age 40, begin outreach to this population.	Outreach to patients 40-49 years on new screening recommendation. Utilize social media and text campaigns.	
Cervical Cancer Screening		50%	Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.	Outreach to patients who are due for pap, increase access to FE appointment availability by adding evening/weekends clinics, offers self swabbing options.	
Colorectal Cancer Screening		5% above the 2024 outcome (X%) to 31% For LatinX, improve by 5% from 26% in 2024	By December 31, 2025 increase the percentage of patients current with a colorectal screen beginning at age 45. Denominator: Patients 45 through 75 years of age with a medical visit during the measurement period.	Continue current efforts with FIT tests and colonoscopy referrals. Outreach to patients to offer FIT DNA (Cologuard) testing.	



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Quality Indicators	Current	Target	Measure Definition	Strategies for Improvement	Q1 Update
			Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: <ul style="list-style-type: none"> - Fecal occult blood test (FOBT), including fecal immunochemical test (FIT), during the measurement period - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the two years prior to the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - Computerized tomography (CT) colonography during the measurement period or the four years prior to the measurement period 		



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Quality Indicators	Current	Target	Measure Definition	Strategies for Improvement	Q1 Update
			– Colonoscopy during the measurement period or the nine years prior to the measurement period		
Depression Screening		80%	By December 31, 2025 increase the percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the qualifying visit using an age-appropriate standardized depression screening tool and , if screening was positive, had a follow-up plan documented on the date of the visit or up to two days after the qualifying visit to 80%	Use i2i Care Gap to identify all patients due for upcoming depression screening within 6 months.	
Diabetes Management and Good Control		70%	The number of continuously enrolled assigned members 18-75 years of age as of December 31 of the measurement year with diabetes with evidence of the most recent measurement at/or below the threshold for HbA1c % during the measurement year.	Develop templates, standing orders and care gaps to include foot and dental exams, pneumococcal vaccine, depression and social determinants screening and develop work flows for MAs and Providers. Work with PHMI coaches for this population of focus.	



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Quality Indicators	Current	Target	Measure Definition	Strategies for Improvement	Q1 Update
HTN Good Control		70%	<p>By December 31, 2025 increase percentage of patients with controlled hypertension as defined by UDS measurement standards.</p> <p>Denominator: Patients 18 through 84 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period with a medical visit during the measurement period.</p> <p>Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period.</p>	<p>Work with PHMI coaches for this population of focus. Expand remote patient monitoring.</p>	
Achieve at least 60/100 points in the Partnership pay for performance program.		60 points		<p>Monthly monitoring and outreach for all clinical QIP measures.</p>	



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025

Policy and Procedure

Quality Indicators	Current	Target	Measure Definition	Strategies for Improvement	Q1 Update
Reduce no show and late (same day) cancellation rates		TBD	Monitor no show and late cancellation rates.	Analyze trends and develop strategies to minimize no shows, including appointment reminders and no show policies (for dental and BH).	
Monitor third next available appointment (TNAA) for virtual and in office visits in medical, and next available preventive and restorative in dental		10 days medical	Monitor TNAA for medical on a weekly basis.	Use data to analyze patient access and scheduling needs. Monitor number of same day appointments to meet patient needs. Begin collecting dental data when dental department is fully staffed.	
RCMS will reduce the % of patients eligible for the UDS colorectal cancer screening measure with unknown race and ethnicity.		From 23 % to 18%			



Quality Improvement (QI) – Performance Improvement (PI) Work Plan CY2025 Policy and Procedure

Frequency is Quarterly

<p>Staff Training</p> <ul style="list-style-type: none"> • Front desk, health techs, MAs, RNs, LVNs, referrals, medical records, lab, X-ray techs, and other staff as needed 	<p>Managers/Supervisors/Team Leads to determine training as needed Competencies and training</p>	<p>Providers Supervisors Team Leads</p>
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ORGANIZATIONAL CHART

Board of Directors

The BOD will:

- Adopt annual QI-PI Work Plan
- Adopt requested actions by PIC
- Receive a PIC report every other month

Performance Improvement Committee

PIC will:

- Review/Approve Annual QI-PI Work Plan for recommendation to BOD
- Approve Credentialing and Privileging
- Approve Policies and Procedures
- Establish priorities for QI
- Review resource allocations to meet priorities and makes recommendations to BOD
- Assist in establishing priorities of care with QI

Quality Improvement Committee

QI will:

- Implement the QI-PI Work Plan
- Provide reports to the PIC for review and submission to BOD
- Provide annual quality reports, as needed
- Appoint special work groups to investigate issues brought to QI
- QI trainings and other projects, as needed

Chapter 9: Sliding Fee Discount Program

Note: This chapter contains revisions based on a technical correction. [View the revisions.](#)

Authority

Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)

Requirements

- The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.¹
- The health center must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.
- The health center must establish systems for [sliding fee] eligibility determination.
- The health center's schedule of discounts must provide for:
 - A full discount to individuals and families with annual incomes at or below those set forth in the most recent [Federal Poverty Guidelines \(FPG\)](#) [100 percent of the FPG], except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals; and
 - No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200 percent of the FPG].

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

¹ See Chapter 16: [Billing and Collections](#) for more information on waiving or reducing charges due to a patient's inability to pay.

Health Center Program Compliance Manual

- a. The health center has a sliding fee discount program² that applies to all [required](#) and [additional health services](#)³ within the HRSA-approved [scope of project](#) for which there are distinct fees.⁴
- b. The health center has board-approved policy(ies) for its sliding fee discount program that apply uniformly to all patients and address the following areas:
 - Definitions of income⁵ and family;
 - Assessment of all patients for sliding fee discount eligibility based only on income and family size, including methods for making such assessments;
 - The manner in which the health center’s sliding fee discount schedule(s) (SFDS(s)) will be structured in order to ensure that patient charges are adjusted based on ability to pay; and
 - *Only applicable to health centers that choose to have a nominal charge for patients at or below 100 percent of the FPG:* The setting of a flat nominal charge(s) at a level that would be nominal from the perspective of the patient (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare and Medicaid for patients with comparable incomes) and would not reflect the actual cost of the service being provided.⁶
- c. For services provided directly by the health center ([Form 5A: Services Provided](#), Column I), the health center’s SFDS(s) is structured consistent with its policy and provides discounts as follows:
 - A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
 - Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and

² A health center’s sliding fee discount program consists of the schedule of discounts that is applied to the fee schedule and adjusts fees based on the patient’s ability to pay. A health center’s sliding fee discount program also includes the related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts.

³ See Chapter 4: [Required and Additional Health Services](#) for more information on requirements for services within the scope of the project.

⁴ A distinct fee is a fee for a specific service or set of services, which is typically billed for separately within the local health care market.

⁵ Income is defined as earnings over a given period of time used to support an individual/household unit based on a set of criteria of inclusions and exclusions. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings.

⁶ Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.”

Health Center Program Compliance Manual

those discounts adjust based on gradations in income levels and include at least three discount pay classes.⁷

- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.⁸
- d. For health centers that choose to have more than one SFDS, these SFDSs would be based on services (for example, having separate SFDSs for broad service types, such as medical and dental, or distinct subcategories of service types, such as preventive dental and additional dental services) and/or on service delivery methods (for example, having separate SFDSs for services provided directly by the health center and for in-scope services provided via formal written [contract](#)) and no other factors.
- e. The health center's SFDS(s) has incorporated the most recent FPG.
- f. The health center has operating procedures for assessing/re-assessing all patients for income and family size consistent with board-approved sliding fee discount program policies.
- g. The health center has records of assessing/re-assessing patient income and family size except in situations where a patient has declined or refused to provide such information.
- h. The health center has mechanisms for informing patients of the availability of sliding fee discounts (for example, distributing materials in language(s) and literacy levels appropriate for the patient population, including information in the intake process, publishing information on the health center's website).
- i. For in-scope services provided via contracts (Form 5A: Services Provided, Column II, Formal Written Contract/Agreement), the health center ensures that fees for such services are discounted as follows:
- A full discount is provided for individuals and families with annual incomes at or below 100 percent of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
 - Partial discounts are provided for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.

⁷ For example, a SFDS with discount pay classes of 101 percent to 125 percent of the FPG, 126 percent to 150 percent of the FPG, 151 percent to 175 percent of the FPG, 176 percent to 200 percent of the FPG, and over 200 percent of the FPG would have four discount pay classes between 101 percent and 200 percent of the FPG.

⁸ See Chapter 16: [Billing and Collections](#), if the health center has access to other grants or subsidies that support patient care.

Health Center Program Compliance Manual

- No discounts are provided to individuals and families with annual incomes above 200 percent of the current FPG.
- j. For services provided via formal referral arrangements (Form 5A: Services Provided, Column III), the health center ensures that fees for such services are either discounted as described in element “c.” above or discounted in a manner such that:
 - Individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the FPG receive an equal or greater discount for these services than if the health center’s SFDS were applied to the referral provider’s fee schedule; and
 - Individuals and families at or below 100 percent of the FPG receive a full discount or a nominal charge for these services.
- k. Health center patients who are eligible for sliding fee discounts and have third-party coverage are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class.⁹ Such discounts are subject to potential legal and contractual restrictions.¹⁰
- l. The health center evaluates, at least once every three years, its sliding fee discount program. At a minimum, the health center:
 - Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services;
 - Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
 - Identifies and implements changes as needed.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

⁹ For example, an insured patient receives a health center service for which the health center has established a fee of \$80, per its fee schedule. Based on the patient’s insurance plan, the co-pay would be \$60 for this service. The health center also has determined, through an assessment of income and family size, that the patient’s income is 150 percent of the FPG and thus qualifies for the health center’s SFDS. Under the SFDS, a patient with an income at 150 percent of the FPG would receive a 50 percent discount of the \$80 fee, resulting in a charge of \$40 for this service. Rather than the \$60 co-pay, the health center would charge the patient no more than \$40 out-of-pocket, consistent with its SFDS, as long as this is not precluded or prohibited by the applicable insurance contract.

¹⁰ Such limitations may be specified by applicable Federal or state programs, or private payor contracts.

Health Center Program Compliance Manual

- The health center determines whether to establish a nominal charge for individuals and families at or below 100 percent of the FPG.
- The health center determines how to document income and family size in health center records.
- The health center determines whether to take into consideration the characteristics of its patient population when developing definitions for income and family size and procedures for assessing patient eligibility for SFDS. For example, the health center may consider the availability of income documentation for [individuals experiencing homelessness](#), build in cost of living considerations when calculating income, permit self-declaration of income and family size.
- The health center determines how and with what frequency to re-assess patient eligibility for the SFDS.
- The health center determines whether to identify individuals who refuse to provide information on income and family size as ineligible for SFDS.
- The health center determines how to make patients aware of sliding fee discounts (for example, signage, registration process).
- The health center determines:
 - Whether to establish more than three discount pay classes above 100 percent of the FPG and up to and including 200 percent of the FPG;
 - What income range to establish for each discount pay class above 100 percent of the FPG and up to and including 200 percent of the FPG;
 - What method to use for discounting fees above 100 percent of the FPG and up to and including 200 percent of the FPG (for example, percentage of fee, fixed/flat fee per discount pay class); and
 - Whether to establish multiple SFDSs (for example, separate SFDSs for medical services and dental services) including, if appropriate, different nominal charges for each SFDS.

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

January 2025

STATEMENT OF FINANCIAL POSITION					
ASSETS	Jan-25	Jan-24	Change	Dec-24	Change
Current Assets	3,569,259	4,552,536	-21.60%	3,853,304	-7.37%
Long-Term Assets	2,831,677	2,822,565	0.32%	2,821,369	0.37%
TOTAL ASSETS	6,400,936	7,375,102	-13.21%	6,674,673	-4.10%
LIABILITIES AND NET ASSETS					
Current Liabilities	854,159	1,049,884	-18.64%	1,044,617	-18.23%
Estimated Medi-Cal Liabilities	22,347	255,678	-91.26%	48,694	-54.11%
Long-Term Leases	2,250	98,135	-97.71%	4,491	-49.90%
Total Liabilities	878,756	1,403,697	-37.40%	1,097,802	-19.95%
Net Assets	5,522,181	5,971,405	-7.52%	5,576,871	-0.98%
TOTAL LIABILITIES AND NET ASSETS	6,400,936	7,375,102	-13.21%	6,674,673	-4.10%

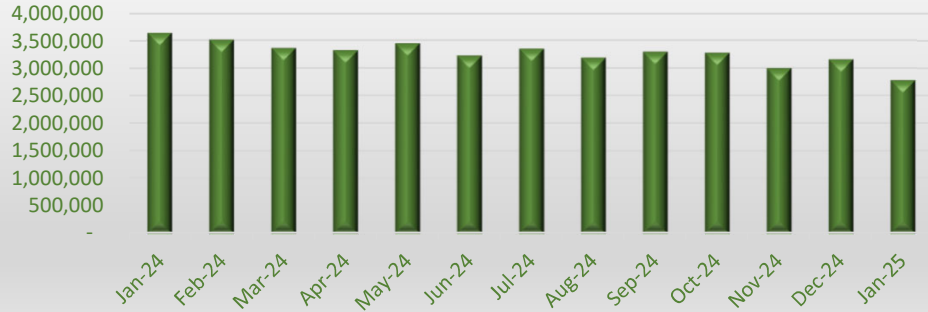
STATEMENT OF ACTIVITIES - YTD					
REVENUES	Actual	Budget	Variance	Prior Year	Variance
Patient Service Revenue	2,518,845	3,225,818	-21.92%	2,461,611	2.33%
Grant & Other Revenue	2,006,997	2,160,088	-7.09%	2,163,304	-7.23%
NET REVENUE	4,525,842	5,385,906	-15.97%	4,624,915	-2.14%
OPERATING EXPENSES					
Salaries and Benefits	3,785,344	4,150,698	-8.80%	3,552,401	6.56%
Contracted Services	40,651	63,445	-35.93%	21,522	88.88%
Facility Costs	140,519	117,040	20.06%	160,350	-12.37%
Supplies	308,178	346,986	-11.18%	346,581	-11.08%
Depreciation & Amortization	105,974	95,634	10.81%	46,858	126.16%
Other Operating Expenses	930,004	992,434	-6.29%	845,854	9.95%
TOTAL OPERATING EXPENSES	5,310,670	5,766,237	-7.90%	4,973,567	6.78%
OPERATING EXCESS/(DEFICIENCY)	(784,828)	(380,331)	106.35%	(348,652)	125.10%
Net Capital Income/(Expenses)	490,575	311,849	57.31%	446,775	9.80%
TOTAL EXCESS/(DEFICIENCY)	(294,253)	(68,482)	329.68%	98,124	

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

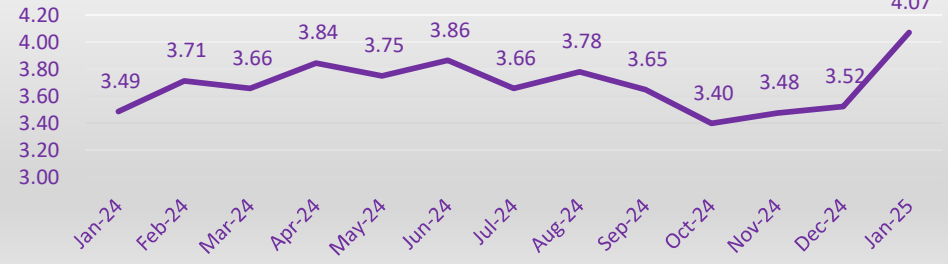
January 2025

Cash on Hand



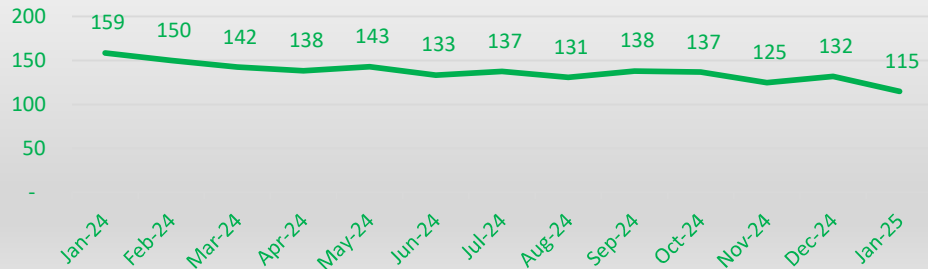
Current Ratio

Healthy => 1.0, higher is better
(Current Asset divided by Current Liabilities)



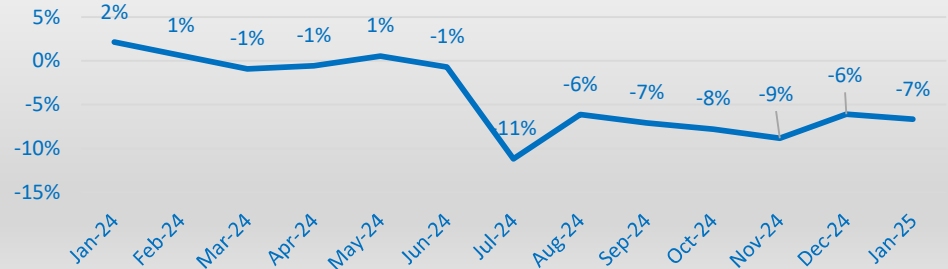
Days Unrestricted Cash on Hand

Recommend > 60 days; higher is better



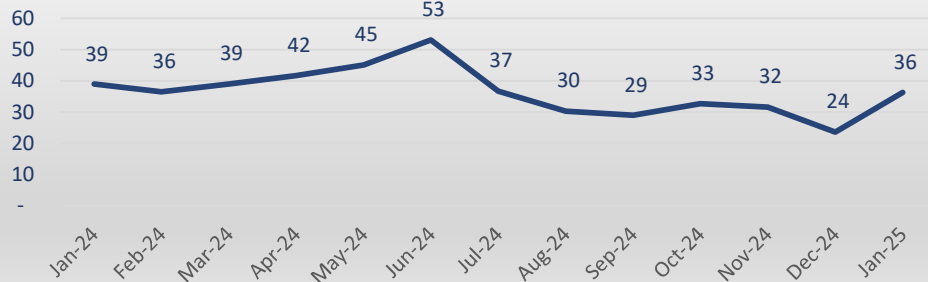
Net Margin

Goal = 0%; higher is better

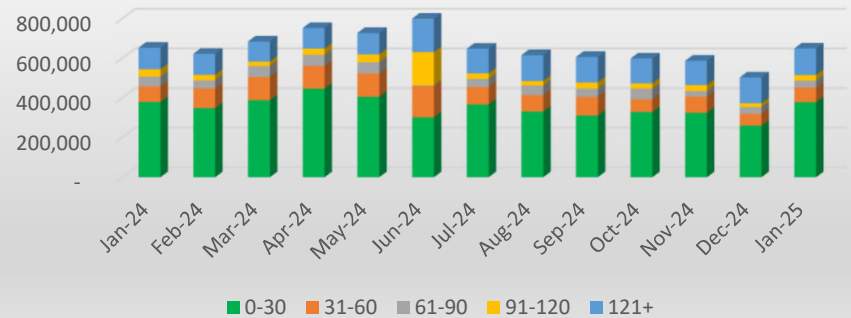


Days Net AR Outstanding

Recommend < 45 days, lower is better

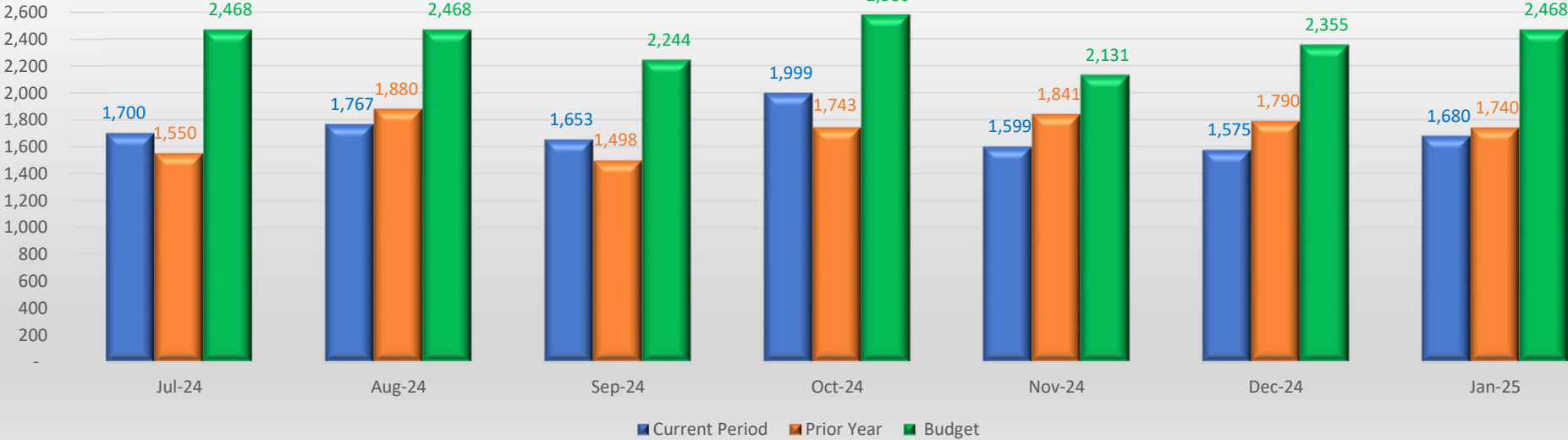


Patient AR Balance

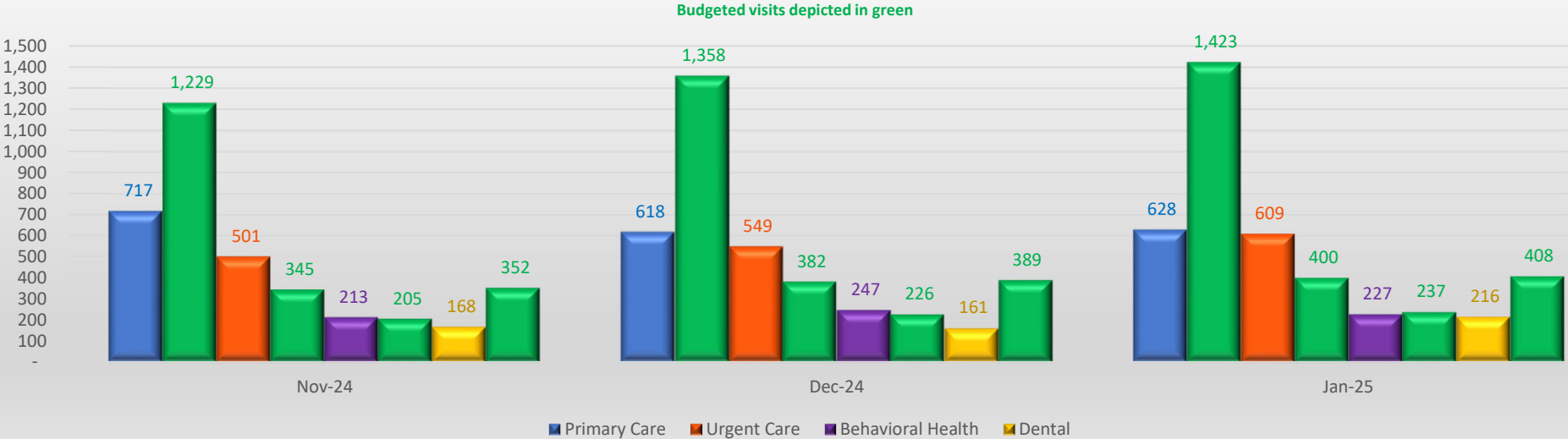


REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY - PRELIMINARY
 January 2025

Monthly Visits



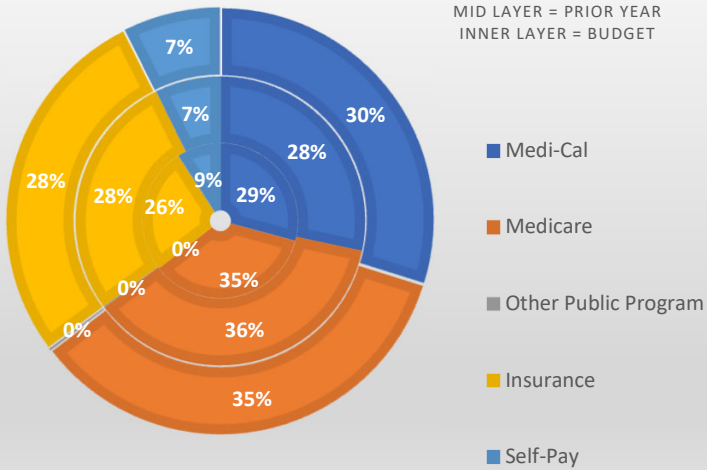
Monthly Visits by Department



REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY - PRELIMINARY
 January 2025

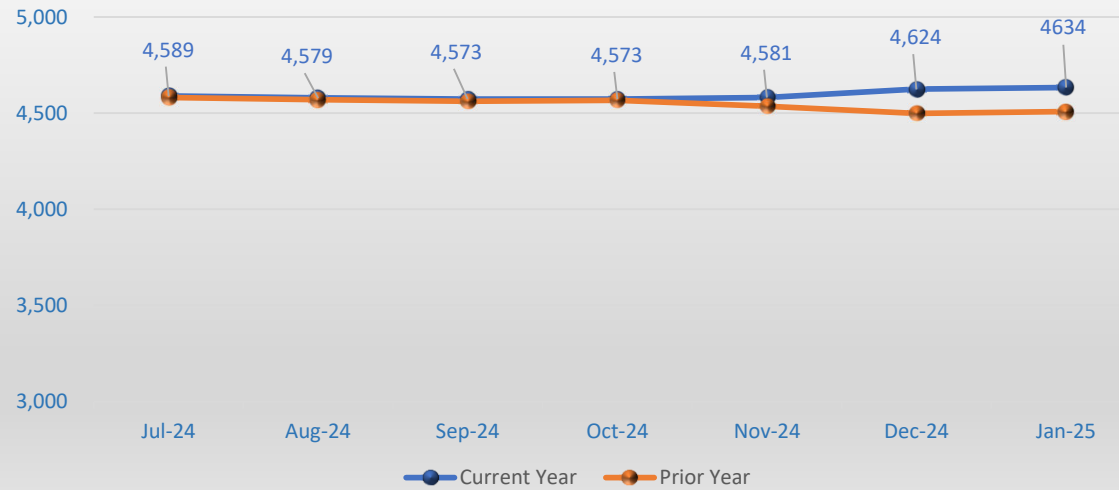
YTD PAYOR MIX

OUTER LAYER = CURRENT YEAR
 MID LAYER = PRIOR YEAR
 INNER LAYER = BUDGET

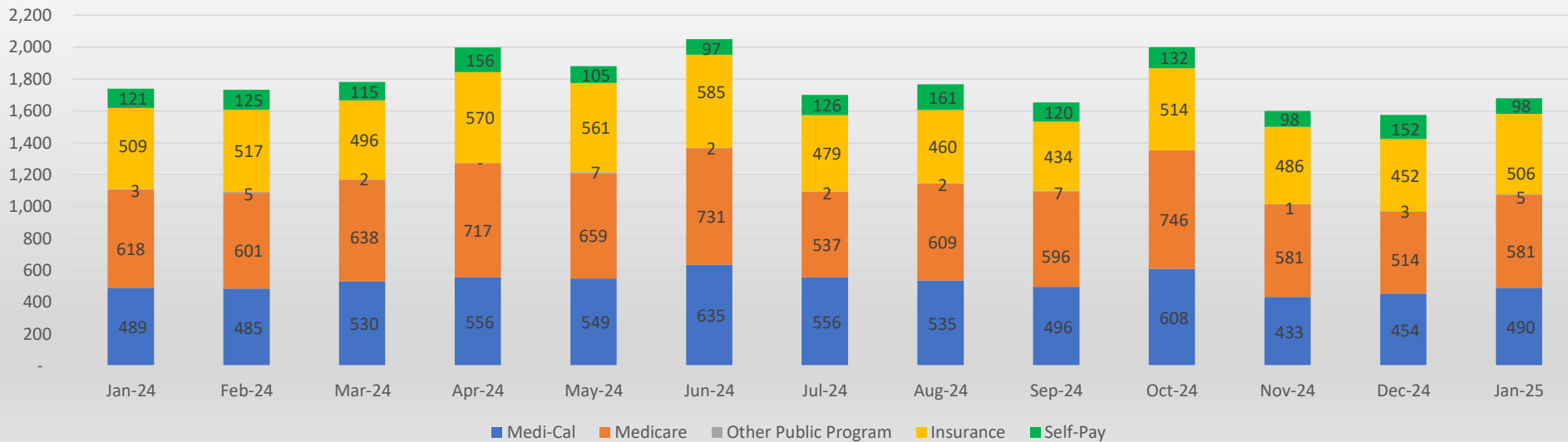


Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class





PO Box 1100
 46900 Ocean Drive
 Gualala, CA 95445
 Tel: 707-884-4005
 Fax: 707-884-9728

PO Box 629
 30 Mill Street
 Point Arena, CA 95468
 Tel: 707-882-1704
 Fax: 707-882-2667

PO Box 629
 175 Main Street
 Point Arena, CA 95468
 Tel: 707-882-2189
 Fax: 707-882-2698

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FINANCIAL NARRATIVE - PRELIMINARY January 2025

Financial results:

We recorded a bottom-line loss of \$54,690 for January, which was \$37,463 worse than the budgeted loss of \$17,227. Our year-to-date bottom-line loss was \$294,253, which was \$225,771 worse than the year-to-date budgeted bottom-line loss of \$68,482.

- Net Patient Revenue (NPR) of \$384,751 was \$88,728 less than the budgeted NPR of \$473,479.

NPR Variance	\$ (88,728.20)
Due to higher/(lower) visits	\$ (151,175.63)
Due to higher/(lower) rate per visit	\$ 62,447.43

- January visits of 1,680 were 788 fewer than budgeted visits of 2,468.
- The average rate per visit of \$229.02 was \$37.17 higher than the budgeted, average rate per visit of \$191.85.
- Grants and Other Revenue of \$208,635 was \$100,084 lower than budgeted.
 - 340B program revenue was \$93,714.00 less than budgeted.
- Fundraising and Capital Activity of \$171,550 was \$127,033 over budget.
 - Net Fundraising activity was \$91,152 more than budgeted due to timing.
 - Investment gains were \$35,359.
- Operating Expenses of \$819,624.98 were \$24,317 less than budgeted.
 - Total Compensation was \$50,614 under budget due to vacant positions and lower contracted provider utilization.
 - Utilities were \$3,233 over budget due to January expenses that was erroneously charged to December.
 - Audit Fees were \$20,750 over budget due to the timing of the audit.
 - Computer Supplies and Support were \$15,420 over budget due to computer purchases and travel expenses for our outsourced IT company.



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- Consulting Fees were \$3,888 under budget.
- Accounting Fees were \$7,534 over budget due to having underestimated prior month's costs and fees for seasonal projects.
- Lab Services were \$3,139 under budget.
- Office Supplies were \$3,769 under budget.
- Vaccine Supplies were \$2,974 under budget.
- Telephone and Communications were \$4,049 under budget due to changing the vendor.

Changes in Financial position:

- Cash and Investments were \$2,776,676 as of the end of January.
 - Cash and Investments decreased by \$377,856 during the month.
 - We funded three payrolls in January, which average \$220,000 cash out for wages and payroll taxes.

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 1/31/2025

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Assets			
Cash & Investments			
Cash on Hand	504,240.22	2,031,743.94	(1,527,503.72)
Cash-Management Restricted	470,754.95	0.00	470,754.95
Investments	1,801,681.25	1,603,858.83	197,822.42
Total Cash & Investments	<u>2,776,676.42</u>	<u>3,635,602.77</u>	<u>(858,926.35)</u>
Patient Accounts Receivable			
Accounts Receivable	644,869.37	647,628.88	(2,759.51)
Allowance for Doubtful Accounts	(219,093.00)	(201,478.00)	(17,615.00)
Total Patient Accounts Receivable	<u>425,776.37</u>	<u>446,150.88</u>	<u>(20,374.51)</u>
Other Current Assets			
Medi-Cal Receivable - Current Year	0.00	73,942.00	(73,942.00)
Medi-Cal Receivable - Prior Year	43,362.00	79,803.00	(36,441.00)
Grants Receivable	22,104.84	39,299.00	(17,194.16)
QIP Receivable	122,883.39	146,369.00	(23,485.61)
Other Accounts Receivable	97,631.00	2,137.66	95,493.34
Prepaid Expenses	74,824.96	123,232.18	(48,407.22)
Other Assets	6,000.00	6,000.00	0.00
Total Other Current Assets	<u>366,806.19</u>	<u>470,782.84</u>	<u>(103,976.65)</u>
Total Current Assets	<u>3,569,258.98</u>	<u>4,552,536.49</u>	<u>(983,277.51)</u>
Long Term Assets			
Fixed Assets			
Property & Equipment	5,103,050.03	4,940,485.31	162,564.72
Accumulated Depreciation	(2,590,730.03)	(2,492,096.47)	(98,633.56)
Total Fixed Assets	<u>2,512,320.00</u>	<u>2,448,388.84</u>	<u>63,931.16</u>
Construction in Progress			
Construction in Progress	279,245.05	206,227.58	73,017.47
Total Construction in Progress	<u>279,245.05</u>	<u>206,227.58</u>	<u>73,017.47</u>
Right of Use Assets			
Right-of-Use Assets	230,106.00	230,106.00	0.00
Accumulated Amortization-ROU	(189,993.59)	(62,157.00)	(127,836.59)
Total Right of Use Assets	<u>40,112.41</u>	<u>167,949.00</u>	<u>(127,836.59)</u>
Total Long Term Assets	<u>2,831,677.46</u>	<u>2,822,565.42</u>	<u>9,112.04</u>
Total Assets	<u>6,400,936.44</u>	<u>7,375,101.91</u>	<u>(974,165.47)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 1/31/2025

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Liabilities			
Accounts Payable	100,985.62	137,651.06	(36,665.44)
Other Accounts Payable	35,843.34	18,419.77	17,423.57
Patient Refunds Due	4,266.29	7,890.52	(3,624.23)
Accrued Compensation and Related Liabilities	468,867.27	575,070.58	(106,203.31)
Medi-Cal Payable - Current Year	393.00	10,556.00	(10,163.00)
Medi-Cal Payable - Prior Year	21,953.71	245,121.90	(223,168.19)
Other Liabilities	49,201.00	49,201.00	0.00
Current Portion of LT Leases	44,172.16	74,400.00	(30,227.84)
Deferred Revenue	150,823.43	187,251.00	(36,427.57)
Total Current Liabilities	<u>876,505.82</u>	<u>1,305,561.83</u>	<u>(429,056.01)</u>
Long Term Debt			
Leases Payable - Long Term	2,249.69	98,135.00	(95,885.31)
Total Long Term Debt	<u>2,249.69</u>	<u>98,135.00</u>	<u>(95,885.31)</u>
Total Liabilities	<u>878,755.51</u>	<u>1,403,696.83</u>	<u>(524,941.32)</u>
Net Assets			
Unrestricted Net Assets	5,816,433.70	5,873,281.47	(56,847.77)
Current Year Net Excess/Deficit	(294,252.77)	98,123.61	(392,376.38)
Total Net Assets	<u>5,522,180.93</u>	<u>5,971,405.08</u>	<u>(449,224.15)</u>
Total Liabilities & Net Assets	<u>6,400,936.44</u>	<u>7,375,101.91</u>	<u>(974,165.47)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 1/1/2025 Through 1/31/2025

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Patient Revenue						
Medi-Cal	147,562.40	181,738.00	(34,175.60)	1,061,561.65	1,230,172.00	(168,610.35)
Medicare	145,735.45	173,741.00	(28,005.55)	909,820.93	1,176,512.00	(266,691.07)
Family Pact	835.81	833.00	2.81	5,338.12	5,415.00	(76.88)
Insurance	75,846.54	86,324.00	(10,477.46)	430,972.50	584,800.00	(153,827.50)
Self Pay & Other	27,614.00	63,489.00	(35,875.00)	251,703.86	430,406.00	(178,702.14)
Sliding Scale & Other Write-Offs	(12,787.11)	(32,229.00)	19,441.89	(182,336.82)	(218,568.00)	36,231.18
Medi-Cal PPS Settlement	0.00	0.00	0.00	14,879.00	0.00	14,879.00
Cost Report & Other Settlements	0.00	0.00	0.00	29,818.00	20,000.00	9,818.00
Patient Refunds	(56.29)	(417.00)	360.71	(2,912.42)	(2,919.00)	6.58
Total Patient Revenue	<u>384,750.80</u>	<u>473,479.00</u>	<u>(88,728.20)</u>	<u>2,518,844.82</u>	<u>3,225,818.00</u>	<u>(706,973.18)</u>
Operating Expenses						
Operating Expenses	819,624.98	843,942.00	24,317.02	5,310,670.08	5,766,237.00	455,566.92
Total Operating Expenses	<u>819,624.98</u>	<u>843,942.00</u>	<u>24,317.02</u>	<u>5,310,670.08</u>	<u>5,766,237.00</u>	<u>455,566.92</u>
Net Before Other Revenue	<u>(434,874.18)</u>	<u>(370,463.00)</u>	<u>(64,411.18)</u>	<u>(2,791,825.26)</u>	<u>(2,540,419.00)</u>	<u>(251,406.26)</u>
Grants & Other Revenue						
Grant Revenue-Federal 330	154,627.00	157,295.00	(2,668.00)	1,082,389.00	1,101,065.00	(18,676.00)
Grant Revenue-Federal UDS	5,471.00	0.00	5,471.00	29,357.00	0.00	29,357.00
Grant Revenue-USAC	0.00	1,902.00	(1,902.00)	16,458.76	13,314.00	3,144.76
Grant Revenue-Other	17,674.47	24,035.00	(6,360.53)	218,425.47	168,245.00	50,180.47
340B Revenue	(60,372.97)	33,341.00	(93,713.97)	(23,028.54)	232,617.00	(255,645.54)
Contract Revenue-CLSD	66,666.00	66,666.00	0.00	466,665.96	466,662.00	3.96
Partnership QIP Revenue	4,600.00	4,593.00	7.00	32,200.00	32,082.00	118.00
ARCH QIP Revenue	12,500.00	12,512.00	(12.00)	87,356.33	87,479.00	(122.67)
QIP-Other	0.00	342.00	(342.00)	0.00	2,393.00	(2,393.00)
Rental Income	3,002.00	3,017.00	(15.00)	21,014.00	21,119.00	(105.00)
Other Income	81.00	508.00	(427.00)	6,718.91	3,556.00	3,162.91
Interest & Dividends Earned	4,386.47	4,508.00	(121.53)	69,440.21	31,556.00	37,884.21
Total Grants & Other Revenue	<u>208,634.97</u>	<u>308,719.00</u>	<u>(100,084.03)</u>	<u>2,006,997.10</u>	<u>2,160,088.00</u>	<u>(153,090.90)</u>
Net Operating Income/(Loss)	<u>(226,239.21)</u>	<u>(61,744.00)</u>	<u>(164,495.21)</u>	<u>(784,828.16)</u>	<u>(380,331.00)</u>	<u>(404,497.16)</u>
Fundraising & Capital Activity						
Capital Grant Revenue	4,304.00	3,333.00	971.00	4,304.00	23,331.00	(19,027.00)
Fundraising Income	139,290.07	41,667.00	97,623.07	470,091.17	291,669.00	178,422.17
Fundraising Expense	(7,403.69)	(933.00)	(6,470.69)	(59,353.81)	(6,301.00)	(53,052.81)
Donations	0.00	450.00	(450.00)	5,273.18	3,150.00	2,123.18
Realized/Unrealized Gains/(Losses)	35,359.13	0.00	35,359.13	70,260.85	0.00	70,260.85
Total Fundraising & Capital Activity	<u>171,549.51</u>	<u>44,517.00</u>	<u>127,032.51</u>	<u>490,575.39</u>	<u>311,849.00</u>	<u>178,726.39</u>
Net Excess of Revenue over Expenses	<u>(54,689.70)</u>	<u>(17,227.00)</u>	<u>(37,462.70)</u>	<u>(294,252.77)</u>	<u>(68,482.00)</u>	<u>(225,770.77)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 1/1/2025 Through 1/31/2025

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Salaries & Wages						
Salaries & Wages	474,427.32	521,708.00	47,280.68	3,172,999.39	3,515,874.00	342,874.61
Total Salaries & Wages	474,427.32	521,708.00	47,280.68	3,172,999.39	3,515,874.00	342,874.61
Benefits						
Payroll Taxes	39,617.36	37,533.00	(2,084.36)	225,291.75	252,941.00	27,649.25
Health Insurance	47,000.50	48,243.00	1,242.50	334,926.48	325,115.00	(9,811.48)
Workmans Compensation	4,728.00	5,616.00	888.00	33,755.00	37,854.00	4,099.00
Retirement	4,780.95	2,360.00	(2,420.95)	14,371.59	15,906.00	1,534.41
Other Benefits	500.00	446.00	(54.00)	4,000.00	3,008.00	(992.00)
Total Benefits	96,626.81	94,198.00	(2,428.81)	612,344.82	634,824.00	22,479.18
Contracted Services						
Contracted Physician	0.00	1,986.00	1,986.00	5,000.00	13,382.00	8,382.00
Contracted NP	3,007.03	5,041.00	2,033.97	30,075.84	33,969.00	3,893.16
Contracted Mental Health Provider	0.00	0.00	0.00	(4,837.79)	0.00	4,837.79
Contracted Dentist Svcs	1,312.50	1,824.00	511.50	10,187.50	12,294.00	2,106.50
Contracted Pharmacist	(667.00)	564.00	1,231.00	225.00	3,800.00	3,575.00
Total Contracted Services	3,652.53	9,415.00	5,762.47	40,650.55	63,445.00	22,794.45
Total Compensation	574,706.66	625,321.00	50,614.34	3,825,994.76	4,214,143.00	388,148.24
Facility Expenses						
Depreciation-Facility	6,301.38	5,417.00	(884.38)	44,105.24	37,919.00	(6,186.24)
Amortization-Facility ROU	6,391.83	6,392.00	0.17	44,742.81	44,744.00	1.19
Interest Expense-Facility ROU	178.33	234.00	55.67	1,920.91	1,638.00	(282.91)
Janitorial	2,400.00	2,416.00	16.00	20,184.42	16,912.00	(3,272.42)
Rent	4,245.00	3,745.00	(500.00)	28,815.00	26,215.00	(2,600.00)
Repairs & Maint-Facility	65.39	1,166.00	1,100.61	17,681.48	8,162.00	(9,519.48)
Utilities	10,849.91	7,617.00	(3,232.91)	61,925.72	53,319.00	(8,606.72)
Real Estate Taxes	1,010.67	1,542.00	531.33	9,991.77	10,794.00	802.23
Total Facility Expenses	31,442.51	28,529.00	(2,913.51)	229,367.35	199,703.00	(29,664.35)
Other Expenses						
Advice Line	2,040.00	1,825.00	(215.00)	13,840.00	12,775.00	(1,065.00)
Audit Fees	20,750.00	0.00	(20,750.00)	20,750.00	21,500.00	750.00
Bad Debt	0.00	125.00	125.00	2,369.00	875.00	(1,494.00)
Bank Charges	1,711.15	1,050.00	(661.15)	7,183.93	7,350.00	166.07
Board Expense	2,181.59	2,342.00	160.41	15,173.59	16,394.00	1,220.41
Billing Services	1,925.96	3,367.00	1,441.04	15,801.42	23,569.00	7,767.58
Computer Supplies & Support	57,207.57	41,788.00	(15,419.57)	366,352.40	292,516.00	(73,836.40)
Consulting Fees	3,958.52	7,846.00	3,887.48	30,995.89	54,922.00	23,926.11
Consulting Fees - Accounting	16,747.00	9,213.00	(7,534.00)	59,765.72	64,491.00	4,725.28
Consulting Fees - Government Compliance	2,944.00	2,371.00	(573.00)	14,145.00	16,597.00	2,452.00
Consulting Fees - CFO	1,781.00	1,958.00	177.00	8,548.00	13,706.00	5,158.00
Continuing Education	2,409.15	1,441.00	(968.15)	8,734.61	10,087.00	1,352.39
Depreciation Expense	2,220.88	1,853.00	(367.88)	17,126.23	12,971.00	(4,155.23)
Donations/Contributions	262.62	442.00	179.38	10,722.27	3,094.00	(7,628.27)
Dues & Subscriptions	1,778.65	2,426.00	647.35	16,764.34	16,982.00	217.66
Employee Recognition	3,661.90	1,654.00	(2,007.90)	14,948.53	11,578.00	(3,370.53)
Equipment Lease	2,648.46	1,917.00	(731.46)	16,484.01	13,419.00	(3,065.01)
Fundraising Allocation	(1,986.69)	(933.00)	1,053.69	(8,396.37)	(6,301.00)	2,095.37
Infectious Waste Disposal	0.00	2,041.00	2,041.00	12,427.41	14,287.00	1,859.59

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 1/1/2025 Through 1/31/2025

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Insurance-General	2,571.00	3,308.00	737.00	19,067.96	23,156.00	4,088.04
Insurance-D&O	2,791.46	2,800.00	8.54	18,225.11	19,600.00	1,374.89
Insurance-Malpractice	1,561.00	1,230.00	(331.00)	7,898.52	8,610.00	711.48
Lab Services	2,331.32	5,470.00	3,138.68	21,621.15	38,290.00	16,668.85
Legal Fees	0.00	0.00	0.00	2,205.00	0.00	(2,205.00)
Memberships & Publications	0.00	92.00	92.00	0.00	644.00	644.00
Minor Equipment	571.60	2,210.00	1,638.40	4,053.73	15,470.00	11,416.27
Outreach Fundraiser Event	0.00	0.00	0.00	66.49	0.00	(66.49)
Outreach & Hlth Ed Matls Exp	1,212.00	933.00	(279.00)	8,803.18	6,531.00	(2,272.18)
Payroll Service Fees	2,253.10	2,392.00	138.90	16,951.14	16,744.00	(207.14)
Penalties & Late Fees	0.00	0.00	0.00	349.78	0.00	(349.78)
Postage & Shipping	1,484.52	1,243.00	(241.52)	7,370.79	8,718.00	1,347.21
Publicity/Advertising	292.00	866.00	574.00	5,346.22	6,062.00	715.78
Recruiting Expense	4,393.28	3,333.00	(1,060.28)	14,393.28	23,331.00	8,937.72
Recruiting-Moving Expense	0.00	1,666.00	1,666.00	0.00	11,662.00	11,662.00
Provider Housing	2,568.31	2,600.00	31.69	23,925.40	18,200.00	(5,725.40)
Repairs & Maint-Equipment	3,711.92	3,792.00	80.08	13,718.94	26,544.00	12,825.06
Retirement Administration	180.00	275.00	95.00	3,087.50	1,925.00	(1,162.50)
Supplies-Office	3,280.26	7,049.00	3,768.74	29,574.50	49,343.00	19,768.50
Supplies-Clinical	35,878.98	35,152.00	(726.98)	236,830.87	246,064.00	9,233.13
Supplies-Vaccines	950.28	3,924.00	2,973.72	19,498.71	27,468.00	7,969.29
Supplies-Pharmaceutical	3,630.65	2,199.00	(1,431.65)	14,902.67	15,393.00	490.33
Taxes & Licenses	438.26	1,509.00	1,070.74	4,798.21	10,563.00	5,764.79
Telephone/Communication	6,658.34	10,707.00	4,048.66	47,715.46	74,949.00	27,233.54
Transcription Services	4,956.43	6,325.00	1,368.57	26,329.66	44,275.00	17,945.34
Travel & Conferences	4,856.02	4,065.00	(791.02)	35,462.12	28,455.00	(7,007.12)
X-Ray Expenses	4,663.32	4,226.00	(437.32)	29,375.60	29,582.00	206.40
Total Other Expenses	<u>213,475.81</u>	<u>190,092.00</u>	<u>(23,383.81)</u>	<u>1,255,307.97</u>	<u>1,352,391.00</u>	<u>97,083.03</u>
Total Operating Expenses	<u>819,624.98</u>	<u>843,942.00</u>	<u>24,317.02</u>	<u>5,310,670.08</u>	<u>5,766,237.00</u>	<u>455,566.92</u>
Total Operating Expenses After Allocation	<u>819,624.98</u>	<u>843,942.00</u>	<u>24,317.02</u>	<u>5,310,670.08</u>	<u>5,766,237.00</u>	<u>455,566.92</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 1/31/2025

	<u>Current Period</u>	<u>Current Year</u>
Operating Activities		
Change in Net Assets	(54,689.70)	(294,252.77)
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	14,914.09	105,974.28
(Increase)/Decrease in Accounts Receivable	(218,816.50)	94,289.52
(Increase)/Decrease in Grants Receivable	39,886.53	(18,760.85)
(Increase)/Decrease Estimated Medi-Cal Receivable	35,053.00	28,393.00
(Increase)/Decrease in Prepaid Expenses	50,065.23	28,882.75
Increase/(Decrease) in Accounts Payable	(44,911.60)	79,937.43
Increase/(Decrease) in Accrued Expenses	(122,118.70)	(142,851.65)
Increase/(Decrease) in Estimated Medi-Cal Payable	(26,347.61)	(243,406.29)
Increase/(Decrease) in Deferred Revenue	(19,094.00)	140,041.03
Total Adjustments to Reconcile Change in Net Assets to Cash	<u>(291,369.56)</u>	<u>72,499.22</u>
Total Operating Activities	<u>(346,059.26)</u>	<u>(221,753.55)</u>
Cash Flows from Investing Activities		
Investing Activities		
Construction in Progress	(25,222.35)	(175,938.18)
Total Investing Activities	<u>(25,222.35)</u>	<u>(175,938.18)</u>
Total Cash Flows from Investing Activities	<u>(25,222.35)</u>	<u>(175,938.18)</u>
Cash Flows from Financing Activities		
Financing Activities		
Increase/(Decrease) in Leases Payable	(6,574.67)	(45,350.09)
Total Financing Activities	<u>(6,574.67)</u>	<u>(45,350.09)</u>
Total Cash Flows from Financing Activities	<u>(6,574.67)</u>	<u>(45,350.09)</u>
Net Increase(Decrease) in Cash	<u>(377,856.28)</u>	<u>(443,041.82)</u>
Cash at Beginning of Period	3,154,532.70	3,219,718.24
Cash at End of Period	<u><u>2,776,676.42</u></u>	<u><u>2,776,676.42</u></u>

REDWOOD COAST MEDICAL SERVICES
URGENT CARE REVENUE & EXPENSES
Quarterly For Fiscal Year Ended June 30, 2025

	Jul-Sep 2024	% of total	Oct-Dec 2024	% of total	FY25 YTD	% of total
VISITS	1,666		1,604		3,270	
REVENUE						
Patient revenue	334,482		328,699		663,181	
CLSD contract revenue	200,000		200,000		400,000	
330 grant allocation	4,628		5,547		10,175	
QIP revenue	17,485	34%	17,226	34%	34,711	34%
Net 340B revenue	2,968	34%	9,643	34%	12,611	34%
Net fundraising revenue	17,598	34%	76,514	34%	94,112	34%
TOTAL REVENUE	577,161		637,629		1,214,790	
EXPENSES						
Clinical Personnel	378,956		379,115		758,071	
Facility	1,372		1,354		2,726	
Depreciation	7,054		5,772		12,826	
Advice Line	5,460		5,460		10,920	
Computer Supplies & Support	1,784		1,771		3,555	
Consulting Fees	491		205		696	
Continuing Education	-		1,825		1,825	
Dues & Subscriptions	-		638		638	
Employee Recognition	-		120		120	
Equipment Lease (copiers)	514		425		939	
Infectious Waste Disposal	568		1,186		1,754	
Malpractice Insurance	909		1,137		2,046	
Interest Expense	-		-		-	
Lab Services	9,266		3,122		12,388	
Minor Equipment	-		-		-	
Postage & Shipping	-		3		3	
Publicity & Advertising	-		-		-	
Provider Housing	7,173		4,141		11,314	
Repairs & Maintenance-Equipment	2,275		81		2,356	
Supplies-Office	131		423		554	
Supplies-Clinical	65,733		56,286		122,019	

REDWOOD COAST MEDICAL SERVICES
 URGENT CARE REVENUE & EXPENSES
 Quarterly For Fiscal Year Ended June 30, 2025

	Jul-Sep 2024	% of total	Oct-Dec 2024	% of total	FY25 YTD	% of total
Supplies-Pharmaceutical	10,026		7,457		17,483	
Taxes & Licenses	-		30		30	
Telephone	101		118		219	
Travel & Conferences	3,552		5,917		9,469	
X-Ray Expenses	11,676		11,227		22,903	
TOTAL DIRECT COSTS	507,041		487,813		994,854	
*Indirect Costs/Overhead	206,871	34%	210,982	34%	417,853	34%
TOTAL COSTS	713,912		698,795		1,412,707	
NET PROFIT/(LOSS)	(136,751)		(61,166)		(197,917)	

*Indirect costs include a share of non-clinical salaries, benefits, and related facility costs, EHR licensing, IT, general insurance, and other costs that can't be directly assigned to a revenue generating department.

REDWOOD COAST MEDICAL SERVICES
URGENT CARE REVENUE & EXPENSES
ALLOCATION METHODS USED

#	Type	Allocation method
1.	Patient service revenue	Provider
2.	CLSD contract	100% to UC
3.	*QIP/340B revenue	% of Direct Costs
4.	Federal 330 grant	UC costs charged to grant
5.	Fundraising	% of Direct Costs
6.	Personnel	Payroll/contract
7.	Facility	Square footage (18.16%)
8.	Direct costs	Directly coded to UC by AP
9.	Malpractice insurance	Visits
10.	Equipment	Square footage (18.16%)
12.	Telephone	Square footage (18.16%)
11.	Admin overhead	% of Direct Costs

* Quality Improvement Program (Managed Medi-Cal) / Discount drug program (non-Medi-Cal patients)

Quality Improvement Program - we receive incentive payments for meeting specific quality measures.

340B Revenue - we purchase pharmaceuticals at discounted prices which are dispensed by our contracted pharmacies. We receive the difference between the retail sales and our discounted prices, less fees paid to the pharmacies and our third party administrator.