REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
November 19, 2025 5:00 PM – 7:00 PM

Business Item	Person	Vote(s) Required	Page #
AGENDA & MINUTES • Review and vote on acceptance of Meeting Agenda and the Minutes of October 29, 2025	Susan Hamlin	Vote	Page 1-4
GUEST PRESENTATIONS • Bronwyn Golly, CLSD Administrator • California Primary Care Association - Ballot Measure Presentation			
HUMAN RESOURCES COMMITTEE REPORT • Update	Laura Curtis		Page 5-6
MEDICAL TEAM REPORT • Update on clinic operations	Kalev Golubjatnikov		
DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT • Updates grant, outreach, and Risk Compliance activities • Board Training: HRSA Compliance Manual Ch. 5	Dawn McQuarrie		Page 7-11
COMMUNICATIONS COMMITTEE REPORT • Update	Susan Hamlin		
CEO REPORT • Operations/Staffing Update	Linda Royal		Page 12-13
CAPITAL CAMPAIGN COMMITTEE REPORT • Update	Drew McCalley		
FINANCE COMMITTEE REPORT • Report on October Financials • Vote on acceptance of the October Financials	Drew McCalley	Vote	Page 14-25
MENDONOMA HEALTH ALLIANCE REPORT • Update	Janis Dolphin		
EXECUTIVE COMMITTEE REPORT • Update	Susan Hamlin		
PUBLIC COMMENT/SHOUT OUTS	Susan Hamlin		

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 October 29, 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	Linda Royal
Laura Curtis	
Christie MacVitie	
Dawn McQuarrie	
Kalev Golubjatnikov	
Karen Wilder	

Public Attendees: 1

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

APPROVAL OF AGENDA AND MINUTES: After review, Jim Nybakken moved to accept the agenda and the minutes of September 24, 2025 as presented. Seconded: Lynch. Vote: Unanimously accepted.

HUMAN RESOURCES COMMITTEE REPORT: Laura Curtis, Director of Operations & Human Resources

- Reported on the rural recruitment event in Fresno hosted by UCSF – pipeline event talking to 1st-3rd year residents, all of whom are interested in working in rural communities. Recommended that RCMS always have a presence at these types of events.
- HRSA National Core benefits, such as loan repayment forgiveness for providers working in rural communities, is a draw for providers working in rural communities.
- New onboarding process has been implemented.
- Renewed National Practitioner Database (NPD) account which is the best source for conducting background checks and verifications for the ongoing credentialing and privileging for staff.
- Discussed plans for optimizing the Paylocity system to better track applicants and integrate with the RCMS website.

MEDICAL TEAM REPORT: Kalev Golubjatnikov, Medical Team Lead

- Dr. Foorohar is conducting a search for the best tool to optimize the charting process for providers.
- Discussed the upcoming mammogram van appointments and other screenings that will be performed to make it a more comprehensive women's health day for the patients being seen that day.
- Discussed the implementation of cervical cancer screening self-swab tests that will make that screening even more convenient for patients.
- Discussed the referral process for uninsured patients (example cancer screening with positive result).
- Still working out some technical bugs with the retinal camera exams.
- Plans are in place to help with the transition of Genoa Pharmacy closing in November. Genoa will still be able to help RMCS patients via their Santa Rosa facility. There are ongoing discussions with MHA on how they can also help with filling the gaps.
- Discussed the process for how to handle the transition when a provider leaves.

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

- Grant reports and renewals have all been submitted ahead of the deadlines. Continuing to search for any grants RCMS can apply for.
- Provided an overview of the ongoing work with the Population Health Management Initiative (PHMI) grant and the positive patient outcomes that are anticipated from this model of care.
- Continuing to leverage print media, social media, flyers, radio, lobby screens, and The Pulse news.
- Javier Chavez and Harm Wilkinson continue to assist our community through outreach and enrollment.

- Still continuing to update and streamline the policy and procedure process.
- Annual Ask is in the review process and should be ready to send out in
- Risk Management and Risk Assessment reports – review of the phlebotomy chair, replaced due to damage and possible safety concerns.

Board Training: HRSA Compliance Manual Chapter 11: Key Management Staff:

- The health center must have and maintain qualified key personnel, including directly employing its Project Director/CEO, to carry out its activities. Position descriptions should outline the required training and experience, and any changes to key personnel require prior approval from HRSA.

COMMUNICATIONS COMMITTEE REPORT: Dawn McQuarrie, Committee Member

- Continuing to conduct interviews with key staff. Natalie Berg has passed her exams, is now a fully Licensed Clinical Social Worker, and her achievement will be highlighted and shared in the next newsletter.

PERFORMANCE IMPROVEMENT COMMITTEE REPORT: Janis Dolphin, Committee Member

- Staff are coordinating with the mammogram van program to try and make this a regular annual event.
- Adolescent physical wellness exams were up from the last quarter thanks to the new High School Sports Coordinator communicating with the clinic.
- In discussions about how to make more engaging materials for things like colorectal cancer screenings and other health initiatives.
- Continuing to wait for clear guidance on the COVID vaccines.

CEO REPORT: Ara Chakrabarti, CEO

- Met with Jason Warner of South Coast Fire/Timber Cove Fire, he thanked Ara for his service and looks forward to ongoing collaboration between organizations under the new leadership.
- Dr. Afsoon will be extending her stay for another 3 months past her original resignation date to help with the leadership transition.
- EV Chargers have been installed, but there are still details to work through before they are fully operational.
- Thank you to the Board of Directors. The Board does a great job to ensure and protect the fiduciary responsibilities of the organization.
- Thank you to the Board for also following the legal and ethical guidelines of the organization. Our board has done a great job insuring that RCMS does not fall to the wayside.
- Thank you to the Board for insuring that we continue to improve the healthcare outcome of this community.
- Thank you lastly to the staff for their unwavering commitment to the community.

CAPITAL CAMPAIGN COMMITTEE REPORT: Drew McCalley, Committee Chair

- Met with the capital campaign consulting firm:
    - Discussed some deficiencies in the materials created and the firm has made corrections.
    - Firm agreed to schedule monthly meetings.
    - Continuing to complete the community capability assessment to support the project.
    - Plans are being developed to create the correct terminology for the project (i.e. “remodeling” instead of “expansion”) with the primary focus on upgrading the existing facility and developing it for maximum efficiency.
- Discussed plans to roll out donor cultivation events when that phase of the campaign launches.
- Jim is continuing to pursue the professional estimator costs for the building expansion project, and some of the cost estimates have come down.
- Continuing to pursue avenues for the additional parking spots needed. It’s moving slowly but is moving forward, assuring that the placement has the least environmental impact.
- The solar project is still in the bidding process and contracts are being negotiated. Working with a potential lender to provide financing to start the project within the next month.

FINANCE COMMITTEE REPORT: Drew McCalley, Treasurer

- RCMS continues to be in a strong financial position, with a good amount of Cash on Hand.
- Net patient revenue is quite a bit below budget due to low visits for the month.
- The Employee Retention Tax Credit helped to offset the budget deficit.
- Current ratios are on track and at or above the benchmark goals (example: Accounts Receivable rate shows that invoices are being sent on time and that the collection of those balances is on track).
- Total visits for September lagged behind the budget estimates and while it is concerning, we know that the main reason is that RCMS is down a full-time provider and when other providers are out in a particular month, it greatly affects the number of patient visits for the month.
- Although the government shutdown continues, it has still not negatively impacted the payor mix (i.e. Medicare and MediCal payments are still being received) but the timing might be an issue in future months.
- Grant revenue look good, as always there can be a timing differential on draw down which can negatively or positively impact the monthly financials.
- Net 340b revenue was $8k higher than budgeted.
- Discussed the adjustment needed in the legal expense category.
- Quarterly review of the investment portfolio was good with RCMS earning unrealized gains.

Recommendation to Adopt September 2025 Financials

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the September 2025 financials as presented.

Motion: McCalley Second: Nybakken

Vote: Motion passed unanimously.

MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- Annual All School Health Fair at the High School was a big success. Over 400 students attending. 31 vendors.
- Starlink connection for medical health records has not been working in Timber Cove, and they are looking at Stewarts Point as an alternative site.
- The Medicare contract is still in limbo due in large part to government shutdown uncertainties.
- MHA Care Coordinators attend mobile clinic days to help connect patients with other non-clinical services.
- 15 Narcan kiosks have been installed, and the team is creating a virtual map of the kiosk locations.
- Mobil dental clinic appointments are increasing and starting to see return patient visits.
- Matter of Balance course in Gualala currently running now through November 10.
- Peer Recovery groups are doing well, and participation has nearly doubled. Recovery panel planned for Nov 4 at the Arena Theater with increased attendance from local high schools.
- 121 pounds of medications collected at the most recent drug take back event. The Sherrif does not provide details on the types of drugs taken.

EXECUTIVE COMMITTEE REPORT: Leslie Bates, Board Chair

- Discussed the need for more Board training as well and more Board members.
- Susan Hamlin will chair the meeting next month.

PUBLIC COMMENT/SHOUT OUTS:

- Dawn McQuarrie: Thank you, Leslie, for all the effort you put into planning Ara's retirement party.
- Leslie Bates: Thank you, Elaine and Faviola, for all your help at Ara's party.
- Patricia Lynch: Thank you, Ara, for your dedication and ability to get RCMS back into good financial standing.

Meeting adjourned at 6:48 PM.

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

Ops & HR Report – October 2025

Prepared by: Laura Curtis, Director of Operations and Human Resources

Recruitment

- Open Positions:
  Primary Care MD/DO | Urgent Care Per Diem MD/DO | APP | Front Desk | MA | PER Diem Xray| Part Time Home Health RN
- We are in the process of onboarding our new CEO
- We have launched the new applications via Paylocity, all new applications will go straight into our ATS
- Reviewing recruitment company contracts to see if we want to expand our recruitment support networks.

Turnover Trends and Retention Goals

- First Year Turn Over: 31.25% (November 2024 –October 2025 timeframe) a 6.25% decrease from last month
- Overall Turnover: 24.4%

Compliance

- Continuing policy and SOP review to ensure alignment with HRSA and state regulations.

Focus Areas:

- Working on an agency wide compensation analysis and job role compensation scale creation.
- Working with a cross departmental team to work on a prescription delivery policy & procedure
- Benefits Open Enrollment has closed. We are working with our vendors to launch educational webinars for topics such as retirement and financial planning in the next year.
- Continuing one-on-one leadership training to bolster team leadership, understanding of employment law, and operational consistency.

Anniversaries:

David Abdo 8 years | Harm Wilkinson 9 years | Cheryl Sidiran 6 years | Angelica Lara 4 years | Chris Behrens 2 years

Grants, Development, Outreach, and Compliance Report

November 19, 2025

Grants/Funding

- EPT deliverables submitted November 3
- HRSA Prior Approval to change Project Director to Linda Royal submitted November 6
- HRSA OPAIS change request for Project Director to Linda Royal submitted November 11
- HRSA OPAIS Genoa Gualala location contact termination November 11
- 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

- None to report

Compliance

- Continuing to update and streamline PnPs
- Attending meeting and trainings

Risk Management

- None to report

Other/Policies and Procedures

- None to report

Board Training

Chapter 5: Clinical Staffing

Chapter 5: Clinical Staffing

Authority

Sections 330(a)(1), (b)(1)-(2) of the PHS Act; and 42 CFR 51c.303(a), 42 CFR 51c.303(p), 42 CFR 56.303(a), and 42 CFR 56.303(p)

Requirements

- The health center must provide the required primary and approved additional health services[1] of the center through staff and supporting resources of the center or through contracts or cooperative arrangements.

- The health center must provide the health services of the center so that such services are available and accessible promptly, as appropriate, and in a manner that will assure continuity of service to the residents of the center's catchment area.

- The health center must utilize staff that are qualified by training and experience to carry out the activities of the center.

Demonstrating Compliance

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

a. The health center ensures that it has clinical staff[2] and/or has contracts or formal referral arrangements in place with other providers or provider organizations to carry out all required and additional services included in the HRSA-approved scope of project.[3]

b. The health center has considered the size, demographics, and health needs (for example, large number of children served, high prevalence of diabetes) of its patient

[1] These terms are defined in section 330(b) of the Public Health Service (PHS) Act. For more information, see http://bphc.hrsa.gov/programrequirements/scope.html.

[2] Clinical staff includes licensed independent practitioners (for example, Physician, Dentist, Physician Assistant, Nurse Practitioner), other licensed or certified practitioners (for example, Registered Nurse, Licensed Practical Nurse, Registered Dietitian, Certified Medical Assistant), and other clinical staff providing services on behalf of the health center (for example, Medical Assistants or Community Health Workers in states, territories or jurisdictions that do not require licensure or certification).

[3] Health centers seeking coverage for themselves and their providers under the Health Center FTCA Medical Malpractice Program should review the statutory and policy requirements for coverage, as discussed in the FTCA Health Center Policy Manual.

population in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.

c. The health center has operating procedures for the initial and recurring review (for example, every two years) of credentials for all clinical staff members (licensed independent practitioners (LIPs), other licensed or certified practitioners (OLCPs), and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These credentialing procedures would ensure verification of the following, as applicable:
    - Current licensure, registration, or certification using a primary source;
    - Education and training for initial credentialing, using:
        - Primary sources for LIPs[4]
        - Primary or other sources (as determined by the health center) for OLCPs and any other clinical staff;
    - Completion of a query through the National Practitioner Data Bank (NPDB);[5]
    - Clinical staff member's identity for initial credentialing using a government-issued picture identification;
    - Drug Enforcement Administration (DEA) registration; and
    - Current documentation of basic life support training.

d. The health center has operating procedures for the initial granting and renewal (for example, every two years) of privileges for clinical staff members (LIPs, OLCPs, and other clinical staff providing services on behalf of the health center) who are health center employees, individual contractors, or volunteers. These privileging procedures would address the following:
    - Verification of fitness for duty, immunization, and communicable disease status;[6]
    - For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
    - For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
    - Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

[4] In states in which the licensing agency, specialty board or registry conducts primary source verification of education and training, the health center would not be required to duplicate primary source verification when completing the credentialing process.

[5] The NPDB is an electronic information repository authorized by Congress. It contains information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. For more information, see http://www.npdb.hrsa.gov.

[6] The CDC has published recommendations and many states have their own recommendations or standards for provider immunization and communicable disease screening. For more information about CDC recommendations, see http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html.

e. The health center maintains files or records for its clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with operating procedures.

f. If the health center has contracts with provider organizations (for example, group practices, locum tenens staffing agencies, training programs) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures[7] that such providers are:
   - Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable Federal, state, and local laws; and
   - Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

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 its staffing composition (for example, use of nurse practitioners, physician assistants, certified nurse midwives) and its staffing levels (for example, full- and/or part-time staff).

- The health center determines who has approval authority for credentialing and privileging of its clinical staff.

- The health center determines how credentialing will be implemented (for example, a health center may contract with a credentials verification organization (CVO) to perform credentialing activities or it may have its own staff conduct credentialing), including whether to have separate credentialing processes for LIPs versus other provider types.

- The health center determines how it assesses clinical competence and fitness for duty of its staff (for example, regarding clinical competence, a health center may utilize peer review conducted by its own providers or may contract with another organization to conduct peer review).

- The health center determines (consistent with its established privileging criteria) whether to deny, modify, or remove privileges of its staff; whether to use an appeals process in conjunction with such determinations; and whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges.

[7] This may be done, for example, through provisions in contracts and cooperative arrangements with such organizations or health center review of the organizations' credentialing and privileging processes.

- The health center determines (consistent with its contracts/cooperative arrangements) whether to disallow individual providers or organizations from providing health services on the health center's behalf.

RCMS – November Board Meeting Chief Executive Officer Report

Clinic Visits/Leadership & Staff Building

- In my first weeks, I met with many managers and key staff and visited our clinics. These meetings were productive, and I received valuable feedback. It is clear we have a committed workforce that is enthusiastic about advancing our mission. I look forward to further interactions during my first 90 days which will assist me in getting a good understanding of our priorities, successes and challenges.

- Over the next several weeks, I will assess our current organizational chart, manager and employee roles and responsibilities, team structure, and operational priorities to develop an operational project list. After reviewing this with key managers and supervisors, I will present the plan to the Board at the December meeting. Priority areas are outlined as follows.

PRIORITY 1 High Priority Low Cost	**PRIORITY 3** High Priority High Cost
PRIORITY 2 Low Priority Low Cost	**PRIORITY 4** Low Priority High Cost

- I am conducting a review of our administrative workflows with our administrative team, and we have identified some opportunities to strengthen internal processes and controls. I am also reviewing our vendor contracts, with priority on IT, recurring vendor invoices, and those with significant spending each month. Dawn has been instrumental in reorganizing contracts folder and associated documentation. The administrative team has provided insights to improve the efficiency of our payable processes while maintaining strong checks and balance, as well as improvements in our time & attendance, payroll cycle processing, and expense approvals. Our focus is to ensure responsible financial stewardship, identify opportunities to reduce operating expenditures, and hold vendors accountable for performance and deliverables.

- Our Facilities and Safety/Risk Management leaders provided me with a comprehensive briefing on recent projects completed. They have made notable improvements over the past six months and should be commended. We are compiling a list of potential projects for the next 6–12 months to support upcoming fiscal year budget planning. These projects will be prioritized to maximize operational impact while maintaining prudent control over expenditures.

Community Partner Meetings

- I met with Bronwyn Golly, EMS Chief, to discuss shared community priorities, Board objectives, and opportunities for joint funding and service initiatives. We will continue exploring collaborative strategies that strengthen regional services, and I am confident we will build a strong working relationship.

- I am meeting next week with Micheline White Kirby of the Mendonoma Health Alliance (MHA) to learn more about MHA's service model and identify areas for collaboration between RCMS and MHA. This partnership is essential to our shared community mission, and I will be looking for opportunities for both our organizations to work together on service projects.

- Over the next two weeks, I have scheduled meetings with community and business partners, as well as leaders from our partner hospitals, to introduce myself, ensure alignment, and confirm we are meeting our mutual commitments.

Board-Delegated Committees

- The Human Resources Committee will reconvene in December, led by Board Member Laurie Voss. The committee exists but has been inactive. I am reviewing the charter and will support Laurie in presenting proposed priorities to the Board at the December meeting. This committee will include Laura Curtis, with additional staff and Board Members to be determined.

- I will be meeting with Susan Hamlin, Chair of the Communications Committee, to discuss ongoing outreach and community education initiatives being developed in collaboration with Hall Kelley. I look forward to contributing ideas to support timely and effective communication with the community and our patients.

Pharmacy Development

- I am assessing the possibility of RCMS having the opportunity to expand pharmacy services under a new model that would have our pharmacy located in the same location it currently exists in and have RCMS manage the pharmacy through another partner. While this may cause some pause given the recent closure of the pharmacy by Geona, this new model would operate in a different manner, presenting an increase organizational control over our pharmacy investment and improve financial returns generated by the pharmacy operations. Additional details will be presented at the November Board meeting.

Ballot Measure Update

- A representative from the California Primary Care Association will join our meeting to provide an overview of the proposed ballot measure. After listening to the presentation at the recent Round Table meetings, I believe this presentation is valuable for all Board Members to further consider. In summary, the measure would require Federally Qualified Health Centers to allocate at least 90% of revenue to patient care and mission-related services, and to publicly report financial and spending priorities.

Solar Panel Project

- The solar panel project is progressing, and further updates will be provided at the meeting. I have met with the project team to review the project scope, roles and responsibilities, and funding structure. Timely execution of the contract is essential to ensure materials can be purchased before year-end and to secure available rebates.

In closing, I would like to thank the Board, managers, and employees for making my first two weeks so welcoming. I have truly enjoyed getting to know the teams and look forward to supporting RCMS and our exceptional employees as we continue serving the community.

Respectfully submitted,

Linda Royal

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

October 2025

STATEMENT OF FINANCIAL POSITION					
ASSETS	**Oct-25**	**Oct-24**	**Change**	**Sep-25**	**Change**
Current Assets	4,280,346	3,996,087	7.11%	3,876,090	10.43%
Long-Term Assets	2,911,710	2,795,024	4.17%	2,958,662	-1.59%
TOTAL ASSETS	7,192,056	6,791,111	5.90%	6,834,752	5.23%
LIABILITIES AND NET ASSETS					
Current Liabilities	850,198	909,385	-6.51%	882,867	-3.70%
Estimated Medi-Cal Liabilities	314,794	265,733	18.46%	44,038	614.83%
Long-Term Leases	81,591	8,943	812.38%	97,844	-16.61%
Total Liabilities	1,246,584	1,184,061	5.28%	1,024,749	21.65%
Net Assets	5,945,472	5,607,051	6.04%	5,810,003	2.33%
TOTAL LIABILITIES AND NET ASSETS	7,192,056	6,791,111	5.90%	6,834,752	5.23%

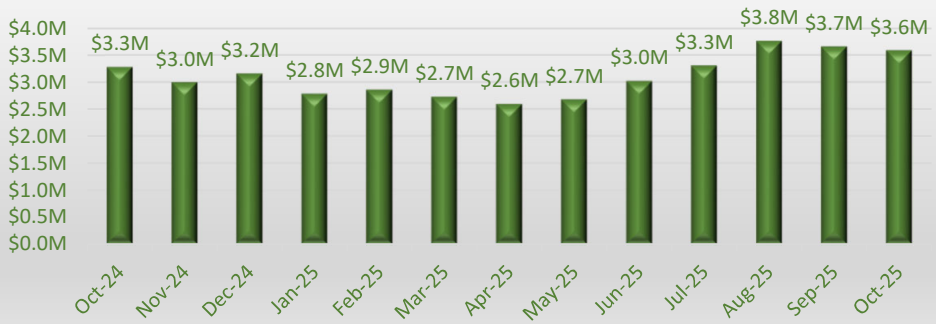
STATEMENT OF ACTIVITIES - YTD					
REVENUES	**Actual**	**Budget**	**Variance**	**Prior Year**	**Change**
Patient Service Revenue	1,601,573	2,025,099	-20.91%	1,493,403	7.24%
Grant & Other Revenue	2,163,403	1,171,254	84.71%	1,188,171	82.08%
NET REVENUE	3,764,976	3,196,353	17.79%	2,681,574	40.40%
OPERATING EXPENSES					
Salaries and Benefits	2,375,259	2,405,426	-1.25%	2,173,899	9.26%
Contracted Services	16,806	20,235	-16.95%	23,471	-28.40%
Facility Costs	72,047	86,678	-16.88%	80,356	-10.34%
Supplies	182,238	171,948	5.98%	189,510	-3.84%
Depreciation & Amortization	58,407	59,220	-1.37%	61,232	-4.61%
Other Operating Expenses	662,339	558,559	18.58%	479,522	38.12%
TOTAL OPERATING EXPENSES	3,367,096	3,302,066	1.97%	3,007,990	11.94%
OPERATING EXCESS/(DEFICIENCY)	397,881	(105,713)	-476.38%	(326,416)	-221.89%
Net Capital Income/(Expenses)	100,982	49,920	102.29%	117,033	-13.72%
TOTAL EXCESS/(DEFICIENCY)	498,862	(55,793)	-994.13%	(209,383)	-338.25%

REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

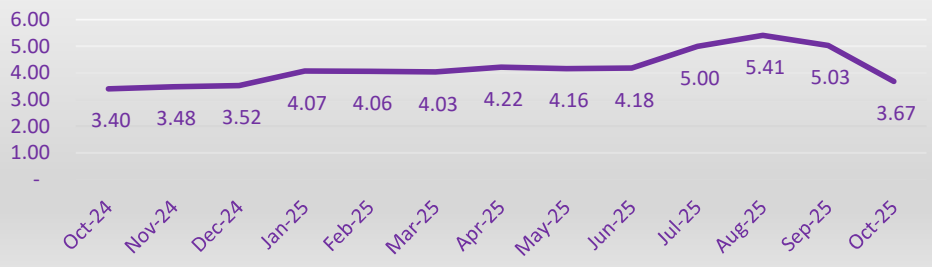
October 2025

Cash on Hand

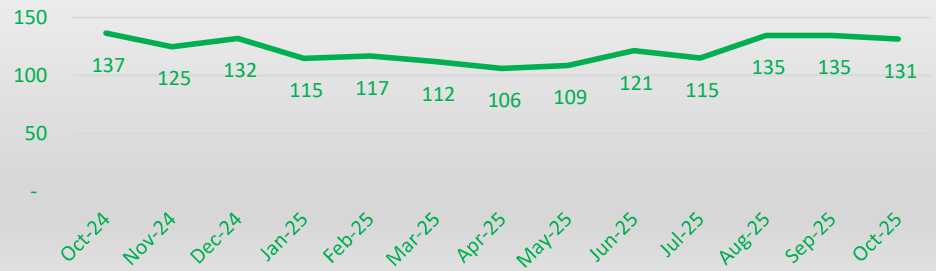


Current Ratio

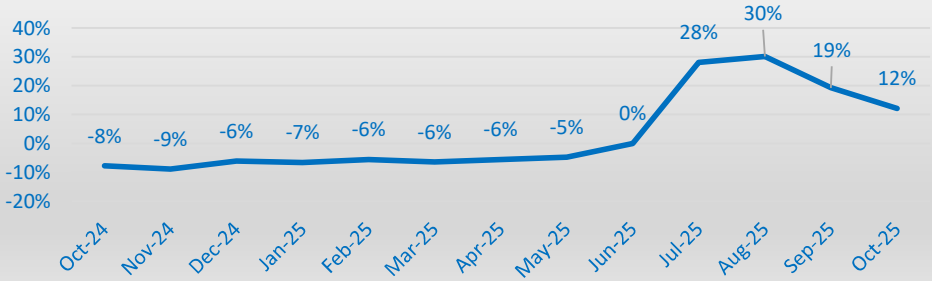
Healthy = > 1.0, higher is better
(Current Assest divided by Current Liabilities)



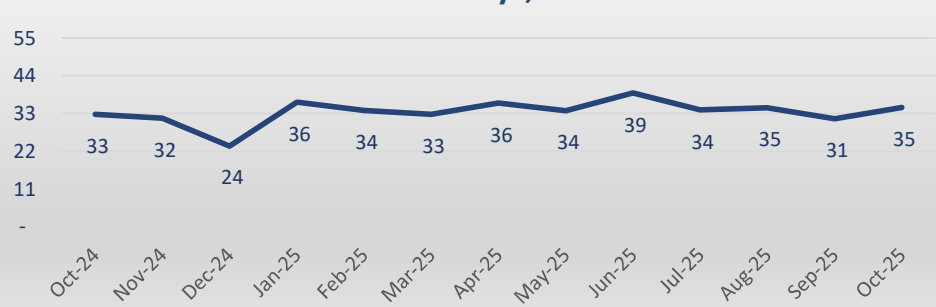
Days Unrestricted Cash on Hand
Recommend > 60 days; higher is better



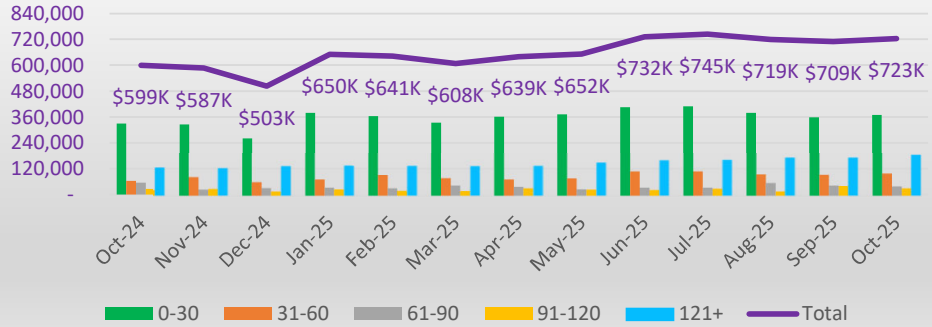
Net Margin
Goal = 0%; higher is better



Days Net AR Outstanding
Recommend < 45 days, lower is better



Patient AR Balance

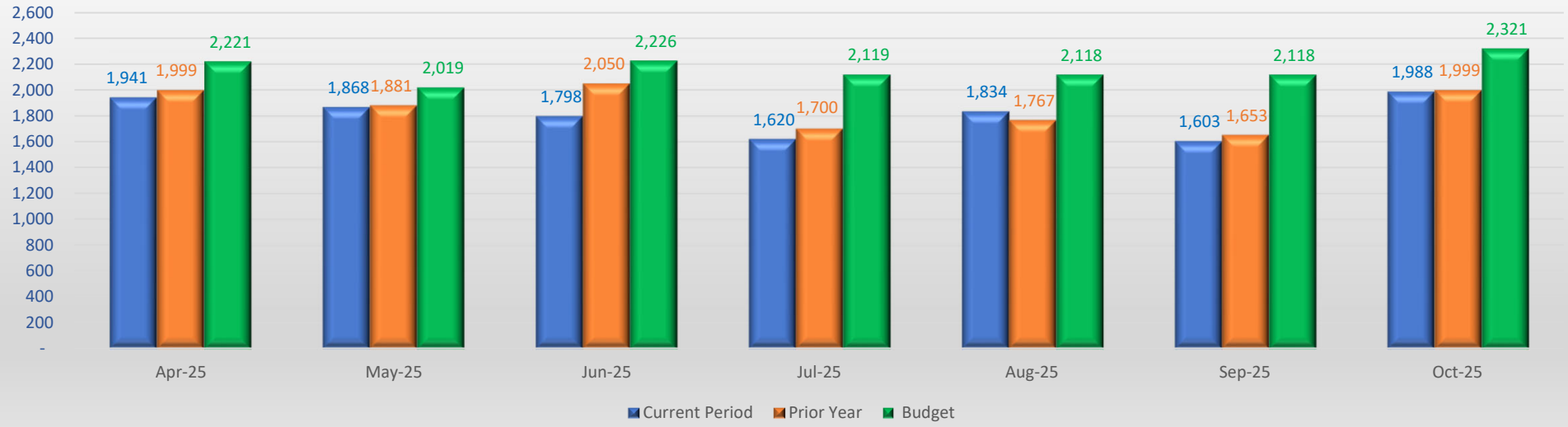


REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

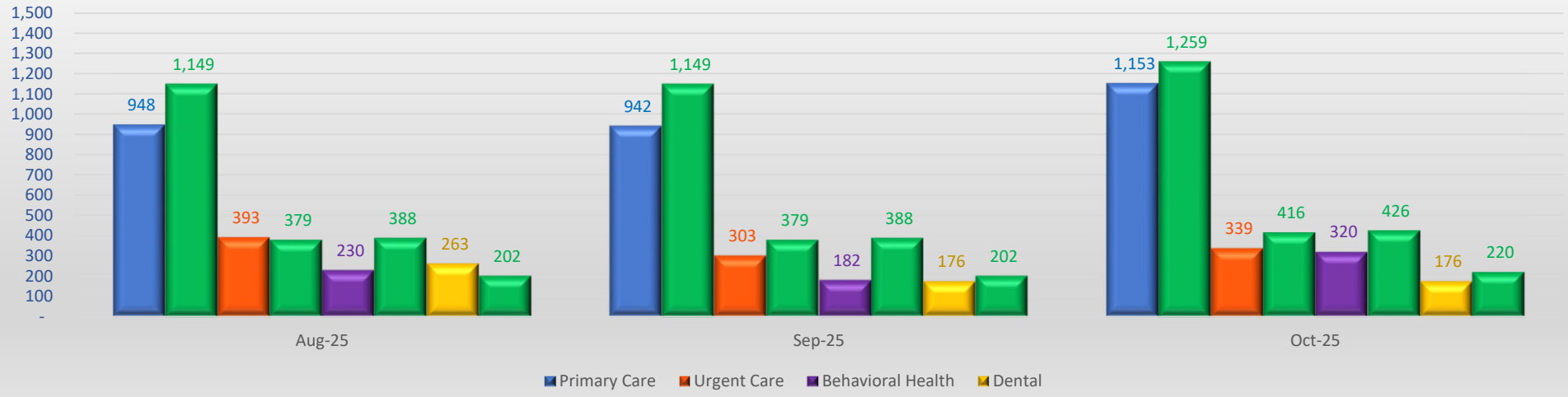
October 2025

Monthly Visits



Monthly Visits by Department

Budgeted visits depicted in green



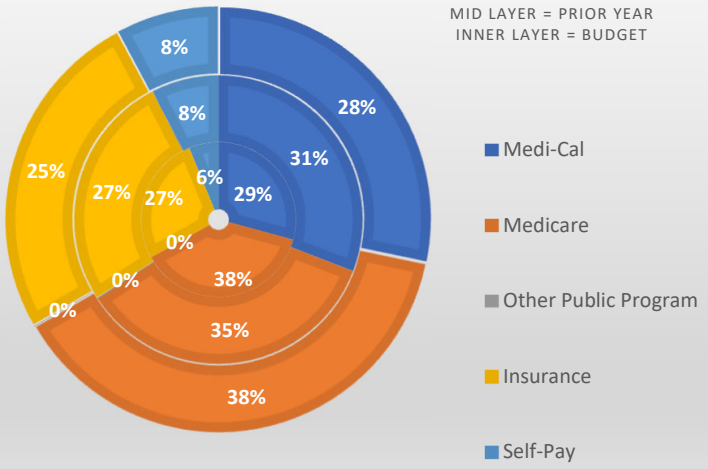
REDWOOD COAST MEDICAL SERVICES, INC.

EXECUTIVE SUMMARY - PRELIMINARY

October 2025

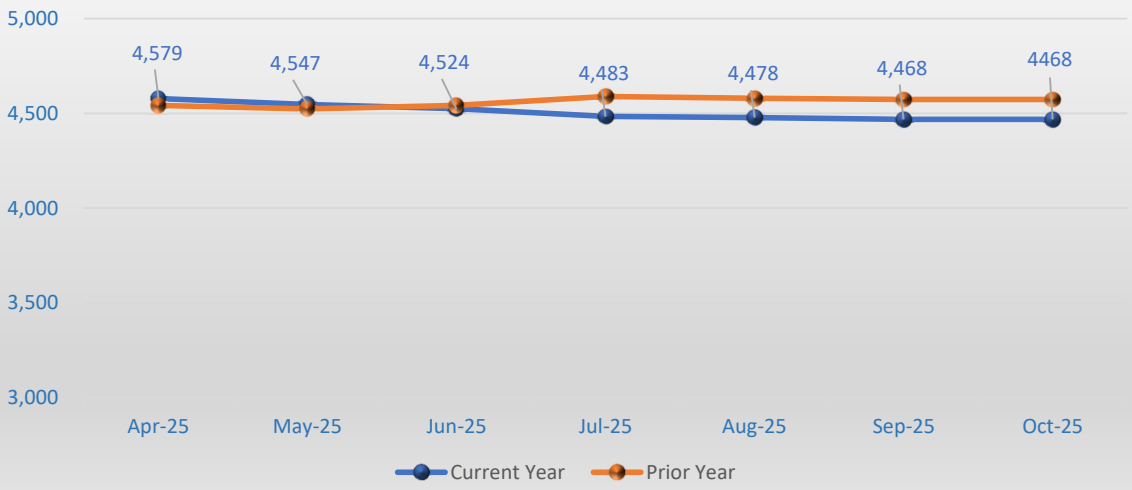
YTD PAYOR MIX

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

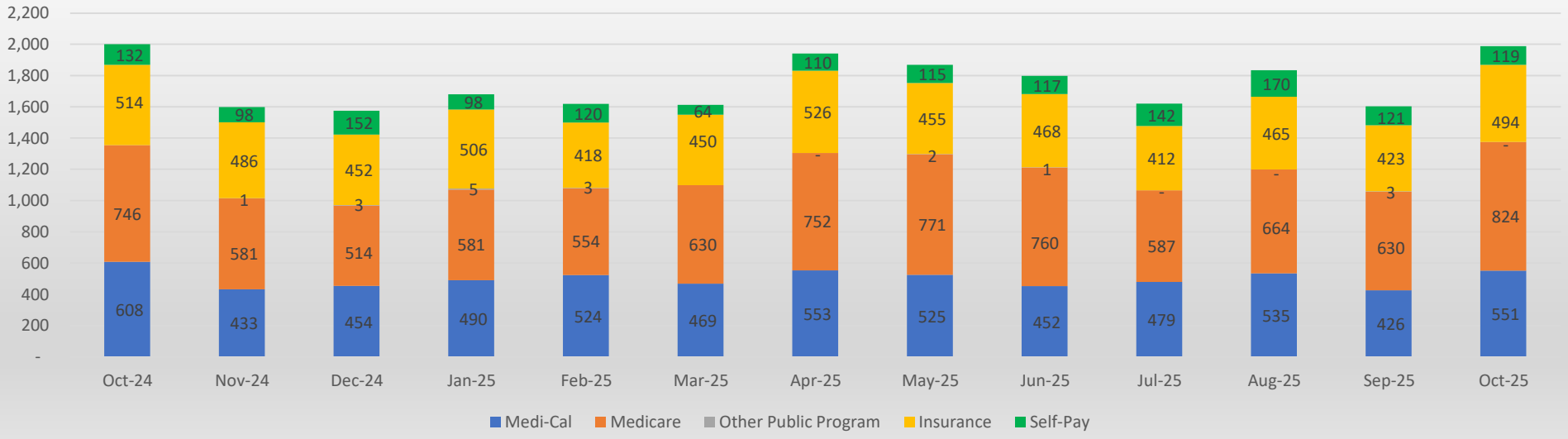


Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class



FINANCIAL NARRATIVE - PRELIMINARY
October 2025

Financial results:

We recorded a bottom-line loss of $136,430 for October, which was $129,935 lower than the budgeted loss of $6,495. Our year-to-date bottom-line profit was $498,862, which was $554,655 better than the budgeted bottom-line loss of $55,793.

- Net Patient Revenue (NPR) of $431,312 was $109,927 less than the budgeted NPR of $541,239.

NPR Variance	$ (109,927.31)
Due to higher/(lower) visits	$ (77,652.99)
Due to higher/(lower) rate per visit	$ (32,274.32)

  - October visits of 1,988 were 333 fewer than budgeted visits of 2,321.
  - The average rate per visit of $216.96 was $16.23 lower than the budgeted average rate per visit of $233.19.
- Grants and Other Revenue of $259,743 were $33,282 lower than budgeted.
  - Other Grant Revenue was $27,328 lower than budgeted due to spending the PHMI grant funds earlier than predicted. We have applied for a new round of funding for calendar year 2026.
  - ARCH QIP Revenue was $12,500 lower than budgeted.
- Fundraising and Capital Activity Revenue of $39,680 was $30,651 higher than budgeted.
  - Net Fundraising Income was $14,667 higher than budgeted.
  - Our overall investment value increased by $15,486 during the month.
- Operating Expenses of $867,164 were $17,376 higher than budgeted.
  - Total Compensation was $31,574 over budget due to a bonus.
  - Facility Repairs and Maintenance were $2,987 less than budgeted.
  - Audit Fees were $7,167 lower than budgeted due to the timing of the audit.

- Computer Supplies & Support were $3,434 more than budgeted due to additional computer support provided during the month.
- Accounting Fees were $3,607 more than budgeted due to audit preparation and support in gathering date for the annual Medicare Cost Report for fiscal year 2024-2025.
- Lab Services were $3,818 lower than budgeted.
- Recruiting Expense was $2,917 under budget.
- Equipment Repairs and Maintenance were $4,552 over budget due to medical equipment recalibration services.
- Office Supplies were $2,897 more than budgeted.
- Clinical Supplies were $7,439 over budget due to a combination of higher-than-anticipated purchases during the month and processing invoices for supplies received in prior months.

Changes in Financial position:

- Cash and Investments were $3,579,984 as of the end of October.
  - Cash and Investments decreased by $73,440 during the month.
  - Days Unrestricted Cash on Hand were 131 as of the end of October.

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 10/31/2025

	Current Year	Prior Year	Change
Current Assets			
Cash & Investments			
Cash on Hand	1,205,873.00	970,201.67	235,671.33
Cash-Clinic Modernization	426,419.27	552,150.52	(125,731.25)
Investments	1,947,691.93	1,751,416.07	196,275.86
Total Cash & Investments	3,579,984.20	3,273,768.26	306,215.94
Patient Accounts Receivable			
Accounts Receivable	738,092.59	607,844.66	130,247.93
Allowance for Doubtful Accounts	(285,433.00)	(210,411.00)	(75,022.00)
Total Patient Accounts Receivable	452,659.59	397,433.66	55,225.93
Other Current Assets			
Medi-Cal Receivable - Current Year	0.00	10,381.00	(10,381.00)
Medi-Cal Receivable - Prior Year	0.00	43,362.00	(43,362.00)
Grants Receivable	6,432.00	48,374.00	(41,942.00)
QIP Receivable	64,580.00	93,065.39	(28,485.39)
Other Accounts Receivable	35,517.33	1,147.00	34,370.33
Prepaid Expenses	135,172.95	122,556.09	12,616.86
Other Assets	6,000.00	6,000.00	0.00
Total Other Current Assets	247,702.28	324,885.48	(77,183.20)
Total Current Assets	4,280,346.07	3,996,087.40	284,258.67
Long Term Assets			
Fixed Assets			
Property & Equipment	5,112,440.27	5,103,050.03	9,390.24
Accumulated Depreciation	(2,667,021.72)	(2,565,163.34)	(101,858.38)
Total Fixed Assets	2,445,418.55	2,537,886.69	(92,468.14)
Construction in Progress			
Construction in Progress	329,980.73	197,849.48	132,131.25
Total Construction in Progress	329,980.73	197,849.48	132,131.25
Right of Use Assets			
Right-of-Use Assets	223,943.76	230,106.00	(6,162.24)
Accumulated Amortization-ROU	(87,633.17)	(170,818.10)	83,184.93
Total Right of Use Assets	136,310.59	59,287.90	77,022.69
Total Long Term Assets	2,911,709.87	2,795,024.07	116,685.80
Total Assets	7,192,055.94	6,791,111.47	400,944.47

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 10/31/2025

	Current Year	Prior Year	Change
Current Liabilities			
Accounts Payable	68,097.11	82,006.11	(13,909.00)
Accrued Expenses	25,516.63	20,920.00	4,596.63
Patient Refunds Due	4,843.43	5,939.41	(1,095.98)
Accrued Compensation and Related Liabilities	609,973.68	521,899.20	88,074.48
Medi-Cal Payable - Current Year	64,273.28	0.00	64,273.28
Medi-Cal Payable - Prior Year	250,520.89	265,733.00	(15,212.11)
Other Liabilities	49,201.00	49,201.00	0.00
Current Portion of LT Leases	56,784.13	57,082.06	(297.93)
Deferred Revenue	35,782.40	172,337.40	(136,555.00)
Total Current Liabilities	1,164,992.55	1,175,118.18	(10,125.63)
Long Term Debt			
Leases Payable - Long Term	81,591.36	8,942.74	72,648.62
Total Long Term Debt	81,591.36	8,942.74	72,648.62
Total Liabilities	1,246,583.91	1,184,060.92	62,522.99
Net Assets			
Unrestricted Net Assets	5,446,609.85	5,816,433.70	(369,823.85)
Current Year Net Excess/Deficit	498,862.18	(209,383.15)	708,245.33
Total Net Assets	5,945,472.03	5,607,050.55	338,421.48
Total Liabilities & Net Assets	7,192,055.94	6,791,111.47	400,944.47

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 10/1/2025 Through 10/31/2025

	MTD Actual	MTD Budget	Variance	YTD Actual	YTD Budget	Variance
Patient Revenue						
Medi-Cal	177,191.02	225,404.00	(48,212.98)	652,027.59	846,929.00	(194,901.41)
Medicare	186,292.02	201,401.00	(15,108.98)	663,833.86	750,108.00	(86,274.14)
Family Pact	(233.85)	258.00	(491.85)	753.03	1,032.00	(278.97)
Insurance	61,295.25	90,684.00	(29,388.75)	239,680.88	338,380.00	(98,699.12)
Self Pay & Other	31,064.00	39,403.00	(8,339.00)	162,939.00	148,277.00	14,662.00
Sliding Scale & Other Write-Offs	(23,892.75)	(15,494.00)	(8,398.75)	(116,005.36)	(57,959.00)	(58,046.36)
Patient Refunds	(404.00)	(417.00)	13.00	(1,655.64)	(1,668.00)	12.36
Total Patient Revenue	431,311.69	541,239.00	(109,927.31)	1,601,573.36	2,025,099.00	(423,525.64)
Operating Expenses						
Operating Expenses	867,163.56	849,788.00	(17,375.56)	3,367,095.83	3,302,066.00	(65,029.83)
Total Operating Expenses	867,163.56	849,788.00	(17,375.56)	3,367,095.83	3,302,066.00	(65,029.83)
Net Before Other Revenue	(435,851.87)	(308,549.00)	(127,302.87)	(1,765,522.47)	(1,276,967.00)	(488,555.47)
Grants & Other Revenue						
Grant Revenue-Federal 330	154,627.00	154,628.00	(1.00)	618,508.00	618,512.00	(4.00)
Grant Revenue-USAC	0.00	1,633.00	(1,633.00)	0.00	6,532.00	(6,532.00)
Grant Revenue-Other	1,608.00	28,936.00	(27,328.00)	32,556.00	115,744.00	(83,188.00)
340B Revenue (net)	22,087.14	14,862.00	7,225.14	98,981.04	58,602.00	40,379.04
Contract Revenue-CLSD	66,666.66	66,667.00	(0.34)	266,666.64	266,668.00	(1.36)
Partnership QIP Revenue	3,814.00	4,083.00	(269.00)	11,980.00	16,332.00	(4,352.00)
ARCH QIP Revenue	0.00	12,500.00	(12,500.00)	25,000.00	50,000.00	(25,000.00)
QIP-Other	0.00	341.00	(341.00)	0.00	1,364.00	(1,364.00)
Rental Income	3,302.00	3,125.00	177.00	13,208.00	12,500.00	708.00
Other Income	85.08	0.00	85.08	1,068,540.23	0.00	1,068,540.23
Interest & Dividends Earned	7,552.78	6,250.00	1,302.78	27,963.14	25,000.00	2,963.14
Total Grants & Other Revenue	259,742.66	293,025.00	(33,282.34)	2,163,403.05	1,171,254.00	992,149.05
Net Operating Income/(Loss)	(176,109.21)	(15,524.00)	(160,585.21)	397,880.58	(105,713.00)	503,593.58
Fundraising & Capital Activity						
Fundraising Income	24,227.52	13,335.00	10,892.52	43,569.46	67,144.00	(23,574.54)
Fundraising Expense	(981.37)	(4,756.00)	3,774.63	(4,164.86)	(19,024.00)	14,859.14
Donations	947.20	450.00	497.20	1,347.20	1,800.00	(452.80)
Realized/Unrealized Gains/(Losses)	15,486.16	0.00	15,486.16	60,229.80	0.00	60,229.80
Total Fundraising & Capital Activity	39,679.51	9,029.00	30,650.51	100,981.60	49,920.00	51,061.60
Net Excess of Revenue over Expenses	(136,429.70)	(6,495.00)	(129,934.70)	498,862.18	(55,793.00)	554,655.18

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 10/1/2025 Through 10/31/2025

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Salaries & Wages						
Salaries & Wages	565,593.93	528,345.00	(37,248.93)	2,034,185.87	2,044,454.00	10,268.13
Total Salaries & Wages	565,593.93	528,345.00	(37,248.93)	2,034,185.87	2,044,454.00	10,268.13
Benefits						
Payroll Taxes	34,693.06	38,103.00	3,409.94	134,369.96	147,441.00	13,071.04
Health Insurance	46,782.40	44,973.00	(1,809.40)	181,513.85	179,892.00	(1,621.85)
Workmans Compensation	5,516.42	5,635.00	118.58	19,837.42	21,805.00	1,967.58
Retirement	680.63	2,635.00	1,954.37	3,351.46	10,198.00	6,846.54
Other Benefits	500.00	409.00	(91.00)	2,000.00	1,636.00	(364.00)
Total Benefits	88,172.51	91,755.00	3,582.49	341,072.69	360,972.00	19,899.31
Contracted Services						
Contracted Physician	0.00	1,626.00	1,626.00	2,250.00	6,291.00	4,041.00
Contracted NP	3,138.00	2,329.00	(809.00)	11,243.01	9,011.00	(2,232.01)
Contracted Dentist Svcs	0.00	1,275.00	1,275.00	3,312.50	4,933.00	1,620.50
Total Contracted Services	3,138.00	5,230.00	2,092.00	16,805.51	20,235.00	3,429.49
Total Compensation	656,904.44	625,330.00	(31,574.44)	2,392,064.07	2,425,661.00	33,596.93
Facility Expenses						
Depreciation-Facility	6,356.72	6,302.00	(54.72)	25,384.19	25,208.00	(176.19)
Amortization-Facility ROU	6,220.67	6,538.00	317.33	24,882.68	26,152.00	1,269.32
Interest Expense-Facility ROU	675.62	764.00	88.38	2,870.55	3,130.00	259.45
Janitorial	2,222.00	2,834.00	612.00	10,810.00	11,336.00	526.00
Rent	3,690.00	3,870.00	180.00	15,360.00	15,480.00	120.00
Repairs & Maint-Facility	520.82	3,508.00	2,987.18	2,761.34	14,032.00	11,270.66
Utilities	8,739.99	8,983.00	243.01	36,160.26	35,932.00	(228.26)
Real Estate Taxes	1,085.05	1,692.00	606.95	4,085.05	6,768.00	2,682.95
Total Facility Expenses	29,510.87	34,491.00	4,980.13	122,314.07	138,038.00	15,723.93
Other Expenses						
Advice Line	2,040.00	1,959.00	(81.00)	8,710.00	7,836.00	(874.00)
Audit Fees	0.00	7,167.00	7,167.00	0.00	7,167.00	7,167.00
Bad Debt	0.00	267.00	267.00	753.51	1,068.00	314.49
Bank Charges	597.10	958.00	360.90	2,916.57	3,832.00	915.43
Board Expense	1,856.00	1,917.00	61.00	7,424.00	7,668.00	244.00
Billing Services	1,001.29	2,413.00	1,411.71	5,177.06	9,652.00	4,474.94
Computer Supplies & Support	53,340.08	49,906.00	(3,434.08)	193,416.22	199,624.00	6,207.78
Consulting Fees	3,890.79	5,242.00	1,351.21	16,358.55	20,968.00	4,609.45
Consulting Fees - Accounting	11,981.50	8,375.00	(3,606.50)	42,365.49	33,500.00	(8,865.49)
Consulting Fees - Government Compliance	3,749.00	2,166.00	(1,583.00)	19,128.01	8,664.00	(10,464.01)
Consulting Fees - CFO	892.00	1,958.00	1,066.00	4,212.17	7,832.00	3,619.83
Continuing Education	2,745.00	1,567.00	(1,178.00)	6,209.06	6,268.00	58.94
Depreciation Expense	1,929.12	1,965.00	35.88	8,139.92	7,860.00	(279.92)
Donations/Contributions	577.00	1,283.00	706.00	808.00	5,132.00	4,324.00
Dues & Subscriptions	1,857.23	2,342.00	484.77	8,665.08	9,368.00	702.92
Employee Recognition	100.00	1,666.00	1,566.00	100.00	6,664.00	6,564.00
Equipment Lease	2,310.90	2,308.00	(2.90)	10,053.22	9,232.00	(821.22)
Fundraising Allocation	(981.37)	(939.00)	42.37	(4,164.86)	(3,756.00)	408.86
Infectious Waste Disposal	1,775.00	1,767.00	(8.00)	6,008.00	7,068.00	1,060.00
Insurance-General	2,847.00	2,667.00	(180.00)	15,427.07	10,668.00	(4,759.07)
Insurance-D&O	2,756.00	2,550.00	(206.00)	10,600.00	10,200.00	(400.00)

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 10/1/2025 Through 10/31/2025

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Insurance-Malpractice	1,123.63	1,108.00	(15.63)	4,494.52	4,432.00	(62.52)
Interest Expense	0.00	0.00	0.00	25.00	0.00	(25.00)
Lab Services	1,815.66	5,634.00	3,818.34	1,910.07	22,536.00	20,625.93
Legal Fees	3,807.50	4,167.00	359.50	135,302.70	16,668.00	(118,634.70)
Minor Equipment	650.31	600.00	(50.31)	1,666.33	2,400.00	733.67
Outreach & Hlth Ed Matls Exp	1,842.84	1,208.00	(634.84)	5,126.84	4,832.00	(294.84)
Payroll Service Fees	2,393.60	2,483.00	89.40	10,324.76	9,932.00	(392.76)
Penalties & Late Fees	808.92	0.00	(808.92)	931.03	0.00	(931.03)
Postage & Shipping	1,599.51	942.00	(657.51)	3,963.83	3,768.00	(195.83)
Publicity/Advertising	130.00	667.00	537.00	4,038.14	2,668.00	(1,370.14)
Recruiting Expense	0.00	2,917.00	2,917.00	35,607.24	11,668.00	(23,939.24)
Recruiting-Moving Expense	0.00	833.00	833.00	0.00	3,332.00	3,332.00
Provider Housing	1,860.70	3,417.00	1,556.30	7,955.31	13,668.00	5,712.69
Repairs & Maint-Equipment	7,594.70	3,043.00	(4,551.70)	12,046.59	12,172.00	125.41
Retirement Administration	226.78	483.00	256.22	1,502.13	1,932.00	429.87
Supplies-Office	6,964.44	4,067.00	(2,897.44)	21,645.94	16,268.00	(5,377.94)
Supplies-Clinical	24,280.87	31,720.00	7,439.13	139,888.20	126,880.00	(13,008.20)
Supplies-Vaccines	2,644.04	3,555.00	910.96	14,116.31	14,220.00	103.69
Supplies-Pharmaceutical	1,265.04	2,703.00	1,437.96	2,624.04	10,812.00	8,187.96
Taxes & Licenses	2,607.10	1,024.00	(1,583.10)	8,392.79	4,096.00	(4,296.79)
Telephone/Communication	8,535.40	7,158.00	(1,377.40)	29,379.04	28,632.00	(747.04)
Transcription Services	3,980.02	3,842.00	(138.02)	8,928.53	15,368.00	6,439.47
Travel & Conferences	5,883.55	4,658.00	(1,225.55)	20,127.73	18,632.00	(1,495.73)
X-Ray Expenses	5,470.00	4,234.00	(1,236.00)	20,413.55	16,936.00	(3,477.55)
Total Other Expenses	180,748.25	189,967.00	9,218.75	852,717.69	738,367.00	(114,350.69)
Total Operating Expenses	867,163.56	849,788.00	(17,375.56)	3,367,095.83	3,302,066.00	(65,029.83)
Total Operating Expenses After Allocation	867,163.56	849,788.00	(17,375.56)	3,367,095.83	3,302,066.00	(65,029.83)

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 10/31/2025

	Current Period	Current Year
Operating Activities		
Change in Net Assets		
	(136,429.70)	498,862.18
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	14,506.51	58,406.79
(Increase)/Decrease in Accounts Receivable	(82,810.16)	(2,092.41)
(Increase)/Decrease in Grants Receivable	25,369.00	14,218.19
(Increase)/Decrease in Prepaid Expenses	3,767.32	27,360.63
Increase/(Decrease) in Accounts Payable	(34,421.32)	(38,239.52)
Increase/(Decrease) in Accrued Expenses	97,117.08	(62,212.94)
Increase/(Decrease in Estimated Medi-Cal Payable	20,538.30	75,675.39
Increase/(Decrease) in Deferred Revenue	25,000.00	25,000.00
Total Adjustments to Reconcile Change in Net Assets to Cash	69,066.73	98,116.13
Total Operating Activities	(67,362.97)	596,978.31
Cash Flows from Investing Activities		
Investing Activities		
Construction in Progress	0.00	(6,400.00)
Total Investing Activities	0.00	(6,400.00)
Total Cash Flows from Investing Activities	0.00	(6,400.00)
Cash Flows from Financing Activities		
Financing Activites		
Increase/(Decrease) in Leases Payable	(6,077.38)	(24,141.45)
Total Financing Activites	(6,077.38)	(24,141.45)
Total Cash Flows from Financing Activities	(6,077.38)	(24,141.45)
Net Increase(Decrease) in Cash	(73,440.35)	566,436.86
Cash at Beginning of Period		
	3,653,424.55	3,013,547.34
Cash at End of Period	3,579,984.20	3,579,984.20