



REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
April 30, 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 March 26, 2025 	Leslie Bates	Vote	Page 1-4
HUMAN RESOURCES COMMITTEE REPORT <ul style="list-style-type: none"> Update Review of updated HR policies. Vote on acceptance of HR policies. 	Renee Kaucnik	Vote	Page 5-13
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 Board Training: HRSA Compliance Manual Ch. 12 	Dawn McQuarrie		Page 14-30
PERFORMANCE IMPROVEMENT COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Susan Hamlin		
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 March Financials Vote on acceptance of the March Financials 	Drew McCalley	Vote	Page 31-45
MENDONOMA HEALTH ALLIANCE REPORT <ul style="list-style-type: none"> Update 	Janis Dolphin		
EXECUTIVE COMMITTEE REPORT <ul style="list-style-type: none"> Updates 	Leslie Bates		
PUBLIC COMMENT/SHOUT OUTS	Leslie Bates		

BOARD CLOSED SESSION AFTER THE PUBLIC MEETING

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 March 26, 2025

BOARD MEMBER	P	A/E	BOARD MEMBER	P	A/E
Leslie Bates	X		Drew McCalley	X	
Janis Dolphin	X		Jim Nybakken	X	
Susan Hamlin	X		Andrea Polk	X	
Hall Kelley	X		Laurie Voss	X	
Kimberley Lakes		X	Harriet Wright	X	
Patricia Lynch	X				

STAFF PRESENT	
Ara Chakrabarti	
Barbara Brittell	
Renee Kaucnik	
Christie MacVitie	
Dawn McQuarrie	
Karen Wilder	

Public Attendees: 0

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

APPROVAL OF AGENDA AND MINUTES: After review, the agenda, Janis Dolphin moved to accept the agenda and the minutes of February 26, 2025. **Vote: Unanimously accepted.**

HUMAN RESOURCES COMMITTEE REPORT: Renee Kaucnik, HR/Operations Manager

- New employees have been recruited in the past month including a full-time MD, a PA-C, and 2 health techs.
- Continuing to recruit for full-time RN, MA and Front Desk positions.
- Continuing to utilize other resources to post and recruit for open positions.
- Due to the financial situation, it is not possible to overstaff. If one person suddenly goes out sick, the team feels it. The board expressed gratitude for Renee’s efforts on keeping RCMS staffed.
- March Anniversaries: Vicci Marcotte, 5 years; Amanda Chase, 12 years; Tiffany Dickerson, 15 years; Yvonne Fuentes 16 years.

MEDICAL TEAM REPORT: Barbara Brittell, Deputy Medical Director

- Working with Dr. Carroll on training and starting to build her primary care program. She is also cross training in Urgent Care.
- Discussed the efforts to focus on Quality Measures in the clinic – for example this month, the medical team has been primarily focused on colonoscopies, and end-of-life care conversations.
- COVID and flu cases are still coming in locally. Measles is also on the rise in the nation because of vaccine hesitancy so team members are working to help educate and address people’s concerns.

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

- Federal Tort Claims Act (FTCA) application opened February 27 – in process and on track to submit early.
- UDS – response to one question submitted March 12.
- CPCA Medi-Cal Navigator Project report submitted March 14.
- Community Clinic Directed Payment (CCDP) application submitted March 18.
- Black & White Night 2025 – March 19. Thank you to everyone who attended.
- 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.
- Highlighted the Quarter 1 Risk Assessment Report and Action Plan included in the packet.
- Employee annual N95 mask fit tests are in process for all staff.
- Discussed what to expect for the upcoming On-Site Visit (OSV) with HRSA. Please hold May 28th-30th.
- Discussed staff that have been reviewed and approved for credentialing by the Performance Improvement Committee (PIC).



On behalf of the Performance Improvement Committee, Dawn McQuarrie made the recommendation for the Board to accept the credentialing/recredentialing for the following staff members as presented:

- Samantha Allen, Phlebotomist
 - Henry Bennett, DDS
 - Eunice Cabezut, MA
- Seconded: McCalley. Vote: Unanimously accepted.**

Board Training: HRSA Compliance Manual Chapter 21: Federal Tort Claims Act (FTCA)

- Reviewed the 6 sections of the FTCA and the information that is required.
- Discussed that RCMS has Risk Management Systems and processes for Quality Assurance, Credentialing and privileging, and claims management in place, and maintains the supporting documentation required.

COMMUNICATIONS COMMITTEE REPORT: Susan Hamlin, Committee Chair

- Met with the HR committee and clarified that there is only one Communications Committee (no more internal/external committees).
- Continue to conduct interviews to highlight RCMS staff.

CEO REPORT: Ara Chakrabarti, CEO

Operations Update:

- Met with other Federally Qualified Health Centers (FQHCs) locally to discuss the possibility of scheduling a meeting of regional Board Members and CEOs for a better understanding of FQHC operations in the region.
- Produced an active shooter training video for drills and staff education. Reviewed the 3 steps to respond to this type of incident. Collected staff feedback – most felt prepared for the situation.
- Participated in Mendocino County tsunami preparedness training drill.

Community Outreach:

- Black & White Night Dinner was a success. Thank you to all the community members that came together to make that happen. This is an event that was created by community members for RCMS.
- Upcoming presentation at the Del Mar Center to introduce RCMS to new community members, organized by The Sea Ranch Association.

Federal & State Budget Updates:

- Title 10 funds will be going away - no future funds will be budgeted for planned parenthood at this time.
- HIV prevention funding will stop.
- Long COVID funding will stop this month.
- 3% cut to Medicare across the board. Medicaid matching funds are in jeopardy right now.
- Discussed impact of grocery price increases from tariffs and other concerns from budget uncertainties.

CAPITAL CAMPAIGN COMMITTEE REPORT: Jim Nybakken, Committee Chair

- Planning Approvals: Discussed ongoing challenges with planning for 24 additional parking spaces to meet the requirements of the additional square footage. Several considerations must be taken because of the helipad and environmental impacts. Progress is moving slow.
- Completion of Documents: The Architectural Engineering team is continuing to complete the 100% construction documents.
- Capital Campaign: Consultants are continuing to interview prospects and search for any grant opportunities to help fund the project. Financial feasibility study should be ready in May.

FINANCE COMMITTEE REPORT: Drew McCalley, Board Treasurer

- Cash position remains steady and increased slightly for the month.
- The key ratios remain strong.
- Visits in Primary Care continue to run below budget estimates as with prior months.



- The number of patients has improved slightly from the previous year. Increased Medi-Cal visits in the payor mix. Both of which positively impact the budget.
- 340B revenue was positive for the month and offset the prior months when it was below budget.
- Sliding Scale & Other Write-off was negative more than usual for the month due to an adjustment that was made for accounting purposes.
- Overall, there was a positive bottom line for the month.

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the February 2025 financials as presented. Seconded: Lynch. Vote: Unanimously accepted.

AUDIT COMMITTEE REPORT: Drew McCalley, Committee Member

- Met last Friday with the new audit firm about the annual audit report.
- The new firm found no issues with internal controls and confirmed it was a clean audit.

On behalf of the Audit Committee, Drew McCalley made the recommendation for the Board to accept the Audited Financial Statements for Fiscal Year 2023-2024 as presented. Seconded: Hamlin. Vote: Unanimously accepted.

MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- Discussed operational updates at MHA.
- Fully staffed until the mobile clinic is in operation. Licensing for the mobile clinic is slow but moving ahead.
- Ambitious fundraising efforts are being made for the organization, including training for the MHA Board.
- Continuing with outreach: Matter of Balance course, Peer Recovery Support, Drug Take Back, Preventative Screenings and more.

EXECUTIVE COMMITTEE REPORT: Leslie Bates, Board Chair

- Presented an overview of the Board Strategic Plan for 2025-2030.
- Thank you to the Board and community members who provided input to develop the plan.
- Following the adoption of the Strategic Plan is the development of action items to execute the plan.
- Discussed the key elements of the plan – provision of high quality comprehensive care, inspiring joy and engagement at work, and ensuring financial viability.

On behalf of the Executive Committee, Leslie Bates made the recommendation for the Board to accept the 2025-2030 Board Strategic Plan as presented. Seconded: Hamlin. Vote: Unanimously accepted.

PUBLIC COMMENT/SHOUT OUTS:

- Susan Hamlin: Thank you, Emma, at the front desk, who was patient, kind knowledgeable and efficient.
- Leslie Bates: Thank you, Dawn, for all the time and effort that you put in on the Black & White Night event. And thank you, Patricia Lynch, for putting together such a comprehensive strategic plan together.
- Dawn McQuarrie: Thank you to Eric and Karen Wilder for your help at the event and for setting up the square POS system. Thank you, Patty Batchelder, Robin Hathaway, and Diane Fisher, for driving the event, and by extension Paul Batchelder, Bob Hathaway, and Carl for also helping behind the scenes.
- Ara Chakrabarti: Thank you Dawn McQuarrie for lining everything out for the OSV, and Renee Kaucnik who has successfully recruited staff despite the ongoing challenges we have.

Meeting adjourned at 6:57 PM.

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



Attire and Grooming

Department	Clinic	First Approval Date	7/1/2021
Scope	Entire Clinic	Revision Date(s)	3/25/2025
BoD Adoption Date		Committee Approval Date	3/26/2025
Next Review Date	03/2028	Date(s) Announced to Staff	

Purpose / Objective	The professional appearance and conduct of our employees and contingent workforce are important parts of the experience for patients, their families, and visitors in clinical and non-clinical areas. Dress guidelines help Redwood Coast Medical Services, Inc., (RCMS) employees and contingent workers with expectations concerning professional appearance. This helps ensure our patients feel welcomed, respected, comfortable, and safe. This policy provides expectations and guidelines for dress and personal appearance for employees and contingent workers or other individuals working at RCMS.
Mandated by	
Definitions	
Attachments / References	

POLICY:

RCMS has established the following criteria for personal appearance. These criteria are for meeting our patients', customers', and the community's expectations and the image of what they expect of RCMS healthcare providers and administrative personnel. Employees are required to present a professional healthcare appearance and dress according to the requirements of this policy as well as adhere to their department-specific or job-specific dress standards.

Although not all examples can be presented within the text of this policy, some specific examples are presented for your information.

The following applies while at work and while representing RCMS at any function:

Employees and contracted staff are required to wear an official **RCMS ID badge** while on duty. The ID badge must be worn so that the picture and name can be seen and must be chest high or above. No marks or stickers, etc., may cover the picture or name on the badge; it must include a current picture and not be faded or damaged. If an employee or contractor is visiting RCMS while not on duty, they are not to wear their ID badge, nor represent they are on duty and they may perform no work.

- a. **Appropriate attire:** Must be neat, clean, appropriately fitting, matched and coordinated and have a professional or business-like appearance. Sleeveless dresses or bouses are appropriate if they are business professional. Fabric and fit of all clothing must project a professional image. Scrubs must be appropriately fitting, neither too large nor too tight, pants may not touch the ground for safety reasons.

- b. **Inappropriate attire:** denim (except facilities), sweatshirts, casual footwear (Uggs, work boots, slippers or Crocks with holes), short skirts or dresses, leggings with short tops, T-shirts, or other overly casual tops.
- Hats:** employees who work in departments that are exposed to the outside elements may wear hats (facilities/safety). No other hats/caps should be worn when on duty. Head coverings for a personal, medical, or religious purpose are to be referred to the Human Resources Department.
 - Tattoos:** tattoos may be visible if the images or words do not convey violence, discrimination, profanity or sexually explicit content. Tattoos containing such messages must be covered with bandages, clothing, or cosmetics. RCMS reserves the right to require any 'objectionable' tattoos be covered at work.
 - Hickeys:** hickeys can be considered offensive, unprofessional and distracting in nature, and must be covered by clothing, cosmetics or band aids while on duty.
 - Jewelry:** excessive or dangling jewelry and watches that may affect safe patient care, detract from a professional appearance, or violate infection control standards are not allowed.
 - Shoes:** shoes are to be appropriate for the position and must be clean, in good condition, and meet the safety requirements of the RCMS environment. Tennis shoes are acceptable based on appropriateness for the position. Tennis shoes must be clean, tidy, not torn or frayed. Open-toed shoes may not be worn in patient care areas by those providing direct patient care. Socks are to be worn as appropriate for the position, (i.e. with croc-type shoes that have holes). Closed toe shoes are required in the patient care areas and other areas in which safety does not dictate otherwise. Tennis shoes are appropriate if they apply to the position. Rain boots and slides (like Birkenstock) shoes are not allowed. Flip-flops, thong shoes or locker-room sandals are not allowed.
 - Hair:** is to be kept neat and clean. Employees with long hair who have direct patient contact must have their hair pinned up off the shoulders and secured at the nape of the neck. Braids, locks and twists must be secured. Beards, mustaches and sideburns must be clean and neat and at a length that will not create a work-related safety hazard. Glitter in hair is not allowed as it is a violation of the infection prevention guidelines.
 - Perfume, cologne, and fragrance:** will be light and restricted to use in non-patient care areas only.
 - Personal hygiene:** employees are expected to maintain a high standard of cleanliness, oral hygiene and deodorant.
 - Make-up:** should be in moderation and good taste and professional. Body glitter is not allowed.
 - Fingernails:** Employees who have direct contact with patients must comply with the following guidelines:
 - Artificial nails, acrylics or other artificial nails (including nail jewelry) applied over the nails are prohibited. These are dried grinded nail products (acrylics or gels).
 - Nail polish or Gel Polish is permissible if it is maintained without chips or cracks.
- Non-direct patient employees (those without "hands on" patient contact) must comply as follows:
- Nails (including artificial) must be kept clean and neatly trimmed or filed.

- Polish is permitted if maintained without chips or cracks.

Clinical staff:

- Any color scrub pant and top.
- Lab coats or protective barrier gowns must be worn when contact with bodily fluids is possible.
- Athletic shoes or another medical personnel type, closed-toe shoes are permitted. No liquid-penetrating fabric or shoe with holes that fluids could leak through.

Non-clinical staff (Administration, Front Desk/Reception):

- Business casual attire may be worn. Business casual is defined as: dress pants, khakis, slacks, casual skirts or dresses (appropriate length is at or below the knee), shirts with collars, blazers, sport coats, sweaters, golf shirts/polo shirts, and blouses are all appropriate.
- Sleeveless dresses and blouses may be worn if they look professional. If in doubt, managers and supervisors will determine if the sleeveless item is appropriate for work.
- Professional pants and a professional top (no denim, no leggings unless the top covers the backside completely), an RCMS jacket or other professional jacket, as weather permits.
- Front Desk/Reception: the above applies in addition to the attire being all black bottoms and tops, per the team's request.

Reasonable accommodation of religious beliefs

“Religious creed,” “religion,” “religious observance,” “religious belief,” and “creed” include all aspects of religious belief, observance, and practice, including religious dress and grooming practices. An individual of his or her religious creed shall construe “Religious dress practice” broadly to include the wearing or carrying of religious clothing, head or face coverings, jewelry, artifacts, and any other item that is part of the observance. An individual of his or her religious creed shall construe “Religious grooming practice” broadly to include all forms of head, facial, and body hair that are part of the observance.

RCMS recognizes the importance of individually held religious beliefs to people within its workforce. RCMS will reasonably accommodate a staff member’s religious beliefs in terms of workplace attire unless the accommodation creates an undue hardship. Accommodation of religious beliefs in terms of attire may be difficult considering safety issues for staff members. Those requesting workplace attire accommodation based on religious beliefs should be referred to the human resources department.

Enforcement Responsibilities

The responsibility to determine the appropriateness of employee appearance and attire and for enforcing dress code requirements rests with the direct supervisor/leadership and HR. Employees who fail to follow personal appearance and hygiene guidelines will be sent home without pay and be instructed to return to work in proper form.

Leadership reserves the right to object to attire believed to be unprofessional and not in alignment with the intent of this policy and does not support the culture, mission, vision, and values of RCMS.



Employment Verifications & Reference Checks

Department	Clinic	First Approval Date	9/28/2018
Scope	Entire Clinic	Revision Date(s)	3/25/2025
BoD Adoption Date		Committee Approval Date	3/26/2025
Next Review Date	3/25/2028	Date(s) Announced to Staff	

Purpose / Objective	All requests made to Redwood Coast Medical Services, Inc. (RCMS) for employment information on current and former employees must be referred to the Human Resources Department. Information from written and/or phone requests will be limited to provisions established by Human Resources.
Mandated by	
Definitions	<p>Employment Verification: response to an inquiry by a government agency, or an outside entity, such as a lending institution.</p> <p>Reference Check: response to an inquiry by a prospective employer confirming a person’s employment eligibility, current/past work history, and/or educational qualifications. Employers often verify employees prior to hiring or promoting them, to ensure that the employee’s employment history, education and other details match the information provided by the employee.</p>
Attachments / References	

Policy

Employment Verifications

All employment verification inquiries for current or former employees, prospective employers of current or former employees, government agencies, or other organizations such as a financial or lending institution, should be directed to Human Resources for an official organization response. Under no circumstances is any other employee authorized to provide a written or official employment verification response for the organization.

For prospective employers of a former employee, employment verifications by phone will be routed to Human Resources, who will only verify dates of employment and last position held.

For employment verification requests from government agencies, or other organizations such as a financial or lending institution, the request must contain the employee’s (or former employee’s) signature authorizing the release of information. Information will not be released without the employee’s signature. When the permission signature is present, Human Resources will release the following information regarding current and former employees:

- Whether the individual is currently employed at RCMS
- The employee’s current or last job title
- The employment status
- The dates of employment at RCMS
- The current salary paid to the employee



Employment Verifications & Reference Checks

Reference Checks

All requests for reference checks from prospective employers for current or former employees should be directed to Human Resources for an official organization response. Human Resources will only verify dates of employment and last position held.

Documents from any source (department, HR, etc.) cannot be released to current or former employees, prospective employers of current or former employees, governmental agencies, or other organizations such as a financial or lending institution without a written release from the employee. All employee files and the information and documents contained within are the property of RCMS.



Paid Holidays

Department	Clinic	First Approval Date	10/26/2018
Scope	Entire Clinic	Revision Date(s)	3/25/2025
BoD Adoption Date		Committee Approval Date	3/26/2025
Next Review Date	3/25/2028	Date(s) Announced to Staff	

Purpose / Objective	Redwood Coast Medical Services, Inc., (RCMS) recognizes six days during the year as paid holidays. Those holidays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.
Mandated by	
Definitions	
Attachments / References	

Policy

Regularly scheduled employees of RCMS are eligible for paid holidays on a prorated basis in accordance with an employee's FTE (full time equivalent) and if the holiday falls on a regularly scheduled workday for the employee. The number of holiday hours an employee is entitled to will be calculated based on the employee's regularly scheduled workday hours (6, 8, or 10 hours). Per diem employees are not regularly scheduled employees and are not eligible for holiday pay.

Dates of company holiday observance

Depending upon the particular day of the week a designated holiday falls on, RCMS may observe the holiday on a different day than the official holiday. When a holiday is on a Saturday, RCMS observes it on the Friday before. When a holiday is on a Sunday, RCMS observes it the following Monday.



RCMS Sponsored 403b Plan

Department	Clinic	First Approval Date	11/18/2020
Scope	Entire Clinic	Revision Date(s)	3/25/2025
BoD Adoption Date		Committee Approval Date	3/26/2025
Next Review Date	3/25/2028	Date(s) Announced to Staff	

Purpose / Objective	RCMS provides a 403(b) Retirement Savings Plan to help employees accumulate financial resources for retirement. As an employee of a nonprofit corporation, RCMS employees are permitted under Federal law to voluntarily direct a portion of their salary into an Internal Revenue Code section 403(b) Plan.
Mandated by	
Definitions	
Attachments / References	

Policy

Eligibility: Regular employees (excluding non-resident aliens) who are scheduled a minimum of 20 hours per week are eligible to join the Plan on the first day of employment. Once eligible for the RCMS Employer Sponsored 403(b) Plan, always eligible.

Employee Contributions: Subject to statutory limits on tax deductibility, the Plan allows employees to elect how much of their salary they want to contribute to the Plan. An employee is fully vested in his or her own contributions on the first day of becoming eligible for the company match and is entitled to those contributions upon termination.

Employer Contributions: After six months of service from the date of hire, all Plan participants who make contributions within the plan year are eligible to receive an employer discretionary match. The company may, but is not required under the Plan, to make a matching contribution to employees' contributions throughout the year.

If an employee would like to enroll in this plan, it is the responsibility of the employee to do so using the online participant platform.

The employee may choose to roll over an old plan into the new company sponsored 403(b) plan from a qualified existing account(s). Additional information can be obtained from Payroll or Human Resources.



Solicitation

Department	Clinic	First Approval Date	7/26/2019
Scope	Entire Clinic	Revision Date(s)	3/25/2025
BoD Adoption Date		Committee Approval Date	3/26/2025
Next Review Date	3/25/2028	Date(s) Announced to Staff	

Purpose / Objective	Redwood Coast Medical Services, Inc. (RCMS), prohibits solicitation, distribution or posting of materials on or at RCMS property by any employee or non-employee, except as may be permitted by this policy. The sole exceptions to this policy are charitable and community activities supported by RCMS management and company-sponsored programs related to RCMS products and services, which can be posted with approval from Human Resources (HR).
Mandated by	
Definitions	
Attachments / References	

Policy

Non-employees may not solicit employees or distribute literature of any kind on RCMS premises at any time.

Employees may not solicit other employees during work times, except in connection with a Company-approved or sponsored event.

Employees may not distribute literature of any kind during work times, or in any work area at any time, except in connection with a company-sponsored event.

Violation of this policy should be reported to HR.

Grants, Development, Outreach, and Compliance Report

April 2025 Activities

Grants/Funding

- FTCA application opened February 27 – in process
- OSV – postponed to mid July, still in process of collecting data
- CPCA Medi-Cal Navigator Project report submitted April 15
- 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:	1,147 sent – 147 returned – 12.82% return rate – 94.21% satisfaction rate
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

- Q1 2025 Compliance/Risk Management Report
- Continuing to update and streamline PnPs
- Attending meeting and trainings

Risk/Safety

- Hauled debris from EJC dumpster to clinic
- Completed Safety Orientation for three new staff members
- Start revising Emergency Operations Plan with Dawn McQuarrie
- Installed doorbell at Sea Watch Health Center
- Fixed door stop going up the back stairs at Gualala Health Center (GHC)
- Replaced battery on thermostat at top of stairs at GHC
- Ordered blind for provider hub for added security in case of an active shooter
- Installed exit sign on lower exit at GHC
- Placed fire blankets in all facilities
- Placed escape ladders in lab and provider hub at GHC
- Painted white strip at bottom of driveway so staff/patients stop at GHC

Other/Policies and Procedures

- None to present

Credentialing

- None to present

Board Training

Chapter 12: Contracts and Subawards

We must demonstrate that we:

- Of the disbursement of Federal funds will be carried out through a contract, we have an agreement
- Must get approval to contract for work under our grant
- Have documented procurement procedures which reflect applicable State and local laws and regulations
- We perform a cost or price analysis for every procurement action paid for in whole or part by our grant
- All procurement transactions paid for in whole or part by our grant, provides full and open competitive proposals

CY25 Q1 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> HRSA EHB Annual Profile Review-Christie MacVitie submitted January 7 CPCA Medi-Cal Navigator Project monthly report submitted January 14 CPCA Medi-Cal Navigator Project invoice submitted January 14 CPCA Medi-Cal Navigator Project progress report submitted January 14 CalFresh invoice submitted January 20</p> <p><u>Other</u> Year-end letters sent to monthly donors January 18</p> <p><u>Trainings/Meetings:</u> RCMS Capital Campaign meeting January 2 EPT Lilac Practice Track meeting January 7 RCMS PHMI Internal Check-in meeting January 8 PHMI Senior Leadership call series January 8 RCMS Teen Clinic meeting January 14 CPCA All Member Update call January 14 RCMS ECM meeting January 14 PHMI Pop Focus meeting January 16 MCHC Accounting Team meeting January 17 RCMS QI meeting January 21 CPCA All Member Update call January 21 RCMS Communications Committee meeting January 22 Black & White Night 2025 meeting January 23 Community Defender Training: Understanding Your Rights and Protecting Your Community Under the New Administration meeting January 29 RCMS Board of Directors meeting January 29</p> <p><u>Board Training:</u> Uniform Data Systems (UDS)</p>	Presented to BoD January 29
February	<u>Grants/Funding:</u>	

Month	Activity	Remediation/Status
	<p>State of California Statement of Information submitted February 7 HRSA UDS submitted February 12 HRSA 340B Recertification submitted and approved February 13 CPCA Medi-Cal Navigator Project monthly report submitted February 13 DHCS Community Clinic Directed Payment (CCDP) program application submitted February 14</p> <p><u>Trainings/Meetings:</u> PHMI Senior Leadership Call series February 5 RCMS Emergency Operations Program meeting February 5 RCMS All Hands meeting February 6 OSIS UDS call February 6 PHMI Pop Focus meeting February 6 EPT Learning Community-Redwood-Access Track meeting February 11 NACHC Elevate Learning Forum February 11 OSIS UDS+ call February 11 CPCA All Member Update call February 11 RCMS PIC meeting February 11 RCMS Communications Committee meeting February 12 Black & White Night 2025 meeting February 24 Mendocino County Outreach Partners meeting February 25 CPCA Weekly All Member Update call February 25 RCMS Emergency Operations Program meeting February 26 RCMS Board of Directors meeting February 26 PHMI Pop Focus meeting February 27 DHCS ECM check-in February 27 PHMI Core Team meeting February 27 CPCA Risk and Compliance Peer Network meeting February 28</p> <p><u>Other:</u> <u>Board Training:</u> Chapter 9: Sliding Fee Scale Program</p>	<p>Presented to BoD February 26</p>
March	<p><u>Grants/Funding:</u> Blackbaud Compliance update (Your Cause) submitted March 12 UDS response to review submitted March 12 CPCA Medi-Cal Navigator Project report submitted March 14</p>	

Month	Activity	Remediation/Status
	<p>CCDP re-application submitted March 18 UDS+ attestation submitted March 25</p> <p><u>Training/Meetings:</u></p> <p>Black & White Night 2025 meeting March 3 EPT March Lilac Practice Track meeting March 4 CPCA All Member update call March 4 HRSA FTCA Deeming Application Clinic March 5 PHMI Provider/Staff interview March 6 HRSA FTCA Deeming Application Clinic March 6 Black & White Night 2025 meeting March 10 RCMS Leadership Team call March 11 NACHC Elevate Learning Forum March 11 CPCA All Member Update call March 11 Emergency Operations Plan update meeting March 12 PHMI Pop Focus meeting March 13 CPCA Return on Investment (ROI) of Outreach meeting March 13 Black & White Night 2025 meeting March 16 Emergency Operations Plan update meeting March 17 SacValley QHIO DxF grant review meeting March 18 Emergency Operations Plan update meeting March 24 OSV per-meeting March 25 RCMS QI meeting March 25 Emergency Operations Plan update meeting March 26 RCMS Board of Directors meeting March 26 HRSA Project Officer touch-base March 27 ECM update call March 27 OSV internal touch-base call March 28 Emergency Operations Plan update meeting March 31</p> <p><u>Other:</u></p> <p>Studio 391 fundraising event March 18 Black & White Night 2025 fundraising event March 19</p> <p><u>Board Training:</u></p> <p>Chapter 21: Federal Torts Claim Act (FTCA) HRSA Operational Site Visit</p>	<p>Presented to BoD March 26 Presented to BoD March 26</p>

Month	Activity	Remediation/Status
Credentialing		
January	None presented	
February	Karina Gaona, Dental Assistant Angie Lara, MA Zara Zoeller, MA	Presented and approved by BoD February 26
March	Samantha Allen, phlebotomist Henry Bennett, DDS Eunice Cabezut, MA	Presented and approved by BoD March 26
Environmental Safety		
January	Installed new Avive AED in Sea Watch Building Installed Private Property signs at all facilities Painted asphalt curbs that direct water yellow Painted white line at exit of main clinic Cleaned stop sign at exit from Gualala Clinic Installed AED sign above Zoll AED in Administration area Refurbished bench at EJC	Presented at February 26 BoD meeting
February	Restocked masks for vendors and staff for Gualala Health Center Incorporated sharps containers and disposal into safety orientation for new hires Started N95 fit test for all staff Completed Safety Orientation for three new staff members	Presented at March 26 BoD meeting
March	Hauled debris from EJC dumpster to clinic Completed Safety Orientation for three new staff members Start revising Emergency Operations Plan with Dawn McQuarrie Installed doorbell at Sea Watch Health Center Fixed door stop going up the back stairs at Gualala Health Center (GHC) Replaced battery on thermostat at top of stairs at GHC Ordered blind for provider hub for added security in case of an active shooter Installed exit sign on lower exit at GHC Placed fire blankets in all facilities Placed escape ladders in lab and provider hub at GHC Painted white strip at bottom of driveway so staff/patients stop at GHC	Presented at April 30 BoD meeting
Incident Reports/Complaints		
January	None presented	

Month	Activity	Remediation/Status
February	None presented	
March	None presented	
Policies and Procedures		
January	Sliding Fee Discount Program 2025	Presented to and approved by BoD January 29
February	Public and Private Space QI-PI Work Plan 2025	Presented and approved by BoD February 26
March	None presented	
Quality and Process Improvement		
January	None presented	
February	None presented	
March	None presented	
Volunteers		
January	No activity	
February	No activity	
March	No activity	

Frequency	Activity	Remediation/Status
Competencies and Handwashing Checklists for Medical Assistants (MA) and Dental Assistants (DA)		
Annually	Ensured the quality of services is standardized and appropriate	
Contracted Services		
Annually	Ensured that contracts are: <ol style="list-style-type: none"> 1. Updated and in compliance 2. Vendor evaluations are within the past 12 months 3. Are amended as necessary to reflect new laws and regulations 	
Finance and Billing		
Human Resources – Training Plan for Dental, Primary Care, and Urgent Care staff		
Annually	HealthStreams is the learning management system (LMS) used by RCMS and the on-line trainings are required for all staff, both clinical and non-clinical. KnowBe4 is the LMS used by RCMS for all computer security on-line trainings required by all staff, both clinical and non-clinical.	All HealthStream and KnowBe4 trainings for the previous calendar year are reported in the Federal Torts Claim Act deeming application.

Insurance Management/Claims		
Annually	Insurance policy and coverage limits are reviewed upon renewal. Claims, if any, are reviewed by insurance carriers and monitored by CEO.	
Patient Surveys		
Quarterly	Documentation of service feedback from patients.	Presented to BoD April 30
Risk Assessments		
Quarterly	CY25 Q1 CY25 Q2 CY25 Q3 CY25 Q4	Presented to BoD March 26
Compliance-Risk Management Activities		
Quarterly	CY25 Q1 CY25 Q2 CY25 Q3 CY25 Q4	Presented to BoD April 30
Systems for tracking referrals, diagnostic laboratory values, and other tests		
Quarterly	Continuity of Care Laboratory Process and Tracking Radiology Process and Tracking Referral Process and Tracking for Specialists and Diagnostic	
Use of information Technology/HIPAA Safety and Security per HITECH Act		
Annual	To ensure compliance with HIPAA privacy and security regulations and breach notification mandates outlined in HITECH Act Security Testing for email and internet safety tests for RCMS employees	
Workers' Compensation Claims Review		
Quarterly/Annually	Work place injuries and illness claims management	

Board of Director Meetings 2025:

January 29	February 26	March 26
April 30	May 28	June 25
July 30 *	August 27 *	September 24 *
October 29 *	November 19 *	December 17 *

Performance Improvement Committee Meetings 2025:

Q1	February 1	Q1
April 8	Q1	June 10
Q1	August 12	Q1
October 14	Q1	December 9

* dates are not finalized (as of January 1, 2025)

Chapter 12: Contracts and Subawards

Note: This chapter contains revisions based on the Bipartisan Budget Act of 2018. [View the revisions.](#)

Authority

Section 330(k)(3)(I) and Section 330(q) of the PHS Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(t), and 42 CFR 56.303(t); 45 CFR Part 75 Subpart D; and Section 1861(aa)(4)(A)(ii) and Section 1905(l)(2)(B)(ii) of the Social Security Act

Requirements

Contracts: Procurement and Monitoring¹

- The health center must determine² whether an individual agreement that will result in disbursement of Federal funds will be carried out through a [contract](#) or a [subaward](#) and structure the agreement accordingly.³
- The health center must request and receive approval from HRSA to contract for [substantive programmatic] work⁴ under its Health Center Program [award](#).
- The health center must use its own documented procurement procedures which reflect applicable State, local, and tribal laws and regulations, provided that for procurement actions paid for in whole or in part under the Federal award, the procurements conform with 45 CFR Part 75.

¹ All procurement standards included in 45 CFR Part 75 apply for procurement actions paid for in whole or in part under the Federal award. These standards do not relieve the non-Federal entity of any contractual responsibilities under its contracts. HRSA will not substitute its judgment for that of the non-Federal entity unless the matter is primarily a Federal concern. Violations of law will be referred to the local, tribal, state, or Federal authority having proper jurisdiction.

² Per 45 CFR 75.351(c): “In determining whether an agreement between a [pass-through entity](#) [Health Center Program [awardee](#)] and another [non-Federal entity](#) casts the latter as a [subrecipient](#) or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above [see 45 CFR 75.351(a) and (b)] may not be present in all cases, and the pass-through entity [Health Center Program awardee] must use judgment in classifying each agreement as a subaward or a procurement [contract](#).”

³ Specifically, the purpose of a subaward is to carry out a portion of the [Federal award](#) and creates a Federal assistance relationship with the subrecipient, while the purpose of a contract is to obtain goods or services for the health center’s own use and creates a procurement relationship with the contractor.

⁴ For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.

Health Center Program Compliance Manual

- The health center must perform a cost or price analysis in connection with every procurement action paid for in whole or in part by the Federal award in excess of the Simplified Acquisition Threshold.⁵
- The health center must conduct all procurement transactions paid for in whole or in part by the Federal award, in a manner that provides full and open competition consistent with the standards of 45 CFR 75.328. Procurements by non-competitive proposals⁶ are allowable only when:
 - The item is available only from a single source;
 - The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
 - The non-competitive proposal is specifically authorized by HRSA (or, in the case of a [subrecipient](#), the Federal [award recipient](#)) in response to a written request from the Federal award recipient or subrecipient; or
 - Competition is determined to be inadequate after soliciting a number of sources.
- Health center contracts with other providers for the provision of health services within the HRSA-approved [scope of project](#) must include a schedule of rates and method of payment for such services.
- The health center must oversee contractors to ensure their performance is in accordance with the terms, conditions, and specifications of their contracts and to assure compliance with applicable Federal requirements.⁷
- The health center must retain financial records, supporting documents, statistical records, and all other records pertinent to the Health Center Program award carried out under contracts for a period of three years from the date of the submission of the final expenditures report to HHS.

⁵ *Simplified acquisition threshold* means the dollar amount below which a non-Federal entity may purchase property or services using small purchase methods. Non-Federal entities adopt small purchase procedures in order to expedite the purchase of items costing less than the simplified acquisition threshold. The simplified acquisition threshold is set by the Federal Acquisition Regulation at 48 CFR subpart 2.1 and in accordance with 41 U.S.C. 1908. The acquisition threshold is periodically adjusted for inflation.

⁶ As defined by 45 CFR 75.329(f), procurement by “noncompetitive proposals” is procurement through solicitation of a proposal from only one source.

⁷ The health center is responsible, in accordance with good administrative practice and sound business judgment, for the settlement of all contractual and administrative issues arising out of procurements paid for in whole or in part under the Federal award. These issues include, but are not limited to, source evaluation, protests, disputes, and claims.

Subawards: Monitoring and Management

- The Health Center Program awardee must determine whether an individual agreement that will result in disbursement of Federal funds will be carried out through a contract or a subaward and structure the agreement accordingly.⁸ With respect to subawards:
 - The health center awardee must make documented, case-by-case determinations whether the agreement it makes for the disbursement of Federal program funds casts the party receiving the funds in the role of a [subrecipient](#), consistent with the characteristics outlined in 45 CFR 75.351;⁹
 - The health center awardee must identify subawards as such to the subrecipient, and provide all applicable information to the subrecipient as described in 45 CFR 75.352(a)(1), including the total amount of the Federal Award committed to the subrecipient by the health center awardee;
 - If any of the data elements contained in 45 CFR 75.352(a)(1) change, the health center awardee must include the change(s) in a subsequent subaward modification.

- The Health Center Program awardee must request and receive approval from HRSA to make a subaward under the [Federal award](#).

- The Health Center Program awardee must ensure that, at the time of making a subaward, each subrecipient, which is a subawardee of Federal funds, complies with all applicable requirements specified in the Federal award (including those found in section 330 of the PHS Act, implementing program regulations, and grants regulations in 45 CFR Part 75).

- The Health Center Program awardee must monitor the ongoing activities of the subrecipient to ensure that the subaward is used for authorized purposes and that the subrecipient maintains compliance with all applicable requirements specified in the Federal award (including those found in section 330 of the PHS Act, implementing program regulations, and grants regulations in 45 CFR Part 75).

- The Health Center Program awardee must retain financial records, supporting documents, statistical records, and all other records pertinent to the Health Center Program award as carried out under any subawards for a period of three years from the date of the submission of the final expenditures report to the health center awardee.

⁸ Specifically, the purpose of a subaward is to carry out a portion of the Federal award and create a Federal assistance relationship with the subrecipient, while the purpose of a contract is to obtain goods or services for the health center's own use and creates a procurement relationship with the contractor.

⁹ Per 45 CFR 75.351(c): "In determining whether an agreement between a [pass-through entity](#) [Health Center Program awardee] and another [non-Federal entity](#) casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above [see 45 CFR 75.351(a) and (b)] may not be present in all cases, and the pass-through entity [Health Center Program awardee] must use judgment in classifying each agreement as a subaward or a procurement contract."

Health Center Program Compliance Manual

- The Health Center Program awardee must consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the Health Center Program awardee's own records and whether the Health Center Program awardee must consider taking enforcement action against noncompliant subrecipients as described in 45 CFR 75.371.

Demonstrating Compliance

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

Contracts: Procurement and Monitoring

- a. The health center has written procurement procedures that comply with Federal procurement standards, including a process for ensuring that all procurement costs directly attributable to the Federal award are allowable, consistent with Federal Cost Principles.¹⁰
- b. The health center has records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements.
- c. The health center retains final contracts and related procurement records, consistent with Federal document maintenance requirements, for procurement actions paid for in whole or in part under the Federal award.¹¹
- d. The health center has access to contractor records and reports related to health center activities in order to ensure that all activities and reporting requirements are being carried out in accordance with the provisions and timelines of the related contract (for example, performance goals are achieved, [Uniform Data System \(UDS\)](#) data are submitted by appropriate deadlines, funds are used for authorized purposes).
- e. If the health center has arrangements with a contractor to perform substantive programmatic work,¹² the health center requested and received prior approval from HRSA as documented by:

¹⁰ See 45 CFR 75 Subpart E: Cost Principles.

¹¹ See 45 CFR 75.361 for HHS retention requirements for records.

¹² For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers. The acquisition of supplies, material, equipment, or general support services is not considered programmatic work. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.

Health Center Program Compliance Manual

- An approved competing continuation/renewal of designation application or other competitive application, which included such an arrangement; or
 - An approved post-award request for such arrangements submitted within the project period (for example, change in scope).
- f. The health center's contracts that support the HRSA-approved scope of project include provisions that address the following:
- The specific activities or services to be performed or goods to be provided;
 - Mechanisms for the health center to monitor contractor performance; and
 - Requirements for the contractor to provide data necessary to meet the recipient's applicable Federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.¹³

Subawards: Monitoring and Management

- g. If the health center has made a subaward, the health center requested and received prior approval from HRSA as documented by:
- An approved competing continuation/renewal of designation application or other competitive application, which included the subrecipient arrangement; or
 - An approved post-award request for such subrecipient arrangements submitted within the project period (for example, change in scope).
- h. The health center's subaward(s) that supports the HRSA-approved scope of project includes provisions that address the following:
- The specific portion of the HRSA-approved scope of project to be performed by the subrecipient;
 - The applicability of all Health Center Program requirements to the subrecipient;
 - The applicability to the subrecipient of any distinct statutory, regulatory, and policy requirements of other Federal programs associated with their HRSA-approved scope of project;¹⁴
 - Mechanisms for the health center to monitor subrecipient compliance and performance;
 - Requirements for the subrecipient to provide data necessary to meet the health center's applicable Federal financial and programmatic reporting requirements,

¹³ For further guidance on these requirements, see the HHS Grants Policy Statement, at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

¹⁴ Subrecipients are generally eligible to receive [FQHC](#) payment rates under Medicaid and Medicare, 340B Drug Pricing, and Federal Tort Claims Act (FTCA) coverage. However, such benefits are not automatically conferred and may require additional actions and approvals (for example, submission and approval of a subrecipient FTCA deeming application).

Health Center Program Compliance Manual

- as well as provisions addressing record retention and access, audit, and property management;¹⁵ and
- Requirements that all costs paid for by the Federal subaward are allowable consistent with Federal Cost Principles.¹⁶
- i. The health center monitors the activities of its subrecipient to ensure that the subaward is used for authorized purposes and that the subrecipient maintains compliance with all applicable requirements specified in the Federal award (including those found in section 330 of the PHS Act, implementing program regulations and grants regulations in 45 CFR Part 75). Specifically, the health center's monitoring of the subrecipient includes:
 - Reviewing financial and performance reports required by the health center in order to ensure performance goals are achieved, UDS data are submitted by appropriate deadlines, and funds are used for authorized purposes;
 - Ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the subaward that may be identified through audits, on-site reviews, and other means; and
 - Issuing a management decision for audit findings pertaining to the subaward.¹⁷
- j. The health center retains final subrecipient agreements and related records, consistent with Federal document maintenance requirements.¹⁸

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:

- The health center determines the methods it will utilize to monitor contractor activities and performance. Such monitoring could include:
 - Periodic evaluations of contractor performance (for example, results from reviews of invoices and records, reports from staff of contractor activity) that are shared with the board and management staff; and/or
 - Documentation at the time of contract completion or renewal that the contractor has met the terms, conditions, and specifications of the contract.
- The health center determines the methods it will utilize to settle any contractual or administrative issues arising out of procurements, with respect to contracts (for

¹⁵ For further guidance on these requirements, see the HHS Grants Policy Statement, at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>.

¹⁶ See 45 CFR 75 Subpart E: Cost Principles.

¹⁷ Per 45 CFR 75.521, the management decision [issued by the health center to the subrecipient] must clearly state whether or not the audit finding is sustained, the reasons for the decision, and the expected auditee action to repay disallowed costs, make financial adjustments, or take other action.

¹⁸ See 45 CFR 75.361 for HHS retention requirements for records.

Health Center Program Compliance Manual

example protests, disputes, claims) or how to take enforcement actions in the case of subawards.

- The health center determines the methods it will utilize to monitor subrecipient compliance and performance with Health Center Program requirements. Such monitoring could include:
 - Receiving/reviewing copies of the subrecipient governing board's meeting minutes;
 - Performing site visits;
 - Conducting regular check-in calls and updates regarding Health Center Program requirements or new Health Center Program policies;
 - Receiving/reviewing the subrecipient's annual audit;
 - Conducting periodic joint meetings between the two entities' boards, or between the health center's key management staff and the subrecipient's board;
 - Receiving/reviewing periodic written reports from the subrecipient; and/or
 - Sharing data and creating systems for the sharing of financial and medical records for the purpose of Health Center Program data reporting.

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY

March 2025

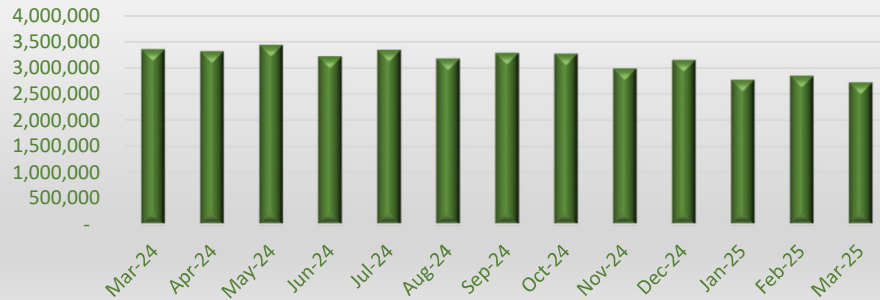
STATEMENT OF FINANCIAL POSITION					
ASSETS	Mar-25	Mar-24	Change	Feb-25	Change
Current Assets	3,458,313	4,146,042	-16.59%	3,590,378	-3.68%
Long-Term Assets	2,841,589	2,845,402	-0.13%	2,821,181	0.72%
TOTAL ASSETS	6,299,901	6,991,444	-9.89%	6,411,559	-1.74%
LIABILITIES AND NET ASSETS					
Current Liabilities	810,685	867,953	-6.60%	872,672	-7.10%
Estimated Medi-Cal Liabilities	47,346	265,753	-82.18%	12,139	290.02%
Long-Term Leases	-	39,838	-100.00%	-	
Total Liabilities	858,031	1,173,545	-26.89%	884,811	-3.03%
Net Assets	5,441,871	5,817,900	-6.46%	5,526,748	-1.54%
TOTAL LIABILITIES AND NET ASSETS	6,299,901	6,991,444	-9.89%	6,411,559	-1.74%
STATEMENT OF ACTIVITIES - YTD					
REVENUES	Actual	Budget	Variance	Prior Year	Variance
Patient Service Revenue	3,247,798	4,086,117	-20.52%	3,121,676	4.04%
Grant & Other Revenue	2,680,790	2,776,865	-3.46%	2,804,132	-4.40%
NET REVENUE	5,928,588	6,862,982	-13.61%	5,925,808	0.05%
OPERATING EXPENSES					
Salaries and Benefits	4,835,544	5,248,639	-7.87%	4,617,814	4.71%
Contracted Services	48,767	80,227	-39.21%	33,572	45.26%
Facility Costs	192,720	150,480	28.07%	210,850	-8.60%
Supplies	377,393	446,120	-15.41%	469,731	-19.66%
Depreciation & Amortization	135,802	122,958	10.45%	61,142	122.11%
Other Operating Expenses	1,222,060	1,269,972	-3.77%	1,131,117	8.04%
TOTAL OPERATING EXPENSES	6,812,286	7,318,396	-6.92%	6,524,226	4.42%
OPERATING EXCESS/(DEFICIENCY)	(883,698)	(455,414)	94.04%	(598,418)	47.67%
Net Capital Income/(Expenses)	509,135	401,077	26.94%	543,036	-6.24%
TOTAL EXCESS/(DEFICIENCY)	(374,563)	(54,337)	589.33%	(55,382)	

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY

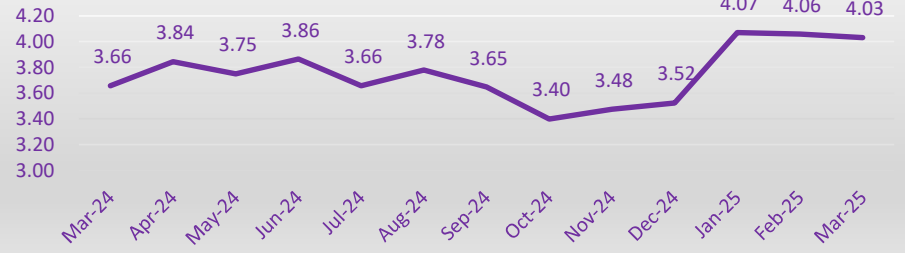
March 2025

Cash on Hand



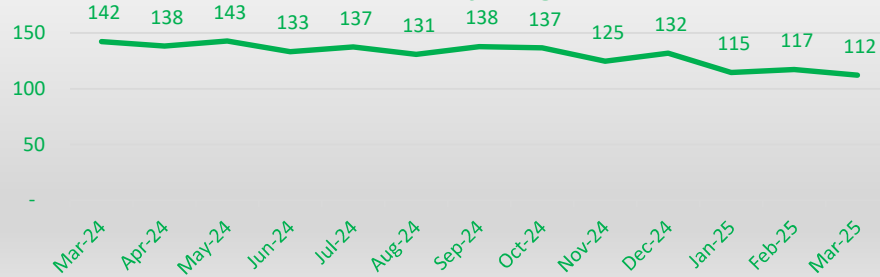
Current Ratio

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



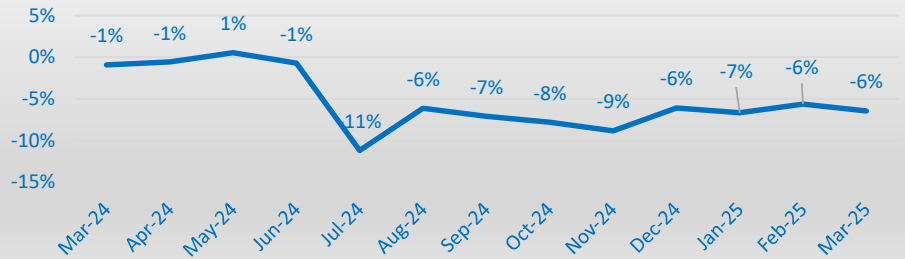
Days Unrestricted Cash on Hand

Recommend > 60 days; higher is better



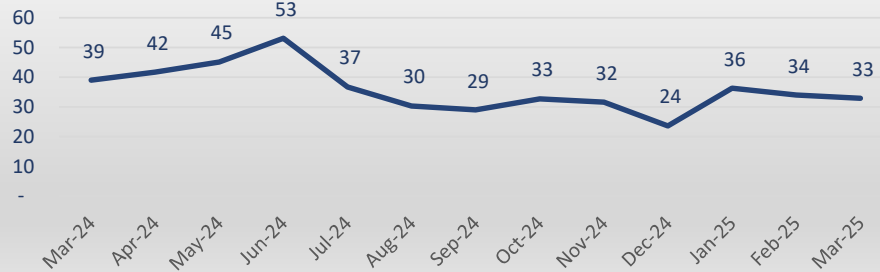
Net Margin

Goal = 0%; higher is better

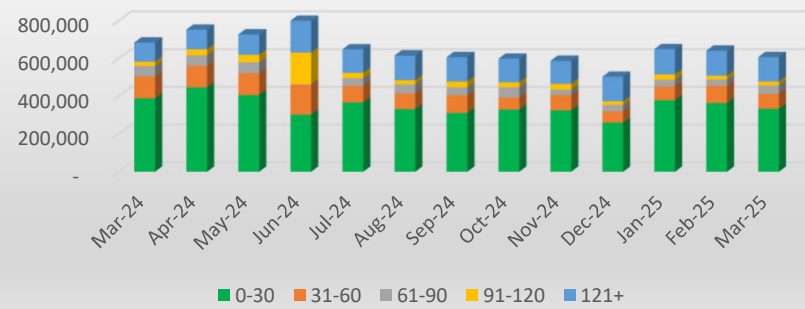


Days Net AR Outstanding

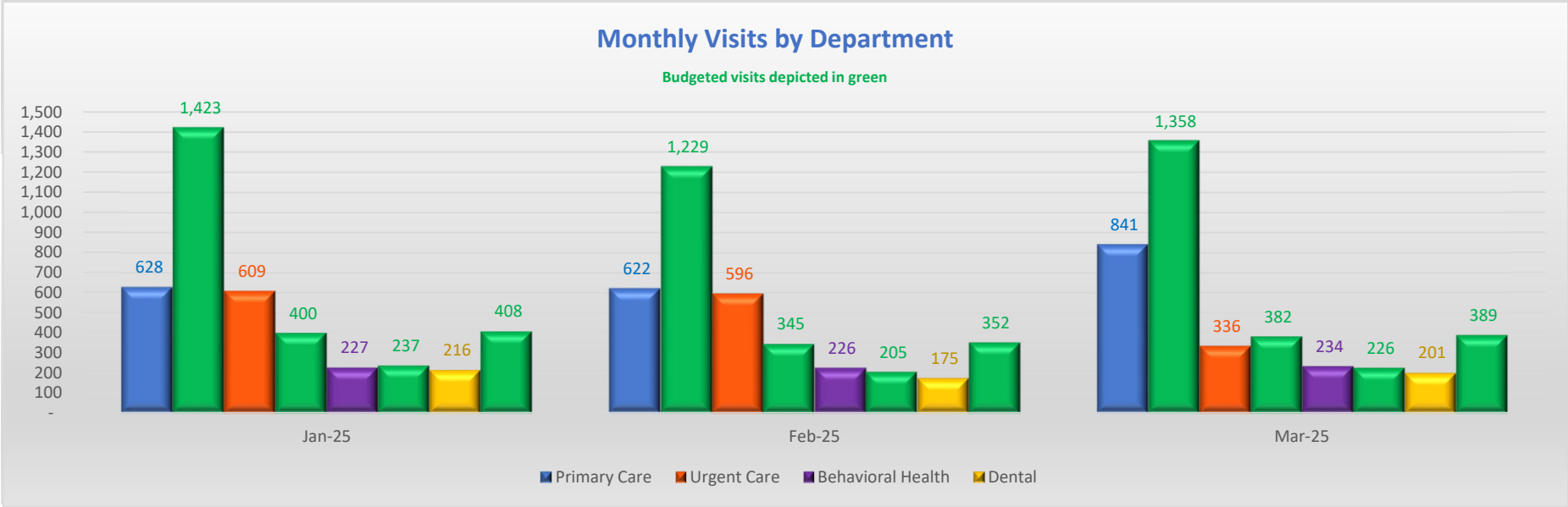
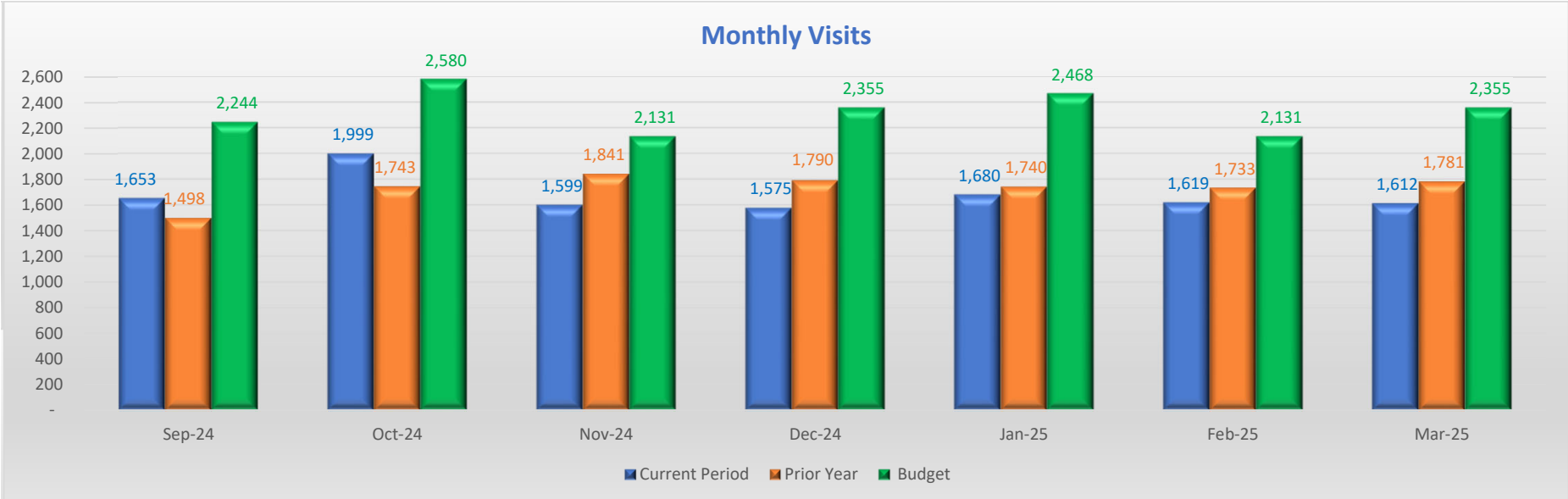
Recommend < 45 days, lower is better



Patient AR Balance



REDWOOD COAST MEDICAL SERVICES, INC.
EXECUTIVE SUMMARY
 March 2025



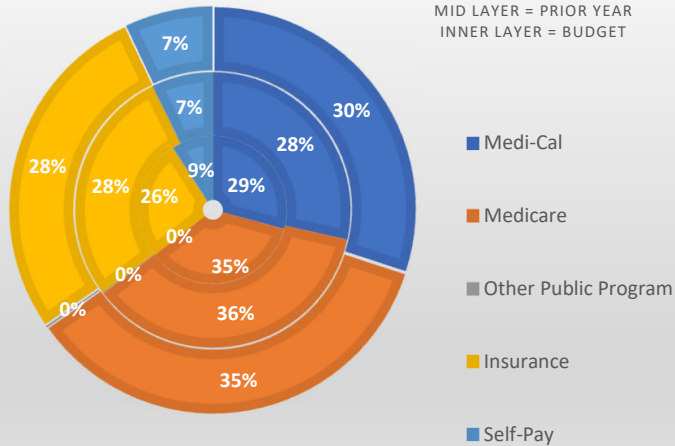
REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY

March 2025

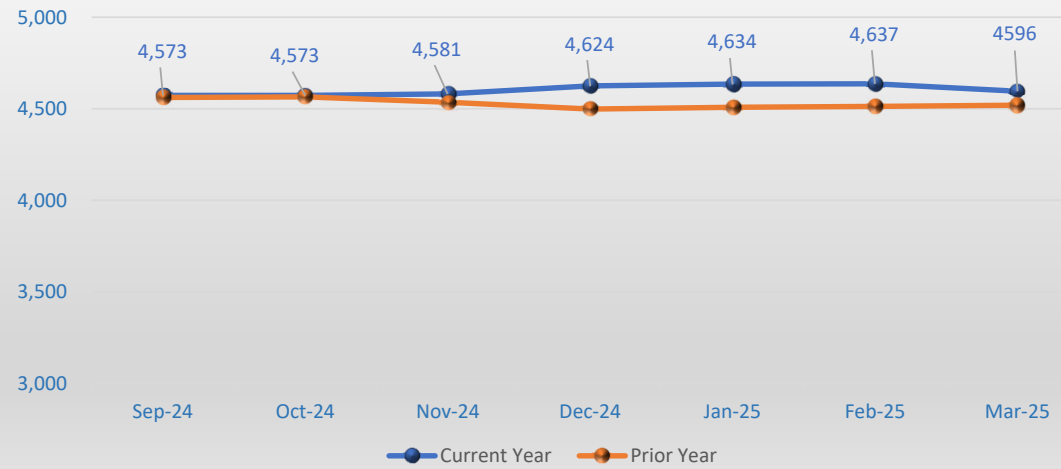
YTD PAYOR MIX

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

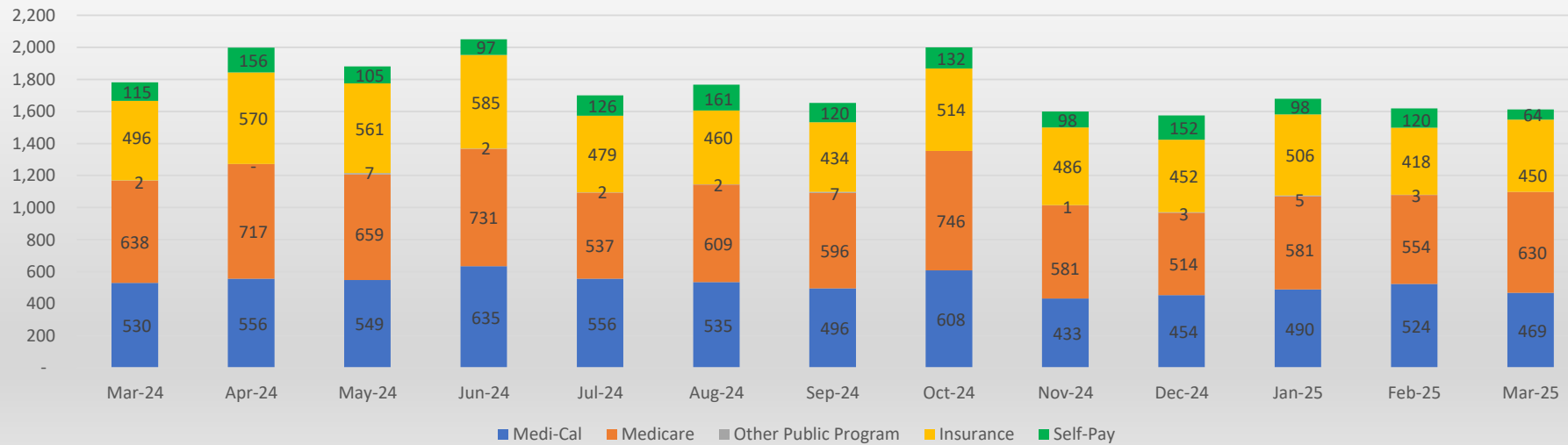


Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class



FINANCIAL NARRATIVE March 2025

Financial results:

We recorded a bottom-line loss of \$84,878 for March, which was \$100,144 worse than the budgeted profit of \$15,266. Our year-to-date bottom-line loss was \$374,563, which was \$320,226 worse than the year-to-date budgeted bottom-line loss of \$54,337.

- Net Patient Revenue (NPR) of \$386,130 was \$65,648 less than the budgeted NPR of \$451,778.

NPR Variance	\$ (65,647.51)
Due to higher/(lower) visits	\$ (142,535.48)
Due to higher/(lower) rate per visit	\$ 76,887.97

- March visits of 1,612 were 743 fewer than budgeted visits of 2,355.
- The average rate per visit of \$239.54 was \$47.70 higher than the budgeted average rate per visit of \$191.84.
- Grants and Other Revenue of \$276,876 were \$31,671 lower than budgeted.
 - 340B program revenue was \$29,228 less than budgeted.
- Fundraising and Capital Activity of \$10,498 was \$34,096 under budget.
 - Fundraising Income was \$21,896 more than budgeted due to the *Black & White* event.
 - Fundraising Expenses were \$12,115 more than budgeted due to expenses related to the black and white fundraiser.
 - Our overall investment value decreased by \$40,595.
- Operating Expenses of \$758,382 were \$31,271 less than budgeted.
 - Total Compensation was \$20,887 under budget due to vacant positions and lower contracted provider utilization.
 - Computer Supplies and Support were \$5,493 over budget due to annual license fees and the late receipt of an invoice for February support.

- Consulting Fees were \$3,801 under budget.
- Accounting Fees were \$4,890 over budget due to having underestimated prior month's costs and fees for multiple projects, including preparing and submitting the annual 571L, preparing the annual DHCS PPS Reconciliation Request, providing documents to DHCS for the Change in Scope of Service Request audit, on-site Accounts Payable consulting, and finalizing the audit.
- CFO fees were \$2,354 over budget due to underestimating the prior month's costs.
- Continuing Education was \$3,574 over budget.
- Lab Services were \$17,651 over budget due to receiving invoices for fees for several prior months.
- Legal fees were \$3,245 over budget.
- Recruiting Expense was \$4,583 under budget due to overestimating prior period expenses.
- Equipment Repairs and Maintenance were \$3,536 less than budget.
- Office Supplies were \$4,407 less than budget.
- Clinical Supplies were \$24,163 less than budget.
- Pharmaceutical Supplies were \$5,364 greater than budget.
- Transcription Services were \$3,279 under budget.
- Travel and Conferences were \$2,453 under budget.

Changes in Financial position:

- Cash and Investments were \$2,723,210 as of the end of March.
 - Cash and Investments decreased by \$128,694 during the month.
 - We invested \$35,321 of the Management-designated funds in the building expansion project.

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position

As of 3/31/2025

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Assets			
Cash & Investments			
Cash on Hand	521,505.86	1,126,960.83	(605,454.97)
Cash-Management Restricted	431,015.71	565,325.00	(134,309.29)
Investments	1,770,688.82	1,666,622.91	104,065.91
Total Cash & Investments	<u>2,723,210.39</u>	<u>3,358,908.74</u>	<u>(635,698.35)</u>
Patient Accounts Receivable			
Accounts Receivable	611,474.04	641,920.16	(30,446.12)
Allowance for Doubtful Accounts	(223,127.00)	(197,211.00)	(25,916.00)
Total Patient Accounts Receivable	<u>388,347.04</u>	<u>444,709.16</u>	<u>(56,362.12)</u>
Other Current Assets			
Medi-Cal Receivable - Current Year	0.00	31,739.00	(31,739.00)
Medi-Cal Receivable - Prior Year	42,036.13	28,393.00	13,643.13
Grants Receivable	17,377.00	7,782.00	9,595.00
QIP Receivable	157,083.39	146,907.00	10,176.39
Other Accounts Receivable	1,807.00	1,807.66	(0.66)
Prepaid Expenses	122,451.64	119,795.75	2,655.89
Other Assets	6,000.00	6,000.00	0.00
Total Other Current Assets	<u>346,755.16</u>	<u>342,424.41</u>	<u>4,330.75</u>
Total Current Assets	<u>3,458,312.59</u>	<u>4,146,042.31</u>	<u>(687,729.72)</u>
Long Term Assets			
Fixed Assets			
Property & Equipment	5,103,050.03	5,099,847.98	3,202.05
Accumulated Depreciation	(2,607,774.48)	(2,506,380.70)	(101,393.78)
Total Fixed Assets	<u>2,495,275.55</u>	<u>2,593,467.28</u>	<u>(98,191.73)</u>
Construction in Progress			
Construction in Progress	318,984.29	141,512.08	177,472.21
Total Construction in Progress	<u>318,984.29</u>	<u>141,512.08</u>	<u>177,472.21</u>
Right of Use Assets			
Right-of-Use Assets	230,106.00	230,106.00	0.00
Accumulated Amortization-ROU	(202,777.25)	(119,683.46)	(83,093.79)
Total Right of Use Assets	<u>27,328.75</u>	<u>110,422.54</u>	<u>(83,093.79)</u>
Total Long Term Assets	<u>2,841,588.59</u>	<u>2,845,401.90</u>	<u>(3,813.31)</u>
Total Assets	<u>6,299,901.18</u>	<u>6,991,444.21</u>	<u>(691,543.03)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position

As of 3/31/2025

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Liabilities			
Accounts Payable	128,335.79	83,616.56	44,719.23
Other Accounts Payable	30,944.63	45,346.00	(14,401.37)
Patient Refunds Due	4,835.86	6,145.26	(1,309.40)
Accrued Compensation and Related Liabilities	496,752.50	429,620.75	67,131.75
Medi-Cal Payable - Current Year	17,414.71	0.00	17,414.71
Medi-Cal Payable - Prior Year	29,930.91	265,753.00	(235,822.09)
Other Liabilities	49,201.00	49,201.00	0.00
Current Portion of LT Leases	33,222.17	77,256.73	(44,034.56)
Deferred Revenue	67,392.99	176,767.00	(109,374.01)
Total Current Liabilities	<u>858,030.56</u>	<u>1,133,706.30</u>	<u>(275,675.74)</u>
Long Term Debt			
Leases Payable - Long Term	0.00	39,838.28	(39,838.28)
Total Long Term Debt	<u>0.00</u>	<u>39,838.28</u>	<u>(39,838.28)</u>
Total Liabilities	<u>858,030.56</u>	<u>1,173,544.58</u>	<u>(315,514.02)</u>
Net Assets			
Unrestricted Net Assets	5,816,433.70	5,873,281.47	(56,847.77)
Current Year Net Excess/Deficit	(374,563.08)	(55,381.84)	(319,181.24)
Total Net Assets	<u>5,441,870.62</u>	<u>5,817,899.63</u>	<u>(376,029.01)</u>
Total Liabilities & Net Assets	<u>6,299,901.18</u>	<u>6,991,444.21</u>	<u>(691,543.03)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 3/1/2025 Through 3/31/2025

	<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	99,158.06	173,470.00	(74,311.94)	1,340,486.93	1,560,302.00	(219,815.07)
Medicare	207,611.62	165,733.00	41,878.62	1,240,848.56	1,492,190.00	(251,341.44)
Family Pact	(230.78)	833.00	(1,063.78)	6,544.53	6,873.00	(328.47)
Insurance	62,110.46	82,433.00	(20,322.54)	551,754.22	741,870.00	(190,115.78)
Other Public Programs	(304.00)	0.00	(304.00)	0.00	0.00	0.00
Self Pay & Other	13,926.00	60,535.00	(46,609.00)	304,029.86	546,002.00	(241,972.14)
Sliding Scale & Other Write-Offs	4,134.93	(30,809.00)	34,943.93	(225,969.26)	(277,367.00)	51,397.74
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	18,950.00	20,000.00	(1,050.00)
Patient Refunds	(275.80)	(417.00)	141.20	(3,725.73)	(3,753.00)	27.27
Total Patient Revenue	<u>386,130.49</u>	<u>451,778.00</u>	<u>(65,647.51)</u>	<u>3,247,798.11</u>	<u>4,086,117.00</u>	<u>(838,318.89)</u>
Operating Expenses						
Operating Expenses	758,382.07	789,653.00	31,270.93	6,812,286.34	7,318,396.00	506,109.66
Total Operating Expenses	<u>758,382.07</u>	<u>789,653.00</u>	<u>31,270.93</u>	<u>6,812,286.34</u>	<u>7,318,396.00</u>	<u>506,109.66</u>
Net Before Other Revenue	<u>(372,251.58)</u>	<u>(337,875.00)</u>	<u>(34,376.58)</u>	<u>(3,564,488.23)</u>	<u>(3,232,279.00)</u>	<u>(332,209.23)</u>
Grants & Other Revenue						
Grant Revenue-Federal 330	154,629.00	157,295.00	(2,666.00)	1,391,647.00	1,415,655.00	(24,008.00)
Grant Revenue-Federal UDS	0.00	0.00	0.00	26,725.00	0.00	26,725.00
Grant Revenue-USAC	0.00	1,902.00	(1,902.00)	16,458.76	17,118.00	(659.24)
Grant Revenue-Other	23,811.00	24,035.00	(224.00)	265,176.47	216,315.00	48,861.47
340B Revenue	3,959.55	33,187.00	(29,227.45)	111,815.43	298,683.00	(186,867.57)
Contract Revenue-CLSD	66,666.66	66,666.00	0.66	599,999.94	599,994.00	5.94
Partnership QIP Revenue	4,600.00	4,586.00	14.00	41,400.00	41,250.00	150.00
ARCH QIP Revenue	12,500.00	12,501.00	(1.00)	112,356.33	112,476.00	(119.67)
QIP-Other	0.00	342.00	(342.00)	0.00	3,077.00	(3,077.00)
Rental Income	3,127.00	3,017.00	110.00	27,143.00	27,153.00	(10.00)
Other Income	0.00	508.00	(508.00)	7,018.91	4,572.00	2,446.91
Interest & Dividends Earned	7,582.74	4,508.00	3,074.74	81,049.47	40,572.00	40,477.47
Total Grants & Other Revenue	<u>276,875.95</u>	<u>308,547.00</u>	<u>(31,671.05)</u>	<u>2,680,790.31</u>	<u>2,776,865.00</u>	<u>(96,074.69)</u>
Net Operating Income/(Loss)	<u>(95,375.63)</u>	<u>(29,328.00)</u>	<u>(66,047.63)</u>	<u>(883,697.92)</u>	<u>(455,414.00)</u>	<u>(428,283.92)</u>
Fundraising & Capital Activity						
Capital Grant Revenue	0.00	3,333.00	(3,333.00)	4,304.00	29,997.00	(25,693.00)
Fundraising Income	63,563.18	41,667.00	21,896.18	546,615.35	375,003.00	171,612.35
Fundraising Expense	(12,970.58)	(856.00)	(12,114.58)	(80,479.59)	(7,973.00)	(72,506.59)
Donations	500.00	450.00	50.00	5,773.18	4,050.00	1,723.18
Realized/Unrealized Gains/(Losses)	(40,594.69)	0.00	(40,594.69)	32,921.90	0.00	32,921.90
Total Fundraising & Capital Activity	<u>10,497.91</u>	<u>44,594.00</u>	<u>(34,096.09)</u>	<u>509,134.84</u>	<u>401,077.00</u>	<u>108,057.84</u>
Net Excess of Revenue over Expenses	<u>(84,877.72)</u>	<u>15,266.00</u>	<u>(100,143.72)</u>	<u>(374,563.08)</u>	<u>(54,337.00)</u>	<u>(320,226.08)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 3/1/2025 Through 3/31/2025

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Salaries & Wages						
Salaries & Wages	457,187.60	476,348.00	19,160.40	4,051,580.38	4,445,885.00	394,304.62
Total Salaries & Wages	<u>457,187.60</u>	<u>476,348.00</u>	<u>19,160.40</u>	<u>4,051,580.38</u>	<u>4,445,885.00</u>	<u>394,304.62</u>
Benefits						
Payroll Taxes	34,115.38	34,270.00	154.62	292,195.26	319,850.00	27,654.74
Health Insurance	45,752.39	44,047.00	(1,705.39)	423,847.87	411,115.00	(12,732.87)
Workmans Compensation	4,728.00	5,130.00	402.00	43,211.00	47,869.00	4,658.00
Retirement	2,811.96	2,156.00	(655.96)	20,209.09	20,115.00	(94.09)
Other Benefits	0.00	408.00	408.00	4,500.00	3,805.00	(695.00)
Total Benefits	<u>87,407.73</u>	<u>86,011.00</u>	<u>(1,396.73)</u>	<u>783,963.22</u>	<u>802,754.00</u>	<u>18,790.78</u>
Contracted Services						
Contracted Physician	2,250.00	1,813.00	(437.00)	7,250.00	16,922.00	9,672.00
Contracted NP	3,372.83	4,602.00	1,229.17	36,092.46	42,954.00	6,861.54
Contracted Mental Health Provider	0.00	0.00	0.00	(4,837.79)	0.00	4,837.79
Contracted Dentist Svcs	(150.00)	1,666.00	1,816.00	10,037.50	15,546.00	5,508.50
Contracted Pharmacist	0.00	515.00	515.00	225.00	4,805.00	4,580.00
Total Contracted Services	<u>5,472.83</u>	<u>8,596.00</u>	<u>3,123.17</u>	<u>48,767.17</u>	<u>80,227.00</u>	<u>31,459.83</u>
Total Compensation	<u>550,068.16</u>	<u>570,955.00</u>	<u>20,886.84</u>	<u>4,884,310.77</u>	<u>5,328,866.00</u>	<u>444,555.23</u>
Facility Expenses						
Depreciation-Facility	6,301.39	5,417.00	(884.39)	56,707.96	48,753.00	(7,954.96)
Amortization-Facility ROU	6,391.83	6,392.00	0.17	57,526.47	57,528.00	1.53
Interest Expense-Facility ROU	136.92	234.00	97.08	2,227.23	2,106.00	(121.23)
Janitorial	2,400.00	2,416.00	16.00	25,496.92	21,744.00	(3,752.92)
Rent	4,395.00	3,745.00	(650.00)	37,455.00	33,705.00	(3,750.00)
Repairs & Maint-Facility	2,625.47	1,166.00	(1,459.47)	31,520.17	10,494.00	(21,026.17)
Utilities	9,009.93	7,617.00	(1,392.93)	80,849.94	68,553.00	(12,296.94)
Real Estate Taxes	930.45	1,542.00	611.55	15,170.86	13,878.00	(1,292.86)
Total Facility Expenses	<u>32,190.99</u>	<u>28,529.00</u>	<u>(3,661.99)</u>	<u>306,954.55</u>	<u>256,761.00</u>	<u>(50,193.55)</u>
Other Expenses						
Advice Line	3,640.00	1,825.00	(1,815.00)	17,590.00	16,425.00	(1,165.00)
Audit Fees	0.00	0.00	0.00	20,750.00	21,500.00	750.00
Bad Debt	0.00	125.00	125.00	2,369.00	1,125.00	(1,244.00)
Bank Charges	563.72	1,050.00	486.28	8,588.89	9,450.00	861.11
Board Expense	1,856.00	2,342.00	486.00	18,885.59	21,078.00	2,192.41
Billing Services	2,031.16	3,367.00	1,335.84	19,520.44	30,303.00	10,782.56
Computer Supplies & Support	47,280.89	41,788.00	(5,492.89)	458,619.44	376,092.00	(82,527.44)
Consulting Fees	4,044.83	7,846.00	3,801.17	38,981.76	70,614.00	31,632.24
Consulting Fees - Accounting	14,103.00	9,213.00	(4,890.00)	79,968.72	82,917.00	2,948.28
Consulting Fees - Government Compliance	2,522.00	2,371.00	(151.00)	20,079.00	21,339.00	1,260.00
Consulting Fees - CFO	2,972.00	1,958.00	(1,014.00)	14,001.00	17,622.00	3,621.00
Continuing Education	5,015.23	1,441.00	(3,574.23)	14,048.84	12,969.00	(1,079.84)
Depreciation Expense	2,220.88	1,853.00	(367.88)	21,567.96	16,677.00	(4,890.96)
Donations/Contributions	680.25	442.00	(238.25)	11,479.27	3,978.00	(7,501.27)
Dues & Subscriptions	2,797.32	2,426.00	(371.32)	21,028.99	21,834.00	805.01
Employee Recognition	0.00	1,654.00	1,654.00	14,948.53	14,886.00	(62.53)
Equipment Lease	1,948.82	1,917.00	(31.82)	20,766.76	17,253.00	(3,513.76)
Fundraising Allocation	(12,970.58)	(856.00)	12,114.58	(22,441.15)	(7,973.00)	14,468.15
Infectious Waste Disposal	1,705.00	2,041.00	336.00	15,833.54	18,369.00	2,535.46

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 3/1/2025 Through 3/31/2025

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Insurance-General	2,324.00	3,308.00	984.00	23,962.96	29,772.00	5,809.04
Insurance-D&O	2,344.00	2,800.00	456.00	22,913.11	25,200.00	2,286.89
Insurance-Malpractice	1,013.51	1,230.00	216.49	9,927.03	11,070.00	1,142.97
Lab Services	23,120.74	5,470.00	(17,650.74)	64,155.29	49,230.00	(14,925.29)
Legal Fees	3,245.00	0.00	(3,245.00)	5,450.00	0.00	(5,450.00)
Memberships & Publications	0.00	92.00	92.00	0.00	828.00	828.00
Minor Equipment	1,311.17	2,210.00	898.83	5,364.90	19,890.00	14,525.10
Outreach Fundraiser Event	11,990.88	0.00	(11,990.88)	12,057.37	0.00	(12,057.37)
Outreach & Hlth Ed Matls Exp	956.00	933.00	(23.00)	10,848.83	8,397.00	(2,451.83)
Payroll Service Fees	2,328.35	2,392.00	63.65	22,340.55	21,528.00	(812.55)
Penalties & Late Fees	34.47	0.00	(34.47)	532.83	0.00	(532.83)
Postage & Shipping	533.68	1,243.00	709.32	8,404.47	11,204.00	2,799.53
Publicity/Advertising	477.00	866.00	389.00	5,953.22	7,794.00	1,840.78
Recruiting Expense	(1,250.00)	3,333.00	4,583.00	13,143.28	29,997.00	16,853.72
Recruiting-Moving Expense	0.00	1,666.00	1,666.00	0.00	14,994.00	14,994.00
Provider Housing	3,766.47	2,600.00	(1,166.47)	30,705.31	23,400.00	(7,305.31)
Repairs & Maint-Equipment	256.36	3,792.00	3,535.64	27,340.58	34,128.00	6,787.42
Retirement Administration	180.00	275.00	95.00	4,305.00	2,475.00	(1,830.00)
Supplies-Office	2,642.16	7,049.00	4,406.84	36,575.41	63,441.00	26,865.59
Supplies-Clinical	10,988.75	35,152.00	24,163.25	282,995.06	316,368.00	33,372.94
Supplies-Vaccines	2,229.15	3,924.00	1,694.85	24,515.77	35,316.00	10,800.23
Supplies-Pharmaceutical	7,562.71	2,199.00	(5,363.71)	24,901.90	19,791.00	(5,110.90)
Taxes & Licenses	642.99	1,509.00	866.01	9,162.20	13,581.00	4,418.80
Telephone/Communication	10,096.58	10,707.00	610.42	64,355.18	96,363.00	32,007.82
Transcription Services	3,046.39	6,325.00	3,278.61	34,538.05	56,925.00	22,386.95
Travel & Conferences	1,612.04	4,065.00	2,452.96	41,908.92	36,585.00	(5,323.92)
X-Ray Expenses	4,260.00	4,226.00	(34.00)	38,077.22	38,034.00	(43.22)
Total Other Expenses	<u>176,122.92</u>	<u>190,169.00</u>	<u>14,046.08</u>	<u>1,621,021.02</u>	<u>1,732,769.00</u>	<u>111,747.98</u>
Total Operating Expenses	<u>758,382.07</u>	<u>789,653.00</u>	<u>31,270.93</u>	<u>6,812,286.34</u>	<u>7,318,396.00</u>	<u>506,109.66</u>
Total Operating Expenses After Allocation	<u>758,382.07</u>	<u>789,653.00</u>	<u>31,270.93</u>	<u>6,812,286.34</u>	<u>7,318,396.00</u>	<u>506,109.66</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 3/31/2025

	<u>Current Period</u>	<u>Current Year</u>
Operating Activities		
Change in Net Assets	(84,877.72)	(374,563.08)
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	14,914.10	135,802.39
(Increase)/Decrease in Accounts Receivable	10,254.43	228,202.85
(Increase)/Decrease in Grants Receivable	(19,908.00)	(48,893.01)
(Increase)/Decrease Estimated Medi-Cal Receivable	25,335.87	29,718.87
(Increase)/Decrease in Prepaid Expenses	(12,310.82)	(18,743.93)
Increase/(Decrease) in Accounts Payable	(22,780.73)	92,203.51
Increase/(Decrease) in Accrued Expenses	39,771.00	(104,211.47)
Increase/(Decrease) in Estimated Medi-Cal Payable	35,206.19	(218,407.38)
Increase/(Decrease) in Deferred Revenue	(72,360.79)	56,610.59
Total Adjustments to Reconcile Change in Net Assets to Cash	<u>(1,878.75)</u>	<u>152,282.42</u>
Total Operating Activities	<u>(86,756.47)</u>	<u>(222,280.66)</u>
Cash Flows from Investing Activities		
Investing Activities		
Construction in Progress	(35,321.23)	(215,677.42)
Total Investing Activities	<u>(35,321.23)</u>	<u>(215,677.42)</u>
Total Cash Flows from Investing Activities	<u>(35,321.23)</u>	<u>(215,677.42)</u>
Cash Flows from Financing Activities		
Financing Activities		
Increase/(Decrease) in Leases Payable	(6,616.08)	(58,549.77)
Total Financing Activities	<u>(6,616.08)</u>	<u>(58,549.77)</u>
Total Cash Flows from Financing Activities	<u>(6,616.08)</u>	<u>(58,549.77)</u>
Net Increase(Decrease) in Cash	<u>(128,693.78)</u>	<u>(496,507.85)</u>
Cash at Beginning of Period	2,851,904.17	3,219,718.24
Cash at End of Period	<u><u>2,723,210.39</u></u>	<u><u>2,723,210.39</u></u>

**RCMS Investment Portfolio
and operational funds at Schwab
Quarterly Report**

as of March 31, 2025

for April 28, 2025 Finance Committee meeting

		3/31/25 Total Invest Accts at Schwab		Target Allocation	12/31/24 Balances	Gain/(Loss) unrealized (since 12/31/24)	Gain/(Loss) unrealized (since purch)	Operational Funds at Schwab
	symbol	market value	% of total	% of total				
Cash (Schwab Bank)		\$10,347.01	0.6%		\$35,341.41			\$0.14
Schwab Govt Money Market Fund	SNVXX	\$308,946.24	17.4%		\$43,344.68			\$19.28
Schwab US Treasury Money Market Fund	SUTXX							\$813,920.84
Treasury Bills (\$240K, 6 month, maturing 3/6/25)		\$0.00	0.0%		\$238,238.09			\$0.00
Treasury Bills (\$250K, 6 month, maturing 6/12/25)		\$247,902.50	14.0%		\$245,354.48		YTM 4.35%	\$0.00
Total Cash & Treasuries		\$567,195.75	32.0%	20%	\$562,278.66			\$813,940.26
Fixed Income Funds:								
Angel Oak Multi-Strategy	ANGLX	\$38,377.11	2.2%	3%	\$37,555.68	\$821.43	(\$4,909.76)	\$0.00
Pimco Income	PONAX	\$56,404.94	3.2%	4%	\$54,661.63	\$1,743.31	(\$2,538.99)	\$0.00
Pimco Mortgage Opportunities	PMZAX	\$68,290.30	3.9%	5%	\$66,416.78	\$1,873.52	(\$7,069.13)	\$0.00
River Canyon Total Return	RCTIX	\$58,284.13	3.3%	4%	\$57,106.91	\$1,177.22	(\$3,909.89)	\$0.00
Thornburg Strategic Income	TSIAX	\$55,014.37	3.1%	4%	\$53,790.21	\$1,224.16	(\$1,210.99)	\$0.00
Total Fixed Income Funds		\$276,370.85	15.6%	20%	\$269,531.21	\$6,839.64	(\$19,638.76)	\$0.00
Equity Funds & Equities:								
Vanguard Dividend Appreciation ETF	VIG	\$205,283.32	11.6%	13%	\$206,219.28	(\$935.96)	\$41,677.82	\$0.00
Vanguard International Dividend Appreciation ETF	VIGI	\$138,911.41	7.8%	10%	\$133,148.45	\$5,762.96	(\$2,155.46)	\$0.00
Vanguard Total Stock Market ETF	VTI	\$223,943.79	12.6%	14%	\$235,284.71	(\$11,340.92)	\$46,152.30	\$0.00
T. Rowe Price Dividend Growth	PRDGX	\$201,380.13	11.4%	13%	\$196,904.87	\$4,475.26	\$28,479.08	\$0.00
Parnassus Core Equity Investor	PRBLX	\$157,603.57	8.9%	10%	\$161,544.96	(\$3,941.39)	(\$2,283.18)	\$0.00
Total Equity Funds		\$927,122.22	52.4%	60%	\$933,102.27	(\$5,980.05)	\$111,870.56	\$0.00
Total Schwab Accounts		\$1,770,688.82	100.0%	100%	\$1,764,912.14	\$859.59	\$92,231.80	\$813,940.26

Redwood Coast Medical Services

FY 2025-26 BUDGET FRAMEWORK AND ASSUMPTIONS

APRIL 2025



1

Assumptions / Goals

- Operating budget -- Top-Down
 - Revenue assumptions incorporated first
 - Expenses to fit within revenue assumptions
- Cash Flow focus
- Bottom line balanced budget
- Continue needed capital investment for the existing environment
- No new debt
- No drawdown from investment funds for operating needs
- Flexibility to reforecast quarterly as needed basis



2

Revenue Assumptions

Realistic

- Visits and Revenue reflective of current run rates
- Some revenue forecasting from 340(b) program
- Some revenue forecasting from QI initiatives
- Grant assumptions will be similar to FY 24-25
- Donations/Fundraising will be budgeted at a similar level as FY 24-25 (~\$400K)



3

Expense Assumptions

- Personnel Expenses (influenced by adequate revenue)
 - Continue compensation review as appropriate, considering market impacts
 - Add only budget justifiable support persons
 - MAs , RN, Front desk, Admin
- Continue clinical/medical equipment replacement plans
 - Budget an appropriate number
- Continue necessary IT infrastructure investment
 - Including NextGen-related add-ons, if necessary
- Current Facilities repairs/improvement as needed basis



4

Urgent Care Assumptions

- CLSD tax revenue contribution is the same
- No new revenue sources
- Operate to have a net loss comparable to the current level



5

Capital Campaign

Feasibility analysis to be completed

- If 'Go forward'
 - Multi-year program
 - Use previously committed Seed funds provided to complete current activities (Architectural/Engineering design, Planning Board approvals, etc.)
 - Continue the Capital campaign (Current commitment is about \$2M)



6