



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

**Special Meeting of the Board of
Directors
Mark Twain Medical Center
Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Wednesday November 15, 2023
9:00am**

Agenda

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. **Call to order with Flag Salute:**
2. **Roll Call:**
3. **Approval of Agenda:** Public Comment - **Action**
4. **Public Comment On Matters Not Listed On The Agenda:**

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the Agenda. (The public may also comment on any item listed on the Agenda prior to Board action on such item.) **Limit of 3 minutes per speaker.** The Board appreciates your comments however it will not discuss and cannot act on items not on the agenda.

5. Consent Agenda: Public Comment - **Action**

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member or member of the public may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

A. Un-Approved Minutes:

- Un-Approved Special Board Meeting for September 5, 2023:
- Un-Approved Finance Committee Meeting for September 20, 2023:
- Un-Approved Board Meeting for September 27, 2023:
- Un-Approved Finance Committee Meeting for October 18, 2023:
- There was no October 25, 2023 BOD meeting:

6. MTHCD Reports:

- A. President’s Report**.....Ms. Reed
- **Association of California Health Care Districts (ACHD) October 2023 Advocate:**
 - **Meetings With MTHCD CEO:**
 - **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Chief Executive Officer’s Report**.....Dr. Smart
- **General Comments:**
 - **MTMC Capital Improvement – Plan / Process: Property Condition Assessment (PCA)**
 - **PCA Contract:** Public Comment – **Action**Mr. Randolph / Dr. Smart
 - **Mi-wok Monument Proposal – Information:**
 - **Strategic Planning & Projects Matrix:**
 - **LED MTMC Project:** Public Comment – **Action**
 - **Personnel Manual Section 2008 Change:** Public Comment - **Action**
 - **Grant Report:**
 - **Presentation –Children’s Advocacy Program:**.....Ms. West

- **Programs Coordinator:**.....Ms. Dickey
 - Robo-Doc
 - Stay Vertical Calaveras
 - AED For Life
 - Sports Physicals- May 22, 2024

- **VSH&W Center – Policies and Forms:** Public Comment – **Action**

- Policies for Sept 2023 Valley Springs Health & Wellness Center:

New Policies

Standardized Procedure for Depo Provera Injection

Revised Policies

Autoclave Use and Maintenance
 Autoclave Spore Testing
 Emerging Infectious Disease
 New Employee Onboarding and Annual Training
 Waste, Fraud, and Abuse

Bi-Annual Review Policies (no changes to policy content)

Billing for Services Provided Off-Site
 Business Hours
 Cash Collections
 Cleaning Duties
 Fit Testing
 Medication Management – Storage of Multi-Use Containers
 On-Call Program
 Provider on Site
 Quality Assurance Guidelines
 Quality Assurance & Continued Quality Improvement Plan
 Shelter in Place for Patients and Staff
 Standardized Procedure for Employee Influenza Vaccine Administration
 Standardized Procedure for Patients Presenting with URI Symptoms
 Sterile Shelf Life
 Universal Precautions
 Unscheduled Downtime of Electronic Medical Record
 PMHNP Standardized Procedures

E. BHCIP – Round 5 Update:

F. VSHWC Quality Reports Ms. Terradista

- Quality – September 2023:
- MedStatix – September 2023:

7. Committee Reports:

A. Finance Committee:.....Ms. Hack / Mr. Wood

- **Financial Statements** – September 2023: Public Comment – **Action**
- **Financial Statements** – October 2023: Public Comment – **Action**
- **Annual Financial Audit Update:** Public Comment – **Action**Mr. Jackson

B. Ad Hoc Policy Committee:..... Ms. Hack / Ms. Vermeltfoort

- Policies Were Presented for 30-Day Review on Sept. 27, 2023:
 - ◆ **Resolution 2023 - 09 to Approve:** Public Comment – **Action**
 - Policy # 4: Officers of the District:
 - Policy # 5: Committees of The Board: Public Information Officer: Auditors:
 - Policy # 12: Conflict of Interest Code and Ethics:
 - Policy # 27: Credit Card:
- Policies Presented for 30-Day Review:
 - Policy # 13: Appointments to the District Board:
 - Policy # 14: Conduct Related to Elections:

C. Ad Hoc Community Grants:.....Ms. Sellick / Ms. Reed

- Calaveras County Senior Center: Public Comment – **Action**
- Calaveras Mentoring Foundation: Public Comment – **Action**
- Hospice of Amador & Calaveras: Public Comment – **Action**

D. Ad Hoc Community Engagement:Ms. Reed

E. Ad Hoc Real Estate: Mr. Randolph

F. Ad Hoc Personnel Committee Ms. Reed / Ms. Vermeltfoort

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

- Thanksgiving Holiday November 23 and 24, 2023:

9. Next Meeting:

- Holiday Schedule for Board Meetings: Dark for December, 2023.

- The next MTHCD Board Meeting will be Wed. **January 24, 2024** at 9am.

10. Adjournment: Public Comment – **Action:**

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Special Board of Directors Meeting
Time: Nov 15, 2023 08:30 AM Pacific Time (US and Canada)

Join Zoom Meeting
<https://us02web.zoom.us/j/88201017931?pwd=NzI3dnZ3aUJ3ckpnWVVmb25lUUx6QT09>

Meeting ID: 882 0101 7931
Passcode: 046396

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Meeting ID: 882 0101 7931
Passcode: 046396

Find your local number: <https://us02web.zoom.us/u/kd1Kzolzl7>



MARK TWAIN HEALTH CARE DISTRICT

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**Special Meeting of the Board of Directors
Mark Twain Medical Center
Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Tuesday September 5, 2023
9:00am**

UN - Approved Minutes

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care.”

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:00am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed			Excused	
Debra Sellick			Excused	
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum : Yes

3. Approval of Agenda: Public Comment – Action

Motion to approve agenda by Mr. Randolph
Second: Ms. Vermeltoort
Ayes: 3
Nays: 0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing none

5. BCHIP – Round 5: Public Comment

Rescind **Resolution 2023- 06 Behavioral Health Continuum Infrastructure Prog. (BHCIP)** – Action:

Motion to approve rescinding of Resolution 2023-06 by Mr. Randolph
Second: Ms. Vermeltoort
Ayes: 3
Nays: 0

Resolution 2023-08 Behavioral Health Continuum Infrastructure Prog. (BHCIP): Public Comment - Action:

Motion to approve Resolution 2023-08 by Mr. Randolph
Second: Ms. Vermeltoort
Ayes: 3
Nays: 0

6. Announcements of Interest to the Board or the Public:

The VSHWC had 2200 appointments for August

7. Next Meeting:

- The next MTHCD Board Meeting will be Wed. September 27, 2023 at 9am.

8. Adjournment: Public Comment – Action:

Motion to adjourn by Mr. Randolph
Second: Ms. Vermeltoort
Ayes: 3
Nays: 0
Time: 9:14am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: Tuesday, September 5, 2023 MTHCD Special Board of Directors Meeting

Time: Sep 5, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83113575827?pwd=M1VoUld3SVN1MWxXMIB2b3hTWXkvUT09>

Meeting ID: 831 1357 5827

Passcode: 637646

One tap mobile

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Meeting ID: 831 1357 5827

Passcode: 637646

Find your local number: <https://us02web.zoom.us/j/83113575827>



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Finance Committee Meeting
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Road
San Andreas, CA

Wednesday September 20, 2023
9:00am

Participation: Zoom – Invite information is at the End of the Agenda
Or Participate in Person

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that Ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care.”

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:01am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack		X		
Richard Randolph	X			
Pat Bettinger	X			

Quorum: YES

3. Approval of Agenda:

Motion to approve agenda by Mr. Randolph

Second: Ms. Bettinger

Ayes:3

Nays: 0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing none

5. Consent Agenda: Public Comment- **Action**

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for August. 16, 2023:

Motion to approve Consent Agenda and Minutes by Mr. Randolph

Second: Ms. Bettinger

Ayes:3

Nays: 0

6. Chief Executive Officer's Report:

- BHCIP Application Update:

Scope of Work was received on 9/19/23. The architect contract went out for bid with only one company responding.

- MTMC – Building Assessment:

Three firms have bid on the MTMC Building Assessment Contract.

7. Real Estate Review:

- MOB 704: Stockton Cardiology Lease:

Lease for Stockton Cardiology has been extended until February 2027.

8. Accountant's Report:

- August 2023 Financials Will Be Presented: Public Comment- **Action**

The VSHWC had a great month. The Balance sheet shows a strong cash position. The Interest & Reserves are strong.

Motion to approve August Financials and I & R Report by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

- Annual Audit for 2022-2023:

All requests for information have been sent to the Auditor.

- Reserve Recommendation: Public Comment- **Action**

Recommended Reserve allocations will be sent to the Board for approval.

Motion to approve recommendations to Reserve Accounts by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

9. Treasurer's Report:

No Report.

10. Comments and Future Agenda Items:

Hearing none.

11. Next Meeting:

Next Finance Committee Meeting will be October 18, 2023 at 9:00am

12. Adjournment: Public Comment – **Action**

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

Time: Sep 20, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81064092606?pwd=bFdhdUlzajZFT0d3SVlQaHBNdTA3Zz09>

Meeting ID: 810 6409 2606

Passcode: 735442

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**Meeting of the Board of Directors
 Mark Twain Medical Center
 Classroom 5
 768 Mountain Ranch Rd,
 San Andreas, CA**

**Wednesday September 27,2023
 9:00am**

UN Approved Minutes

Ms. Hack will be remote (by Zoom) at 135 W. 50th St. New York, NY 10020

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:02am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack		X		
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum : Yes

3. **Approval of Agenda:** Public Comment – Action

Motion to approve agenda by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

4. **Public Comment On Matters Not Listed On The Agenda:**

Hearing None

5. **Consent Agenda:** Public Comment - Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting for August 16, 2023:
- Un-Approved Board Meeting for August 23, 2023:

Motion to approve consent agenda and minutes by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

A. President's Report:

- **Association of California Health Care Districts (ACHD) September 2023 Advocate:**
 - Update on ACHD Annual Meeting:
Future Annual Meetings will be held in Sacramento, Ca.
 - Review Recently Passed CA Legislation:
- **Meetings With MTHCD CEO:**

- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

\$200mil in funds are going to available soon

B. MTMC Community Board Report:

August was a good month for the MTMC standing at 3% over budget.

C. MTMC Board of Directors:

Meeting on Friday.

D. Chief Executive Officer's Report:

- **General Comments:**

- **MTMC Capital Improvement – Plan / Process:**

MTMC equipment Property Survey has received 3 bids.

- **Mi-wok Monument Proposal – Information:**

The monument will be displayed at The Red Barn and the museum in San Andreas, as well as in West Point.

- **Strategic Planning & Projects Matrix:**

Chronic Disease meeting today

- **Grant Report:**

Approved for \$50,000 grant for Data Information Sharing

- **Programs Coordinator:**

- Robo-Doc:

The Robo-Doc program is in 6 schools.

- Stay Vertical Calaveras

Searching for a venue in Angels Camp. The program is seeing about 5-6 new participants weekly.

- AED For Life

10 AED have been allocated in Phase 1. Emails have been sent out to the recipients.

- **Robo-Doc – Presentation:**

The average Robo-Doc call lasts 6.8 minutes. Students are usually only out of the classroom for 10-15 Minutes. 97.7% of students who used the Robo-Doc service Stayed in school.

- **VSH&W Center – Policies and Forms:** Public Comment – **Action**

- Policies for Sept. 2023 Valley Springs Health & Wellness Center:

Revised Policies

Appointment Notification

Appointment Rescheduling

Consents For Treatment – Guidance

Contagious Patient

Emergency Operations Plan

Employee COVID-19 Vaccine and Precautions Policy

Employee Dress Code Guidelines

Standardized Procedure for Employee COVID-19 Rapid Testing

Waived Testing - LeadCare II

Bi-Annual Review Policies (no changes to policy content)

Active Shooter

AED Use and Maintenance

Bioterrorism Threat

Drug Free Workplace

Earthquake or Weather Emergency

EKG

Incident Reports

Patient Rights and Responsibilities Statement

Patient Rights and Responsibilities Statement Spanish

Preventative Maintenance Inspections

Reference Resources

This Institution is an Equal Opportunity Provider and Employer

Minutes September 27, 2023 MTHCD Board Meeting

Section 504 Grievance
Section 504 Grievance Spanish
Section 504 Notice Of Program Accessibility
Section 504 Notice Of Program Accessibility Spanish
Standardized Procedures for Mid-level Practitioners (NP, PA)
Sterile Field
Influenza A and B Test – Waived

Motion to approve policies with extraction of Consents For Treatment – Guidance by Mr. Randolph
Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

E. VSHWC Quality Reports:

- Quality – August 2023:

The VSHWC saw 2201 patients in August. Registered 156 New Patients.

- MedStatix – August 2023:

96% patient satisfaction. New Dental Receptionist on board helping things run smoothly.

F. BHCiP – Round 5 Update:

The Scope of Work (SOW) was completed. Working on Architect Contracting.

7. Committee Reports:

A. Finance Committee:

- **Financial Statements** – August 2023: Public Comment – **Action**

August looked good for the District and the Clinic.

Motion to approve Financials with I & R Report by Mr. Randolph

Second: Ms. Sellick

Ayes: 5

Nays: 0

- **Annual Financial Audit:**

Auditor has started communications. He has 90% of information needed.

- **Reserve Recommendation From:** Public Comment – **Action**

Motion to approve recommendation for reserve allocations by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

B. Ad Hoc Policy Committee:

- Policies Presented for 30-Day Review:

- Policy # 4: Officers of the District:
- Policy # 5: Committees of The Board: Public Information Officer: Auditors:
- Policy # 12: Conflict of Interest Code and Ethics:
- Policy # 27: Credit Card:

C. Ad Hoc Community Grants:

Meeting today.

D. Ad Hoc Community Engagement:

No Report

E. Ad Hoc Real Estate:

Stockton Cardiology Lease Renewal still in progress.

Working on Sub-Lease for Mental Health for 701-104 Mountain Ranch Rd.

F. Ad Hoc Personnel Committee:

Dress code Policy was discussed.

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

- MTMC Health Fair – Sat. Sept. 30, 2023
- Cancer Support Group - Fri. Oct. 13, 2023:
- MACT Health Fair in San Andreas - Sat. Oct. 14, 2023:

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. October 25, 2023 at 9am.
- Holiday Schedule for Board Meetings: Nov. 15, 2023 and Dark in December.

10. Adjournment: Public Comment – Action:

Motion to adjourn by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

Time: 11:13am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD September 27, 2023 Board of Directors Meeting

Time: Sep 27, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81658615914?pwd=dmhCQTJrMStmVnRFa2ZoU>

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Meeting ID: 816 5861 5914

Passcode: 818052

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Meeting ID: 816 5861 5914

Passcode: 818052

Find your local number: <https://us02web.zoom.us/j/81658615914>



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Finance Committee Meeting
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Road
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Wednesday October 18, 2023
9:00am

Participation: Zoom – Invite information is at the End of the Agenda
Or Participate in Person

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that Ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care.”

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:03am

2. Roll Call:

<u>Member</u>	<u>In Person</u>	<u>Via Zoom/Phone</u>	<u>Absent</u>	<u>Time of Arrival</u>
<u>Lori Hack</u>	<u>X</u>			
<u>Richard Randolph</u>	<u>X</u>			
<u>Pat Bettinger</u>	<u>X</u>			

Quorum: YES

3. Approval of Agenda:

Motion to approve agenda by Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing none

5. Consent Agenda: Public Comment- **Action**

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for September 20, 2023:

Motion to approve consent agenda and minutes by Ms. Bettinger
Second: Mr. Randolph
Ayes: 3
Nays: 0

6. Chief Executive Officer's Report:

- MTMC Seismic Retrofit Update:

The assessment team is onsite visually inspecting the property.

- BHCIP Application Update:

The Architectural Contract was finalized with Aspen Street Architects, Inc.
The Program Funding Agreement should be received next week.

- MTMC – Building Assessment:

There was a meeting yesterday to discuss bids. Recommendation will be brought to Board of Directors meeting next week.

7. Real Estate Review:

Stockton Cardiology Lease Renewal has been signed. Working on Sub-Lease for Mental Health for 704 Mountain Ranch Rd.

8. Accountant's Report:

- September 2023 Financials Will Be Presented: Public Comment- **Action**

Motion to approve September Financials with I&R report by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

- Annual Audit for 2022-2023:

The auditor has almost all of the requested material.

- Management Comments:

The District staff have conducted an informal facility assessment of the Valley Springs Health & Wellness Center. A list of issues was developed and will be addressed by facility management. The cost this fiscal year will be immaterial.

9. Treasurer's Report:

No Report.

10. Comments and Future Agenda Items:

11. Next Meeting:

Next Finance Committee Meeting will be November 15, 2023 at **7:30am**

12. Adjournment: Public Comment – **Action**

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Time: 9:49am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

This Institution is an Equal Opportunity Provider and Employer
Minutes – Oct. 18, 2023 MTHCD Finance Committee Meeting

Time: Oct 18, 2023 08:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/87634606722?pwd=Mm1FUEJWS01xWjdJbUp3a0U2YU03dz09>

Meeting ID: 876 3460 6722

Passcode: 888954

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Meeting ID: 876 3460 6722

Passcode: 888954

Find your local number: <https://us02web.zoom.us/u/kbyKRbjU9Q>



ACHD Advocate

October 2023

What's New This Month:

- Members Gathered at ACHD's 71st Annual Meeting
- Advocacy Update
- LeadingAge offering dementia care toolkit webinar

CEO MESSAGE

Greetings from the other side of ACHD's annual conference! This year, members gathered in Olympic Valley from September 13th-15th to learn, network and share best practices. **Thank you to all of the members who made the journey to be with us.** Your attendance was an integral part of our success! [The ACHD website](#) has been updated with some **great photos from the event**, so be sure to check them out! Mark your calendars for our [72nd Annual Meeting](#), **September 25-27, 2024**, in Sacramento!



Cathy Martin
Chief Executive Officer

It is finally feeling like fall in the Capitol City, not only because of cooler weather, but because law makers have returned to their districts having wrapped up legislative business on September 14th. **The Governor has until October 14th to sign or veto legislation that made it to his desk this year.** At that time, ACHD's [Sarah Bridge](#) will issue an update to the membership regarding the Governor's final actions. As a reminder, [SB 784](#), ACHD's sponsored legislation, which would allow district hospitals to employ physicians directly, is a two-year bill and is eligible to be taken up again in January.

ACHD is currently seeking member CEOs or district trustees to serve on the [ACHD Board of Directors](#). [Apply to serve on the board](#) by submitting a resume or [statement of qualifications to ACHD](#) by October 31st. The Governance Committee will review and recommend candidates to be approved by the full ACHD Board on November 15th. **Please note: The district board of directors' chair and/or the CEO must support the nomination in writing at the time of submission.** Individual directors serve three-year terms, up to two terms, and their appointment becomes effective upon approval by the ACHD Board.

The ACHD Annual Meeting marks the "new year" for the Association. We look forward to another active and engaging 2023-24 with all of you. Please feel free to reach out to the [ACHD Team](#) if we can be helpful or supportive in any way.

LEGISLATIVE UPDATE

The Governor has until October 14, 2023 to sign or veto bills that have made it to his desk. Though he has already signed and vetoed a number of bills, hundreds remain to be acted upon in the next nine days. For updates on bill actions you can visit [Governor Newsom's website](#). Note that bill results are posted in batches unless noticed in a larger press release.

[Sarah Bridge](#) will provide a **supplement to the October ACHD Advocate** as soon as the deadline passes, updating members on priority issues. In the meantime, if you have questions for Sarah, please do not hesitate to [contact her directly](#).

Appointment of Laphonza Butler:

Following the [death of Senator Diane Feinstein](#), Governor Newsom struggled to find a replacement for her Senate seat, given its short-term nature and the desire to find a “caretaker” for the Senate seat. Honoring his previous commitments, Governor Newsom appointed Laphonza Butler, who was sworn in on Tuesday. This choice will have significant impacts on the already crowded Senate race. Polling data from an October 1st poll shows most voters supported Governor Newsom’s appointment of Butler. The [polling data](#) includes additional insights as well.

ACHD Partners with CSDA on Special District Tour:

In the final week of September, ACHD embarked on a tour of special districts hosted by the [California Special Districts Association](#). The tour aimed to educate legislative staff from critical legislative offices and committees on the important role special districts play in the community. This year’s tour featured [El Camino Healthcare District](#), with a tour of their newly renovated neonatal intensive care unit. Pictures of the tour are featured below.





Upcoming Webinar
Presented by
LeadingAge CA
New Staff Orientation
Toolkit on Dementia Care



[Visit LeadingAge Website to Register for their Webinar](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 76 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



ACHD | 1127 11th Street, Suite 905, Sacramento, CA 95814

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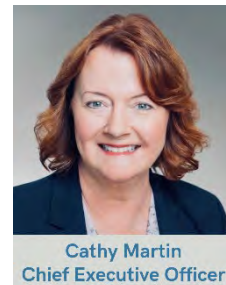
ACHD Advocate Follow Up October 2023

In this follow up:

- End of Session Legislative Outcomes

CEO MESSAGE

As promised, ACHD is following up with a **second installment of the ACHD October Advocate** in order to provide you with the final results of high-priority legislation following the Governor's October 14th deadline to act on bills that made it to his desk. Below, [Sarah Bridge, Sr. Director at Strategies 360](#), provides a summary of those outcomes, as well as an additional document detailing the fate of all bills seeking Governor Newsome's signature.



Cathy Martin
Chief Executive Officer

Be sure to save the date for our **New Laws in 2024 Webinar**, scheduled for **Monday, December 4th at 11:00 AM**, to hear from Sarah about what healthcare districts need to know moving ahead in 2024.

LEGISLATIVE UPDATE

Governor Newsom's bill signing deadline closed at midnight on October 14, 2023. Strategies 360, ACHD's lobbying firm, has put together an end-of-session report, [available here](#), that gives a broad overview of the political landscape in California. Below, are updates on high-priority bills for healthcare districts. Additionally, ACHD will host a **New Laws in 2024 webinar in December**. This is an opportunity for your district to learn more about bills that will take effect in the coming year and what to expect politically in the next year of the legislative session.

ACHD actively positioned on **35 bills**, while also monitoring and engaging informally on over **240 bills**. **ACHD sponsored SB 784 (Becker)**, which would allow all district hospitals to employ physicians directly. **ACHD was also the lead opposition or support on nearly ten measures**. This is a remarkable increase in the Association's visibility in the Capitol. We look forward to January when the legislature returns and we can pick up our work on several high-priority bills that were stalled or stopped this year. The [upcoming legislative calendar can be found here](#).

High Priority Bills Signed by the Governor

[ACA 1 \(Aguiar-Curry\): Local government financing: affordable housing and public infrastructure](#) – ACHD Position: **Support**

ACA 1 finally reached the Governor's office and received a signature. The constitutional amendment would create a new voter approval mechanism with a vote threshold of 55% for approval of local general obligation bonds and special taxes related to certain affordable housing and infrastructure projects. The measure will now go to the voters for approval on the November 2024 ballot.

[AB 40 \(Rodriguez\): Emergency medical services](#) – ACHD Position: **Neutral**

The controversial AB 40, which seeks to address ambulance patient offload times, was signed into law. The final version reflects several rounds of amendments, however, it still establishes a statewide 30-minute standard for patient offload times.

[AB 242 \(Wood\): Critical Access Hospitals Physician Employment](#) – ACHD Position: **Support**

AB 242 makes permanent the pilot program that allowed California's critical access hospitals to directly employ physicians. Without the bill, the program would have sunset (expired) in 2024. **ACHD members were lead testimony in support of this bill.**

[AB 557 \(Hart\) Open meetings: local agencies: teleconferences](#). – ACHD Position: **Support**

AB 557 eliminates the sunset (expiration date) on the emergency remote meeting procedures and adjusts the resolution timeframe to allow public agencies 45 days between approvals for remote participation.

[AB 918 \(Garcia\) Health care district: County of Imperial](#) – ACHD Position: **Concerns**

AB 918 establishes a county-wide district in the Imperial Valley. In doing so, it dissolves both the Pioneers Memorial Health Care District and the Heffernan

Memorial Healthcare District. The bill has an urgency clause, so it will take effect immediately.

AB 1484 (Zbur): Temporary public employees – ACHD Position: **Neutral**

AB 1484 requires public employers to join temporary employees in any relevant collective bargaining units. **Amendments, successfully negotiated by ACHD**, ensure that this does not extend to staffing agency employees so long as PERB has not made any determination on the issue.

SB 525 (Durazo): Minimum wages: health care workers – ACHD Original Position: **Oppose, then neutral after amendments**

In the final days of the signing period, the Governor signed SB 525, which creates a statewide healthcare worker minimum wage. The bill, in its final version, is the result of stakeholder negotiations led by the hospital association and sponsors of the bill, including conversations with the Administration. These negotiations were helpful to some of our members, and therefore, once a deal was struck ACHD moved to a neutral position.

The Administration struggled with signing the measure as it has significant state costs. The Governor's signature means we will see a “clean-up”, early-action bill in January to ensure the impact to the state’s general fund remains covered. We expect this conversation to occur between stakeholders, the Department of Finance, and high-ranking members of the Newsom Administration. While the final version provides some predictability and stability with regard to healthcare worker minimum wage moving ahead, ACHD remains concerned about a lack of clarity for our non-hospital healthcare district members and looks forward to working with stakeholders and others on improved clarity.

The minimum wage is broken into three categories by entity type. Those categories are outlined below.

Tier one:

Covered employers with 10,000 or more full time employees, Dialysis Clinics, and any County with a population over 5 million.

- June 1, 2024: \$23 per hour
- June 1, 2025: \$24 per hour
- June 1, 2026: \$25 per hour

Tier two:

Primarily rural health and community clinics as specified in the bill.

- June 1, 2024 - May 31, 2026: \$21 per hour
- June 1, 2026: \$22 per hour
- June 1, 2027: Adjusts by 3.5% until \$25

Tier three:

Rural hospitals and providers with a high government payer mix (at least 90% for a system/ 75% for an acute hospital), or a county with a population of less than 250,000.

- June 1, 2024 - May 31, 2033, \$18 per hour, with 3.5% adjuster annually.

Other important considerations:

- Applies to contracts, contractors, and subcontractors of a covered employer. Must directly or indirectly have control over wages, hours or working conditions.
- Exempt employee's salary shall be no less than 150% of the health care worker minimum wage or 200% of the applicable minimum wage, whichever is greater.
- Once \$25 is reached, adjustments shall be made annually by 3.5% or CPI-W whichever is lower.

SB 770(Weiner): Health care: unified health care financing – ACHD Position:

Watch

SB 770 (Wiener) which directs the California Health and Human Services agency by June 1, 2025, to have researched and developed a waiver framework with the federal government with the objective of a comprehensive medical coverage system, reminiscent of a single-payer framework. The bill advances the concept of federal financing as a potential option to fund a universal care delivery system.

Vetoed Bills:

SB 799 (Portantino): Unemployment Insurance – ACHD Position: **Oppose**

In the first rounds of signatures and vetoes, the Governor vetoed SB 799, which would make employees striking for more than two weeks eligible for unemployment insurance. The bill was sponsored by the Labor Federation and was their number one priority. We will likely see a re-introduction of this legislation next session.

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Learn more at www.achd.org.



The ACHD Board of Directors is seeking nominations from member healthcare district Trustees or CEOs to fill vacant positions on the ACHD Board.

Serving on the ACHD Board is a valuable opportunity for our members to:

- **Contribute** to the growth and success of ACHD.
- **Interact and collaborate** with other members who share a common interest.
- **Broaden your network** of professional connections.

Apply to serve on the ACHD Board by submitting a resume or [statement of qualifications](#) to [ACHD](#) by **October 31st**. The Governance Committee will review and recommend candidates to be approved by the full ACHD Board in December.

Please note that the criteria for serving on the Board are as follows:

- No member district may be represented on the Board by more than [one voting board member at the same time](#).
- The nominee's healthcare district is either currently a "Certified Healthcare District" or commits to becoming certified within the first three years on the Board.
- The district board of directors and/or the district CEO must support the nomination in writing at the time of submission.

Individual board members serve three-year terms, up to two terms, and their appointment becomes effective upon approval by the ACHD Board.

If you are interested in serving, please submit your resume or [statement of qualifications](#) and a letter of support from your district Board to [ACHD](#) by **October 31st**.

If you have any questions, please [contact ACHD](#).

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role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

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Association of California Healthcare Districts
www.achd.org





September 21, 2023

File No.: 01-23-0236

MARK TWAIN HEALTH CARE DISTRICT
 c/o Richard Randolph
 768 Mountain Ranch Road
 P.O. Box 95
 San Andreas, California 95249

Via Email

REFERENCE: MARK TWAIN MEDICAL CENTER
 768 MOUNTAIN RANCH ROAD
 SAN ANDREAS, CALIFORNIA 95249

SUBJECT: PROPOSAL FOR FACILITY CONDITION ASSESSMENT SERVICES

Dear Richard:

Property Condition Assessments, LLC ("PCA") is pleased to submit this proposal to the *Mark Twain Health Care District* ("Client"). The following presents PCA's understanding of the facilities and site, the purpose and Scope of Services, associated fees, terms, and conditions.

PROPERTY DETAILS	
Property Type:	Hospital
Apx. Land Area:	10.52 acres
No. of beds:	Twenty-five (25)
Apx. Building Area:	89,245 square feet
No. of Buildings:	Four (4)
No. of Floors:	One (1) and Two (2)
Apx. No. of Elevator(s):	Three (3)
Apx. Year(s) Built:	Original Building: 1950s New Buildings: 1996
Construction Type:	Varies
Parking Type:	Surface
No. of Spaces:	194 total
Amenities:	Cafeteria

PURPOSE

The purpose of this engagement is to:

- 1) Perform a facility condition assessment to establish the current condition of the site and building improvements/systems;
- 2) Evaluate the Remaining Useful Life (RUL) for each major building component/system, identify Immediate Deficiencies, and provide a 25-year forecast of anticipated capital replacements, including opinions of probable costs for associate repairs or replacements; and *priority*
- 3) Perform a peer review of the current preventative maintenance program, opine on effectiveness, and provide recommendations for modifications, as appropriate.

STAFF AND FIELD WORK

A qualified team of senior professionals comprising an architectural professional and mechanical professional, and electrical professional shall perform the field work during an approximate two (2)- to three (3)-day site visit to the Subject Property.

PCA's field staff will be augmented with a vertical transportation professional and/or food services consultant should Client elect to include any of the *Optional Services* in the Scope of Services for this engagement.

SCOPE OF SERVICES

Architectural Assessment

PCA shall:

1. Interview Subject Property management/engineering/maintenance personnel and/or tenants, if available, review maintenance records in an attempt to obtain information concerning pre-existing conditions and budgeted capital expenditures.
2. Review available construction documents to become familiar with the original design criteria for civil, structural, architectural, electrical, and mechanical systems.
3. Visually assess the Subject Property evaluate the existing condition of the facilities, system adequacies relative to current occupancy loads, remaining serviceable life expectancies, and the need for maintenance/repairs/replacements/upgrades. Specific elements to be evaluated include the following:
 - Site grading and drainage
 - Landscape and irrigation *-helipad*
 - Hardscape including paving and curbing systems
 - Site amenities including signage, fencing, water features, and helipad
 - Building-envelope systems including exterior walls, doors and windows

- Interior finishes, including (but not limited to) the following, to the extent accessible:
 - Lobbies and common area corridors
 - Admitting and administrative offices
 - General examination/treatment rooms and spaces
 - Surgery rooms and associated spaces
 - Emergency services rooms and associated spaces
 - Radiology department spaces
 - Laboratory department spaces
 - Pharmaceutical department spaces
 - Kitchen and cafeteria spaces
 - Back-of-house spaces
 - Mechanical, electrical, storage rooms
 - Maintenance department spaces
 - Loading dock and refuse disposal facilities
 - Fire-and life-safety compliance (*emergency egress*)
4. Provide an opinion concerning Subject Property compliance with the following:
- Local and national building codes
 - Client acknowledges that PCA is not qualified to provide legal interpretation of available information, including interpretation of codes and regulations related to zoning and entitlement compliance, and Client should retain qualified legal counsel to provide advice concerning those matters and verification of PCA's opinions concerning such matters.
 - Disabled-access codes/regulations, including the Title III design criteria of the Americans with Disabilities Act (ADA) for public exterior and interior areas of the Subject Property under owner's control. Title I compliance related to employer responsibilities under the ADA is specifically excluded.
 - Fire/life-safety codes
- Note:** PCA shall exercise usual and customary professional care in its efforts to assess law/code/regulation compliance. However, due to the existence of literally thousands of laws, codes, and regulations pertaining to construction, PCA cannot provide a definitive opinion concerning compliance with all laws/codes/regulations.
5. Prepare a narrative report describing the respective major building systems, their current condition, capacities and adequacies, code compliance, and noted deficiencies.
6. Provide a spreadsheet report identifying Immediate Deficiencies and a 25-Year Forecast of anticipated capital replacements for the respective major building systems, including Opinions of Probable Costs (OPCs) for associate repairs or replacements for each major building system. This spreadsheet report will also include forecasted timing and costs for critical maintenance items.

Priority 2

Note: *As indicated above, this Scope of Service is focused on major architectural building systems and equipment. Low-cost (below \$2,500), non-critical routine maintenance items are specifically excluded from the Scope of Services.*

Roofing Assessment

PCA shall:

1. Interview property management/engineering/maintenance personnel and review available maintenance records in an attempt to obtain information concerning pre-existing conditions and budgeted capital expenditures.
2. Complete a review of available construction documents to evaluate original design criteria.
3. Conduct a visual evaluation of the roofs from available vantage points to assess the present condition of the systems. PCA will only walk rooftops if safe access can be made and the roofs are not pitched.
4. To the extent visually observable, evaluate each of the following roof-related components and comment on the current condition, remaining serviceable life, and compatibility with the overall system design:
 - Substrate and structure as related to the roof assembly
 - Surfacing
 - Membrane
 - Insulation
 - Flashing and terminations
 - Counter flashing
 - Coping, metal edge
 - Roof penetrations
 - Interface of building components (e.g. penthouse exteriors, parapet wall systems, sealant, etc.)
 - Drainage conditions
 - Equipment supports

Note 1: No core samples will be collected based on the type of roof construction. PCA will recommend testing (e.g. coring or infrared) of the membrane systems, as necessary, should field conditions warrant such investigation.

5. Provide a section in the narrative report describing the respective major roof systems, their current age and condition, Expected Useful Life (EUL), Remaining Useful Life (RUL), adequacies, and noted deficiencies.
6. Provide a spreadsheet report identifying Immediate Deficiencies and a 25-Year Forecast of anticipated capital replacements for the roof systems, including Opinions of Probable Costs (OPCs) for associate repairs or replacements. This spreadsheet report will also include forecasted timing and costs for critical maintenance items.

Note 2: *As indicated above, this Scope of Service is focused on major roof components and equipment. Low-cost (below \$2,500), non-critical routine maintenance items are specifically excluded from the Scope of Services.*

Mechanical/Electrical/Plumbing/Fire- & Life-Safety Systems Assessment

PCA shall:

1. Interview property management/engineering/maintenance personnel and review available maintenance records in an attempt to obtain information concerning pre-existing conditions and budgeted capital expenditures.
2. Review available construction documents and maintenance reports to assess the design criteria and outstanding maintenance issues relative to the electrical, mechanical, plumbing, and fire/life-safety systems.
3. Perform a visual assessment of the systems to evaluate the current condition of the systems and components, and to identify recommended repairs/replacements and suggested upgrades. Areas to be assessed include, but are not limited to, the following:
 - Site and exterior systems
 - Lobbies and common area corridors
 - Admitting and administrative offices
 - General examination/treatment rooms and spaces
 - Surgery rooms and associated spaces
 - Emergency services rooms and associated spaces
 - Radiology department spaces
 - Laboratory department spaces
 - Pharmaceutical department spaces
 - Kitchen and cafeteria spaces
 - Back-of-house spaces
 - Mechanical, electrical, storage rooms
 - Maintenance department spaces
 - Loading dock and refuse disposal facilities
4. Review and verify the Equipment Inventory, and update as appropriate, including information concerning the capacity and adequacy of each major piece of equipment, current condition (Good/Fair/Poor), Expected Useful Life (EUL), and Remaining Useful Life (RUL).
5. Prepare a narrative report describing the respective major building systems, their current condition, capacities and adequacies, code compliance, and noted deficiencies.
6. Provide a spreadsheet report identifying Immediate Deficiencies and a 25-Year Forecast of anticipated capital replacements for the respective building systems, including Opinions of Probable Costs (OPCs) for associate repairs or replacements for each major piece of equipment on the Equipment Inventory. This spreadsheet report will also include forecasted timing and costs for critical maintenance items.

7. *Handwritten note:* 7. *Handwritten note:*

Note: *As indicated above, this Scope of Service is focused on major systems and equipment. Low-cost (below \$2,500), non-critical routine maintenance items are specifically excluded from the Scope of Services.*

Preventative Maintenance Program – Peer Review

PCA shall:

1. Interview property management/engineering/maintenance personnel to obtain information concerning the current preventative maintenance program, procedures, and specific areas of concern, if any.
2. Review the existing written preventative maintenance program to evaluate the maintenance items and cycle to compare with manufacturer recommendations and current industry standards for best practices.
3. Provide a brief narrative reporting section describing current program, inconsistencies with manufacturer recommendations and industry standards, and recommended modifications for improved performance and extended serviceable life of systems and equipment.

Note: *This Scope of Service is focused on preventative maintenance for major systems and equipment.*

OPTIONAL SERVICES

Vertical Transportation Assessment

PCA shall:

1. Conduct an on-site review of the three (3) elevator cars to assess the adequacy of such items as maintenance and repair, general appearance, and code compliance.
2. Perform an evaluation and inventory of the vertical transportation equipment to evaluate the conditions, types, duties, and manufacturers.
3. Observe the performance levels of the elevators to assess their efficiency and necessary degrees of adjustment.
4. Provide a review of existing maintenance contracts to evaluate the extent of coverage, conditions of coverage, and relative pricing.
5. Provide a section in the narrative report covering the items listed above, including code compliance, maintenance contract, maintenance level, and a summary of potential short- and long-term equipment upgrading and modernization requirements, if any. Concurrently, needs for interface with electrical, mechanical, and life-safety disciplines shall be cited.

6. Provide a spreadsheet report identifying Immediate Deficiencies and a 25-Year Forecast of anticipated capital replacements for the vertical transportation systems, including Opinions of Probable Costs (OPCs) for associate repairs or replacements. This spreadsheet report will also include forecasted timing and costs for critical maintenance items.

Note: *This Scope of Service is focused on major systems and equipment. Low-cost (below \$2,500), non-critical routine maintenance items are specifically excluded from the Scope of Services.*

Food Services Assessment

PCA shall retain a third-party food-services consultant to:

1. Interview kitchen/engineering/maintenance personnel concerning pre-existing conditions and budgeted capital expenditures.
2. Conduct a visual evaluation of the kitchen facilities and equipment, service corridor, wait stations, and buffet areas in order to assess the condition of the equipment, general code compliance, and general operating efficiencies.
3. Review and verify the Equipment Inventory, and update as appropriate, including information concerning the adequacy of each major piece of equipment, current condition (Good/Fair/Poor), Expected Useful Life (EUL), and Remaining Useful Life (RUL).
4. Prepare a narrative report describing the respective major kitchen equipment and systems, their current condition, adequacies, code compliance, and noted deficiencies.
5. Provide a spreadsheet report identifying Immediate Deficiencies and a 25-Year Forecast of anticipated capital replacements for the kitchen systems and equipment, including Opinions of Probable Costs (OPCs) for associate repairs or replacements. This spreadsheet report will also include forecasted timing and costs for critical maintenance items.

Note: *As indicated above, this Scope of Service is focused on major systems and equipment. Low-cost (below \$2,500), non-critical routine maintenance items are specifically excluded from the Scope of Services.*

DELIVERABLES

1. PCA anticipates providing its deliverables to Client as follows:

Item/Deliverable	Timing
Site Visit(s)	TBD – Per Client's Requirements
Draft Report (1 electronic PDF copy via email)	Within thirty (30) business days from completion of the site visit(s)
Conference Call(s)	TBD – Per Client's Requirements
Final Reports (1 electronic PDF copy via email)	Within seven (7) business days from receipt of Client's final comments

**Note: Upon Client's request, hard copies of reports can be produced for an additional fee of \$350.00 per hard copy report.*

- Draft reports will be addressed to the Client identified in this Agreement.
- The following information defines the reporting format and parameters for the facility condition report:

Report Format: Narrative format with descriptions and statements of condition for the various building elements

OPC Spreadsheet: A spreadsheet document identifying Immediate Cost and a 25-Year Forecast of anticipated capital replacements, including Opinions of Probable Costs (OPCs) for respective repairs, replacements, and recommended upgrades. All items will include a deficiency rating (1 = Code/Life Safety, 2 = Repair, 3 = Capital Replacement, 4 = Upgrade), units of measurement, unit costs, year for accomplishment, and total costs by item, year, and rating.

Cost Threshold: OPC items shall cover issues with an aggregate value of **\$2,500** or more; code and life-safety issues shall be identified without regard to this cost threshold.

Note: PCA does not identify routine maintenance items that are typically included in an annual maintenance budget, except for timing and cost for critical maintenance items.

Photographs: The report will include photographic documentation of existing conditions and major physical deficiencies.

Appendices: Relevant supporting documentation

4. PCA's report(s) shall be based on the sampling of conditions observed on the day(s) of site visit. Under no circumstances will the report constitute a guarantee of the overall condition, functional suitability, and/or environmental profile of the facilities and site.

COMPENSATION

For the above-described services, PCA shall be compensated as follows: (Fees are based on above-referenced project description and Scope of Services, which are to be performed simultaneously. Individual services or those performed separately may be at a higher fee.)

BASE CONDITION ASSESSMENT	
Architectural Assessment	\$13,950.00
Roofing Assessment	1,800.00
Mechanical, Electrical, Plumbing, Fire and Life Safety Systems Assessment	17,500.00
Preventative Maintenance Program – Peer Review	6,500.00
Subtotal of Fees without Optional Services:	\$39,750.00

OPTIONAL SERVICES:	Fee	Initial to Include
a) Vertical Transportation Assessment	\$3,000.00	
b) Food Services Assessment	\$5,950.00	

In addition to the fees noted herein, PCA shall be reimbursed for the following project-related direct costs as incurred.

- Applicable transportation and per diem in connection with the project including air fare, auto rental, mileage, fuel, tolls, parking, lodging, and meals.
- Agency fees for copying or research of public records.
- Courier service, shipping, and delivery charges.
- Film and photographic reproduction charges.
- Uploading and categorizing digital project files.
- Color copying, special reproduction, postage, and handling of the report and other documents.

PAYMENT TERMS

Payment for services shall be provided as follows (excluding expenses and optional services):

1. A 50% retainer upon authorization to proceed**\$19,975.00**
2. Final payment due upon completion of services.....**\$19,875.00**

Note: *Retainer will be adjusted commensurately should Client select one or more of the Optional Services.*

Payment of the balance for services shall be on a lump-sum basis due and payable within thirty (30) days of delivery of final report(s) and invoice. However, should Client fail to provide final comments on the draft report(s) to PCA within ten (10) days of receipt of same ("Comment Period"), final payment shall then be due and payable within thirty (30) days of Comment Period expiration. Past-due charges beyond an invoice due date shall be subject to a 1.5% per month service charge, and Client agrees to pay PCA's attorney fees, interest, and all other costs incurred in collecting past-due amounts.

Should the evaluation services be terminated prior to delivery of the final report(s), PCA shall be compensated on a lump-sum basis in direct proportion to the percentage of work completed, or hours expended, at the date of termination. Should additional services be requested beyond those identified above, the fee for those services shall be quoted separately at the time they are requested. After delivery of the final report(s), additional copies of the report(s) may be provided on a time-and-material-cost basis in accordance with PCA's standard rate schedule.

CLIENT RESPONSIBILITIES

Client shall furnish the following information and/or services to PCA prior to scheduling of the field evaluation:

- Notify tenant of evaluation to be performed and obtain permission for PCA to have access to all areas of the Subject Properties.
- Provide name(s) and telephone number(s) for on-site facility contact person(s).
- Arrange for owner's and tenant's management/engineering/maintenance staff to be available for interviews and to provide necessary field escort for PCA staff during the site visit.
- Arrange for necessary access equipment (keys, ladders, etc.).
- Assist PCA in obtaining access to all pertinent project documentation including construction documents and any modifications subsequent to the original construction, previous condition reports, investigations/studies/test documentation, maintenance records, etc.
- Assist in obtaining a completed PCA "Owner-Management Disclosure Questionnaire & Document Request" from the owner or its authorized manager.
- Any additional data or information relevant to PCA's performance of services.

- Client is responsible to read all draft and final reports including all appendices. Client is to provide PCA written comments regarding any questions or concerns pertaining PCA's report(s) and appendices.

ASPECTS NOT INCLUDED IN THE SCOPE OF SERVICES

The following items are not a part of this assignment and hence not included in the proposed scope of services:

- Concealed or inaccessible areas of the Subject Property requiring the use of destructive investigation beyond that proposed in the Scope of Services.
- Furniture, fixtures, and medical process equipment not part of building structures.
- Assessment of OSHA and HCAI compliance.
- Structural and/or seismic assessment of the Subject Property and opinion of probable maximum loss (PML) estimates.
- A roofing assessment by a third-party roofing consultant.
- A *comprehensive* disabled-access assessment of the Subject Property beyond the scope noted in the "Architectural Assessment" section of this proposal.
- Environmental site assessment of the Subject Property and/or sampling of any kind.
- Sound transmission testing to establish interior noise levels.
- In person review of available documents at the local municipalities; and ordering of a Planning, Zoning and Resource Report (PZR) zoning-compliance report.
- Building area take-offs and/or independent validation of building/unit/site area calculations reported by owner.
- An entomological assessment of the Subject Property.
- Photo optic assessment of the main or branch storm and sanitary sewer lines.
- Testing of systems and equipment; however, PCA shall make a reasonable attempt to verify on a random basis that tenant-operated systems and equipment are operational, given the time constraints of the site visit.
- Identification of all recalled building materials utilized in construction. PCA will make a reasonable attempt to identify recalled materials, but cannot guarantee or represent that it has identified all materials due to the limited visual assessment of Subject Property components and the concealed nature of many materials.
- Work requiring the use of special consultants beyond that noted in the "Scope of Services" section of this proposal, including:
 - Review of the vertical transportation systems, unless Client selects the Optional Service.
 - Review of the kitchen systems and equipment, unless Client selects the Optional Services
- Utility vaults, meters, and other equipment or facilities owned by public utility providers.
- Any portion of the Subject Property that PCA determines to be unsafe (should an area of particular concern be identified, it shall be so noted in the report(s) with a recommendation for further assessment).

INDEMNIFICATION OF PARTIES

Both PCA and Client agree to defend, hold harmless and indemnify each other and their respective officers, directors/members, employees, agents, and subcontractors from and against any and all damage, liability, and cost (including reasonable attorneys' fees and costs of defense) to the extent caused by the negligent acts, errors, or omissions of the indemnifying party or its employees, agents, contractors, or subcontractors. In no event shall PCA, its officers, directors, members, employees, agents, or subcontractors be liable for, and Client agrees to defend, indemnify and hold harmless against such liabilities and any claims or cause of action resulting from the use of information contained within PCA's report(s).

LIMITATION OF LIABILITY

Client agrees that the combined liability of PCA and all officers, members, employees, agents and subcontractors of PCA to Client, its Lender(s), and any of their respective successors and assigns (collectively "Claimants") for all claims, suits, arbitrations or other proceedings, or any other liability arising from, or related to, the performance of the Services under this Agreement including, but not limited to, PCA's professional negligence, errors and omissions, breach of contract, or other professional acts, no matter how legally defined, shall be limited to a total amount of \$50,000 or PCA's total fees for the services rendered on this project, whichever is greater in the aggregate for all Claimants. Furthermore, Client expressly agrees to waive: 1) all rights to make claims for PCA errors and omissions after two years from the date of the final report(s) for this engagement; and, 2) all rights to make claims for any alleged error/omission where PCA is not afforded the opportunity to review and consult on such error/omission prior to Client retaining another party to evaluate/implement corrective action. Additionally, Client agrees that the total budget for all corrective work recommended in PCA's report will be considered and Client waives the right to make a claim for recovery of cost on any item or aggregate of items that do not exceed the total budget for all items identified in PCA's report(s).

Due to the very limited benefit PCA will derive from this project compared to that of other parties involved, including Client, Client agrees to limit PCA's liability to Client, or any other party using or relying on PCA's work with respect to any acts or omissions including, but not limited to, breach of this contract, breach of warranty, negligence or other legal theory, such that the total aggregate liability of PCA to all those named shall not exceed \$50,000 or PCA's total fee for the services rendered on this project, whichever is greater. PCA will waive this limitation up to \$1,000,000 upon Client's request and agreement in writing to pay an additional consideration of ten (10%) percent of PCA's total fee or \$1,000.00, whichever is greater. This sum shall be a Waiver of Limitation of Liability Charge and will not be construed as being a charge for insurance of any type, but will be increased consideration of the greater risk involved to PCA. If the results of PCA's services will be used to aid in the development of drawings and specifications for construction, Client agrees to require other design professionals, the contractor and its subcontractors selected for such

construction to agree to an identical limitation of PCA's liability for damages suffered by other design professions, the contractor or subcontractor arising from PCA's professional acts, errors or omissions. **

**** Please initial to select the \$1,000,000 limit of liability coverage and associated cost: _____**

DISPUTE RESOLUTION

If any controversy, claim, or cause of action (including those arising under any federal or state statute or under any common law) arises under this Agreement and cannot be settled by the Parties, the controversy, claim or cause of action will initially be mediated by the parties at a non-binding mandatory mediation, presided over by a mutually agreed upon mediator affiliated with the American Arbitration Association, *JAMS* or a comparable Alternative Dispute Resolution ("ADR") entity, according to the rules of the agreed on ADR entity, with the expenses of the mediation to be shared equally by Client and PCA and any other person and/or entity involved in the mediation. If the Parties cannot agree on an ADR entity and/or a mediator, then the American Arbitration Association shall be the ADR entity, utilizing its mediation rules (including for selection of a mediator) at the time the request for mediation is made. Any request for mediation made by a Party must be served on the other Party. The mediation shall last four (4) hours minimum, and the venue shall be the office of the ADR entity that is located within the major metropolitan area closest to the location of the Subject Property. The Parties shall each have a decision maker with authority to resolve the dispute present at the mediation. In the event that the non-binding mediation is unsuccessful, then the controversy or claim shall be settled by binding arbitration in accordance with the rules of the American Arbitration Association.

Arbitration, as provided herein, shall be the exclusive dispute-resolution process. Any Party may commence arbitration by sending a written demand for arbitration to the other Party. Such demand shall set forth the nature of the matter to be resolved by arbitration. A demand for arbitration shall be made no earlier than concurrently with the filing of a request for mediation, but in no event shall it be made after the date when the institution of legal or equitable proceedings based on the controversy, claim, or cause of action would be barred by the applicable statute of limitations. For statute of limitations purposes, receipt of a written demand for arbitration by the American Arbitration Association shall constitute the institution of legal or equitable proceedings based on the controversy, claim, or cause of action. Both Parties shall share equally all initial costs of arbitration, provided that the prevailing Party shall subsequently be entitled to reimbursement by the other Party or Parties for its reasonable attorneys' fees, costs, and expenses incurred in connection with the arbitration. All decisions of the arbitrator shall be final, binding, and conclusive on all Parties, and shall constitute the only method of resolving disputes or matters subject to arbitration pursuant to this Agreement. Judgment may be entered upon any such decision. Notwithstanding the foregoing, no arbitrator shall have the power to render equitable relief of any kind, and requests for such relief shall be referred to a court of competent jurisdiction in the state of jurisdiction.

CONFIDENTIALITY

The Client agrees that the technical methods, techniques, and pricing information contained in any proposal(s) and/or report(s) submitted by PCA pertaining to this engagement or in this Agreement or any addendum thereto, are to be considered confidential and proprietary, and shall not be released or otherwise made available to any third party without the expressed written consent of PCA. Client may share the report work product with third parties provided that PCA shall have no legal responsibility or liability for such third parties. Such third parties will have no authority to rely upon the reports.

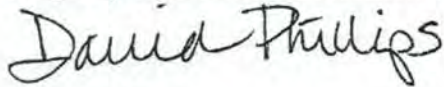
REPRESENTATIONS

PCA's professional services will be performed using that degree of care and skill ordinarily exercised, under similar circumstances, by reputable consulting firms practicing in the due diligence consulting field in the United States at this time. No other warranty, either expressed or implied, is to be made as to the opinions to be described in the report(s) contemplated herein.

PCA's proposed Scope of Services and fees have been formulated based upon property information/materials provided by Client, and upon the timing and budget parameters of Client's transaction. Should it be determined during the site visit that actual property features are *materially* different than those represented by Client (e.g. numbers and/or types of buildings/units, building area, etc.), PCA shall be entitled to additional compensation. Any such additional compensation shall be determined by multiplying the original unit cost (e.g. price/square foot or price/building or unit) by the newly identified area/units.

PCA appreciates being considered for this engagement. If you are in agreement with the terms and conditions presented herein, please have an authorized representative sign and return a fully executed copy of this agreement for our records.

Respectfully submitted,
Property Condition Assessments, LLC



Dania Phillips
Executive Vice President

Accepted by:
MARK TWAIN HEALTH CARE DISTRICT

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____

		Projected Start
Behavioral Health (BH)		
VSHWC BH Team	established, expanding	Hired new LCSW
BH Grants	\$150,000	architect contract signed
BH VSHWC Construction	Awarded!!	Presentation 11-2023
Children's Advocacy Ctr	new management	Presented CHNA
CC Mental Health Advisory Bd	Attending monthly	
	Applying For CDBG	app review
CC Mental Health Services Act	funding	Feb 24, SUD workshop
Combined Education	SUD conference Oct	Oct-23
MTMC Collaboration	Pending	
Community Outreach	Not started	
Chronic Disease Mgt		
VSHWC	established	Discussing with endocrinologist
Diabetes Education	exploring on-line	busy
Hepatitis Clinic	established	Started, linked to annual exam
Hepatitis C screening	started	MTMC completed
Health Fair Diabetes Screening	MACT fair completed	Med Staff presentation done
Pulmonary Rehab Program	MTMC	done
Cardiac Rehab Program	MTMC	
Wellness Center relationship	not started	
Defibrillator (AED) stations	Mtg w Fire Chiefs reviewing applications	10 AED's purchased and distributed
Access to Care		
VSHWC	established/ fully open	
Dental	VA Services pending	VA problematic
Senior Center Kiosks	not started	
Dental Care		
VSHWC	100% staffed/open	
Let's All Smile	On Hold	reviewing
Oral Health Coalition	re-established	
VSHWC Expansion	awarded	
Veterans Dental Program	Contracting started	contracting failed
	Requires funding	

EXECUTIVE SUMMARY

DH-322B Mark Twain Med. Center

Subject: Energy Efficient Lighting Upgrade Project

Date: 5/15/2023

Total kW Demand Reduction	84.8
Annual kWh Savings	481,493
Average Electricity Rate (\$\$/kWh)	\$ 0.150
Annual Lighting Energy Expense Savings	\$ 72,224
Annual A/C Energy Expense Savings (heat load)	\$ 14,942
Annual Lamp Replacement Savings	\$ 13,003
Total Annual Savings	\$ 100,169
Total Number of Fixtures	1,758
Warranty on all Materials (10 years) and Labor (1 year)	
Total Project Cost (materials, labor, disposal)	\$ 236,660
Plus: State and Local Taxes	\$ 5,486
Total Project cost (including sales tax)	\$ 242,146
Less: Utility Company Rebate (paid upon completion)	\$ -
Net Project Cost	\$ 242,146
Payback in Years	2.4

Cumulative 25 -Year Cash Flow

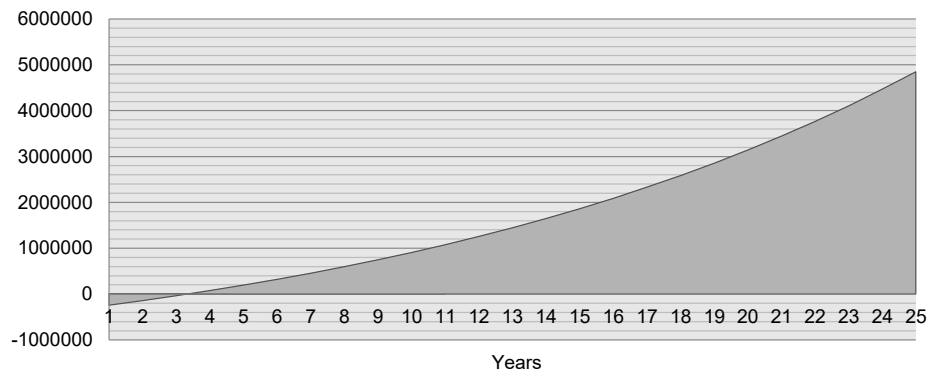


EXHIBIT A -- Scope of Work

Line	Location		Lighting Fixtures		Controls		Picture	
#	Building	Room	Action	Exist Quan	New Quan	New Control		New Contrl Quan
1	Mark Twain	Start @ Front Main Entrance						
2	Mark Twain	Entry	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	4	4			
3	Mark Twain	Diagnostic Imaging						
4	Mark Twain	Registration	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
5	Mark Twain	Bone Density						
6	Mark Twain	Exam	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
7	Mark Twain	Office	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
8	Mark Twain	Common	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
9	Mark Twain	Out Bone Density						
10	Mark Twain	Nuclear Med.	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	6	6			
11	Mark Twain	Hot Lab	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
12	Mark Twain	Lab	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
13	Mark Twain	Dark Room	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4			
14	Mark Twain	Work Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
15	Mark Twain	CT Scan	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 6", Dim, (8-12-16W), 120-277V	1	1			
16	Mark Twain	CT Scan	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	3	3			
17	Mark Twain	CT Scan	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	6	6			
18	Mark Twain	Control Area	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
19	Mark Twain	Pass Double Door						
20	Mark Twain	Dressing Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
21	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
22	Mark Twain	Radiology 1	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	6	6			
23	Mark Twain	Radiology 1	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	3	3			
24	Mark Twain	Radiology 2	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	3	3			
25	Mark Twain	Radiology 2	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	5	5			
26	Mark Twain	Radiology 2	Retrofit -- T8 - 1 lamp 32Ww/1 ea. Bypass LED T8 4" tube	1	1			
27	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2" tube	1	1			
28	Mark Twain	Dressing Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1			
29	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1			
30	Mark Twain	Pass Door						
31	Mark Twain	Pass Double Door						
32	Mark Twain	View Room	Retrofit -- T8 - 2 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1			
33	Mark Twain	View Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
34	Mark Twain	Mammo Graphy	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	6	6			
35	Mark Twain	Main Common	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	9	9			
36	Mark Twain	Main Common	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	1	1			
37	Mark Twain	Out Radiology						
38	Mark Twain	Gift Shop	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	4	4			
39	Mark Twain	Gift Shop - Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
40	Mark Twain	Ultrasound	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4			
41	Mark Twain	Through Double Door						
42	Mark Twain	Pass Double Door						
43	Mark Twain	Pass Double Door						
44	Mark Twain	Main Hallway	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	5	5			
45	Mark Twain	Out Double Door						
46	Mark Twain	Radiology Office	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
47	Mark Twain	Through Double Door						
48	Mark Twain	Office	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
49	Mark Twain	Chapel	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	10	10			
50	Mark Twain	Chapel	Retrofit -- T12 - 1 lamp 40Ww/1 ea. Bypass LED T8 4" tube	2	2			
51	Mark Twain	Elevator	Retrofit -- 22W & 32W Circline/FMAGE12 -120-16W-8CCT5-120DT-SL	1	1			Pic. 1
52	Mark Twain	Elevator	Retrofit -- 22W & 32W Circline/FMAGE12 -120-16W-8CCT5-120DT-SL	1	1			Pic. 1
53	Mark Twain	Men's Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
54	Mark Twain	Women's Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
55	Mark Twain	Through Double Door						
56	Mark Twain	Stairs	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4			
57	Mark Twain	Janitors	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
58	Mark Twain	Server Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures			Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	New Contrl Quan	
59	Mark Twain	Server Room	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
60	Mark Twain	Tele/Comm	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
61	Mark Twain	Elevator Lobby	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	2	2			
62	Mark Twain	Elevator Equipment	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
63	Mark Twain	Soiled Utility Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
64	Mark Twain	Endoscopy	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3			
65	Mark Twain	Equipment Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
66	Mark Twain	Pass Double Door						
67	Mark Twain	Outpatient Surgery						
68	Mark Twain	Bed 1	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
69	Mark Twain	Bed 1	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
70	Mark Twain	Bed 3	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
71	Mark Twain	Bed 3	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
72	Mark Twain	Bed 5	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
73	Mark Twain	Bed 5	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
74	Mark Twain	Bed 6	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
75	Mark Twain	Bed 6	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
76	Mark Twain	Bed 4	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
77	Mark Twain	Bed 4	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
78	Mark Twain	Bed 2	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
79	Mark Twain	Bed 2	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
80	Mark Twain	Clean Utility	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2			
81	Mark Twain	Pass Double Door						
82	Mark Twain	Bed 1	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
83	Mark Twain	Bed 1	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
84	Mark Twain	Bed 2	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
85	Mark Twain	Bed 2	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
86	Mark Twain	Bed 3	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
87	Mark Twain	Bed 3	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
88	Mark Twain	Bed 4	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
89	Mark Twain	Bed 4	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
90	Mark Twain	Pass Double Door						
91	Mark Twain	Nurse Station	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	4	4			
92	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1			
93	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
94	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
95	Mark Twain	Main Common	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1			
96	Mark Twain	Main Common	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	11	11			
97	Mark Twain	Out						
98	Mark Twain	Pass Double Door						
99	Mark Twain	Through Double Door / Surgery						
100	Mark Twain	Pass Double Door						
101	Mark Twain	Pass Double Door						
102	Mark Twain	Environmental Services	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
103	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
104	Mark Twain	Pass Double Door						
105	Mark Twain	M-Locker Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
106	Mark Twain	M-Locker Room	Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2			
107	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
108	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
109	Mark Twain	W-Locker Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
110	Mark Twain	W-Locker Room	Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2			
111	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1			
112	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
113	Mark Twain	Break Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
114	Mark Twain	Hall	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	3	3			
115	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
116	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
117	Mark Twain	Office	Retrofit -- T8 - 1 lamp 17Ww/1 ea. Bypass LED T8 2' tube	1	1			
118	Mark Twain	Pass Door						
119	Mark Twain	OR #1	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	12	12			
120	Mark Twain	Sub Station	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures		Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	
121	Mark Twain	OR #2	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	11	11		
122	Mark Twain	Pathology	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
123	Mark Twain	Supply Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
124	Mark Twain	Supplies	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
125	Mark Twain	Storage Room	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
126	Mark Twain	Sterile Storage	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3		
127	Mark Twain	Central Sterile	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	10	10		
128	Mark Twain	Central Sterile	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
129	Mark Twain	Closet	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1		
130	Mark Twain	Main Common	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	15	15		
131	Mark Twain	Out Surgery					
132	Mark Twain	Decontamination	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
133	Mark Twain	Storage Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
134	Mark Twain	Pass Door					
135	Mark Twain	Elevator	Retrofit -- 22W & 32W Circlinew/FMAGE12 -120-16W-8CCT5-120DT-SL	1	1		Pic. 1
136	Mark Twain	Pass Door					
137	Mark Twain	Lobby	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
138	Mark Twain	Main Hallway	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	10	10		
139	Mark Twain	Out Double Door					
140	Mark Twain	Dietitian	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
141	Mark Twain	Main Hallway	No Action -- LED Fixturew/No Work	4			
142	Mark Twain	Main Hallway	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	10	10		
143	Mark Twain	Out Double Door					
144	Mark Twain	Dinning	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	20	20		
145	Mark Twain	Dinning	No Action -- LED Fixturew/No Work	6			
146	Mark Twain	Serving Area	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3		
147	Mark Twain	Serving Area	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	5	5		
148	Mark Twain	Kitchen Area					
149	Mark Twain	Cooler	Retrofit -- T12 - 1 lamp 6' F72w/2 ea. Bypass LED T8 3' tube	2	2		
150	Mark Twain	Cooler	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	2	2		Pic. 7
151	Mark Twain	Freezer	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	2	2		Pic. 7
152	Mark Twain	Pass Door					
153	Mark Twain	Pass Door					
154	Mark Twain	Break Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
155	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
156	Mark Twain	Janitors Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
157	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
158	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
159	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
160	Mark Twain	Floor	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	3	3		
161	Mark Twain	Floor	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	13	13		
162	Mark Twain	Floor	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	4	4		
163	Mark Twain	Out Kitchen					
164	Mark Twain	Out Dinning					
165	Mark Twain	Work Room	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	3	3		
166	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
167	Mark Twain	Registration Area / Reception	Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	3	3		
168	Mark Twain	Registration Area / Reception	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	3	3		
169	Mark Twain	Main Lobby / Common	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	23	23		
170	Mark Twain	Main Lobby / Common	No Action -- LED Fixturew/No Work	12			Pic. 2
171	Mark Twain	Over to Emergacy Room					
172	Mark Twain	Entry	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	4	4		
173	Mark Twain	Lobby	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	8	8		
174	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
175	Mark Twain	Lobby	Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		
176	Mark Twain	Triage	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
177	Mark Twain	Into ER					
178	Mark Twain	Patient Room 1	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
179	Mark Twain	Patient Room 2	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
180	Mark Twain	Patient Room 3	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures		Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	
181	Mark Twain	Patient Room 4	Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	4	4		
182	Mark Twain	Patient Room 5	Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	4	4		
183	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
184	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1		
185	Mark Twain	Exit Entry	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 6", Dim, (8-12 16W), 120-277V	4	4		
186	Mark Twain	Closet	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1		
187	Mark Twain	Patient Room 6&7	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	4	4		
188	Mark Twain	Patient Room 6&7	Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	4	4		
189	Mark Twain	Patient Room 8	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
190	Mark Twain	Work Room	Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		
191	Mark Twain	Break Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
192	Mark Twain	Break Room	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	1	1		
193	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
194	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1		
195	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
196	Mark Twain	Sleep Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
197	Mark Twain	Pass Double Door					
198	Mark Twain	Soiled Utility Room	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
199	Mark Twain	Reception	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
200	Mark Twain	Reception	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	2	2		
201	Mark Twain	Main Floor	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	5	5		
202	Mark Twain	Main Floor	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	12	12		
203	Mark Twain	Out ER					
204	Mark Twain	Through Passed Door In Lobby					
205	Mark Twain	Pass Door					
206	Mark Twain	Pass Double Door					
207	Mark Twain	Pass Door					
208	Mark Twain	Pass Door					
209	Mark Twain	Pass Door					
210	Mark Twain	Pass Door					
211	Mark Twain	ER Manager Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
212	Mark Twain	Pass Door					
213	Mark Twain	Mechanical Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1		
214	Mark Twain	Pass Double Door					
215	Mark Twain	Soiled Utility Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
216	Mark Twain	Electrical Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1		
217	Mark Twain	Pass Double Door					
218	Mark Twain	Trash	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1		
219	Mark Twain	Environmental Services	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
220	Mark Twain	Pass Double Door					
221	Mark Twain	Main Hallway	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	12	12		
222	Mark Twain	2nd Floor					
223	Mark Twain	Start @ Main Elevators					
224	Mark Twain	Men's Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1		
225	Mark Twain	Women's Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1		
226	Mark Twain	Through Double Door					
227	Mark Twain	Lounge	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	4	4		
228	Mark Twain	Lounge	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1		
229	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
230	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	1	1		
231	Mark Twain	Edward Gonzales	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
232	Mark Twain	Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
233	Mark Twain	Ultrasound	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	3	3		Pic. 3
234	Mark Twain	Ultrasound	Retrofit -- T8 - 4 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		Pic. 3
235	Mark Twain	Restroom	Retrofit -- T12 - 1 lamp 30Ww/1 ea. Bypass LED T8 3' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
236	Mark Twain	Office M-304	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		Pic. 3
237	Mark Twain	Office M-304	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		Pic. 3
238	Mark Twain	Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
239	Mark Twain	Office M-302	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		Pic. 3
240	Mark Twain	Office M-302	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		Pic. 3
241	Mark Twain	Office M-302	Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	4	4		
242	Mark Twain	Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
243	Mark Twain	Through Double Door					
244	Mark Twain	Office	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		Pic. 3
245	Mark Twain	Office	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		Pic. 3
246	Mark Twain	Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures		Controls		Picture	
	Building	Room	Action	Exist Quan	New Quan	New Control		New Contrl Quan
247	Mark Twain	I.T.	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			Pic. 3
248	Mark Twain	I.T.	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2			Pic. 3
249	Mark Twain	I.T.	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
250	Mark Twain	Closet	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
251	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	1	1			
252	Mark Twain	HR & Education						
253	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3			
254	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3			
255	Mark Twain	Common	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3			
256	Mark Twain	Common	Retrofit -- T8 - 1 lamp 17Ww/1 ea. Bypass LED T8 2' tube	3	3			
257	Mark Twain	Out H.R. & Education						
258	Mark Twain	Closet	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
259	Mark Twain	Closet	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
260	Mark Twain	Clean Linen	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
261	Mark Twain	Clean Linen	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
262	Mark Twain	Clean Linen	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
263	Mark Twain	Soiled Linen	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
264	Mark Twain	Soiled Linen	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
265	Mark Twain	Nursing Admin.	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
266	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
267	Mark Twain	Chief Medical Office	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
268	Mark Twain	Chief Medical Office	Retrofit -- T5 - 1 lamp 14W, 2'w/1 ea. Bypass LED T5 2' HE	2	2			Pic. 5
269	Mark Twain	Restroom	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
270	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	1	1			
271	Mark Twain	Pharmacy	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
272	Mark Twain	Through Door						
273	Mark Twain	Women's Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	3	3			
274	Mark Twain	Heart Center						
275	Mark Twain	Stress Test	No Action -- LED Fixturew/No Work	2				
276	Mark Twain	Echo	No Action -- LED Fixturew/No Work	2				
277	Mark Twain	Office	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
278	Mark Twain	Exam 1	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
279	Mark Twain	Exam 2	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
280	Mark Twain	Exam 3	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
281	Mark Twain	Work Station	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
282	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
283	Mark Twain	Common / Rest	No Action -- LED Fixturew/No Work	30				
284	Mark Twain	Out Heart Cntr						
285	Mark Twain	Material Mngt.	No Action -- LED Fixturew/No Work	4				
286	Mark Twain	Material Mngt.	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	38	38			
287	Mark Twain	Soiled Utility Room	No Action -- LED Fixturew/No Work	1		Existing Sensor		
288	Mark Twain	Physical Therapy	No Action -- LED Fixturew/No Work	30				
289	Mark Twain	Men's Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	3	3			
290	Mark Twain	Through Doorway						
291	Mark Twain	Closet	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
292	Mark Twain	Administration						
293	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	4	4	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
294	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	6	6			
295	Mark Twain	Board Room	Retrofit -- T8 - 6 lamp 32Ww/6 ea. Bypass LED T8 4' tube	6	6	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
296	Mark Twain	Hall	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
297	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
298	Mark Twain	Common	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	6	6			
299	Mark Twain	Common	Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1			
300	Mark Twain	Medical Foundation						
301	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	2	2			
302	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	3	3			
303	Mark Twain	Storage Room	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
304	Mark Twain	Copy Room	Retrofit -- T8 - 1 lamp 32Ww/1 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
305	Mark Twain	Out						
306	Mark Twain	Pass Door						
307	Mark Twain	Copy Room	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	3	3	Existing Sensor		
308	Mark Twain	Storage Room	Retrofit -- R30 - 75Ww/EIKO LED A19, E26, 8W	2	2			
309	Mark Twain	Storage Room	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	2	2			
310	Mark Twain	Storage Room	Retrofit -- 22W & 32W Circline/FMAGE12-120-16W-8CCT5-120DT-SL	1	1			Pic. 1
311	Mark Twain	Classroom 4	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	8	8	Existing Sensor		
312	Mark Twain	Classroom 1	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	6	6			
313	Mark Twain	Classroom 2	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	10	10			
314	Mark Twain	Classroom 3	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	6	6			
315	Mark Twain	Classroom 3	Retrofit -- R30 - 75Ww/EIKO LED Downlight Kit, 6", Dim, 12W	6	6			
316	Mark Twain	Storage Room	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures		Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	
317	Mark Twain	Women's Restroom	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
318	Mark Twain	Men's Restroom	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
319	Mark Twain	Main Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	3	3		
320	Mark Twain	Server Room	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	2	2		
321	Mark Twain	Scheuding					
322	Mark Twain	Closet	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		
323	Mark Twain	Closet	Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		
324	Mark Twain	Office	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	4	4		
325	Mark Twain	Common	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
326	Mark Twain	Common	Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
327	Mark Twain	Common	Retrofit -- T8 - 1 lamp 17Ww/1 ea. Bypass LED T8 2' tube	2	2		
328	Mark Twain	Out					
329	Mark Twain	Office	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
330	Mark Twain	Pass Door					
331	Mark Twain	Clinical Information	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
332	Mark Twain	X-Ray	Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	6	6		
333	Mark Twain	X-Ray	Retrofit -- A-lamp - 100Ww/EIKO LED Downlight Kit, 6", Dim, 12W	5	5		
334	Mark Twain	Restroom	Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		
335	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
336	Mark Twain	Closet	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	1	1		
337	Mark Twain	Main Hallway	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	6	6		
338	Mark Twain	Main Hallway	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	8	8		
339	Mark Twain	Back Through Doorway					
340	Mark Twain	Occupational Therapy	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
341	Mark Twain	Closet	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
342	Mark Twain	Through Door					
343	Mark Twain	Room	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
344	Mark Twain	Room	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
345	Mark Twain	Common	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	5	5		
346	Mark Twain	Out Door					
347	Mark Twain	Laboratory					
348	Mark Twain	Blood Draw 1	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
349	Mark Twain	Blood Draw 2	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
350	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
351	Mark Twain	Lab - Work Room	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4		
352	Mark Twain	Exit Entry	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
353	Mark Twain	Sleep Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
354	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
355	Mark Twain	Break Room	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
356	Mark Twain	Office	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
357	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
358	Mark Twain	Work Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
359	Mark Twain	Registrtration	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3		
360	Mark Twain	Main Common	Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	10	10		
361	Mark Twain	Main Common	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	22	22		
362	Mark Twain	Out Laboratory					
363	Mark Twain	Medical Records	Retrofit -- CFL Screw-in - 11Ww/EIKO LED A19, E26, 8W	2	2		
364	Mark Twain	Reception	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
365	Mark Twain	Office	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
366	Mark Twain	Pass Door					
367	Mark Twain	Pass Door					
368	Mark Twain	Office	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
369	Mark Twain	Office	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
370	Mark Twain	Office	Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
371	Mark Twain	Common	Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	3	3		
372	Mark Twain	Common	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	20	20		
373	Mark Twain	Out Medical Records					
374	Mark Twain	Main Hall / Common / Lobby	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	28	28		
375	Mark Twain	Main Hall / Common / Lobby	Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures		Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	
376	Mark Twain	Main Hall / Common / Lobby	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	1	1		
377	Mark Twain	Main Hall / Common / Lobby	Retrofit -- A-lamp - 40Ww/EIKO LED A19, E26, 8W	2	2		Pic. 2
378	Mark Twain	Back Out Door					
379	Mark Twain	Panel Closet	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
380	Mark Twain	Wound Care	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
381	Mark Twain	Wound Care	Retrofit -- R30 - 75Ww/EIKO LED A19, E26, 8W	4	4		
382	Mark Twain	Marketing & Business	Retrofit -- T12 - 4 lamp A/B 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
383	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	2	2		
384	Mark Twain	Executive Coord.	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
385	Mark Twain	Executive Coord.	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
386	Mark Twain	Social Services	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
387	Mark Twain	Office M-308	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1		
388	Mark Twain	Restroom	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
389	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
390	Mark Twain	Janitors	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
391	Mark Twain	Clean Utility	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
392	Mark Twain	Environmental Services	Retrofit -- A-lamp - 100Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
393	Mark Twain	Break Room	Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
394	Mark Twain	Office	Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
395	Mark Twain	Main Hallway	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	6	6		
396	Mark Twain	Main Hallway	Retrofit -- T12 - 4 lamp A/B 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
397	Mark Twain	Main Hallway	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1		
398	Mark Twain	Main Hallway	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
399	Mark Twain	Back Through Double Door					
400	Mark Twain	Office M-303	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	4	4		
401	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1		
402	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	1	1		
403	Mark Twain	Office M-305	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		Pic. 3
404	Mark Twain	Office M-305	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		Pic. 3
405	Mark Twain	Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
406	Mark Twain	BioMedical	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		Pic. 3
407	Mark Twain	BioMedical	Retrofit -- T12 - 3 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		Pic. 3
408	Mark Twain	BioMedical - Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
409	Mark Twain	Office	Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
410	Mark Twain	Office	Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	2	2		
411	Mark Twain	Office - Restroom	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
412	Mark Twain	Main Hallway	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	4	4		
413	Mark Twain	Main Hallway	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	6	6		
414	Mark Twain	Back Out Double Door					
415	Mark Twain	Elevator Lobby	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1		
416	Mark Twain	Receiving	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	3	3		
417	Mark Twain	Janitors	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
418	Mark Twain	Server Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1		
419	Mark Twain	Pharmacy					
420	Mark Twain	Lab	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
421	Mark Twain	Lab	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2		
422	Mark Twain	Common	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	6	6		
423	Mark Twain	Out Pharmacy					
424	Mark Twain	Through Double Door					
425	Mark Twain	Through Door					
426	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
427	Mark Twain	Janitors	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
428	Mark Twain	Patient Room 116	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2		
429	Mark Twain	Patient Room 116	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4		
430	Mark Twain	Patient Room 116	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	1	1		
431	Mark Twain	Patient Room 116	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	1	1		
432	Mark Twain	Patient Room 116	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1		
433	Mark Twain	Patient Room 116	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	1	1		
434	Mark Twain	Patient Room 116	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1		
435	Mark Twain	Sart Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2		
436	Mark Twain	Sart Room	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2		
437	Mark Twain	Sart Room	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1		
438	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1
439	Mark Twain	Patient Room 215	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2		
440	Mark Twain	Patient Room 215	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4		

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures			Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	New Contrl Quan	
441	Mark Twain	Patient Room 215	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
442	Mark Twain	Patient Room 215	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
443	Mark Twain	Patient Room 215	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
444	Mark Twain	Patient Room 215	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
445	Mark Twain	Patient Room 214	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
446	Mark Twain	Patient Room 214	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4			
447	Mark Twain	Patient Room 214	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
448	Mark Twain	Patient Room 214	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
449	Mark Twain	Patient Room 214	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
450	Mark Twain	Patient Room 214	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
451	Mark Twain	Patient Room 213	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
452	Mark Twain	Patient Room 213	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4			
453	Mark Twain	Patient Room 213	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
454	Mark Twain	Patient Room 213	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
455	Mark Twain	Patient Room 213	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
456	Mark Twain	Patient Room 213	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
457	Mark Twain	Closet	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
458	Mark Twain	Care Coord. Office	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
459	Mark Twain	Care Coord. Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	3	3			
460	Mark Twain	Pass Double Door						
461	Mark Twain	Clean Utility Room	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
462	Mark Twain	Soiled Utility Room	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
463	Mark Twain	Main Common	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	6	6			
464	Mark Twain	Main Common	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	10	10			
465	Mark Twain	Back Out Door						
466	Mark Twain	Pass Double Door						
467	Mark Twain	Waiting Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
468	Mark Twain	Ante	Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	1	1			
469	Mark Twain	Patient Room 201	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
470	Mark Twain	Patient Room 201	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
471	Mark Twain	Patient Room 201	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
472	Mark Twain	Patient Room 201	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
473	Mark Twain	Patient Room 201	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
474	Mark Twain	Patient Room 202	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
475	Mark Twain	Patient Room 202	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
476	Mark Twain	Patient Room 202	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
477	Mark Twain	Patient Room 202	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
478	Mark Twain	Patient Room 202	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
479	Mark Twain	Patient Room 203	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
480	Mark Twain	Patient Room 203	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
481	Mark Twain	Patient Room 203	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
482	Mark Twain	Patient Room 203	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
483	Mark Twain	Patient Room 203	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
484	Mark Twain	Patient Room 204	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
485	Mark Twain	Patient Room 204	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
486	Mark Twain	Patient Room 204	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
487	Mark Twain	Patient Room 204	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
488	Mark Twain	Patient Room 204	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
489	Mark Twain	Patient Room 204	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
490	Mark Twain	Patient Room 204	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
491	Mark Twain	Patient Room 204	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
492	Mark Twain	Patient Room 204	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
493	Mark Twain	Patient Room 204	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
494	Mark Twain	Patient Room 205	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
495	Mark Twain	Patient Room 205	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
496	Mark Twain	Patient Room 205	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
497	Mark Twain	Patient Room 205	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
498	Mark Twain	Patient Room 205	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
499	Mark Twain	Patient Room 206	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
500	Mark Twain	Patient Room 206	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
501	Mark Twain	Patient Room 206	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
502	Mark Twain	Patient Room 206	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
503	Mark Twain	Patient Room 206	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
504	Mark Twain	Waiting Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
505	Mark Twain	I.C.U.						
506	Mark Twain	Lockers	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	Existing Sensor		

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures			Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	New Contrl Quan	
507	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
508	Mark Twain	Ante	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	1	1			
509	Mark Twain	Bed 1	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
510	Mark Twain	Bed 1	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
511	Mark Twain	Bed 2	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
512	Mark Twain	Bed 2	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
513	Mark Twain	Bed 3	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
514	Mark Twain	Bed 3	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
515	Mark Twain	Bed 4	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
516	Mark Twain	Bed 4	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
517	Mark Twain	Bed 5	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
518	Mark Twain	Bed 5	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
519	Mark Twain	Bed 6	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
520	Mark Twain	Bed 6	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
521	Mark Twain	Bed 7	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
522	Mark Twain	Bed 7	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
523	Mark Twain	Bed 8	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
524	Mark Twain	Bed 8	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
525	Mark Twain	Pass Double Door						
526	Mark Twain	Storage Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
527	Mark Twain	Soiled Utility Room	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
528	Mark Twain	Break Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
529	Mark Twain	Main Common	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	18	18			
530	Mark Twain	Main Common	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	2	2			
531	Mark Twain	Out I.C.U.						
532	Mark Twain	Panel Closet	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1			
533	Mark Twain	Environmental Services	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
534	Mark Twain	Pass Double Door						
535	Mark Twain	Equipment Storage	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	4	4			
536	Mark Twain	Equipment Storage	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
537	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
538	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
539	Mark Twain	Patient Room 211 A/B	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	4	4			
540	Mark Twain	Patient Room 211 A/B	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
541	Mark Twain	Patient Room 211 A/B	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
542	Mark Twain	Patient Room 211 A/B	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
543	Mark Twain	Patient Room 211 A/B	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
544	Mark Twain	Patient Room 210	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	4	4			
545	Mark Twain	Patient Room 210	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
546	Mark Twain	Patient Room 210	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
547	Mark Twain	Patient Room 210	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
548	Mark Twain	Patient Room 210	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
549	Mark Twain	Patient Room 209	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	4	4			
550	Mark Twain	Patient Room 209	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
551	Mark Twain	Patient Room 209	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
552	Mark Twain	Patient Room 209	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
553	Mark Twain	Patient Room 209	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
554	Mark Twain	Pass Double Door						
555	Mark Twain	Clean Utility Room	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	4	4			
556	Mark Twain	Closet	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1			
557	Mark Twain	Storage Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
558	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	1	1			
559	Mark Twain	Lounge / Locker	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
560	Mark Twain	Restroom	Retrofit -- T8 - 2 lamp 25Ww/2 ea. Bypass LED T8 3' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
561	Mark Twain	Pass Door						
562	Mark Twain	Storage Room	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
563	Mark Twain	Pass Door						
564	Mark Twain	Medication Room	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
565	Mark Twain	Dictation	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
566	Mark Twain	Office	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
567	Mark Twain	Pantry	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
568	Mark Twain	Pass Double Door						
569	Mark Twain	Patient Room 208	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	4	4			
570	Mark Twain	Patient Room 208	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures			Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	New Contrl Quan	
571	Mark Twain	Patient Room 208	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
572	Mark Twain	Patient Room 208	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
573	Mark Twain	Patient Room 208	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
574	Mark Twain	Patient Room 207	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	4	4			
575	Mark Twain	Patient Room 207	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
576	Mark Twain	Patient Room 207	Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/840DM-G7B	1	1			
577	Mark Twain	Patient Room 207	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	1	1			
578	Mark Twain	Patient Room 207	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1			
579	Mark Twain	Main Hall / Common	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	33	33			
580	Mark Twain	Main Hall / Common	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	12	12			
581	Mark Twain	Out Double Door						
582	Mark Twain	Main Hall / Common	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	5	5			
583	Mark Twain	Main Hall / Common	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	8	8			
584	Mark Twain	Exterior Rooms						
585	Mark Twain	Electrical Room	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	1	1			
586	Mark Twain	Electrical Room	Retrofit -- T8 - 2 lamp 59Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	2	2			
587	Mark Twain	Electrical Room	Retrofit -- T12 - 2 lamp 60Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	5	5			
588	Mark Twain	Electrical Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1			
589	Mark Twain	Electrical Room	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	2	2			
590	Mark Twain	Generator Room	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	2	2			
591	Mark Twain	Generator Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2			
592	Mark Twain	Generator Room	Retrofit -- T12 - 2 lamp 60Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	1	1			
593	Mark Twain	Electrical Room	Retrofit -- T12 - 2 lamp 60Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	2	2			
594	Mark Twain	Accounting / EVS / Plant Eng. Building						
595	Mark Twain	Accounting Dept.						
596	Mark Twain	Break Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
597	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
598	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
599	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
600	Mark Twain	Office	Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
601	Mark Twain	Hall	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	4	4			
602	Mark Twain	Out Accounting						
603	Mark Twain	Storage Room	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	8	8			
604	Mark Twain	Storage Room	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	8	8			
605	Mark Twain	EVS Dept.						
606	Mark Twain	Break Room	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
607	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
608	Mark Twain	Office	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
609	Mark Twain	Laundry	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
610	Mark Twain	Common	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	4	4			
611	Mark Twain	Out EVS						
612	Mark Twain	Maintenance Dept						
613	Mark Twain	Office	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
614	Mark Twain	Shop	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	9	9			
615	Mark Twain	Shop	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	1	1			
616	Mark Twain	Ext. Generator Room	Retrofit -- A-lamp - 100Ww/EIKO LED A19, E26, 8W	5	5			
617	Mark Twain	Ext Bio Hazard Room	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	1	1			
618	Mark Twain	Ext Bio Hazard Room	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	1	1			
619	Mark Twain	Foundation Building						
620	Mark Twain	Enter Side of Building						
621	Mark Twain	Lobby	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	8	8			
622	Mark Twain	Lobby	Retrofit -- Incand - 2 lamp 20Ww/EXRG EL M6	1	1			Pic. 6
623	Mark Twain	Office	Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	3	3			
624	Mark Twain	Office	Retrofit -- T8 - 1 lamp 25Ww/1 ea. Bypass LED T8 3' tube	1	1			
625	Mark Twain	Storage Room	Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
626	Mark Twain	Through Door						
627	Mark Twain	Meeting Room	Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	99	99			
628	Mark Twain	Office	Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	2	2			
629	Mark Twain	Office	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	4	4			
630	Mark Twain	Room	Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	2	2			
631	Mark Twain	Storage Room	Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	3	3			
632	Mark Twain	Restroom	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	2	2	SWX-121-WH (Wall Switch Sensor, Dual Tech)	1	
633	Mark Twain	Hall	Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	3	3			
634	Mark Twain	Hall	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	1	1			
635	Mark Twain	Ext. Closet	Retrofit -- A-lamp - 100Ww/EIKO LED A19, E26, 8W	1	1			
636	Mark Twain	MRI Building						
637	Mark Twain	Mechanical Room	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	2	2	Existing Sensor		
638	Mark Twain	Zone 1 Common	Retrofit -- R30 - 75Ww/EIKO LED Downlight Kit, 6", Dim, 12W	5	5			
639	Mark Twain	Dressing	Retrofit -- R30 - 75Ww/EIKO LED Downlight Kit, 6", Dim, 12W	1	1	Existing Sensor		
640	Mark Twain	MRI	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	4	4			

EXHIBIT A -- Scope of Work

Line #	Location		Lighting Fixtures			Controls		Picture
	Building	Room	Action	Exist Quan	New Quan	New Control	New Contrl Quan	
641	Mark Twain	MRI	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	3	3			
642	Mark Twain	Throughout	Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	25	25			
643	Mark Twain	Throughout	Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	25	25			
644	Mark Twain	Throughout	Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	50	50			
645	Mark Twain	Throughout	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	25	25			
646	Mark Twain	Throughout	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	25	25			
647	Mark Twain	Throughout	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	25	25			
648	Mark Twain	Throughout	Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	25	25			

Energy Savings Analysis

Line #	Location		Operation		Action		Existing			New			Lighting Energy Savings		A/C Annual Savings	
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh		Ann. Elect. Exp.
1	Mark Twain	Start @ Front Main Entrance	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.21	1,817	\$ 273		0.05	419	\$ 63	1398	\$ 43
3	Mark Twain	Diagnostic Imaging				Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	1,031	\$ 155		0.05	402	\$ 60	629	\$ 94
5	Mark Twain	Bone Density				Retrofit -- 18 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	0.23	507	\$ 76		0.07	157	\$ 24	349	\$ 52
6	Mark Twain	Exam	6	7		Retrofit -- 18 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	0.23	676	\$ 101		0.07	210	\$ 31	466	\$ 70
7	Mark Twain	Office	8	7		Retrofit -- 18 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	0.23	2,027	\$ 304		0.07	629	\$ 94	1398	\$ 43
8	Mark Twain	Common	24	7		Retrofit -- 18 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	0.23	2,062	\$ 309		0.14	804	\$ 121	1258	\$ 189
9	Mark Twain	Out Bone Density				Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.09	248	\$ 37		0.04	105	\$ 16	143	\$ 21
10	Mark Twain	Nuclear Med.	16	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.09	258	\$ 39		0.14	100	\$ 15	157	\$ 24
11	Mark Twain	Hot Lab	8	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	2,702	\$ 405		0.14	839	\$ 126	1864	\$ 280
12	Mark Twain	Lab	12	7		Retrofit -- 18 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	0.46	371	\$ 56		0.04	157	\$ 24	214	\$ 32
13	Mark Twain	Dark Room	16	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.09	303	\$ 45		0.01	47	\$ 7	256	\$ 38
14	Mark Twain	Work Room	12	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 6", Dim. (8-12-16W), 120-277V	52	0.05	909	\$ 136		0.04	210	\$ 31	699	\$ 105
15	Mark Twain	CT Scan	16	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.16	2,062	\$ 309		0.14	804	\$ 121	1258	\$ 189
16	Mark Twain	CT Scan	16	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	258	\$ 39		0.02	100	\$ 15	157	\$ 24
17	Mark Twain	Control Area	12	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	114	\$ 17		0.01	24	\$ 4	89	\$ 13
18	Mark Twain	Pass Double Door				Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	515	\$ 77		0.02	128	\$ 19	387	\$ 58
19	Mark Twain	Dressing Room	12	7	30%	Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	1,817	\$ 273		0.07	419	\$ 63	1398	\$ 210
20	Mark Twain	Restroom	24	7	30%	Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	1,625	\$ 244		0.07	384	\$ 58	1241	\$ 186
21	Mark Twain	Radiology 1	16	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.31	1,625	\$ 244		0.07	384	\$ 58	1241	\$ 186
22	Mark Twain	Radiology 1	16	7		Retrofit -- 18 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	0.28	1,625	\$ 244		0.07	384	\$ 58	1241	\$ 186
23	Mark Twain	Radiology 1	16	7		Retrofit -- 18 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	0.28	1,514	\$ 227		0.06	349	\$ 52	1165	\$ 175
24	Mark Twain	Radiology 2	16	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.26	192	\$ 29		0.01	61	\$ 9	131	\$ 20
25	Mark Twain	Radiology 2	16	7		Retrofit -- 18 - 1 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.03	271	\$ 41		0.02	157	\$ 24	114	\$ 17
26	Mark Twain	Radiology 2	16	7		Retrofit -- 18 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	31	0.03	114	\$ 17		0.01	35	\$ 5	79	\$ 12
27	Mark Twain	Restroom	24	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	542	\$ 81		0.02	192	\$ 29	349	\$ 52
28	Mark Twain	Dressing Room	12	7		Retrofit -- 18 - 2 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	62	0.06	271	\$ 41		0.02	96	\$ 14	175	\$ 26
29	Mark Twain	Restroom	24	7		Retrofit -- 18 - 2 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	62	0.06	371	\$ 56		0.04	157	\$ 24	214	\$ 32
30	Mark Twain	Pass Door				Retrofit -- 18 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	85	0.09	3,250	\$ 487		0.13	769	\$ 115	2481	\$ 372
31	Mark Twain	Pass Double Door				Retrofit -- 18 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	0.56	4,639	\$ 696		0.21	1,808	\$ 271	2830	\$ 425
32	Mark Twain	View Room	12	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.53	454	\$ 68		0.01	105	\$ 16	349	\$ 52
33	Mark Twain	View Room	12	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.05				0.01				
34	Mark Twain	Mammo Graphy	16	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.05				0.01				
35	Mark Twain	Main Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.05				0.01				
36	Mark Twain	Main Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.05				0.01				

Energy Savings Analysis

Line #	Location		Operation			Action				Existing				New				Lighting Energy Savings		A/C Annual Savings
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	
37	Mark Twain	Out Radiology																		
38	Mark Twain	Gift Shop	8	7		Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	4	0.37	1,083	\$ 162	22	4	0.09	256	\$ 38	0.3	827	\$ 124	\$ -
39	Mark Twain	Gift Shop - Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	495	\$ 74	36	2	0.07	210	\$ 31	0.1	285	\$ 43	\$ 9
40	Mark Twain	Ultrasound	12	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	4	0.34	1,485	\$ 223	36	4	0.14	629	\$ 94	0.2	856	\$ 128	\$ 27
41	Mark Twain	Through Double Door																		\$ -
42	Mark Twain	Pass Double Door																		\$ -
43	Mark Twain	Pass Double Door																		\$ -
44	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	5	0.30	2,577	\$ 387	23	5	0.12	1,005	\$ 151	0.2	1572	\$ 236	\$ 49
45	Mark Twain	Out Double Door																		\$ -
46	Mark Twain	Radiology Office	8	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	92	2	0.18	536	\$ 80	36	2	0.07	210	\$ 31	0.1	326	\$ 49	\$ 10
47	Mark Twain	Through Double Door																		\$ -
48	Mark Twain	Office	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	344	\$ 52	23	2	0.05	134	\$ 20	0.1	210	\$ 31	\$ 7
49	Mark Twain	Chapel	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	10	0.52	4,543	\$ 681	12	10	0.12	1,048	\$ 157	0.4	3494	\$ 524	\$ 108
50	Mark Twain	Chapel	24	7		Retrofit -- T12 - 1 lamp 40Ww/1 ea. Bypass LED T8 4" tube	47	2	0.09	821	\$ 123	10.5	2	0.02	183	\$ 28	0.1	638	\$ 96	\$ 20
51	Mark Twain	Elevator	24	7		Retrofit -- 22W & 32W Circinew/FMAGE12 - 120-16W-8CCT5-120DT-SL	54	1	0.05	472	\$ 71	16	1	0.02	140	\$ 21	0.0	332	\$ 50	\$ 10
52	Mark Twain	Elevator	24	7		Retrofit -- 22W & 32W Circinew/FMAGE12 - 120-16W-8CCT5-120DT-SL	54	1	0.05	472	\$ 71	16	1	0.02	140	\$ 21	0.0	332	\$ 50	\$ 10
53	Mark Twain	Men's Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
54	Mark Twain	Women's Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
55	Mark Twain	Through Double Door																		\$ -
56	Mark Twain	Stairs	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	4	0.46	3,984	\$ 598	36	4	0.14	1,258	\$ 189	0.3	2726	\$ 409	\$ 85
57	Mark Twain	Janitors	6	7	30%	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	57	\$ 9	8	1	0.01	12	\$ 2	0.0	45	\$ 7	\$ 1
58	Mark Twain	Server Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$ 12	\$ 2
59	Mark Twain	Server Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$ 12	\$ 2
60	Mark Twain	Tele/Comm	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$ 12	\$ 2
61	Mark Twain	Elevator Lobby	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	2	0.10	909	\$ 136	12	2	0.02	210	\$ 31	0.1	699	\$ 105	\$ 22
62	Mark Twain	Elevator Equipment	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	248	\$ 37	36	1	0.04	105	\$ 16	0.0	143	\$ 21	\$ 4
63	Mark Twain	Solied Utility Room	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	248	\$ 37	36	1	0.04	105	\$ 16	0.0	143	\$ 21	\$ 4
64	Mark Twain	Endoscopy	16	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	3	0.34	1,992	\$ 299	36	3	0.11	629	\$ 94	0.2	1363	\$ 204	\$ 42
65	Mark Twain	Equipment Room	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	172	\$ 26	23	1	0.02	67	\$ 10	0.0	105	\$ 16	\$ 3
66	Mark Twain	Pass Double Door																		\$ -
67	Mark Twain	Outpatient Surgery																		\$ -
68	Mark Twain	Bed 1	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
69	Mark Twain	Bed 1	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249	\$ 37	36	1	0.04	79	\$ 12	0.1	170	\$ 26	\$ 5
70	Mark Twain	Bed 3	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
71	Mark Twain	Bed 3	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249	\$ 37	36	1	0.04	79	\$ 12	0.1	170	\$ 26	\$ 5
72	Mark Twain	Bed 5	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5

Energy Savings Analysis

Line #	Location		Operation			Action		Existing				New				Lighting Energy Savings		A/C		
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
73	Mark Twain	Bed 5	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
74	Mark Twain	Bed 6	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
75	Mark Twain	Bed 6	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
76	Mark Twain	Bed 4	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
77	Mark Twain	Bed 4	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
78	Mark Twain	Bed 2	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
79	Mark Twain	Bed 2	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
80	Mark Twain	Clean Utility	8	7		Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	93	2	0.19	542 \$	81	22	2	0.04	128 \$	19	0.1	414	\$62	\$ 13
81	Mark Twain	Pass Double Door																		\$ -
82	Mark Twain	Bed 1	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
83	Mark Twain	Bed 1	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	59	1	0.06	129 \$	19	23	1	0.02	50 \$	8	0.0	79	\$12	\$ 2
84	Mark Twain	Bed 2	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
85	Mark Twain	Bed 2	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	59	1	0.06	129 \$	19	23	1	0.02	50 \$	8	0.0	79	\$12	\$ 2
86	Mark Twain	Bed 3	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
87	Mark Twain	Bed 3	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	59	1	0.06	129 \$	19	23	1	0.02	50 \$	8	0.0	79	\$12	\$ 2
88	Mark Twain	Bed 4	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
89	Mark Twain	Bed 4	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	59	1	0.06	129 \$	19	23	1	0.02	50 \$	8	0.0	79	\$12	\$ 2
90	Mark Twain	Pass Double Door																		\$ -
91	Mark Twain	Nurse Station	24	7		Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	93	4	0.37	3,250 \$	487	22	4	0.09	769 \$	115	0.3	2481	\$372	\$ 77
92	Mark Twain	Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515 \$	77	21	1	0.02	183 \$	28	0.0	332	\$50	\$ 10
93	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6". Dim, 12W	60	1	0.06	524 \$	79	12	1	0.01	105 \$	16	0.0	419	\$63	\$ 13
94	Mark Twain	Restroom	24	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	271 \$	41	18	1	0.02	157 \$	24	0.0	114	\$17	\$ 4
95	Mark Twain	Main Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	227 \$	34	8	1	0.01	70 \$	10	0.0	157	\$24	\$ 5
96	Mark Twain	Main Common	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	11	1.25	10,955 \$	1,643	36	11	0.40	3,459 \$	519	0.9	7495	\$1,124	\$ 233
97	Mark Twain	Out																		\$ -
98	Mark Twain	Pass Double Door																		\$ -
99	Mark Twain	Through Double Door / Surgery																		\$ -
100	Mark Twain	Pass Double Door																		\$ -
101	Mark Twain	Pass Double Door																		\$ -
102	Mark Twain	Environmental Services	12	7	30%	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	135 \$	20	18	1	0.02	55 \$	8	0.0	80	\$12	\$ 2
103	Mark Twain	Storage Room	6	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	64 \$	10	0.1	194	\$29	\$ 6
104	Mark Twain	Pass Double Door																		\$ -
105	Mark Twain	M-Locker Room	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	85	2	0.17	1,485 \$	223	36	2	0.07	629 \$	94	0.1	856	\$128	\$ 27
106	Mark Twain	M-Locker Room	24	7		Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	86	2	0.17	1,503 \$	225	22	2	0.04	384 \$	58	0.1	1118	\$168	\$ 35
107	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515 \$	77	21	1	0.02	128 \$	19	0.0	387	\$58	\$ 12
108	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6". Dim, 12W	60	1	0.06	524 \$	79	12	1	0.01	105 \$	16	0.0	419	\$63	\$ 13
109	Mark Twain	W-Locker Room	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	85	2	0.17	1,485 \$	223	36	2	0.07	629 \$	94	0.1	856	\$128	\$ 27

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Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C		
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
110	Mark Twain	W-Locker Room	24	7		Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	86	2	0.17	1,503 \$	225 \$	22	2	0.04	384 \$	58 \$	1,118	\$168	\$ 35
111	Mark Twain	Restroom	24	7		Retrofit -- 18 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515 \$	77 \$	21	1	0.02	183 \$	28 \$	332	\$50	\$ 10
112	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	524 \$	79 \$	12	1	0.01	105 \$	16 \$	419	\$63	\$ 13
113	Mark Twain	Break Room	24	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	1,485 \$	223 \$	36	2	0.07	629 \$	94 \$	856	\$128	\$ 27
114	Mark Twain	Hall	24	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	3	0.18	1,546 \$	232 \$	23	3	0.07	603 \$	90 \$	943	\$142	\$ 29
115	Mark Twain	Office	8	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	248 \$	37 \$	36	1	0.04	105 \$	16 \$	143	\$21	\$ 4
116	Mark Twain	Office	8	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	495 \$	74 \$	36	2	0.07	210 \$	31 \$	285	\$43	\$ 9
117	Mark Twain	Office	8	7		Retrofit -- 18 - 1 lamp 17Ww/1 ea. Bypass LED T8 2' tube	17	1	0.02	50 \$	7 \$	9	1	0.01	26 \$	4 \$	23	\$3	\$ 1
118	Mark Twain	Pass Door																	\$ -
119	Mark Twain	OR #1	16	7		Retrofit -- 18 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	12	0.71	4,123 \$	619 \$	23	12	0.28	1,607 \$	241 \$	2,516	\$877	\$ 78
120	Mark Twain	Sub Station	12	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	743 \$	111 \$	36	2	0.07	314 \$	47 \$	428	\$64	\$ 13
121	Mark Twain	OR #2	16	7		Retrofit -- 18 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	11	0.65	3,780 \$	567 \$	23	11	0.25	1,473 \$	221 \$	2,306	\$346	\$ 72
122	Mark Twain	Pathology	16	7		Retrofit -- 18 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	664 \$	100 \$	36	1	0.04	210 \$	31 \$	454	\$68	\$ 14
123	Mark Twain	Supply Room	8	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	344 \$	52 \$	23	2	0.05	134 \$	20 \$	210	\$31	\$ 7
124	Mark Twain	Supplies	8	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	248 \$	37 \$	36	1	0.04	105 \$	16 \$	143	\$21	\$ 4
125	Mark Twain	Storage Room	6	7		Retrofit -- 18 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	2	0.23	507 \$	76 \$	36	2	0.07	157 \$	24 \$	349	\$52	\$ 11
126	Mark Twain	Sterile Storage	8	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	3	0.26	743 \$	111 \$	36	3	0.11	314 \$	47 \$	428	\$64	\$ 13
127	Mark Twain	Central Sterile	16	7		Retrofit -- 18 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	10	0.93	5,416 \$	812 \$	22	10	0.22	1,281 \$	192 \$	4,135	\$820	\$ 128
128	Mark Twain	Central Sterile	16	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	990 \$	149 \$	36	2	0.07	419 \$	63 \$	571	\$86	\$ 18
129	Mark Twain	Closet	6	7		Retrofit -- 18 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	129 \$	19 \$	21	1	0.02	46 \$	7 \$	83	\$12	\$ 3
130	Mark Twain	Main Common	24	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	15	0.89	7,731 \$	1,160 \$	23	15	0.35	3,014 \$	452 \$	4,717	\$708	\$ 146
131	Mark Twain	Out Surgery																	\$ -
132	Mark Twain	Decontamination	16	7		Retrofit -- 18 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	2	0.23	1,328 \$	199 \$	36	2	0.07	419 \$	63 \$	909	\$136	\$ 28
133	Mark Twain	Storage Room	6	7		Retrofit -- 18 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28 \$	36	1	0.04	79 \$	12 \$	107	\$16	\$ 3
134	Mark Twain	Pass Door																	\$ -
135	Mark Twain	Elevator	24	7		Retrofit -- 22W & 32W Circline/FMAGE12 -120-16W-8CCT5-120DT-SL	54	1	0.05	472 \$	71 \$	16	1	0.02	140 \$	21 \$	332	\$50	\$ 10
136	Mark Twain	Pass Door																	\$ -
137	Mark Twain	Lobby	24	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	515 \$	77 \$	23	1	0.02	201 \$	30 \$	314	\$47	\$ 10
138	Mark Twain	Main Hallway	24	7		Retrofit -- 18 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	10	0.59	5,154 \$	773 \$	23	10	0.23	2,009 \$	301 \$	3,145	\$472	\$ 98
139	Mark Twain	Out Double Door																	\$ -
140	Mark Twain	Dietitian	16	7		Retrofit -- 18 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	664 \$	100 \$	36	1	0.04	210 \$	31 \$	454	\$68	\$ 14
141	Mark Twain	Main Hallway	24	7		No Action -- LED Fixture/No Work	4												\$ -
142	Mark Twain	Main Hallway	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	10	0.82	4,543 \$	681 \$	12	10	0.12	1,048 \$	157 \$	3,494	\$824	\$ 108
143	Mark Twain	Out Double Door																	\$ -
144	Mark Twain	Dinning	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	20	1.04	9,085 \$	1,363 \$	12	20	0.24	2,097 \$	314 \$	6,989	\$1,048	\$ 217
145	Mark Twain	Dinning	24	7		No Action -- LED Fixture/No Work	6												\$ -
146	Mark Twain	Serving Area	12	7		Retrofit -- 18 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	3	0.34	1,494 \$	224 \$	36	3	0.11	472 \$	71 \$	1,022	\$153	\$ 32
147	Mark Twain	Serving Area	12	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	5	0.30	1,310 \$	197 \$	12	5	0.06	282 \$	39 \$	1,048	\$157	\$ 33

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Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C Annual A/C Savings			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.		Total kW	Ann. kWh	Ann. Elect. Exp.
148	Mark Twain	Kitchen Area				Retrofit -- T12 - 1 lamp 6' F72w/2 ea. Bypass LED T8 3' tube	72	2	0.14	419	\$ 63	24	2	0.05	140	\$ 21	0.1	280	\$ 42	\$ -
149	Mark Twain	Cooler	8	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	2	0.04	116	\$ 17	8	2	0.02	47	\$ 7	0.0	70	\$ 10	\$ 2
150	Mark Twain	Cooler	8	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	2	0.04	175	\$ 26	8	2	0.02	70	\$ 10	0.0	105	\$ 16	\$ 3
151	Mark Twain	Freezer	12	7																\$ -
152	Mark Twain	Pass Door																		\$ -
153	Mark Twain	Pass Door																		\$ -
154	Mark Twain	Break Room	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	515	\$ 77	23	1	0.02	201	\$ 30	0.0	314	\$ 47	\$ 10
155	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
156	Mark Twain	Janitors Room	6	7	30%	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	57	\$ 9	8	1	0.01	12	\$ 2	0.0	45	\$ 7	\$ 1
157	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	258	\$ 39	23	2	0.05	100	\$ 15	0.1	157	\$ 24	\$ 5
158	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$ 12	\$ 2
159	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	332	\$ 50	36	1	0.04	105	\$ 16	0.1	227	\$ 34	\$ 7
160	Mark Twain	Floor	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	3	0.18	1,546	\$ 232	21	3	0.06	550	\$ 83	0.1	996	\$ 149	\$ 31
161	Mark Twain	Floor	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	13	0.77	6,701	\$ 1,005	21	13	0.27	2,385	\$ 358	0.5	4,316	\$ 647	\$ 134
162	Mark Twain	Floor	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	4	0.24	2,097	\$ 314	8	4	0.03	280	\$ 42	0.2	1,817	\$ 273	\$ 56
163	Mark Twain	Out Kitchen																		\$ -
164	Mark Twain	Out Dining																		\$ -
165	Mark Twain	Work Room	12	7		Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	3	0.28	1,219	\$ 183	22	3	0.07	288	\$ 43	0.2	930	\$ 140	\$ 29
166	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	495	\$ 74	36	2	0.07	210	\$ 31	0.1	285	\$ 43	\$ 9
167	Mark Twain	Registration Area / Reception	24	7		Retrofit -- T8 - 3 lamp FB31w/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	93	3	0.28	2,437	\$ 366	22	3	0.07	577	\$ 86	0.2	1,861	\$ 279	\$ 58
168	Mark Twain	Registration Area / Reception	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8" Dim, (12-16-22W), 120-277V	52	3	0.16	1,363	\$ 204	12	3	0.04	314	\$ 47	0.1	1,048	\$ 157	\$ 33
169	Mark Twain	Main Lobby / Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8" Dim, (12-16-22W), 120-277V	52	23	1.20	10,448	\$ 1,567	12	23	0.28	2,411	\$ 362	0.9	8,037	\$ 1,206	\$ 249
170	Mark Twain	Main Lobby / Common	24	7		No Action -- LED Fixture/No Work		12												\$ -
171	Mark Twain	Over to Emergacy Room																		\$ -
172	Mark Twain	Entry	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8" Dim, (12-16-22W), 120-277V	52	4	0.21	1,817	\$ 273	12	4	0.05	419	\$ 63	0.2	1,398	\$ 210	\$ 43
173	Mark Twain	Lobby	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	8	0.47	4,123	\$ 619	23	8	0.18	1,607	\$ 241	0.3	2,516	\$ 377	\$ 78
174	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
175	Mark Twain	Lobby	24	7		Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	86	1	0.09	751	\$ 113	22	1	0.02	192	\$ 29	0.1	559	\$ 84	\$ 17
176	Mark Twain	Triage	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	996	\$ 149	36	1	0.04	314	\$ 47	0.1	681	\$ 102	\$ 21
177	Mark Twain	Into ER																		\$ -
178	Mark Twain	Patient Room 1	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249	\$ 37	36	1	0.04	79	\$ 12	0.1	170	\$ 26	\$ 5
179	Mark Twain	Patient Room 2	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249	\$ 37	36	1	0.04	79	\$ 12	0.1	170	\$ 26	\$ 5
180	Mark Twain	Patient Room 3	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249	\$ 37	36	1	0.04	79	\$ 12	0.1	170	\$ 26	\$ 5
181	Mark Twain	Patient Room 4	6	7		Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	31	4	0.12	271	\$ 41	22	4	0.09	192	\$ 29	0.0	79	\$ 12	\$ 2
182	Mark Twain	Patient Room 5	6	7		Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	31	4	0.12	271	\$ 41	22	4	0.09	192	\$ 29	0.0	79	\$ 12	\$ 2
183	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
184	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	524	\$ 79	12	1	0.01	105	\$ 16	0.0	419	\$ 63	\$ 13

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C Annual A/C Savings		
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW		Ann. kWh	Ann. Elect. Exp.
185	Mark Twain	Exit Entry	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 6", Dim. (8-12-16W), 120-277V	52	0.21	1,817	\$ 273	8	4	0.03	280	\$ 42	0.2	1538	\$231	\$ 48
186	Mark Twain	Closet	6	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	57	\$ 9	8	1	0.01	17	\$ 3	0.0	39	\$6	\$ 1
187	Mark Twain	Patient Room 6&7	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.24	515	\$ 77	23	4	0.09	201	\$ 30	0.1	314	\$47	\$ 10
188	Mark Twain	Patient Room 6&7	6	7		Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	31	0.12	271	\$ 41	22	4	0.09	192	\$ 29	0.0	79	\$12	\$ 2
189	Mark Twain	Patient Room 8	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$12	\$ 2
190	Mark Twain	Work Room	12	7		Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	31	0.03	135	\$ 20	22	1	0.02	96	\$ 14	0.0	39	\$6	\$ 1
191	Mark Twain	Break Room	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.17	1,485	\$ 223	36	2	0.07	629	\$ 94	0.1	856	\$128	\$ 27
192	Mark Twain	Break Room	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.05	454	\$ 68	12	1	0.01	105	\$ 16	0.0	349	\$52	\$ 11
193	Mark Twain	Restroom	24	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	0.06	524	\$ 79	12	1	0.01	73	\$ 11	0.0	451	\$68	\$ 14
194	Mark Twain	Restroom	24	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	0.03	271	\$ 41	18	1	0.02	157	\$ 24	0.0	114	\$17	\$ 4
195	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$12	\$ 2
196	Mark Twain	Sleep Room	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.06	258	\$ 39	23	1	0.02	100	\$ 15	0.0	157	\$24	\$ 5
197	Mark Twain	Pass Double Door Solved Utility Room																	\$ -
198	Mark Twain	Reception	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	0.23	664	\$ 100	36	2	0.07	210	\$ 31	0.2	454	\$68	\$ 14
199	Mark Twain	Reception	12	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.17	743	\$ 111	36	2	0.07	314	\$ 47	0.1	428	\$64	\$ 13
200	Mark Twain	Reception	12	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.10	454	\$ 68	12	2	0.02	105	\$ 16	0.1	349	\$52	\$ 11
201	Mark Twain	Main Floor	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	0.26	2,271	\$ 341	12	5	0.06	524	\$ 79	0.2	1,747	\$262	\$ 54
202	Mark Twain	Main Floor	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1.02	8,911	\$ 1,337	36	12	0.43	3,774	\$ 566	0.6	5,137	\$771	\$ 159
203	Mark Twain	Out ER																	\$ -
204	Mark Twain	Through Passed Door In Lobby																	\$ -
205	Mark Twain	Pass Door																	\$ -
206	Mark Twain	Pass Double Door																	\$ -
207	Mark Twain	Pass Door																	\$ -
208	Mark Twain	Pass Door																	\$ -
209	Mark Twain	Pass Door																	\$ -
210	Mark Twain	Pass Door																	\$ -
211	Mark Twain	ER Manager Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.09	248	\$ 37	36	1	0.04	105	\$ 16	0.0	143	\$21	\$ 4
212	Mark Twain	Pass Door																	\$ -
213	Mark Twain	Mechanical Room	6	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	57	\$ 9	8	1	0.01	17	\$ 3	0.0	39	\$6	\$ 1
214	Mark Twain	Pass Double Door																	\$ -
215	Mark Twain	Solved Utility Room	8	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.12	344	\$ 52	21	2	0.04	86	\$ 13	0.1	258	\$39	\$ 8
216	Mark Twain	Electrical Room	8	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	76	\$ 11	8	1	0.01	23	\$ 3	0.0	52	\$8	\$ 2
217	Mark Twain	Pass Double Door																	\$ -
218	Mark Twain	Trash	8	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	76	\$ 11	8	1	0.01	23	\$ 3	0.0	52	\$8	\$ 2
219	Mark Twain	Environmental Services	12	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.06	258	\$ 39	21	1	0.02	64	\$ 10	0.0	194	\$29	\$ 6
220	Mark Twain	Pass Double Door																	\$ -
221	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.71	6,185	\$ 928	23	12	0.28	2,411	\$ 362	0.4	3,774	\$566	\$ 117
222	Mark Twain	2nd Floor Start @ Main Elevators																	\$ -
223	Mark Twain	Men's Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.06	515	\$ 77	21	1	0.02	183	\$ 28	0.0	332	\$50	\$ 10

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Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C		
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
225	Mark Twain	Women's Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.06	515	\$ 77	21	1	0.02	183	\$ 28	0.0	332	\$ 50	\$ 10
226	Mark Twain	Through Double Door																	\$ -
227	Mark Twain	Lounge	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	0.24	2,097	\$ 314	8	4	0.03	280	\$ 42	0.2	1817	\$ 273	\$ 56
228	Mark Twain	Lounge	24	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	0.03	271	\$ 41	18	1	0.02	157	\$ 24	0.0	114	\$ 17	\$ 4
229	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	0.03	271	\$ 41	18	1	0.02	110	\$ 17	0.0	161	\$ 24	\$ 5
230	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	0.06	524	\$ 79	8	1	0.01	70	\$ 10	0.1	454	\$ 68	\$ 14
231	Mark Twain	Edward Gonzales	8	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.12	344	\$ 52	21	2	0.04	86	\$ 13	0.1	258	\$ 39	\$ 8
232	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	50	0.05	437	\$ 66	18	1	0.02	110	\$ 17	0.0	327	\$ 49	\$ 10
233	Mark Twain	Ultrasound	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.18	773	\$ 116	23	3	0.07	301	\$ 45	0.1	472	\$ 71	\$ 15
234	Mark Twain	Ultrasound	12	7		Retrofit -- T8 - 4 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	63	0.13	550	\$ 83	22	2	0.04	192	\$ 29	0.1	358	\$ 54	\$ 11
235	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 1 lamp 30Ww/1 ea. Bypass LED T8 3' tube	46	0.05	402	\$ 60	12	1	0.01	73	\$ 11	0.0	328	\$ 49	\$ 10
236	Mark Twain	Office M-304	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	0.17	489	\$ 73	23	2	0.05	134	\$ 20	0.1	355	\$ 53	\$ 11
237	Mark Twain	Office M-304	8	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	91	0.18	530	\$ 79	22	2	0.04	128	\$ 19	0.1	402	\$ 60	\$ 12
238	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	50	0.05	437	\$ 66	18	1	0.02	110	\$ 17	0.0	327	\$ 49	\$ 10
239	Mark Twain	Office M-302	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	0.17	489	\$ 73	23	2	0.05	134	\$ 20	0.1	355	\$ 53	\$ 11
240	Mark Twain	Office M-302	8	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	91	0.18	530	\$ 79	22	2	0.04	128	\$ 19	0.1	402	\$ 60	\$ 12
241	Mark Twain	Office M-302	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	0.34	978	\$ 147	23	4	0.09	268	\$ 40	0.2	711	\$ 107	\$ 22
242	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	50	0.05	437	\$ 66	18	1	0.02	110	\$ 17	0.0	327	\$ 49	\$ 10
243	Mark Twain	Through Double Door																	\$ -
244	Mark Twain	Office	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	0.17	489	\$ 73	23	2	0.05	134	\$ 20	0.1	355	\$ 53	\$ 11
245	Mark Twain	Office	8	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	91	0.18	530	\$ 79	22	2	0.04	128	\$ 19	0.1	402	\$ 60	\$ 12
246	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	50	0.05	437	\$ 66	18	1	0.02	110	\$ 17	0.0	327	\$ 49	\$ 10
247	Mark Twain	I.T.	12	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	0.17	734	\$ 110	23	2	0.05	201	\$ 30	0.1	533	\$ 80	\$ 17
248	Mark Twain	I.T.	12	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	91	0.18	795	\$ 119	22	2	0.04	192	\$ 29	0.1	603	\$ 90	\$ 19
249	Mark Twain	I.T.	12	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2' tube	50	0.05	218	\$ 33	18	1	0.02	55	\$ 8	0.0	163	\$ 25	\$ 5
250	Mark Twain	Closet	6	7	30%	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	0.11	249	\$ 37	42	1	0.04	64	\$ 10	0.1	185	\$ 28	\$ 6
251	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	0.11	332	\$ 50	42	1	0.04	122	\$ 18	0.1	210	\$ 31	\$ 7
252	Mark Twain	HR & Education																	\$ -
253	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.26	743	\$ 111	36	3	0.11	314	\$ 47	0.1	428	\$ 64	\$ 13
254	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.26	743	\$ 111	36	3	0.11	314	\$ 47	0.1	428	\$ 64	\$ 13
255	Mark Twain	Common	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.26	2,228	\$ 334	36	3	0.11	943	\$ 142	0.1	1,284	\$ 193	\$ 40
256	Mark Twain	Common	24	7		Retrofit -- T8 - 1 lamp 17Ww/1 ea. Bypass LED T8 2' tube	17	0.05	446	\$ 67	9	3	0.03	236	\$ 35	0.0	210	\$ 31	\$ 7
257	Mark Twain	Out H.R. & Education																	\$ -
258	Mark Twain	Closet	6	7	30%	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	84	0.08	183	\$ 28	21	1	0.02	32	\$ 5	0.1	151	\$ 23	\$ 5
259	Mark Twain	Closet	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	0.06	131	\$ 20	12	1	0.01	26	\$ 4	0.0	105	\$ 16	\$ 3

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C Annual A/C Savings			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.		Total kW	Ann. kWh	Ann. Elect. Exp.
260	Mark Twain	Clean Linen	8	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	344	\$ 52	21	2	0.04	122	\$ 18	0.1	221	\$33	\$ 7
261	Mark Twain	Clean Linen	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	1	0.11	332	\$ 50	36	1	0.04	105	\$ 16	0.1	227	\$34	\$ 7
262	Mark Twain	Clean Linen	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	84	1	0.08	245	\$ 37	23	1	0.02	67	\$ 10	0.1	178	\$27	\$ 6
263	Mark Twain	Soiled Linen	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	1	0.11	332	\$ 50	36	1	0.04	105	\$ 16	0.1	227	\$34	\$ 7
264	Mark Twain	Soiled Linen	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	344	\$ 52	23	2	0.05	134	\$ 20	0.1	210	\$31	\$ 7
265	Mark Twain	Nursing Admin.	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	1,992	\$ 299	36	2	0.07	629	\$ 94	0.2	1363	\$204	\$ 42
266	Mark Twain	Restroom	24	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	2	0.12	1,048	\$ 157	8	2	0.02	98	\$ 15	0.1	950	\$143	\$ 29
267	Mark Twain	Chief Medical Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	664	\$ 100	36	2	0.07	210	\$ 31	0.2	454	\$68	\$ 14
268	Mark Twain	Chief Medical Office	8	7		Retrofit -- T5 - 1 lamp 14W, 2'w/1 ea. Bypass LED T5 2' HE	14	2	0.03	82	\$ 12	18	2	0.04	105	\$ 16	0.0	-23	-\$3	\$ (1)
269	Mark Twain	Restroom	24	7	30%	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	227	\$ 34	8	1	0.01	49	\$ 7	0.0	178	\$27	\$ 6
270	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	1	0.06	524	\$ 79	8	1	0.01	70	\$ 10	0.1	454	\$68	\$ 14
271	Mark Twain	Pharmacy	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	1,992	\$ 299	36	2	0.07	629	\$ 94	0.2	1363	\$204	\$ 42
272	Mark Twain	Through Door																		
273	Mark Twain	Women's Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	3	0.18	1,546	\$ 232	21	3	0.06	550	\$ 83	0.1	996	\$149	\$ 31
274	Mark Twain	Heart Center				No Action -- LED Fixture/No Work														
275	Mark Twain	Stress Test	12	7		No Action -- LED Fixture/No Work														
276	Mark Twain	Echo	16	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	344	\$ 52	23	2	0.05	134	\$ 20	0.1	210	\$31	\$ 7
277	Mark Twain	Office	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	258	\$ 39	23	2	0.05	100	\$ 15	0.1	157	\$24	\$ 5
278	Mark Twain	Exam 1	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	258	\$ 39	23	2	0.05	100	\$ 15	0.1	157	\$24	\$ 5
279	Mark Twain	Exam 2	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	258	\$ 39	23	2	0.05	100	\$ 15	0.1	157	\$24	\$ 5
280	Mark Twain	Exam 3	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	258	\$ 39	23	2	0.05	100	\$ 15	0.1	157	\$24	\$ 5
281	Mark Twain	Work Station	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	515	\$ 77	23	2	0.05	201	\$ 30	0.1	314	\$47	\$ 10
282	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$58	\$ 12
283	Mark Twain	Common/Rest	24	7		No Action -- LED Fixture/No Work														
284	Mark Twain	Out Heart Center				No Action -- LED Fixture/No Work														
285	Mark Twain	Material Mngt.	12	7		No Action -- LED Fixture/No Work														
286	Mark Twain	Material Mngt.	12	7		Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	84	38	3.19	13,943	\$ 2,091	21	38	0.80	3,486	\$ 523	2.4	10,457	\$1,569	\$ 325
287	Mark Twain	Soiled Utility Room	8	7		No Action -- LED Fixture/No Work														
288	Mark Twain	Physical Therapy	16	7		No Action -- LED Fixture/No Work														
289	Mark Twain	Men's Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	3	0.18	1,546	\$ 232	21	3	0.06	550	\$ 83	0.1	996	\$149	\$ 31
290	Mark Twain	Through Doorway																		
291	Mark Twain	Closet	6	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	1	0.06	131	\$ 20	8	1	0.01	12	\$ 2	0.1	119	\$18	\$ 4
292	Mark Twain	Administration																		
293	Mark Twain	Office	8	7	30%	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	4	0.46	1,328	\$ 199	42	4	0.17	342	\$ 51	0.3	985	\$148	\$ 31
294	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	85	6	0.51	1,485	\$ 223	36	6	0.22	629	\$ 94	0.3	856	\$128	\$ 27
295	Mark Twain	Board Room	12	7	30%	Retrofit -- T8 - 6 lamp 32Ww/6 ea. Bypass LED T8 4' tube	172.5	6	1.04	4,521	\$ 678	63	6	0.38	1,156	\$ 173	0.7	3,365	\$505	\$ 104
296	Mark Twain	Hall	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	1	0.11	996	\$ 149	36	1	0.04	314	\$ 47	0.1	681	\$102	\$ 21
297	Mark Twain	Restroom	24	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	2	0.12	1,048	\$ 157	8	2	0.02	98	\$ 15	0.1	950	\$143	\$ 29
298	Mark Twain	Common	24	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	6	0.68	5,975	\$ 896	42	6	0.25	2,201	\$ 330	0.4	3,774	\$566	\$ 117
299	Mark Twain	Common	24	7		Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm	59	1	0.06	515	\$ 77	22	1	0.02	192	\$ 29	0.0	323	\$48	\$ 10
300	Mark Twain	Medical Foundation																		\$ -

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
301	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	2	0.23	664	\$ 100	42	2	0.08	245	\$ 37	0.1	419	\$ 63	\$ 13
302	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	3	0.34	996	\$ 149	42	3	0.13	367	\$ 55	0.2	629	\$ 94	\$ 20
303	Mark Twain	Storage Room	6	7	30%	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	84	1	0.08	183	\$ 28	21	1	0.02	32	\$ 5	0.1	151	\$ 23	\$ 5
304	Mark Twain	Copy Room	8	7	30%	Retrofit -- T8 - 1 lamp 32Ww/1 ea. Bypass LED T8 4' tube	33	1	0.03	96	\$ 14	10.5	1	0.01	21	\$ 3	0.0	75	\$ 11	\$ 2
305	Mark Twain	Out																		
306	Mark Twain	Pass Door																		
307	Mark Twain	Copy Room	8	7		Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	84	3	0.25	734	\$ 110	21	3	0.06	183	\$ 28	0.2	550	\$ 83	\$ 17
308	Mark Twain	Storage Room	6	7		Retrofit -- R30 - 75Ww/EIKO LED A19, E26, 8W	75	2	0.15	328	\$ 49	8	2	0.02	35	\$ 5	0.1	293	\$ 44	\$ 9
309	Mark Twain	Storage Room	6	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	2	0.34	734	\$ 110	42	2	0.08	183	\$ 28	0.3	550	\$ 83	\$ 17
310	Mark Twain	Storage Room	6	7		Retrofit -- 22W & 32W Circline/FMAGE12-120-16W-8CC15-120D1-SL	54	1	0.05	118	\$ 18	16	1	0.02	35	\$ 5	0.0	83	\$ 12	\$ 3
311	Mark Twain	Classroom 4	8	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	8	0.91	2,656	\$ 398	42	8	0.34	978	\$ 147	0.6	1677	\$ 252	\$ 52
312	Mark Twain	Classroom 1	8	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	6	0.70	2,027	\$ 304	36	6	0.22	629	\$ 94	0.5	1398	\$ 210	\$ 43
313	Mark Twain	Classroom 2	8	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	10	1.16	3,378	\$ 507	36	10	0.36	1,048	\$ 157	0.8	2330	\$ 349	\$ 72
314	Mark Twain	Classroom 3	8	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	6	0.70	2,027	\$ 304	36	6	0.22	629	\$ 94	0.5	1398	\$ 210	\$ 43
315	Mark Twain	Classroom 3	8	7		Retrofit -- R30 - 75Ww/EIKO LED Downlight Kit, 6", Dim, 12W	75	6	0.45	1,310	\$ 197	12	6	0.07	210	\$ 31	0.4	1101	\$ 165	\$ 34
316	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249	\$ 37	36	1	0.04	79	\$ 12	0.1	170	\$ 26	\$ 5
317	Mark Twain	Women's Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	515	\$ 77	23	1	0.02	201	\$ 30	0.0	314	\$ 47	\$ 10
318	Mark Twain	Men's Restroom	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	515	\$ 77	23	1	0.02	201	\$ 30	0.0	314	\$ 47	\$ 10
319	Mark Twain	Main Room	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	3	0.18	1,546	\$ 232	23	3	0.07	603	\$ 90	0.1	943	\$ 142	\$ 29
320	Mark Twain	Server Room	6	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	2	0.34	734	\$ 110	42	2	0.08	183	\$ 28	0.3	550	\$ 83	\$ 17
321	Mark Twain	Scheduling																		
322	Mark Twain	Closet	6	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	91	1	0.09	199	\$ 30	22	1	0.02	48	\$ 7	0.1	151	\$ 23	\$ 5
323	Mark Twain	Closet	6	7		Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	86	1	0.09	188	\$ 28	22	1	0.02	48	\$ 7	0.1	140	\$ 21	\$ 4
324	Mark Twain	Office	8	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	4	0.67	1,957	\$ 294	42	4	0.17	489	\$ 73	0.5	1468	\$ 220	\$ 46
325	Mark Twain	Common	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	2	0.23	1,992	\$ 299	36	2	0.07	629	\$ 94	0.2	1363	\$ 204	\$ 42
326	Mark Twain	Common	24	7		Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	168	1	0.17	1,468	\$ 220	36	1	0.04	314	\$ 47	0.1	1153	\$ 173	\$ 36
327	Mark Twain	Common	24	7		Retrofit -- T8 - 1 lamp 17Ww/1 ea. Bypass LED T8 2' tube	17	2	0.03	297	\$ 45	9	2	0.02	157	\$ 24	0.0	140	\$ 21	\$ 4
328	Mark Twain	Out																		
329	Mark Twain	Office	8	7	30%	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	1	0.17	489	\$ 73	42	1	0.04	86	\$ 13	0.1	404	\$ 61	\$ 13
330	Mark Twain	Pass Door																		
331	Mark Twain	Clinical Information	8	7	30%	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	1	0.17	489	\$ 73	42	1	0.04	86	\$ 13	0.1	404	\$ 61	\$ 13
332	Mark Twain	X-Ray	12	7		Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	86	6	0.52	2,254	\$ 338	22	6	0.13	577	\$ 86	0.4	1677	\$ 252	\$ 52
333	Mark Twain	X-Ray	12	7		Retrofit -- A-lamp - 100Ww/EIKO LED Downlight Kit, 6", Dim, 12W	100	5	0.50	2,184	\$ 328	12	5	0.06	282	\$ 39	0.4	1922	\$ 288	\$ 60
334	Mark Twain	Restroom	24	7		Retrofit -- U12 - 2 lamp 40Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	86	1	0.09	751	\$ 113	22	1	0.02	192	\$ 29	0.1	559	\$ 84	\$ 17
335	Mark Twain	Storage Room	6	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	129	\$ 19	21	1	0.02	32	\$ 5	0.0	97	\$ 15	\$ 3
336	Mark Twain	Closet	6	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	1	0.17	367	\$ 55	42	1	0.04	92	\$ 14	0.1	275	\$ 41	\$ 9
337	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	6	0.35	3,093	\$ 464	21	6	0.13	1,101	\$ 165	0.2	1992	\$ 299	\$ 62

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
338	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	8	0.47	4,123	\$ 619	21	8	0.17	1,468	\$ 220	0.3	2656	\$ 398	\$ 82
339	Mark Twain	Back Through Downway																		\$ -
340	Mark Twain	Occupational Therapy	12	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	896	\$ 149	36	2	0.07	314	\$ 47	0.2	681	\$ 102	\$ 21
341	Mark Twain	Closet	6	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	129	\$ 19	21	1	0.02	32	\$ 5	0.0	97	\$ 15	\$ 3
342	Mark Twain	Through Door																		\$ -
343	Mark Twain	Room	8	7	30%	Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	2	0.34	978	\$ 147	42	2	0.08	171	\$ 26	0.3	807	\$ 121	\$ 25
344	Mark Twain	Room	8	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	2	0.18	536	\$ 80	36	2	0.07	210	\$ 31	0.1	326	\$ 49	\$ 10
345	Mark Twain	Common	24	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	5	0.46	4,019	\$ 603	36	5	0.18	1,572	\$ 236	0.3	2446	\$ 367	\$ 76
346	Mark Twain	Out Door																		\$ -
347	Mark Twain	Laboratory																		\$ -
348	Mark Twain	Blood Draw 1	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	1	0.06	258	\$ 39	23	1	0.02	100	\$ 15	0.0	157	\$ 24	\$ 5
349	Mark Twain	Blood Draw 2	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	1	0.06	258	\$ 39	23	1	0.02	100	\$ 15	0.0	157	\$ 24	\$ 5
350	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
351	Mark Twain	Lab - Work Room	12	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	116	4	0.46	2,027	\$ 304	36	4	0.14	629	\$ 94	0.3	1398	\$ 210	\$ 43
352	Mark Twain	Exit Entry	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	85	1	0.09	743	\$ 111	36	1	0.04	314	\$ 47	0.0	428	\$ 64	\$ 13
353	Mark Twain	Sleep Room	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	1	0.06	258	\$ 39	23	1	0.02	100	\$ 15	0.0	157	\$ 24	\$ 5
354	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
355	Mark Twain	Break Room	24	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	2	0.18	1,807	\$ 241	36	2	0.07	629	\$ 94	0.1	978	\$ 147	\$ 30
356	Mark Twain	Office	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	2	0.12	344	\$ 52	23	2	0.05	134	\$ 20	0.1	210	\$ 31	\$ 7
357	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	1	0.06	129	\$ 19	23	1	0.02	50	\$ 8	0.0	79	\$ 12	\$ 2
358	Mark Twain	Work Room	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	1	0.06	258	\$ 39	23	1	0.02	100	\$ 15	0.0	157	\$ 24	\$ 5
359	Mark Twain	Registration	24	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	3	0.28	2,411	\$ 362	36	3	0.11	943	\$ 142	0.2	1468	\$ 220	\$ 46
360	Mark Twain	Main Common	24	7		Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm	59	10	0.59	5,154	\$ 773	22	10	0.22	1,922	\$ 288	0.4	3232	\$ 485	\$ 100
361	Mark Twain	Main Common	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	85	22	1.87	16,336	\$ 2,450	36	22	0.79	6,919	\$ 1,038	1.1	9417	\$ 1,413	\$ 292
362	Mark Twain	Out Laboratory																		\$ -
363	Mark Twain	Medical Records	12	7		Retrofit -- CFL Screw-in - 11Ww/EIKO LED A19, E26, 8W	11	2	0.02	96	\$ 14	8	2	0.02	70	\$ 10	0.0	26	\$ 4	\$ 1
364	Mark Twain	Reception	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	1	0.06	515	\$ 77	23	1	0.02	201	\$ 30	0.0	314	\$ 47	\$ 10
365	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	1	0.09	268	\$ 40	36	1	0.04	105	\$ 16	0.1	163	\$ 24	\$ 5
366	Mark Twain	Pass Door																		\$ -
367	Mark Twain	Pass Door																		\$ -
368	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	2	0.18	536	\$ 80	36	2	0.07	210	\$ 31	0.1	326	\$ 49	\$ 10
369	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	2	0.18	536	\$ 80	36	2	0.07	210	\$ 31	0.1	326	\$ 49	\$ 10
370	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	92	2	0.18	536	\$ 80	36	2	0.07	210	\$ 31	0.1	326	\$ 49	\$ 10
371	Mark Twain	Common	24	7		Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm	59	3	0.18	1,546	\$ 232	22	3	0.07	577	\$ 86	0.1	970	\$ 145	\$ 30
372	Mark Twain	Common	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	20	1.18	10,308	\$ 1,546	23	20	0.46	4,019	\$ 603	0.7	6290	\$ 943	\$ 195
373	Mark Twain	Out Medical Records																		\$ -
374	Mark Twain	Main Hall / Common / Lobby	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	28	1.85	14,432	\$ 2,165	23	28	0.64	5,626	\$ 844	1.0	8806	\$ 1,321	\$ 273

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
375	Mark Twain	Main Hall / Common / Lobby	24	7		Retrofit -- U8 - 2 lamp 32Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	59	1	0.06	515 \$	77 \$	22	1	0.02	192 \$	29 \$	0.0	323	\$48	\$ 10
376	Mark Twain	Main Hall / Common / Lobby	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	1	0.05	454 \$	68 \$	12	1	0.01	105 \$	16 \$	0.0	349	\$52	\$ 11
377	Mark Twain	Main Hall / Common / Lobby	24	7		Retrofit -- A-lamp - 40Ww/EIKO LED A19, E26, 8W	40	2	0.08	699 \$	105 \$	8	2	0.02	140 \$	21 \$	0.1	559	\$84	\$ 17
378	Mark Twain	Back Out Door																		\$ -
379	Mark Twain	Panel Closet	4	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	59	1	0.06	86 \$	13 \$	23	1	0.02	33 \$	5 \$	0.0	52	\$8	\$ 2
380	Mark Twain	Wound Care	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	59	2	0.12	344 \$	52 \$	23	2	0.05	134 \$	20 \$	0.1	210	\$31	\$ 7
381	Mark Twain	Wound Care	8	7		Retrofit -- R30 - 75Ww/EIKO LED A19, E26, 8W	75	4	0.30	874 \$	131 \$	8	4	0.03	93 \$	14 \$	0.3	780	\$117	\$ 24
382	Mark Twain	Marketing & Business	8	7		Retrofit -- T12 - 4 lamp A/B 40Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	168	2	0.34	978 \$	147 \$	36	2	0.07	210 \$	31 \$	0.3	769	\$115	\$ 24
383	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	2	0.12	1,048 \$	157 \$	8	2	0.02	140 \$	21 \$	0.1	909	\$136	\$ 28
384	Mark Twain	Executive Coord.	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	85	1	0.09	248 \$	37 \$	36	1	0.04	105 \$	16 \$	0.0	143	\$21	\$ 4
385	Mark Twain	Executive Coord.	8	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W Kit. 36W, 4000K, 4500 lm.	60	2	0.12	349 \$	52 \$	8	2	0.02	33 \$	5 \$	0.1	317	\$48	\$ 10
386	Mark Twain	Social Services	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	2	0.23	664 \$	100 \$	36	2	0.07	210 \$	31 \$	0.2	454	\$68	\$ 14
387	Mark Twain	Office M-308	8	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	91	1	0.09	265 \$	40 \$	22	1	0.02	64 \$	10 \$	0.1	201	\$30	\$ 6
388	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	168	1	0.17	1,468 \$	220 \$	42	1	0.04	257 \$	39 \$	0.1	1211	\$182	\$ 38
389	Mark Twain	Restroom	24	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W tube	60	1	0.06	524 \$	79 \$	8	1	0.01	49 \$	7 \$	0.1	475	\$71	\$ 15
390	Mark Twain	Janitors	6	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4" tube	59	1	0.06	129 \$	19 \$	21	1	0.02	32 \$	5 \$	0.0	97	\$15	\$ 3
391	Mark Twain	Clean Utility	8	7	30%	Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4" tube	84	1	0.08	245 \$	37 \$	21	1	0.02	43 \$	6 \$	0.1	202	\$30	\$ 6
392	Mark Twain	Environmental Services	12	7	30%	Retrofit -- A-lamp - 100Ww/EIKO LED A19, E26, 8W	100	1	0.10	437 \$	66 \$	8	1	0.01	24 \$	4 \$	0.1	412	\$62	\$ 13
393	Mark Twain	Break Room	24	7		Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	168	1	0.17	1,468 \$	220 \$	36	1	0.04	314 \$	47 \$	0.1	1153	\$173	\$ 36
394	Mark Twain	Office	8	7		Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	168	2	0.34	978 \$	147 \$	36	2	0.07	210 \$	31 \$	0.3	769	\$115	\$ 24
395	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4" tube	114	6	0.68	5,975 \$	896 \$	42	6	0.25	2,201 \$	330 \$	0.4	3774	\$566	\$ 117
396	Mark Twain	Main Hallway	24	7		Retrofit -- T12 - 4 lamp A/B 40Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	168	2	0.34	2,935 \$	440 \$	36	2	0.07	629 \$	94 \$	0.3	2306	\$346	\$ 72
397	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	1	0.11	996 \$	149 \$	36	1	0.04	314 \$	47 \$	0.1	681	\$102	\$ 21
398	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm.	114	2	0.23	1,992 \$	299 \$	36	2	0.07	629 \$	94 \$	0.2	1363	\$204	\$ 42
399	Mark Twain	Back Through Double Door																		\$ -
400	Mark Twain	Office M-303	8	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	4	0.24	699 \$	105 \$	8	4	0.03	93 \$	14 \$	0.2	606	\$91	\$ 19
401	Mark Twain	Restroom	24	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2" tube	31	1	0.03	271 \$	41 \$	18	1	0.02	157 \$	24 \$	0.0	114	\$17	\$ 4
402	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	1	0.06	524 \$	79 \$	8	1	0.01	70 \$	10 \$	0.1	454	\$68	\$ 14
403	Mark Twain	Office M-305	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	84	2	0.17	489 \$	73 \$	23	2	0.05	134 \$	20 \$	0.1	355	\$53	\$ 11
404	Mark Twain	Office M-305	8	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	91	2	0.18	530 \$	79 \$	22	2	0.04	128 \$	19 \$	0.1	402	\$60	\$ 12
405	Mark Twain	Restroom	24	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2" tube	50	1	0.05	437 \$	66 \$	18	1	0.02	110 \$	17 \$	0.0	327	\$49	\$ 10
406	Mark Twain	BioMedical	12	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	84	2	0.17	734 \$	110 \$	23	2	0.05	201 \$	30 \$	0.1	533	\$80	\$ 17
407	Mark Twain	BioMedical	12	7		Retrofit -- T12 - 3 lamp 20Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	64	2	0.13	559 \$	84 \$	22	2	0.04	192 \$	29 \$	0.1	367	\$55	\$ 11
408	Mark Twain	BioMedical - Restroom	12	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2" tube	50	1	0.05	218 \$	33 \$	18	1	0.02	55 \$	8 \$	0.0	163	\$25	\$ 5
409	Mark Twain	Office	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm.	84	2	0.17	489 \$	73 \$	23	2	0.05	134 \$	20 \$	0.1	355	\$53	\$ 11
410	Mark Twain	Office	8	7		Retrofit -- T12 - 4 lamp 20Ww/LED 2x2 Troffer Retrofit Kit. 22W, 4000K, 2750 lm.	91	2	0.18	530 \$	79 \$	22	2	0.04	128 \$	19 \$	0.1	402	\$60	\$ 12
411	Mark Twain	Office - Restroom	8	7	30%	Retrofit -- T12 - 2 lamp 20Ww/2 ea. Bypass LED T8 2" tube	50	1	0.05	146 \$	22 \$	18	1	0.02	37 \$	6 \$	0.0	109	\$16	\$ 3

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C Annual A/C Savings			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.		Total kW	Ann. kWh	Ann. Elect. Exp.
412	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	4	0.46	3,984	\$ 598	42	4	0.17	1,468	\$ 220	0.3	2516	\$ 377	\$ 78
413	Mark Twain	Main Hallway	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	6	0.51	4,455	\$ 668	36	6	0.22	1,887	\$ 283	0.3	2568	\$ 385	\$ 80
414	Mark Twain	Back Out Double Door																		\$ -
415	Mark Twain	Elevator Lobby	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	515	\$ 77	23	1	0.02	201	\$ 30	0.0	314	\$ 47	\$ 10
416	Mark Twain	Receiving	12	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	3	0.18	773	\$ 116	21	3	0.06	275	\$ 41	0.1	498	\$ 75	\$ 15
417	Mark Twain	Janitors	6	7	30%	Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	1	0.02	44	\$ 7	8	1	0.01	12	\$ 2	0.0	31	\$ 5	\$ 1
418	Mark Twain	Server Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	129	\$ 19	21	1	0.02	46	\$ 7	0.0	83	\$ 12	\$ 3
419	Mark Twain	Pharmacy																		\$ -
420	Mark Twain	Lab	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	515	\$ 77	23	2	0.05	201	\$ 30	0.1	314	\$ 47	\$ 10
421	Mark Twain	Lab	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	515	\$ 77	23	2	0.05	201	\$ 30	0.1	314	\$ 47	\$ 10
422	Mark Twain	Common	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	6	0.68	5,975	\$ 896	36	6	0.22	1,887	\$ 283	0.5	4088	\$ 613	\$ 127
423	Mark Twain	Out Pharmacy																		\$ -
424	Mark Twain	Through Double Door																		\$ -
425	Mark Twain	Through Door																		\$ -
426	Mark Twain	Storage Room	6	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	129	\$ 19	21	1	0.02	32	\$ 5	0.0	97	\$ 15	\$ 3
427	Mark Twain	Janitors	6	7	30%	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	57	\$ 9	8	1	0.01	12	\$ 2	0.0	45	\$ 7	\$ 1
428	Mark Twain	Patient Room 116	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
429	Mark Twain	Patient Room 116	6	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	4	0.46	1,013	\$ 152	36	4	0.14	314	\$ 47	0.3	699	\$ 105	\$ 22
430	Mark Twain	Patient Room 116	6	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	1	0.02	44	\$ 7	8	1	0.01	17	\$ 3	0.0	26	\$ 4	\$ 1
431	Mark Twain	Patient Room 116	6	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	1	0.02	44	\$ 7	8	1	0.01	17	\$ 3	0.0	26	\$ 4	\$ 1
432	Mark Twain	Patient Room 116	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131	\$ 20	12	1	0.01	26	\$ 4	0.0	105	\$ 16	\$ 3
433	Mark Twain	Patient Room 116	6	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	1	0.02	44	\$ 7	8	1	0.01	17	\$ 3	0.0	26	\$ 4	\$ 1
434	Mark Twain	Patient Room 116	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/4000K-G7B	13	1	0.01	28	\$ 4	5	1	0.01	11	\$ 2	0.0	17	\$ 3	\$ 1
435	Mark Twain	Start Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
436	Mark Twain	Start Room	6	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	2	0.23	507	\$ 76	36	2	0.07	157	\$ 24	0.2	349	\$ 52	\$ 11
437	Mark Twain	Start Room	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68	\$ 10	18	1	0.02	39	\$ 6	0.0	28	\$ 4	\$ 1
438	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	128	\$ 19	0.0	387	\$ 58	\$ 12
439	Mark Twain	Patient Room 215	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
440	Mark Twain	Patient Room 215	6	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	4	0.46	1,013	\$ 152	36	4	0.14	314	\$ 47	0.3	699	\$ 105	\$ 22
441	Mark Twain	Patient Room 215	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68	\$ 10	18	1	0.02	39	\$ 6	0.0	28	\$ 4	\$ 1
442	Mark Twain	Patient Room 215	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/4000K-G7B	13	1	0.01	28	\$ 4	5	1	0.01	11	\$ 2	0.0	17	\$ 3	\$ 1
443	Mark Twain	Patient Room 215	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68	\$ 10	18	1	0.02	39	\$ 6	0.0	28	\$ 4	\$ 1
444	Mark Twain	Patient Room 215	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131	\$ 20	12	1	0.01	26	\$ 4	0.0	105	\$ 16	\$ 3
445	Mark Twain	Patient Room 214	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
446	Mark Twain	Patient Room 214	6	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	4	0.46	1,013	\$ 152	36	4	0.14	314	\$ 47	0.3	699	\$ 105	\$ 22

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C Annual A/C Savings			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.		Total kW	Ann. kWh	Ann. Elect. Exp.
447	Mark Twain	Patient Room 214	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
448	Mark Twain	Patient Room 214	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1
449	Mark Twain	Patient Room 214	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
450	Mark Twain	Patient Room 214	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20 \$	12	1	0.01	26 \$	4 \$	0.0	105	\$16	\$ 3
451	Mark Twain	Patient Room 213	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39 \$	21	2	0.04	92 \$	14 \$	0.1	166	\$25	\$ 5
452	Mark Twain	Patient Room 213	6	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	4	0.46	1,013 \$	152 \$	36	4	0.14	314 \$	47 \$	0.3	689	\$105	\$ 22
453	Mark Twain	Patient Room 213	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
454	Mark Twain	Patient Room 213	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1
455	Mark Twain	Patient Room 213	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
456	Mark Twain	Patient Room 213	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20 \$	12	1	0.01	26 \$	4 \$	0.0	105	\$16	\$ 3
457	Mark Twain	Closet	6	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	129 \$	19 \$	21	1	0.02	32 \$	5 \$	0.0	97	\$15	\$ 3
458	Mark Twain	Care Coord. Office	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	172 \$	26 \$	23	1	0.02	67 \$	10 \$	0.0	105	\$16	\$ 3
459	Mark Twain	Care Coord. Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	3	0.26	743 \$	111 \$	36	3	0.11	314 \$	47 \$	0.1	428	\$64	\$ 13
460	Mark Twain	Pass Double Door																		\$ -
461	Mark Twain	Clean Utility Room	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	332 \$	50 \$	36	1	0.04	105 \$	16 \$	0.1	227	\$34	\$ 7
462	Mark Twain	Solict Utility Room	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	332 \$	50 \$	36	1	0.04	105 \$	16 \$	0.1	227	\$34	\$ 7
463	Mark Twain	Main Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	6	0.31	2,726 \$	409 \$	12	6	0.07	629 \$	94 \$	0.2	2097	\$314	\$ 65
464	Mark Twain	Main Common	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	10	0.59	5,154 \$	773 \$	23	10	0.23	2,009 \$	301 \$	0.4	3145	\$472	\$ 98
465	Mark Twain	Back Out Door																		\$ -
466	Mark Twain	Pass Double Door																		\$ -
467	Mark Twain	Waiting Room	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	2	0.17	1,485 \$	223 \$	36	2	0.07	629 \$	94 \$	0.1	856	\$128	\$ 27
468	Mark Twain	Ante	6	7		Retrofit -- T8 - 2 lamp 17Ww/LED 2x2 Troffer Retrofit Kit, 22W, 4000K, 2750 lm	31	1	0.03	68 \$	10 \$	22	1	0.02	48 \$	7 \$	0.0	20	\$3	\$ 1
469	Mark Twain	Patient Room 201	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39 \$	21	2	0.04	92 \$	14 \$	0.1	166	\$25	\$ 5
470	Mark Twain	Patient Room 201	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37 \$	36	1	0.04	79 \$	12 \$	0.1	170	\$26	\$ 5
471	Mark Twain	Patient Room 201	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1
472	Mark Twain	Patient Room 201	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
473	Mark Twain	Patient Room 201	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20 \$	12	1	0.01	26 \$	4 \$	0.0	105	\$16	\$ 3
474	Mark Twain	Patient Room 202	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39 \$	21	2	0.04	92 \$	14 \$	0.1	166	\$25	\$ 5
475	Mark Twain	Patient Room 202	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37 \$	36	1	0.04	79 \$	12 \$	0.1	170	\$26	\$ 5
476	Mark Twain	Patient Room 202	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1
477	Mark Twain	Patient Room 202	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
478	Mark Twain	Patient Room 202	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20 \$	12	1	0.01	26 \$	4 \$	0.0	105	\$16	\$ 3
479	Mark Twain	Patient Room 203	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39 \$	21	2	0.04	92 \$	14 \$	0.1	166	\$25	\$ 5
480	Mark Twain	Patient Room 203	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37 \$	36	1	0.04	79 \$	12 \$	0.1	170	\$26	\$ 5
481	Mark Twain	Patient Room 203	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1

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Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
482	Mark Twain	Patient Room 203	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
483	Mark Twain	Patient Room 203	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20	12	1	0.01	26 \$	4	0.0	105	\$16	\$ 3
484	Mark Twain	Patient Room 204	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
485	Mark Twain	Patient Room 204	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
486	Mark Twain	Patient Room 204	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4	5	1	0.01	11 \$	2	0.0	17	\$3	\$ 1
487	Mark Twain	Patient Room 204	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
488	Mark Twain	Patient Room 204	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20	12	1	0.01	26 \$	4	0.0	105	\$16	\$ 3
489	Mark Twain	Patient Room 204	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
490	Mark Twain	Patient Room 204	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
491	Mark Twain	Patient Room 204	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4	5	1	0.01	11 \$	2	0.0	17	\$3	\$ 1
492	Mark Twain	Patient Room 204	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
493	Mark Twain	Patient Room 204	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20	12	1	0.01	26 \$	4	0.0	105	\$16	\$ 3
494	Mark Twain	Patient Room 205	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
495	Mark Twain	Patient Room 205	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
496	Mark Twain	Patient Room 205	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4	5	1	0.01	11 \$	2	0.0	17	\$3	\$ 1
497	Mark Twain	Patient Room 205	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
498	Mark Twain	Patient Room 205	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20	12	1	0.01	26 \$	4	0.0	105	\$16	\$ 3
499	Mark Twain	Patient Room 206	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258 \$	39	21	2	0.04	92 \$	14	0.1	166	\$25	\$ 5
500	Mark Twain	Patient Room 206	6	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	249 \$	37	36	1	0.04	79 \$	12	0.1	170	\$26	\$ 5
501	Mark Twain	Patient Room 206	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	1	0.01	28 \$	4	5	1	0.01	11 \$	2	0.0	17	\$3	\$ 1
502	Mark Twain	Patient Room 206	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
503	Mark Twain	Patient Room 206	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	1	0.06	131 \$	20	12	1	0.01	26 \$	4	0.0	105	\$16	\$ 3
504	Mark Twain	Waiting Room	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	1,031 \$	155	23	2	0.05	402 \$	60	0.1	629	\$94	\$ 20
505	Mark Twain	I.C.U.																		\$ -
506	Mark Twain	Lockers	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515 \$	77	21	1	0.02	183 \$	28	0.0	332	\$50	\$ 10
507	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	271 \$	41	18	1	0.02	110 \$	17	0.0	161	\$24	\$ 5
508	Mark Twain	Ante	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	1	0.06	129 \$	19	23	1	0.02	50 \$	8	0.0	79	\$12	\$ 2
509	Mark Twain	Bed 1	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28	36	1	0.04	79 \$	12	0.0	107	\$16	\$ 3
510	Mark Twain	Bed 1	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
511	Mark Twain	Bed 2	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28	36	1	0.04	79 \$	12	0.0	107	\$16	\$ 3
512	Mark Twain	Bed 2	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
513	Mark Twain	Bed 3	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28	36	1	0.04	79 \$	12	0.0	107	\$16	\$ 3
514	Mark Twain	Bed 3	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10	18	1	0.02	39 \$	6	0.0	28	\$4	\$ 1
515	Mark Twain	Bed 4	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28	36	1	0.04	79 \$	12	0.0	107	\$16	\$ 3

Energy Savings Analysis

Line #	Location		Operation			Action		Existing				New				Lighting Energy Savings		A/C		
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
516	Mark Twain	Bed 4	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
517	Mark Twain	Bed 5	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28 \$	36	1	0.04	79 \$	12 \$	0.0	107	\$16	\$ 3
518	Mark Twain	Bed 5	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
519	Mark Twain	Bed 6	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28 \$	36	1	0.04	79 \$	12 \$	0.0	107	\$16	\$ 3
520	Mark Twain	Bed 6	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
521	Mark Twain	Bed 7	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28 \$	36	1	0.04	79 \$	12 \$	0.0	107	\$16	\$ 3
522	Mark Twain	Bed 7	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
523	Mark Twain	Bed 8	6	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	1	0.09	186 \$	28 \$	36	1	0.04	79 \$	12 \$	0.0	107	\$16	\$ 3
524	Mark Twain	Bed 8	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
525	Mark Twain	Pass Double Door																		\$ -
526	Mark Twain	Storage Room	6	7	30%	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	57 \$	9 \$	8	1	0.01	12 \$	2 \$	0.0	45	\$7	\$ 1
527	Mark Twain	Solled Utility Room	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	1	0.11	332 \$	50 \$	36	1	0.04	105 \$	16 \$	0.1	227	\$34	\$ 7
528	Mark Twain	Break Room	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	1,031 \$	155 \$	23	2	0.05	402 \$	60 \$	0.1	629	\$94	\$ 20
529	Mark Twain	Main Common	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	18	1.53	13,366 \$	2,005 \$	36	18	0.65	5,661 \$	849 \$	0.9	7,705	\$1,156	\$ 239
530	Mark Twain	Main Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim. (12-16-22W), 120-277V	52	2	0.10	909 \$	136 \$	12	2	0.02	210 \$	31 \$	0.1	699	\$105	\$ 22
531	Mark Twain	Out L.C.U.																		\$ -
532	Mark Twain	Panel Closet	4	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	1	0.03	38 \$	6 \$	8	1	0.01	12 \$	2 \$	0.0	26	\$4	\$ 1
533	Mark Twain	Environmental Services	12	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	258 \$	39 \$	21	1	0.02	64 \$	10 \$	0.0	194	\$29	\$ 6
534	Mark Twain	Pass Double Door																		\$ -
535	Mark Twain	Equipment Storage	8	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	4	0.24	687 \$	103 \$	21	4	0.08	245 \$	37 \$	0.2	443	\$66	\$ 14
536	Mark Twain	Equipment Storage	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	344 \$	52 \$	23	2	0.05	134 \$	20 \$	0.1	210	\$31	\$ 7
537	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	271 \$	41 \$	18	1	0.02	110 \$	17 \$	0.0	161	\$24	\$ 5
538	Mark Twain	Restroom	24	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim. 12W	60	1	0.06	524 \$	79 \$	12	1	0.01	105 \$	16 \$	0.0	419	\$63	\$ 13
539	Mark Twain	Patient Room 211 A/B	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	4	0.24	515 \$	77 \$	21	4	0.08	183 \$	28 \$	0.2	332	\$50	\$ 10
540	Mark Twain	Patient Room 211 A/B	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	258 \$	39 \$	23	2	0.05	100 \$	15 \$	0.1	157	\$24	\$ 5
541	Mark Twain	Patient Room 211 A/B	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/8/40DM/G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1
542	Mark Twain	Patient Room 211 A/B	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
543	Mark Twain	Patient Room 211 A/B	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim. 12W	60	1	0.06	131 \$	20 \$	12	1	0.01	26 \$	4 \$	0.0	105	\$16	\$ 3
544	Mark Twain	Patient Room 210	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	4	0.24	515 \$	77 \$	21	4	0.08	183 \$	28 \$	0.2	332	\$50	\$ 10
545	Mark Twain	Patient Room 210	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	258 \$	39 \$	23	2	0.05	100 \$	15 \$	0.1	157	\$24	\$ 5
546	Mark Twain	Patient Room 210	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G23/8/40DM-G7B	13	1	0.01	28 \$	4 \$	5	1	0.01	11 \$	2 \$	0.0	17	\$3	\$ 1
547	Mark Twain	Patient Room 210	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	1	0.03	68 \$	10 \$	18	1	0.02	39 \$	6 \$	0.0	28	\$4	\$ 1
548	Mark Twain	Patient Room 210	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim. 12W	60	1	0.06	131 \$	20 \$	12	1	0.01	26 \$	4 \$	0.0	105	\$16	\$ 3
549	Mark Twain	Patient Room 209	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	4	0.24	515 \$	77 \$	21	4	0.08	183 \$	28 \$	0.2	332	\$50	\$ 10
550	Mark Twain	Patient Room 209	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	2	0.12	258 \$	39 \$	23	2	0.05	100 \$	15 \$	0.1	157	\$24	\$ 5

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C	
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.
551	Mark Twain	Patient Room 209	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	0.01	28	\$ 4	5	0.01	11	\$ 2	0.0	17	\$ 3	\$ 1
552	Mark Twain	Patient Room 209	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	0.03	68	\$ 10	18	0.02	39	\$ 6	0.0	28	\$ 4	\$ 1
553	Mark Twain	Patient Room 209	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	0.06	131	\$ 20	12	0.01	26	\$ 4	0.0	105	\$ 16	\$ 3
554	Mark Twain	Pass Double Door Clean Utility Room	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.34	990	\$ 149	36	0.14	419	\$ 63	0.2	571	\$ 86	\$ 18
556	Mark Twain	Closet	6	7		Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	57	\$ 9	8	0.01	17	\$ 3	0.0	39	\$ 6	\$ 1
557	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	258	\$ 39	23	0.05	100	\$ 15	0.1	157	\$ 24	\$ 5
558	Mark Twain	Office	8	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	0.09	248	\$ 37	36	0.04	105	\$ 16	0.0	143	\$ 21	\$ 4
559	Mark Twain	Lounge / Locker	24	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	114	0.23	1,992	\$ 299	36	0.07	629	\$ 94	0.2	1363	\$ 204	\$ 42
560	Mark Twain	Restroom	24	7	30%	Retrofit -- T8 - 2 lamp 25Ww/2 ea. Bypass LED T8 3' tube	46	0.05	402	\$ 60	24	0.02	147	\$ 22	0.0	255	\$ 38	\$ 8
561	Mark Twain	Pass Door																\$ -
562	Mark Twain	Storage Room	6	7	30%	Retrofit -- CFL Plug-in - 2 lamp 13Ww/EIKO LED A19, E26, 8W	26	0.03	57	\$ 9	8	0.01	12	\$ 2	0.0	45	\$ 7	\$ 1
563	Mark Twain	Pass Door																\$ -
564	Mark Twain	Medication Room	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	1,031	\$ 155	23	0.05	402	\$ 60	0.1	629	\$ 94	\$ 20
565	Mark Twain	Dictation	16	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	687	\$ 103	23	0.05	288	\$ 40	0.1	419	\$ 63	\$ 13
566	Mark Twain	Office	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	344	\$ 52	23	0.05	134	\$ 20	0.1	210	\$ 31	\$ 7
567	Mark Twain	Pantry	12	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	515	\$ 77	23	0.05	201	\$ 30	0.1	314	\$ 47	\$ 10
568	Mark Twain	Pass Double Door																\$ -
569	Mark Twain	Patient Room 208	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.24	515	\$ 77	21	0.08	183	\$ 28	0.2	332	\$ 50	\$ 10
570	Mark Twain	Patient Room 208	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	258	\$ 39	23	0.05	100	\$ 15	0.1	157	\$ 24	\$ 5
571	Mark Twain	Patient Room 208	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	0.01	28	\$ 4	5	0.01	11	\$ 2	0.0	17	\$ 3	\$ 1
572	Mark Twain	Patient Room 208	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	0.03	68	\$ 10	18	0.02	39	\$ 6	0.0	28	\$ 4	\$ 1
573	Mark Twain	Patient Room 208	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	0.06	131	\$ 20	12	0.01	26	\$ 4	0.0	105	\$ 16	\$ 3
574	Mark Twain	Patient Room 207	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	0.24	515	\$ 77	21	0.08	183	\$ 28	0.2	332	\$ 50	\$ 10
575	Mark Twain	Patient Room 207	6	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	258	\$ 39	23	0.05	100	\$ 15	0.1	157	\$ 24	\$ 5
576	Mark Twain	Patient Room 207	6	7		Retrofit -- CFL Plug-in - 1 lamp 13Ww/1 ea. EIKO LED5W2P/G238/40DM-G7B	13	0.01	28	\$ 4	5	0.01	11	\$ 2	0.0	17	\$ 3	\$ 1
577	Mark Twain	Patient Room 207	6	7		Retrofit -- T8 - 2 lamp 17Ww/2 ea. Bypass LED T8 2' tube	31	0.03	68	\$ 10	18	0.02	39	\$ 6	0.0	28	\$ 4	\$ 1
578	Mark Twain	Patient Room 207	6	7		Retrofit -- A-lamp - 60Ww/EIKO LED Downlight Kit, 6", Dim, 12W	60	0.06	131	\$ 20	12	0.01	26	\$ 4	0.0	105	\$ 16	\$ 3
579	Mark Twain	Main Hall / Common	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.12	17,009	\$ 2,551	23	0.76	6,631	\$ 995	1.2	10,378	\$ 1,557	\$ 322
580	Mark Twain	Main Hall / Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	0.62	5,451	\$ 818	12	0.14	1,258	\$ 189	0.5	4,193	\$ 629	\$ 130
581	Mark Twain	Out Double Door																\$ -
582	Mark Twain	Main Hall / Common	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	0.26	2,271	\$ 341	12	0.06	524	\$ 79	0.2	1,747	\$ 262	\$ 54
583	Mark Twain	Main Hall / Common	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	0.47	4,123	\$ 619	23	0.18	1,607	\$ 241	0.3	2,516	\$ 377	\$ 78
584	Mark Twain	Exterior Rooms																\$ -
585	Mark Twain	Electrical Room	8	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	0.11	332	\$ 50	42	0.04	122	\$ 18	0.1	210	\$ 31	\$ 7
586	Mark Twain	Electrical Room	8	7		Retrofit -- T8 - 2 lamp 59Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	118	0.24	687	\$ 103	42	0.08	245	\$ 37	0.2	443	\$ 66	\$ 14
587	Mark Twain	Electrical Room	8	7		Retrofit -- T12 - 2 lamp 60Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	123	0.62	1,791	\$ 269	42	0.21	612	\$ 92	0.4	1,179	\$ 177	\$ 37

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Total kW	Ann. kWh	Ann. Elect. Exp.	Annual A/C Savings
588	Mark Twain	Electrical Room	8	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	172	\$ 26	21	1	0.02	61	\$ 9	0.0	111	\$ 17	\$ 3
589	Mark Twain	Electrical Room	8	7		Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	84	2	0.17	489	\$ 73	21	2	0.04	122	\$ 18	0.1	367	\$ 55	\$ 11
590	Mark Twain	Generator Room	8	7		Retrofit -- T12 - 2 lamp 40Ww/2 ea. Bypass LED T8 4' tube	84	2	0.17	489	\$ 73	21	2	0.04	122	\$ 18	0.1	367	\$ 55	\$ 11
591	Mark Twain	Generator Room	8	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	344	\$ 52	21	2	0.04	122	\$ 18	0.1	221	\$ 33	\$ 7
592	Mark Twain	Generator Room	8	7		Retrofit -- T12 - 2 lamp 60Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	123	1	0.12	358	\$ 54	42	1	0.04	122	\$ 18	0.1	236	\$ 35	\$ 7
593	Mark Twain	Electrical Room	8	7		Retrofit -- T12 - 2 lamp 60Ww/4 ea. Bypass LED T8 4' tube & 8ft. Conversion Kit	123	2	0.25	716	\$ 107	42	2	0.08	245	\$ 37	0.2	472	\$ 71	\$ 15
594	Mark Twain	Accounting / EVS / Plant Eng. Building																		\$ -
595	Mark Twain	Accounting Dept.																		\$ -
596	Mark Twain	Break Room	24	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	1,031	\$ 155	21	2	0.04	257	\$ 39	0.1	774	\$ 116	\$ 24
597	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	664	\$ 100	36	2	0.07	210	\$ 31	0.2	454	\$ 68	\$ 14
598	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	664	\$ 100	36	2	0.07	210	\$ 31	0.2	454	\$ 68	\$ 14
599	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	664	\$ 100	36	2	0.07	210	\$ 31	0.2	454	\$ 68	\$ 14
600	Mark Twain	Office	8	7		Retrofit -- T8 - 4 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 36W, 4000K, 4500 lm	114	2	0.23	664	\$ 100	36	2	0.07	210	\$ 31	0.2	454	\$ 68	\$ 14
601	Mark Twain	Hall	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	4	0.24	2,062	\$ 309	23	4	0.09	804	\$ 121	0.1	1,258	\$ 189	\$ 39
602	Mark Twain	Out Accounting																		\$ -
603	Mark Twain	Storage Room	6	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	8	1.34	2,935	\$ 440	42	8	0.34	734	\$ 110	1.0	2,201	\$ 330	\$ 68
604	Mark Twain	Storage Room	6	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	8	0.91	1,992	\$ 299	42	8	0.34	734	\$ 110	0.6	1,258	\$ 189	\$ 39
605	Mark Twain	EVS Dept.																		\$ -
606	Mark Twain	Break Room	24	7	30%	Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	2	0.23	1,992	\$ 299	42	2	0.08	514	\$ 77	0.1	1,478	\$ 222	\$ 46
607	Mark Twain	Office	8	7	30%	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	85	1	0.09	248	\$ 37	30	1	0.03	61	\$ 9	0.1	186	\$ 28	\$ 6
608	Mark Twain	Office	8	7	30%	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	85	2	0.17	495	\$ 74	30	2	0.06	122	\$ 18	0.1	373	\$ 56	\$ 12
609	Mark Twain	Laundry	16	7	30%	Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	85	2	0.17	990	\$ 149	30	2	0.06	245	\$ 37	0.1	745	\$ 112	\$ 23
610	Mark Twain	Common	24	7		Retrofit -- T8 - 3 lamp 32Ww/3 ea. Bypass LED T8 4' tube	85	4	0.34	2,970	\$ 446	30	4	0.12	1,048	\$ 157	0.2	1,922	\$ 288	\$ 60
611	Mark Twain	Out EVS																		\$ -
612	Mark Twain	Maintenance Dept.																		\$ -
613	Mark Twain	Office	8	7	30%	Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	172	\$ 26	21	1	0.02	43	\$ 6	0.0	129	\$ 19	\$ 4
614	Mark Twain	Shop	16	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	9	0.53	3,093	\$ 464	21	9	0.19	1,101	\$ 165	0.3	1,992	\$ 299	\$ 62
615	Mark Twain	Shop	16	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	1	0.02	116	\$ 17	8	1	0.01	47	\$ 7	0.0	70	\$ 10	\$ 2
616	Mark Twain	Ext. Generator Room	6	7		Retrofit -- A-lamp - 100Ww/EIKO LED A19, E26, 8W	100	5	0.50	1,092	\$ 164	8	5	0.04	87	\$ 13	0.5	1,005	\$ 151	\$ 31
617	Mark Twain	Ext Bio Hazard Room	6	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	1	0.17	367	\$ 55	42	1	0.04	92	\$ 14	0.1	275	\$ 41	\$ 9
618	Mark Twain	Ext Bio Hazard Room	6	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	1	0.11	249	\$ 37	42	1	0.04	92	\$ 14	0.1	157	\$ 24	\$ 5
619	Mark Twain	Foundation Building																		\$ -
620	Mark Twain	Enter Side of Building																		\$ -
621	Mark Twain	Lobby	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	8	0.47	4,123	\$ 619	23	8	0.18	1,607	\$ 241	0.3	2,516	\$ 377	\$ 78
622	Mark Twain	Lobby	24	7		Retrofit -- Incand - 2 lamp 20Ww/EXRG EL M6	40	1	0.04	349	\$ 52	4	1	0.00	35	\$ 5	0.0	314	\$ 47	\$ 10
623	Mark Twain	Office	8	7		Retrofit -- T8 - 2 lamp 32Ww/LED 1x4 Troffer Retrofit Kit. 23W, 4000K, 3000 lm	59	3	0.18	515	\$ 77	23	3	0.07	201	\$ 30	0.1	314	\$ 47	\$ 10

Energy Savings Analysis

Line #	Location		Operation		Action		Existing				New				Lighting Energy Savings		A/C Annual A/C Savings			
	Building	Location	Hrs	Days	New Control Save (%)	Description	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.	Watt/Fix t.	Fixt. Quan	Total kW	Ann. kWh	Ann. Elect. Exp.		Total kW	Ann. kWh	Ann. Elect. Exp.
624	Mark Twain	Office	8	7		Retrofit -- T8 - 1 lamp 25Ww/1 ea. Bypass LED T8 3' tube	24	1	0.02	70	\$ 10	12	1	0.01	35	\$ 5	0.0	35	\$ 5	\$ 1
625	Mark Twain	Storage Room	6	7		Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 4500 lm	168	2	0.34	734	\$ 110	36	2	0.07	157	\$ 24	0.3	577	\$ 86	\$ 18
626	Mark Twain	Through Door																		\$ -
627	Mark Twain	Meeting Room	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	99	8.32	24,216	\$ 3,632	23	99	2.28	6,631	\$ 995	6.0	17,586	\$ 2,638	\$ 546
628	Mark Twain	Office	8	7		Retrofit -- T12 - 4 lamp 40Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	168	2	0.34	978	\$ 147	36	2	0.07	210	\$ 31	0.3	769	\$ 115	\$ 24
629	Mark Twain	Office	8	7		Retrofit -- T12 - 4 lamp 40Ww/4 ea. Bypass LED T8 4' tube	168	4	0.67	1,957	\$ 294	42	4	0.17	489	\$ 73	0.5	1,488	\$ 220	\$ 46
630	Mark Twain	Room	8	7		Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	2	0.17	489	\$ 73	23	2	0.05	134	\$ 20	0.1	355	\$ 53	\$ 11
631	Mark Twain	Storage Room	6	7		Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	3	0.25	550	\$ 83	23	3	0.07	151	\$ 23	0.2	400	\$ 60	\$ 12
632	Mark Twain	Restroom	24	7	30%	Retrofit -- A-lamp - 60Ww/EIKO LED A19, E26, 8W	60	2	0.12	1,048	\$ 157	8	2	0.02	98	\$ 15	0.1	950	\$ 143	\$ 29
633	Mark Twain	Hall	24	7		Retrofit -- T12 - 2 lamp 40Ww/LED 1x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	84	3	0.25	2,201	\$ 330	23	3	0.07	603	\$ 90	0.2	1,599	\$ 240	\$ 50
634	Mark Twain	Hall	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	1	0.06	515	\$ 77	21	1	0.02	183	\$ 28	0.0	332	\$ 50	\$ 10
635	Mark Twain	Ext. Closet	6	7		Retrofit -- A-lamp - 100Ww/EIKO LED A19, E26, 8W	100	1	0.10	218	\$ 33	8	1	0.01	17	\$ 3	0.1	201	\$ 30	\$ 6
636	Mark Twain	MRI Building																		\$ -
637	Mark Twain	Mechanical Room	6	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	2	0.12	258	\$ 39	21	2	0.04	92	\$ 14	0.1	166	\$ 25	\$ 5
638	Mark Twain	Zone 1 Common	8	7		Retrofit -- R30 - 75Ww/EIKO LED Downlight Kit, 6", Dim, 12W	75	5	0.38	1,092	\$ 164	12	5	0.06	175	\$ 26	0.3	917	\$ 138	\$ 28
639	Mark Twain	Dressing	12	7		Retrofit -- R30 - 75Ww/EIKO LED Downlight Kit, 6", Dim, 12W	75	1	0.08	328	\$ 49	12	1	0.01	52	\$ 8	0.1	275	\$ 41	\$ 9
640	Mark Twain	MRI	12	7		Retrofit -- CFL Screw-in - 20Ww/EIKO LED A19, E26, 8W	20	4	0.08	349	\$ 52	8	4	0.03	140	\$ 21	0.0	210	\$ 31	\$ 7
641	Mark Twain	MRI	12	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	3	0.16	681	\$ 102	12	3	0.04	157	\$ 24	0.1	524	\$ 79	\$ 16
642	Mark Twain	Throughout	24	7		Retrofit -- T8 - 2 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 23W, 4000K, 3000 lm	59	25	1.48	12,886	\$ 1,933	23	25	0.58	5,023	\$ 753	0.9	7862	\$ 1,179	\$ 244
643	Mark Twain	Throughout	24	7		Retrofit -- T8 - 3 lamp 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	85	25	2.13	18,564	\$ 2,785	36	25	0.90	7,862	\$ 1,179	1.2	10,702	\$ 1,605	\$ 332
644	Mark Twain	Throughout	24	7		Retrofit -- T8 - 4 lamp A/B 32Ww/LED 2x4 Troffer Retrofit Kit, 36W, 4000K, 4500 lm	116	50	5.80	50,669	\$ 7,600	36	50	1.80	15,725	\$ 2,359	4.0	34,944	\$ 5,242	\$ 1,084
645	Mark Twain	Throughout	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	25	1.48	12,886	\$ 1,933	21	25	0.53	4,586	\$ 688	1.0	8,299	\$ 1,245	\$ 258
646	Mark Twain	Throughout	24	7		Retrofit -- T8 - 2 lamp 32Ww/2 ea. Bypass LED T8 4' tube	59	25	1.48	12,886	\$ 1,933	21	25	0.53	4,586	\$ 688	1.0	8,299	\$ 1,245	\$ 258
647	Mark Twain	Throughout	24	7		Retrofit -- T8 - 4 lamp 32Ww/4 ea. Bypass LED T8 4' tube	114	25	2.85	24,898	\$ 3,735	42	25	1.05	9,173	\$ 1,376	1.8	15,725	\$ 2,359	\$ 488
648	Mark Twain	Throughout	24	7		Retrofit -- CFL Plug-in - 2 lamp 26Ww/EIKO LED Downlight Kit 8", Dim, (12-16-22W), 120-277V	52	25	1.30	11,357	\$ 1,704	12	25	0.30	2,621	\$ 393	1.0	8,736	\$ 1,310	\$ 271
TOTAL							1758	125.8	715,727	\$ 107,359	1667	40.9	234,234	\$ 35,135	84.8	481,493	\$ 72,224	\$ 14,942		

MEMORANDUM

To: Tony Vitagliano

From: Robert Vandling, Sustainability Program Manager, NRES FMEI

CC: John Clark, Matt Moffitt, Will Glover, David Chacon

Date: 9/25/2023

Subject: Mark Twain Hospital 190-001 – LED Lighting Upgrade

Notification

At Mark Twain Hospital in San Andreas, CA, NRES FMEI is set to implement a LED Lighting upgrade project at this facility.

Background

LED Lighting is the latest in lighting technology. By implementing this project, not only will utility usage and costs drop but we will also reduce GHG emissions and provide an overall better lighting quality to the facility. LEDs are easier to maintain and will last roughly three times as long as traditional T8 linear tubes. Earthsavers, the LED lighting contractor hired for this endeavor, has installed LED lighting throughout the ministry for CommonSpirit and is very familiar with the challenges of working in healthcare facilities.

Financial Assessment

Provide breakdown of use of funds for total project request

The uses and sources of funds for the Transaction are summarized as follows:

Uses of Funds

Design/Build Services	\$0
Contractor Budget	
- Earthsavers	\$242,146
- Owner’s Contingency Budget	\$18,487.96
<u>PDC Fee @ 2.25%</u>	<u>\$5,448.29</u>
Total Transaction Cost	\$266,082.24

Sources of Funds

CommonSpirit Health FY24 Sustainability Capital Fund	\$266,082.24
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Project Timeline

These projects will begin around October 1, 2023 and will take roughly 6 to 8 months to complete.

Risk Assessment

Failure to proceed will result in the continued inefficient use of building lighting systems. Without a LED Lighting Upgrade, the facility will continue to endure poor lighting conditions, higher energy bills and ongoing challenges regarding the maintenance of the existing lighting infrastructure.

PDC Approval

Approved:

N/A

Approver Name Here Dated
Approver Title Here


Request for Acknowledgement

- 1. Your signature on this form is to acknowledge that you do not have any issues with NRES FMEI moving forward with the funding opportunity laid out in this memo. If you do have concerns, please reach out to John Clark, System Director of Sustainably & Infrastructure, for National Real Estate Services. (john.clark@commonspirit.org)

Thank you.

Please kindly sign below if you approve.

Acknowledged:



John Clark 9/27/23
System Director Sustainability and Infrastructure Dated
CommonSpirit Health



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

PERSONNEL MANUAL

LAST UPDATED AND BOARD APPROVED

ON

JULY 26, 2023

**Revised Oct 10, 2023
Section 2008 - Overtime
& Added Emp. Dress Code**

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”

- Federal and State Income Taxes
- FICA
- Medicare
- State Disability Insurance
- Health Insurance
- 401k

The DISTRICT is committed to pay equity and transparency, as required by applicable law. The DISTRICT will respond to requests for information about the employees' own wages as required by law, but the DISTRICT will not disclose the wages of other employees.

2008 OVERTIME

Non-exempt employees will be paid overtime according to California law. The DISTRICT work week starts on Sunday at 12:01am and ends on Saturday at midnight. The DISTRICT's workday starts each day at 12:01am and concludes at midnight. In general, overtime needs to be approved if it exceeds two (2) hours per shift. All out of office, weekend or holiday overtime hours are to be approved in advance.

2009 PERFORMANCE AND SALARY REVIEWS

Performance reviews will be conducted at the following times:

Toward the end of the introductory period for all employees;

- At the initiation of the Chief Executive Officer when determined to be appropriate;
- When requested in writing by an employee and approved by the Chief Executive Officer
- Annually, around the anniversary of the hire date:

The review process will address appropriate aspects of the employee's performance, including the following:

- Ability to meet all performance criteria including accuracy, timeliness and completeness;
- Teamwork/Interpersonal Relations;
- Attendance;
- Adherence to policies and procedures;
- Dependability;
- Flexibility;
- Accuracy of work completed in a specific amount of time;
- Attitude; and
- Willingness to devote time which may be required to meet established timeframes and/or special projects.

The review process may result in three categories of determination:

- An employee's work is found to be at least satisfactory and consistent with the objectives for the position.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Employee Dress Code Guidelines	REVIEWED: 8/13/2019;5/29/21; 8/04/22; 7/20/23
SECTION: Workforce	REVISED: 5/29/21; 8/30/22; 7/20/23; Reviewed by Personnel Committee 9/19/2023;
EFFECTIVE: 9/27/2023	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Employee Dress Code Guidelines

Objective: To provide guidelines for acceptable employee work attire and appearance.

Response Rating: All employees.

Required Equipment: N/A

Statement of Policy:

Dress, grooming and personal cleanliness standards contribute to the morale of all employees and affect the business image we present to patients and visitors. During business hours, employees are expected to present a professional, business-like appearance and to dress according to the requirements of their positions. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for their time away from work. Supervisors are responsible for ensuring appearance is appropriate. Supervisors will consider the extent of contact with the public, physical requirements of each job and hours of work when interpreting this policy. The guidelines established for appearance and dress cannot be all inclusive. Consequently, when a decision regarding the appropriateness of work attire is needed, management will decide.

General guidelines for all staff:

- ID badges will be issued by the District and should always be visible and positioned at shoulder height, so patients can differentiate between staff and the public. ID badges should be kept clean, and nothing may cover the name or photo on the ID badge. ID badges can be worn with a collar clip, breakaway lanyards by exception.
- Clothes should be clean, free from stains, tears and/or excessive wrinkles.
- Hair (including sideburns, mustaches, and beards) should be clean, combed and neatly trimmed. Long hair should be tied back or restrained when providing direct patient care.
- Make-up, fragrances, and accessories will be worn in moderation.
- Fingernails should be clean and groomed, nail polish without chips, no acrylic nails.
- Fit and length of clothing should look professional and be appropriate for the physical requirements of the employee’s position.
- Appropriate undergarments will always be worn.

- Shoes will be appropriate for the job, low heeled, closed toe (in patient care areas), in good condition and clean/polished.
- Exceptions will be made for Holiday shirts to be worn, per Management discretion, or scheduled “Theme” days (i.e.: Cowboy dress for Rodeo Week) which will be decided by Management.

•**Visible body piercings:** Jewelry shall not compromise direct patient care activities, infection control, or the covered personnel’s job duties or safety. Spikes, intradermal piercings, chains and tongue bars/balls must be removed. If removed, clear or skin-colored spacers may be worn. No lip, mouth, chin or cheek piercings. Septum piercings are not allowed. One facial piercing is allowable: a small nose stud (no rings), or a small eyebrow stud or ring. Body piercings must be small, maintain a professional appearance and be kept clean and disinfected on a regular basis. Earrings may be worn, no more than 2 per ear. Earrings may not be large, as to cause a safety or infection control issue when providing direct patient care: i.e.: long dangling earrings that could be pulled out. Jewelry that is construed to be offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are not allowed. Ear gauges may be no larger than 22mm (5/8”). A solid black or skin colored plug may be worn. Ear gauges also must be kept clean and disinfected on a regular basis.

Tattoos and body art: Tattoos on the arms, hands, exposed (lower) legs and ankles are generally acceptable with the following exceptions: All tattoos that are construed as offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are to be covered with makeup, bandage or material tattoo covers. No facial or neck tattoos are to be visible. Any questions regarding the interpretation of this requirement shall be decided by management.

Perfume, Aftershave and Deodorant:

Due to the close contact with patients and customers, perfumes and aftershave are not permitted in patient care areas. Bathing, the use of deodorants and other acceptable personal hygiene habits should always be observed.

The expectation is that all Managers and Supervisors will support this policy, leading by example, and will be expected to enforce the standards on a daily basis.

Inappropriate Attire:

- Shorts, sweats, hoodies, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, spaghetti strap tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.
- Beach thong style sandals, athletic sandals, open toe shoes of any kind while providing direct patient care in a patient care area.
- Unnatural hair colors (i.e., pink, purple, green, etc.).

Medical Providers and Managers:

- Providers and Managers may wear business or business casual dress.
- Shoes should be comfortable, closed toe in patient care areas and low heeled.
- A solid color lab coat is optional, but not required.
- Providers may wear solid, coordinating scrubs, pants, and shirts. Black scrub pants may be worn with a solid, coordinating scrub top of another color.

Cultural Hair Compliance Exemption:

Members who seek culturally protected hairstyles or other exemption to this policy that are protected by law should generally be accommodated (Government Code §12926)

Patient Care Nurses, Dental Staff (RDA, Hygienists), Medical Assistants, Lab, Phlebotomist and Radiology Staff:

- Staff may wear solid, coordinating scrubs, pants, and shirts. Black scrub pants may be worn with a solid, coordinating scrub top of another color.
- A similar solid color sweater, sweatshirt (no hoodies) or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe and low heeled.

Health Information Services/Medical Billing:

- HIM/Billing staff may wear business or business casual attire.
- HIM/Billing staff may wear solid, coordinating scrubs, pants, and shirts.
- A similar solid color sweater, sweatshirt (no hoodies) or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe (if working in patient care areas) and low heeled.

I have read and understand the Dress Code Policy (9/27/2023). If I have any questions, I will ask my manager.

Print Name

Sign Name

Date

**Confirmation Of Receipt Of Personnel Manual Including At-Will
Language
And Harassment, Discrimination And Retaliation Prevention Policy**

I have received my copy of the DISTRICT'S personnel manual. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that except for employment at-will status, the DISTRICT can change any and all policies or practices at any time. The DISTRICT reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the Board of Directors of the DISTRICT has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Board has the authority to make any such agreement and then only in writing.

I understand and agree that nothing in this personnel manual creates or is intended to create a promise or representation of continued employment and that employment at the DISTRICT is employment at-will; employment may be terminated at the will of either the DISTRICT or myself.

My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between the DISTRICT and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with the DISTRICT.

I have received my copy of the DISTRICT'S Harassment, Discrimination and Retaliation Prevention policy included in this handbook. I understand and agree that it is my responsibility to read and familiarize myself with this policy.

I understand that the DISTRICT is committed to providing a work environment that is free from harassment, discrimination, and retaliation. My signature certifies that I understand that I must conform to and abide by the rules and requirements described in this policy.

Date: _____

Print Employee's Name

Employee Signature

Mark Twain Health Care District Board Approved July 26, 2023

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 37,156.29	\$ 38,230.41	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$10,763.97
9	ANTHEM (NON-COVID)	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 90,914.32		Some WEEKLY	PORTION RECEIVED	NO	9 projects w/reporting
		Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30			RECEIVED		
		P.S.D.A	\$ 20,000.00	\$ 20,000.00	-			RECEIVED		Online Referrals
		ConferMed	\$ 15,000.00	\$ 15,000.00	-	12/31/2023	None	RECEIVED		LED Sign - VSHWC
		COVID Messaging	\$ 25,000.00	\$ 25,000.00	-			RECEIVED		
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 70,000.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		10% payment remaining
15	HEALTHNET (incentive)	Behavior Health	\$ 25,000.00	\$ 10,344.03	\$ -	4/28/2023 - written	Midterm/Final	APPROVED	Possible	#SG2211 - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 140,707.00	\$ 140,707.00	7/15/2023	DONE	Use Funds by 9/30/23	YES	Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	2026	Yes	APPROVED		
21	BHCIP	BH Expansion	\$ 3,322,198.00	\$ -	\$ -		Yes	APPROVED		VSHWC BH Expansion
22	FEMA # 3	Storm Damage	\$ 12,768.30	\$ -	\$ 13,817.08			Pending Final Review		Tree Damage
23	CCI #2	Advancing BH	\$ 10,000.00	\$ 10,000.00	\$ -	9/1/2023	Yes	RECEIVED		
24	CCI #3	Advancing BH	\$ 25,000.00	\$ -	\$ -			APPROVED		Tides
25	Centene	TBD	\$ -	\$ 49,786.02	\$ -			RECEIVED 7/17/23		
26	CHW	Let's All Smile	\$ 10,000.00	\$ -	\$ -					
27	Calaveras Community Foundation	AED 4 Life	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00			RECEIVED 11/7/23		AED 4 Life
TOTALS			\$4,849,292.42	\$1,401,800.34	\$1,309,541.26					

11/7/2023
12:40PM

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Depo Provera Injection	REVIEWED: 6/21/23; <u>9/19/23</u>
SECTION: Standardized Procedures	REVISSED: <u>9/19/23</u> //
EFFECTIVE: 7/26/23 <u>10/25/23</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized Procedure for Depo Provera Injection

Objective: To establish guidelines for Medical Assistants to provide subsequent injections for patients receiving Depo Provera Injections for Birth Control

Response Rating: Administration of Medication – Nursing Staff (RN, LVN, MA)

Required Equipment: UA Pregnancy Testing, Medication, IM Injection supplies.

Procedure:

Temperature Requirements: DO NOT REFRIGERATE Should be kept at room temperature (67-77 degrees F)

1st Time Injection for Patients:

1. After being provided with appropriate training, an MA may administer an IM injection of Depo Provera that has been ordered by a provider.
2. Prior to a patient's 1st injection of Depo Provera, the MA must perform a pregnancy test. The patient will receive an initial consultation with the provider, if it is determined that it is an appropriate form of birth control, the provider will order the Depo Provera with ~~3-1 year's worth of~~ refills (for q 12 weeks +/- 1 week) 3-month injections) through the patient's preferred pharmacy.
3. The patient will schedule a Nurse visit, returning with the medication.
4. The patient should be advised to call the pharmacy prior to coming in. and to pick up the Depo Provera medication immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication.
5. Using the usual protocol of checking and verifying medication, the MA can then administer the Depo Provera medication as an IM injection.
6. Please have the patient wait a minimum of 10 minutes prior to leaving the facility to ensure there is no (adverse) reaction. (Provider decision or patient condition may override the length of stay, post injection.)
7. The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

Patients Returning for Q 12 weeks (+/- 1 week) 3-Month Injections

1. Patients returning for subsequent Depo Provera injections may make Nurse visit appointments q 3 months to receive the next injections. After 1 year (a total of 4 injections) the patient must schedule an appointment with their provider to check BP and to follow-up with other healthcare needs.
2. When the patient arrives with their medication, picked up immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication, the MA will perform a urine pregnancy test to verify the patient is not pregnant, even if the patient is within the "window".
3. Upon verification of a negative pregnancy test, the MA may proceed with the Depo Provera injection, IM, utilizing the proper medication verification procedure.

The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

General Information:

- Depo-Provera CI is given as a shot into the muscle (intramuscular injection). The shot is given in the buttock or upper arm 1 time every ~~3 months~~ 12 weeks (+/- 1 week). ~~At the end of the 3 months~~ Once due, the patient will need to return to their healthcare provider for the next injection to continue protection against pregnancy.
- **To make sure that the patient is not pregnant before administration of Depo-Provera CI, the first injection should be given only:**
 - during the first 5 days of a normal menstrual period, or
 - within the first 5 days after giving birth, **if the patient is not breastfeeding**, or
 - at the 6th week after giving birth, **if the patient is feeding their baby only breastmilk.**
- Depo-Provera CI may be given at other times than those listed above, but the patient will need to have a pregnancy test first to show that they are not pregnant.
- During treatment with Depo-Provera CI, the patient should see their healthcare provider every year for a blood pressure check and other healthcare needs.

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<https://www.pfizermedicalinformation.com/en-us/depo-provera-ci-next-injection-date-calculator>

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Autoclave Use And Maintenance	REVIEWED: 10/1/19; 9/09/20; 8/2/21: 10/17/22; <u>9/19/23</u>
SECTION: Infection Control	REVISED: 9/09/20: 10/17/22; <u>9/26/23</u>
EFFECTIVE: 10/ 26 / <u>22</u> 25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Autoclave Use and Maintenance

Objective: To safely sterilize, by steam, instruments and other utensils, and to ensure integrity of the sterilization procedure. No cold sterilization will be utilized at this facility.

Response Rating: Mandatory

Required Equipment: Autoclave, sterilization pouches (assorted sizes), biological indicator strips

Procedure:

1. All instruments, equipment ~~and medicine cups for laceration trays or I&D trays~~ should be scrubbed with approved enzymatic cleaner only.
 - a. Hinged implements will be cleaned in the open position.
2. After cleaning the instruments, they are placed in approved disinfectant for 30 minutes and then are scrubbed, .
 - a. Hinged implements will be disinfected in the open position.
 - b. Dental instruments will be placed in the Midmark Ultrasonic per manufacturer instructions
3. Allow instruments to air dry.
 - a. Hinged implements will dry in the open position. Then sprayed with lubricant.
4. Instruments will be placed into sterilization pouches.
 - a. Hinged implements will be placed into sterilization pouches in the open position.
 - b. A biological Indicator strip will be placed in the center of each pouch with the implement.
5. Packets will be labeled with load #, initials, date of sterilization and expiration date. A pre-labeled stamp may be used with lines for initials and dates.

6. Place packets on shelf in autoclave. DO NOT STACK ITEMS.
7. Select and press appropriate preprogrammed button.
8. Place spore tests in opposite corners (rotating) of the autoclave with each sterilization load. For Dental, the 2 spore tests are to be placed in opposite corners (rotating) of the autoclave with the first load of the day, but all following batches will still be documented.
8. Press the start button.
9. Record autoclave load on the autoclave log. Medical and Dental Departments will maintain separate load logs.

Autoclave Maintenance

Weekly:

1. Clean external surfaces with a soft dry cloth and occasionally with a damp cloth and mild detergent.
2. Wipe internal surfaces with damp cloth.
3. Drain water from reservoir using drain tube on front of unit. Drain into large basin.
4. Using Speed-Clean Autoclave Cleaner and distilled water, wash inside of chamber, trays, door, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.
5. Refill reservoir with clean distilled water.

Record cleaning on Autoclave Log. Medical and Dental Departments will maintain separate maintenance and cleaning logs.

6.

Monthly:

1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.
2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.
3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one unwrapped cycle.
4. Drain reservoir and allow unit to cool.

5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. A small stiff brush will aid procedure. After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.
6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on end of tray plate and slide assembly of the chamber.
7. Locate chamber filters on bottom and back of chamber. Grasp filter and pull outward while twisting slightly. If necessary a pair of pliers may be used. Filter may be cleaned with mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. If cleansing methods do not effectively clean the filter, replacement may be necessary. Reinstall filters by pressing inward and twisting slightly.
8. DO NOT OPERATE UNIT WITHOUT FILTERS.
9. Wipe off all trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.
10. Angles on end of plate must be toward back of chamber to prevent interference with temperature probe in back of chamber.
11. Fill the reservoir with clean distilled water.
12. Sterilizer is now ready for use.
13. Record cleaning on Autoclave Log. Medical and Dental Departments will maintain separate cleaning logs.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Autoclave Spore Testing	REVIEWED: 12/1/19; 3/25/20; 8/31/20; 8/2/21; 11/07/22; <u>9/19/23</u>
SECTION: Infection Control	REVISED: 08/31/20; 11/07/22: <u>9/26/23</u>
EFFECTIVE: 11/30/22 <u>10/25/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Objective: To prevent the spread of nosocomial infections, and assure sterility of all sterile products autoclaved, spore testing will be performed daily.

Response Rating: Mandatory

Required Equipment: Autoclave, EZTest biological indicators

Procedure:

1. EZTest biological indicators will be utilized to monitor every sterilizer load in Medical. Dental Department .
2. Utilize two EZTest units in each sterilizer load.
 - A. In a horizontal position with the items being sterilized.
 - B. In least lethal locations in the load
3. Document the load on the autoclave log, Medical and Dental will keep separate sterilization load logs.
4. Select the required cycle and process the load.
5. Remove the load and EZTest biological indicators from the sterilizer and allow to cool for at least 10 minutes.
6. Retrieve the cooled EZTest biological indicators for incubation.
 - A. Activate the media by placing the indicator in an upright position in a plastic crusher.
 - B. Gently squeeze the crusher to break the glass ampoule.
 - C. Place the activated sterilized indicator in the incubator rack and incubate immediately for a minimum of 24 hours at 55-60 degrees Celsius.

7. Review the EZTest chemical and biological indicators.
 - A. Confirm the chemical indicator on the label has changed from blue to black.
 - i. Indicator should turn from blue to black when exposed to steam.
 - ii. Black color of the label does not indicate acceptable sterilization.
 - B. Examine the biological media indicator at periodic intervals for color change.
 - i. The incubation time is 24 hours minimum per US FDA/RIT protocol.
 - j. The appearance of a yellow color indicates bacterial growth. No color change indicates adequate sterilization.
 - k. Record incubation results at minimum 24 hours after incubation time on the autoclave load log.
8. Act on a positive test (a color change of yellow) as soon as the color change is noted. Notify Clinic Manager and (for Medical) do not release the load. (For Dental) Pull all unused packets from the failed load and go through logs to identify patients who may have been treated with failed load products. Management will determine which patients need to be notified.
 - A. Retest the sterilizer with several EZTest biological indicators if a positive test is noted.
 - B. Dispose of positive media indicators in biohazard, to be incinerated.
9. Abnormal results are to be reported to the Clinic Director immediately. The unit will be tagged and removed from service until device is determined to be functioning correctly and/or needs servicing by a Licensed Service Technician.
10. If service is required, complete a maintenance request form and present it to the Clinic Manager.
11. Clinic Manager will schedule servicing for the equipment or will delegate that responsibility to a staff member.
12. Daily Media Controls.
 - A. Place an activated, un-sterilized EZTest biological indicator in the incubator daily for Medical and on days of operation for the Dental Departments, as a positive growth control.
 - B. Examine the biological media indicator at regular periods for color change.
 - C. The incubation time is minimum 24 hours per US FDA/RIT protocol.
 - D. The yellow color is evidence of bacterial growth.
 - E. Record incubation results at minimum 24 hours after incubation time on the autoclave spore testing daily log.

- F. Remove all positive indicators as the yellow color is noticed, and dispose of in biohazard waste.
 - G. If the positive control does not grow (stays purple, not yellow), stop use of units from open box and notify Clinic Manager.
 - H. Clinic Manager or designee will contact MesaLabs to confirm that remaining EZTest biological indicator of current box should be discarding or retained for use.
 - I. EZTest products are stored at room temperature.
 - J. Do not store indicators near sterilants or other chemicals.
 - K. EZTest products have a shelf-life designated on each box.
 - L. After sterilization, the contents of the EZTest biological indicator are hot and under pressure. Always allow to cool for at least 10 minutes. Failure to cool at least 10 minutes may cause the glass ampule to burst and may result in injury from hot liquid.
13. Should the user observe yellow media in the biological indicator upon removal from the product box, this unit should be discarded in the biohazard waste container. The Manager should be notified immediately.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Emerging Infectious Disease	REVIEWED: 9/07/22; 9/18/23
SECTION: Infection Control	REVISED: <u>9/19/23</u>
EFFECTIVE: 10/ 26/2022 <u>25/23</u>	MEDICAL DIRECTOR: Randy Smart, MD

Subject: Emerging Infectious Disease

Objective: VSHWC seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations being prepared for the management of future Infectious Disease Outbreaks/Pandemics.

Response Rating: This Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

- facility employees;
- licensed practitioners;
- other contracted repair or maintenance persons
- students, trainees, and volunteers;
- and individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or other arrangement.
- These requirements **do not apply** to individuals who provide services 100% remotely, including fully remote telehealth or payroll services.

Required Equipment: PPE, Soap, water, sterile gloves, and approved disinfectant.

Procedure: The Clinic will follow all current guidelines for Infectious disease outbreaks regarding safety requirements as put forth by the CDC, Federal and State authorities.

**Refer to the Infection Control Policy

Implementation:

VSHWC will utilize resources, supplies and information updates and coordinate with community resources including Calaveras, Amador and Tuolumne County Public Health Department, California Department of Health, Calaveras County Office of Emergency Service, CDC, FEMA, Department of Homeland Security (contacts are located in the Emergency Operations Binders Tab 7).

VSHWC will also utilize Quest, Yosemite Pathology and Mark Twain Medical Center for lab processing and/or lab draws or testing as may be required.

The VSHWC Clinic will monitor any updates on new Infectious disease threats to the local community through emergency service, CDPH resources and communications, and take action to protect our staff and patient population, while maintaining the ability to provide healthcare services safely for the community.

Key Concepts in This Guidance for Pandemic Contagious and/or Respiratory Infections (I.E. Covid-19):

- **Limit how germs can enter the facility.** Cancel elective procedures, use ~~telemedicine~~[telemedicine](#), when possible, limit points of entry and manage visitors, screen patients for contagious respiratory symptoms, encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough).
- **Isolate symptomatic patients as soon as possible.** Set up separate, well-ventilated triage areas, place patients with suspected pandemic, infectious disease or confirmed COVID-19, in private rooms with door closed. Use specific rooms at ends of halls near doorways to have patients enter through side doors
- **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort similarly infected (I.E. COVID-19) patients, limit the numbers of staff providing their care, prioritize respirators for aerosol-generating procedures, [implement PPE optimization strategies](#) to extend supplies.
- **Consider increasing cleaning intervals for community areas, like patient waiting room and reception countertops and chairs.**
- Identify infectious rooms with signs, allowing time between patients in the isolation rooms, spray with hospital grade disinfectant (I.E. Lysol Pro), allowing the room to sit for an extended period, prior to being wiped down using normal cleaning protocol.
- Educate Staff and provide current and updated information, including the Medical Director’s guidance.
- Utilize Transmission Mitigation Guidelines Guide, created during the COVID-19 pandemic by the Medical Director, to determine levels of severity and actions to implement.

Patient Care:

Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient’s visit, and until the patient’s room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from transmissible pathogens (e.g. older individuals with comorbid conditions), including HCP who are in a recognized risk category.

- **Before Arrival**
 - When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) on the day they are scheduled to be seen.
 - When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
 - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).

- **Upon Arrival and During the Visit**

- Consider limiting points of entry to the facility.
- Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
 - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
 - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 70-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
 - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
 - Prioritize triage of patients with respiratory symptoms.
 - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
 - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
 - Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
 - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
 - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
 - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
- Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
- Learn more about how healthcare facilities can [Prepare for Community Transmission](#)
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
- Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Postpone elective procedures and non-urgent outpatient visits.

- **Hand Hygiene**

- HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- HCP should perform hand hygiene by using ABHR with 70-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

- **Personal Protective Equipment**

Clinic management should select appropriate PPE and provide it to HCP in accordance with [OSHA PPE standards \(29 CFR 1910 Subpart I\) external icon](#). HCP must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facility has policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask**

- Put on a respirator or [\(N95\) facemask](#) (if a respirator is not available) before entry into the patient room or care area.
- N95 respirators or ~~respirators-N95 facemasks~~ that offer a higher level of protection should be used instead of a [regular facemask](#) when performing or present for an aerosol-generating procedure, ~~even if performing the aerosol-generating procedure outside.~~ Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.

~~• If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.~~

- ~~○ When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.~~

- **Eye Protection**

- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
- **Gloves**
 - Put on clean, non-sterile gloves upon entry into the patient room or care area.
 - Change gloves if they become torn or heavily contaminated.
 - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- **Gowns**
 - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
 - If there are shortages of gowns, they should be prioritized for:
 - aerosol-generating procedures
 - care activities where splashes and sprays are anticipated
 - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - device care or use
 - wound care

3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, [home care](#) is preferable if the individual's situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected ~~COVID-19~~ [Covid-19 or alternate pandemic-infected](#) patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
 - Determine how staffing needs will be met as the number of patients with known or suspected ~~COVID-19~~ [infection rate](#) increases and HCP become ill and are excluded from work.
 - During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
 - HCP must take care not to touch their eye protection and respirator or ~~facemask~~ [-facemask](#).
 - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
 - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Patients should wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use PPE as described above.
- Whenever possible, perform procedures/tests in the patient's room.

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 or infectious patient, the following should occur:
 - HCP proximate to the patient or performing the test should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
 - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
 - Specimen collection should be performed in a normal examination room with the door closed or in the patient's vehicle as dictated by triage and existing protocols.
 - Clean and disinfect procedure room surfaces promptly and allow the room to air out, unutilized, for a minimum of three hours.
 - Any test or procedure that will cause aerosolization should be performed outside whenever possible

Generalized NON-Covid Infection Control:

During any identifiable infectious disease every attempt should be made to follow the guidance of CDC, California Department of Public Health, Calaveras County Department of Public Health.

1. Wash hands with soap and water:
 - a. Before coming on duty
 - b. Before and after direct and indirect patient contact.
 - c. Before and after performing any body functions, such as blowing your nose or using the toilet
 - d. After direct or indirect contact with **any** body fluid (urine, blood, sputum)
 - e. Before and after catheter insertions, blood draws, dressing changes and other sterile procedures
 - f. Before and after caring for a patient with known or suspected infection
 - g. After completing your shift

2. Other guidelines:
 - a. Clean under your fingernails with brush before and after working in a high-risk situation
 - b. Avoid personal hand creams while working, as it may interfere with antiseptic solutions
 - c. Always wash hands before and after wearing sterile gloves
 - d. Between patients, it is acceptable use alcohol-based hand sanitizers if your hands are not visibly dirty, however it is understood that handwashing with soap and water for a minimum of 20 seconds is preferred

3. Disinfectant Guidelines:
 - a. Utilize manufacture prepared disinfectant solutions or wipes while those products are available.
 - b. Make fresh disinfectant solution if needed according to manufacturer directions should manufacturer prepared disinfectant solutions or wipes not be available
 - c. Mark disinfectant solution with name and date prepared, your initials and expiration date

- d. Never add fresh disinfectant solution to an already prepared solution
4. Guidelines for medical equipment coming in contact with body fluid
- a. Clean article according to manufacture guidelines.

REFERENCE: CDC Guidelines (on-line), California Department of Public Health, Calaveras County Department of Public Health

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: New Employee Onboarding and Annual Training	REVIEWED: 2/8/20; 12/02/2020; 6/08/21; 8/31/22; <u>9/19/23</u>
SECTION: Workforce	REVISED: 12/02/2020; 6/08/21; 8/31/22; <u>9/19/23</u>
EFFECTIVE: 10/ 26 <u>22</u> / <u>25</u> / <u>23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Policy: This policy applies to all employees who were successful in receiving an offer of employment and have accepted it according to the specified protocol. As each new employee is hired to work for the Health Care District, the following items must be completed before the new employee can be put on the schedule. Documentation and training that will be required annually are listed below.

Objective: In addition to ensuring that the onboarding process is a positive experience for both the new employee and the organization, onboarding will ensure the organization is compliant with governing Standards. This policy governs the onboarding process and sets roles and responsibilities to ensure all new employees are appropriately oriented and trained. This policy applies to all employees: full time, part time, or per diem.

To ensure that compliance measures are met, this policy governs the process and roles of the District as well as the employee initially and annually basis.

Procedure:

A. After the new employee has been offered a job the following items need to be completed and returned to the Human Resources for processing:

1. Resume /CV
2. Current phone number and email
3. A color copy of their CDL or current legal photo identification and social security card

B. Upon receipt of these items, HR will:

1. Arrange for a background check and urine drug test.
2. Upon successful completion, HR will enter the employee into the payroll system - -
1. 3. HR will provide a copy of the Employee Personnel manual (which includes the Drug-Free Workplace Policy) and have employee sign receipt of manual form.
4. The background check - will be verified and uploaded.
5. Employee will enter in iSolved Program:
 - a) Direct Deposit
 - b) W-4
 - c) I-9
 - d) Emergency contact information
6. Medical Insurance Enrollment Packet (if employee qualifies) or waiver will be provided and signed. They will be eligible the 1st day of the month after the first 60 days.
- 5.
7. New Employee will be introduced to CEO and Medical Director.

New Employee Onboarding and Annual Training
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8.The Clinic Manager will be notified that the employee is ready to start work

C. Once the above information is returned, the new employee has been entered into the database, online training will be issued (assignments are made by the Clinic Manager).
The employee will then be scheduled to start in the clinic by the Clinic Manager.

D. On the 1st day, the employee will be provided with a tour of the Clinic, the Manager will collect:

1. Photocopies of all Professional Licenses
2. CPR cards
3. Certificates of Completion
4. Copies of current PPD/TB tests
5. Signed Employee Personnel Manual acknowledgement
6. Copy of Covid-19 vaccinations with booster (or exemption)

E. The Manager will have employees review and sign copies of:

2. Confidentiality Statement
3. Dress Code
4. Job Description
5. Standards of Conduct
6. Child Abuse Mandated Reporter
7. Elder Abuse Mandated Reporter
8. Hep B Acknowledgement
9. Language Services Form
10. TB Screening form (if no current PPD is available within the past year)

F. The Manager will Provide:

1. A New Employee Orientation Checklist
2. Usernames and passwords for: Initial computer access, email access, AthenaNet and Dentrax, as indicated.
3. A copy of the Org Chart
4. A temporary name badge
5. A door access badge
6. Required keys
7. A Holiday Schedule
8. 401K Information. All employees will be eligible immediately.
9. Enrollment for RIDE (if clinical role indicates)
10. HIE access for local hospitals (Dignity, Sutter, Adventist – if clinical role indicates)
11. Access to Medi-Cal and Availity (if clinical role indicates)
12. Access to Quest, Aegis (if clinical role indicates)
- ~~10.~~~~13.~~
- 11.14. Competency Checklists - to be completed as they train, then returned to the Manager when completely signed off.

G. After all of the above documents have been completed, the Manager will scan them to HR for upload into the payroll system. The Manager will also keep hard copies in the event of downtime, and or audits.

H. The modular training assignment (at minimum) is as follows (additional training courses may be added at the discretion of the Manager or Medical Director, based on Clinic requirements/needs):

- 1) HIPAA Basics
- 2) HazCom, the GHS, and You
- 3) EZIZ Vaccines for Children Requirements (MAs)
- 4) EZIZ Storing Vaccines_(MAs)
- 5) EZIZ Refrigerator and Freezer Temperature Logs_(MAs)
- 6) EZIZ Monitoring Storage Unit Temperatures_(MAs)
- 7) EZIZ Conducting a Vaccine Inventory_(MAs)
- 8) EZIZ Preparing Vaccines_(MAs)
- 9) EZIZ Administering Vaccines_(MAs)
- 10) Policy and Procedure Review and Test
- 11) CHDP Fluoride Varnish Application_(MAs and Dental employees)
- 11)12) Lead Testing (MA)
- 12)13) MedPro: Medication Waste Stream, OSHA Compliance and Biohazardous Waste Management
- 13)14) Patient Rights and Responsibilities
- 14)15) Sensitive Services
- 15)16) Child, Elder, and Dependent Adult Abuse Reporting
- 16)17) Mandatory Reporting
- 18) Donning and Doffing PPE
- 19) Emergency Operations Plan
- 17)20) Cultural Competency for MediCal Providers
- 18)21) Infection Control Including Blood Borne Pathogens
- 19)22) Active Shooter: Surviving an Attack
- 20)23) Active Shooter and Workplace Violence
- 21)24) Bloodborne Pathogens: ~~The Unexpected Hazard~~
- 22)25) Anti-Harassment Training for Employees
- 26) Ethics for Employees
- 23)27) Sexual Harassment and Abusive Conduct Prevention
- 24)28) Waste, Fraud, and Abuse
- 25)29) Autoclave Training_(MAs and Dental employees)
- 30) Cybersecurity
- 31) Back Safety and Injury prevention
- 32) Emergency Preparedness and Fire Preparedness Overview
- 33) Preventing Slips Trips and Falls
- 26)34) Office Ergonomics

I. **Required Annual Training will include:**

- 1) HIPAA Basics
- 2) Infection Control Including Blood Borne Pathogens
- ~~3) HazCom, the GHS, and You~~
- ~~4)3) Anti Harassment Training for Employees~~
- ~~5)4) EZIZ Vaccines for Children Requirements_(MAs)~~
- ~~6)5) EZIZ Storing Vaccines_(MAs)~~
- ~~7)6) EZIZ Refrigerator and Freezer Temperature Logs_(MAs)~~

~~8)7)~~ EZIZ Monitoring Storage Unit Temperatures_(MAs)

~~9)8)~~ EZIZ Conducting a Vaccine Inventory_(MAs)

~~10)9)~~ EZIZ Preparing Vaccines_(MAs)

~~10)~~ EZIZ Administering Vaccines_(MAs)

11) ~~Anti~~Sexual-Harassment Training for Employees/Supervisors (every 2 years per CA requirements)

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J. Annual Requirements:

1. TB Test Results or Waiver (Manager)
2. Fit Testing (Manager)
3. Photocopies of all updated Professional Licenses and/or Certificates of Completion (Manager)
4. CPR (Manager)
5. Annual Competency Checklist
6. OIG (Office of Inspector General) Screening (HR)

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Waste, Fraud, and Abuse	REVIEWED: 11/9/18; 10/14/20; 8/2/21: 9/6/22; <u>9/19/23</u>
SECTION: District	REVISED: <u>9/19/23</u>
EFFECTIVE: 10/ 26 / <u>22</u> 25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Prevention, Detection, and Reporting of Waste, Fraud, and Abuse

Objective: The Clinic will utilize ethical and conscientious practices in the care of patients, use of clinic resources, in documentation and billing practices.

Response Rating: Mandatory

Required Equipment:

Definitions:

Fraud: wrongful or criminal deception intended to result in financial or personal gain.

Abuse: practices that, either directly or indirectly, result in unnecessary costs to the health insurance program. includes any practice that is not consistent with the goals of providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

False claim: overcharging or selling substandard goods and/or services

Kick-Back: pay, solicit, or receive remuneration (payment) directly or indirectly to induce or reward referrals of items or services reimbursable by a health care program.

Physician Self-Referral: physicians are prohibited from making a referral for certain designated health services to an entity in which the physician or a member of their immediate family has an ownership/investment interest or with which they have a compensation arrangement unless a specific exception applies.

Identity theft: the appropriation or misuse of a patient’s or [provider’s] unique medical identifying information to obtain or bill public or private payers for fraudulent medical goods or services.

Procedure:

1. The following actions, considered fraud, are forbidden by employees, contractors, and/or vendors of the Clinic:

- A. Knowingly submitting false statements or making misrepresentations of fact to obtain a health care payment for which no entitlement would otherwise exist
 - B. Knowingly soliciting, paying, and/or accepting remuneration to induce or reward referrals for items or services for which reimbursement is received
 - C. Making prohibited referrals for certain designated health services as defined by Medicare (CMS).
 - D. Knowingly bill for services not furnished supplies not provided or both
 - E. Falsifying records that show delivery of services or supplies that were not provided
 - F. Billing Medicare for appointments that patients did not keep
 - G. Knowingly billing for services at a level of complexity higher than the service actually provided or documented in the medical record
2. The following actions, considered abuse are forbidden by employees, contractors, and/or vendors of the Clinic:
- A. Billing for services that were not medically necessary
 - B. Charging excessively for service or supplies
 - C. Misusing codes on a claim, such as upcoding or unbundling codes
3. Fraud and abuse expose personnel to criminal and civil liability.
4. Federal laws, including the False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law (Stark Law), the Criminal Health Care Fraud statute, Social Security Act and United States Criminal Code govern Medicare and Medicaid (Medi-Cal) fraud and abuse.
5. Scheduled and random audits of billing practices will be performed and documented.
- A. The Chief Compliance Officer (the District Executive Director) and the Medical Director will ensure billing audits are performed and resulting documentation reviewed and discussed during the course of regularly scheduled Quality Assurance Performance Improvement meetings.
6. In addition to billing practice audits, personnel are encouraged to report any concerns regarding waste, fraud, and/or abuse to the Compliance Officer.

7. Reports of suspected waste, fraud, and/or abuse will be thoroughly investigated utilizing Clinic resources, vendors, consultants, or other qualified persons or entities.
 - A. Written documentation including the medical record.
 - B. Statements from the reporting party, as well as other witnesses.
 - C. Ancillary information from third parties, including but not limited to payors, vendors, billings services.
8. If research identifies that waste, fraud, and/or abuse have occurred, the Compliance Officer will ensure proper consequences are applied, up to and/or including termination and reporting to governing bodies.
9. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports a compliance concern.

Reference:

“Medicare Fraud * & Abuse, Prevention, Detection, And Reporting”, Medicare Learning Network . Downloaded May 19 from https://www.cms.gov/Outreach-Education/Medicare-Learning-Network-MLN/MNLProducts/downloads/Fraud_and_Abuse.pdf.

“Common Types of Health Care Fraud”, Medicare Learning Network. Downloaded ~~July 2016~~ ~~June 2, 2016~~ from <https://www.cms.gov/files/document/overviewfwacommonfraudtypesfactsheet072616pdf> ~~<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/downloads/fwa-factsheet.pdf>~~.

<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education>

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**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Billing for Services Provided Off-Site	REVIEWED: 4/1/20; 5/29/21; 8/04/22; <u>9/19/23</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: 10/ 26 / 22 25/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Billing for services provided by Clinic Medical staff from a non-Clinic location (i.e. off-site)

Objective: To accurately document patient encounters performed away from the Clinic location so as to ensure accurate billing.

Response Rating: Mandatory

Required Equipment: Electronic Medical Record (EMR); telephone; downtime forms if the EMR is not available

Procedure:

1. During the COVID-19 pandemic response and at other times as may be deemed necessary by CMS, the State of California, the Board of Directors and/or the Medical Director, Medical Staff members may be called upon to work from a location other than the physical Clinic for the purpose of rendering patient care.
 - a. The Provider will ensure they are preserving patient privacy by interacting with patients in a secure location behind a closed door without others in the room with them.
2. Medical staff members will be equipped with Clinic-provided computer equipment and will utilize that equipment to access the Electronic Medical Record for the purpose of documenting patient care rendered via telephone or for the purpose of following up on open patient care items (ex. Clinical Inbox, messaging, patient portal contact).
3. Standard documentation to for patient follow-up (Clinical Inbox, messaging, patient portal contact) will be completed using the same standard and utilized during in-office patient interaction.
4. If a patient is being contacted by telephone for an arranged telephone appointment, the patient will be pre-registered and checked by the registration staff and will be instructed to have their medications at hand for provider review and reconciliation against the EMR.
5. The provider will utilize the standard EMR encounter documentation and will complete the clinical note including:
 - a. Patient acknowledgement and consent to have a telephone encounter with the provider
 - b. Documentation of the total minutes spent on the call with the patient
 - c. Diagnosis code(s)

d. CPT code(s)

6. The biller will review the clinic note for completeness and notify the provider if they are missing time or code documentation
7. The biller will ensure the appropriate CPT code(s) are selected.
8. If the EMR is not available, the physician will utilize downtime forms and retain those in a secure location pending their being scanned into the EMR.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Business Hours	REVIEWED: 11/9/18; 9/23/20; 8/2/21: 11/04/22
SECTION: Operations	REVISED: 9/23/20
EFFECTIVE: 11/30/22 10/25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Business Hours

Objective: To ensure a predictable and organized operation of the Clinic, the Clinic will maintain posted hours of operation and will report permanent revisions to District Administration and California Department of Public Health.

Response Rating:

Required Equipment:

Procedure:

1. The Clinic will be open Monday through Friday, between 8:00am and 5:00pm
2. The Clinic will be closed for holidays.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Cash Collections	REVIEWED: 7/1/19; 2/18/20; 5/29/21; 8/04/22: 8/30/23
SECTION: Revenue Cycle	REVISED: 2/18/20; 5/29/21
EFFECTIVE: 10/26/22 10/25/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Collection of cash payments from patients

Objective: To reduce the Accounts Receivable days outstanding and the number of aged, open balance accounts carried and managed by the Clinic.

Response Rating: Mandatory

Required Equipment:

Procedure: At the time of registration, the patient’s account will be reviewed and the patient will be asked by staff to address the following financial/payment situations:

Co-pay

Patient co-pays are due at the time of service. Co-pays are accepted in the form of cash, check, debit or credit card. Confirm the patient’s co-pay amount by checking their insurance card details and/or their online eligibility. Provide the patient with a receipt for the payment made.

Flat rate fees and/or sliding fees

Patients that participate in the flat rate or sliding fee schedule programs are required to pay their bill, in full, at the time of service. In part, these program rates are established with the assumption that no statements or billing staff follow-up will be required. Payments are accepted in the form of cash, check, debit or credit card. Provide the patient with a receipt for the payment made.

Current remainder balance

After a patient’s insurance has paid in full, the patient may be responsible for an unpaid, remainder balance. Patients will be sent balance due statements after their insurance payments are received. Additionally, patients should be asked to make a payment toward their current remainder balance when they present to the Clinic for a subsequent encounter. Remainder balance payments are accepted in the form of cash, check, debit or credit card. Provide the patient with a copy of their current account balance and a receipt for any payment made.

Aged remainder balance/payment plan

It is the Clinic's practice to not allow patient account balances to age to the extent that the account is considered for collections or bad debt status. Patients that do not promptly address their remainder balances, will be offered an installment payment plan and will be asked to provide a debit or credit card number to support that agreement. There are a variety of payment plans available.

Patient self-pay balances will be monitored. A maximum balance of \$300 will be allowed. If a patient has an aged self-pay balance at or exceeding \$300 they will be asked to either pay in full or participate in a payment plan. A credit card on file payment plan is the preferred method.

If the patient refuses to agree to a payment plan and/or fails to meet their existing payment plan agreement, the Biller will send the patient a 30 day notice that advises the patient that their care with our practice will cease in 30 days, unless and until, the patient clears their aged outstanding balance.

Should the patient clear their aged outstanding balance and return to the practice, the Biller may recommend to Management that the patient be required to make full payment to avoid a repeat of aged balance status.

Balances in collections

Patient account balances that remain unpaid for 120 days after the date of service may be submitted to a debt collection service. The Clinic is able to collect payments for accounts in collections. Staff will see the patient's "collection service" balance on the patient's registration screen and will ask the patient for a payment toward the old balance. Staff will provide the patient with a receipt for any payment made. After payment is posted in the system, staff will report changes to the patients balance to the agency. The receipt will indicate that the payment is to be applied toward a collections balance. Recording the payment and related accounting functions will be performed by the Biller.

Bad debt balances

Patient account balances that remain unpaid and are deemed "uncollectable" may be written off as bad debt. Once an account has been written off to bad debt, staff will see the bad debt amount displayed on the patient's registration screen. Staff will ask the patient for a payment toward the bad debt balance and will provide the patient with a receipt for any payment made. The receipt will indicate that the payment is to be applied toward a bad debt balance. Recording the payment and related accounting functions will be performed by the Biller.

Non-sufficient fund (NSF) checks

When a patient's check is returned for non-sufficient funds (NSF), the Accounting Office is responsible for documenting the return of the check and for entering the NSF fund charge in recordkeeping system. The biller would then be notified by Accounting for the charge to be re-entered onto the patient's account to show as a balance owed, with the possibility of an additional fee for the returned check.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Cleaning Duties	REVIEWED: 3/1/19; 2/14/20; 4/2/20; 5/29/21; 8/04/22; <u>9/19/23</u>
SECTION: Infection Control	REVISED: 2/14/20; 4/2/20; 6/14/21
EFFECTIVE: 10/ 26 / <u>22</u> 5/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Cleaning Duties

Objectives: To limit the spread of nosocomial infections by maintaining a hygienic, sanitized environment.

Acuity Rating: Mandatory

Required Equipment: Germicidal solutions, dental equipment sleeves, general cleaning supplies, gloves.

Applies to: All Personnel

Procedure

1. All surfaces will be cleaned with an approved germicidal solution on a daily basis.
2. Exam tables will be covered with disposable paper covers and cleaned between patients with an approved germicidal solution.
3. All exam tables will be wiped with approved sanitizing wipe or spray at the end of the shift. This includes the underside of the table.
4. Dental equipment will be covered with equipment sleeves and covers as appropriate and sleeves will be replaced between patients.
5. Blood or body fluids spilled will be cleaned up immediately by staff using an approved spill kit.
6. Sinks and ~~door knobs~~doorknobs will be cleaned in each examination room and dental operatory, between each patient encounter.
7. Thorough cleaning by a janitorial service will be performed 5 days per week after business hours.
8. All supplies will be put away and stored properly in a neat and organized manner.

Daily Cleaning

- a. Exam tables, dental chairs, exam area guest chairs, wheelchairs, and gurneys will be wiped by staff with an approved germicidal wipe after each use.
- b. Clinic supplied toys for patients and guests will be stored in the receptionist work area, offered to patients, then wiped with an approved germicidal wipe after each use and returned to the designated storage area.
- c. Dental operatory cabinetry will be wiped down.
- d. Spot cleaning of floors and walls is done as needed, using approved products only
- e. Front counters and patient chairs and tables will be wiped frequently using sanitizing wipes and/or sprays. (Increased frequency during infectious disease outbreaks i.e.: flu/viral infections per the

- Infection Control policy).
- f. Equipment contaminated with body fluids will be cleaned immediately.
 - g. Door handles will be wiped.
 - h. Waiting ~~room,~~rooms and restrooms will be monitored throughout the shift and shall be kept free of debris and remain in clean status.
 - i. Staff will clean dirty dishes as soon as possible after use.

Unscheduled non-hazardous spills, non-biohazardous spills, and/or visibly soiled floors

- a. The spill area may be visibly cleaned with a dry or wet mop utilizing an approved product.
- b. In no circumstance is the dry or wet mop to replace the current approved disinfectant product for hazardous or biohazard waste.

Weekly Cleaning

- a. IV stands, vital monitors, cardiac monitors, laboratory equipment, and all medical equipment will be cleaned per manufactures' instructions using approved germicidal and sanitizing products.
- b. Laboratory, exam room, triage, front office, and nursing station counters will be cleaned and free of supplies, papers, notes ~~and etc. etc.~~ and will be dusted behind and around computer equipment.
- c. Medication dispensing machine will be wiped down.
- d. Trashcan surfaces will be wiped down.
- e. Staff will clean the Staff refrigerator weekly, discarding any old or unclaimed, unmarked items.

Monthly Duties

- a. All walls, ceilings, lights, vents, windows and doors will be cleaned. Monthly cleaning will be performed by the janitorial service.

Communication with Janitorial Service

A communication log for the janitorial service will be kept at the front desk. Any concerns or non-urgent task that needs to be addressed will be written in the Housekeeping Communication Log. Any issues with the janitorial service will be addressed with the clinical manager.

Hazardous Conditions/ Broken Equipment/Building Damage

- a. Conditions that have a potential to cause harm/injury to patients and/or staff are to be reported to the Clinic Manager or District Chief Executive Officer immediately. A maintenance form will be completed and faxed following telephonic notification of the hazard. The item will be marked as out of service until repaired.
- b. Areas affected by hazardous conditions will be taken out of service and marked as restricted from use.
- c. Equipment which is broken or ~~functioning~~functions outside of approved parameters will be removed from service and marked DO NOT USE, SERVICE/REPLACEMENT PENDING.
- d. Where hazardous conditions, broken equipment, and/or building damage put patients and/or personnel at risk, the Clinical Director, District Executive Director and/or the District Board of Trustees may make the decision to close the clinic to use until the hazardous conditions, damage, etc. are resolved.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Fit Testing	REVIEWED: 3/1/19; 12/30/20; 9/29/21; 11/07/22: 8/30/23
SECTION: Infection Control	REVISED: 12/30/20; 9/29/21
EFFECTIVE: 11/30/22 10/25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Fit Testing

Objective: Clinic personnel will comply with the N95 mask fit testing program, consistent with California Aerosolized Pathogen Guidelines.

Response Rating: Severe

Required Equipment: N95 mask

Procedure

1. All Clinic personnel will be fit tested for N95 masks within the first 90 days of their employment by the Clinic Manager or trained designee.
2. Personnel will not be allowed to use a N95 mask prior to completing their initial fit test.
3. All Clinic personnel will be re-tested annually.
4. N95 masks will be utilized when any patient presents with symptoms of infectious diseases that require ~~airborne~~ airborne precautions (i.e.: H1N1, flu, tuberculosis, COVID-19).

Reference: <https://www.dir.ca.gov/title8/5199a.html> **Last updated July 14, 2021**

**025MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19; 5/04/21; 6/15/22; <u>9/19/23</u>
SECTION: Medication Management	REVISED: 9/7/19; 6/15/22
EFFECTIVE: <u>8/31/22</u> <u>10/25/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medication management and storage of multi-use containers

Objective: To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Medications will be stored in their original containers according to manufacturer guidelines.
2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a “vial open” label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state “MDV” to indicate multi-dose vial.
2. For sterile medications: when staff ~~has~~have used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer’s expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.
 - a. **IPOP polio vaccine shall be considered expired per the expiration date from manufacturer, printed on the vial. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.**
3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer’s expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).
4. Single-dose vials (without preservatives) shall be discarded after initial puncture
5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.
7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.
8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: On-Call Program	REVIEWED: 11/12/18; 2/19/20; 6/07/21; 8/31/22; <u>9/19/23</u>
SECTION: Operations	REVISED: 2/19/20; 6/07/21; 8/31/22
EFFECTIVE: 10/ 26 / 22 25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: On Call Program

Objective: To ensure the development and operation of an after-hours on-call program in compliance with contractual obligations and to meet patient need.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Medical Director, with the support of the Clinic Manager will be responsible for establishing the schedule to staff the On-Call Program.
2. Medical staff members (Physicians and Mid-level providers) will participate in the On-Call Program, with staffing determined based first, upon volunteer’s availability; and, then assignments made by the Medical Director to cover any open slots.
3. Maintenance of the calendar is the responsibility of the Medical Director.
 - a. The on-call “shift-day” schedule template will be as follows:
 - i. Monday 1700 – Tuesday 0800
 - ii. Tuesday 1700 – Wednesday 0800
 - iii. Wednesday 1700 – Thursday 0800
 - iv. Thursday 1700 – Friday 0800
 - v. Friday 1700 – Monday 0800

Holiday hours from 0800 – 1700 will be covered by the Provider scheduled for the prior evening through 8am

4. Maintenance of the on-call schedule with the practitioners assigned to each day is the responsibility of the Clinic Manager.

5. A relationship will be established with an answering service vendor who will respond to after-hours calls in the manner outlined by the practice, which may be revised from time to time.
6. Content of the message patients will hear when they contact the clinic after hours is the responsibility of the Clinic Manager, who will ensure the message is current and accurately reflects how the practice wants after hours contacts managed.
 - a. Message content will include:
 - a. Statement that the Clinic is closed
 - b. Statement that the message is available in English and Spanish
 - c. A Reminder that if the patient is calling to report a medical emergency they must hang up and contact 911 immediately
 - d. Statement that Anthem and California Health and Wellness patients may call the appropriate 24-hour Nurses Line for advice
 - e. Options to schedule an appointment by phone, leave a message for someone, or contact the practitioner on-call.
7. Practitioners will be expected to be available to cover the on-call schedule a minimum of one shift/day a month, unless otherwise notified by the Medical Director. The Medical Director will then assign shifts/days; first, on a volunteer basis; and, then as required in rotation to ensure fairness. Holiday shifts/days will be rotated as necessary.
8. Practitioners on-call will be required to respond to patient outreach within a 30-minute timeframe. Compliance will be confirmed by daily reports from the answering service.
9. Practitioners will document their interaction with the patient using the EMR based upon the complexity of care and whether any orders (i.e., medications) are given to ensure the patient's medical record is accurately updated.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Provider on Site	REVIEWED: 4/6/20; 6/07/21; 9/6/22; <u>9/19/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: 140/26/22 <u>10/25/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Provider on Site

Objective: Patient care services will not be provided until a licensed rural health provider is on the premises.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Licensed providers are limited to: physician (MD, DO, podiatrist), dentist, chiropractor, nurse practitioner, physician assistant, certified nurse midwife, licensed clinical social worker, licensed marriage and family therapist.
2. Patient care services may not be rendered in the Clinic unless at least one of the above-listed providers is present in the building.
 - a. The sole exception would be life-saving measures implemented in an emergency situation, should a patient in the waiting room or the parking lot require them.
3. Staff may register the patient, ask the patient to complete documentation, and provide identification and/or insurance information before a provider is present.
4. Staff may not:
 - a. Bring a patient from the waiting area to the clinical area (examination room, lab bathroom, phlebotomy collection area)
 - b. Take vital signs, unless administering life-saving measures
 - c. Collect a urine specimen
 - d. Collect a capillary blood specimen, unless collecting a blood glucose specimen in an emergency circumstance
 - e. Collect a venous blood specimen
 - f. Remove a dressing
 - g. Clean a wound

Reference: CMS §491.8(a)(6)

**MARK TWAN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Quality Assurance Guidelines	REVIEWED: 2/1/19; 10/15/19; 11/23/20; 6/07/21; 9/6/22; <u>9/19/23</u>
SECTION: Operations	REVISED: 10/15/19; 9/6/22; <u>9/19/23</u>
EFFECTIVE: 10/ 26 <u>25</u> /23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Quality Assurance Guidelines

Objective: To define Clinic Quality Assurance Guidelines for application in the development and management of the Quality Assurance/Performance Improvement Program.

Response Rating:

Required Equipment: None

Quality Assurance Definition:

An ongoing process designed to objectively and systematically monitor and evaluate patient services in accordance with established standards, identify and resolve problems and pursue opportunities to improve patient care and outcomes.

Quality Assurance Objectives:

- a. Monitor statistics and the utilization of clinic services
- b. Monitor compliance with criteria established for health maintenance and disease specific categories, as well as the correct documentation in the medical record
- c. Recognize system problems
- d. Review protocols and procedures
- e. Provide a mechanism for staff continuing education
- f. Enhance teamwork
- g. Comply with regulating requirements for internal chart review
- h. Ensure correct and complete documentation

Procedure

1. Quality Assurance/Peer Review general guidelines
 - a. Review and signing by the supervising Medical Director *within 30 days* of medical records for 10% of patients treated by the mid-level practitioner for whom medication or devices are prescribed or dispensed during the first month and 5% every month thereafter.

- b. Medical chart audits, peer review, Dental and Behavior Health chart audits will be conducted during the month and will be reported to the QAPI Committee during scheduled meetings.
- c. Charts will be audited for adherence to criteria for conditions treated frequently in the clinic. Criteria will include standards for historical data, physical exam, laboratory procedures, treatment, patient education and follow-up
- d. Each audit will consist of at least ten charts quarterly

2. Audit Process and Forms

- a. A review form will be used for each chart for Behavioral Health and Dental charts
- ~~a.b.~~ Mid Level Medical Charts shall be reviewed through the EHR.
- ~~b.c.~~ When a significant problem is noted in the review (i.e. failure to follow up an abnormal lab result or acute illness), the Medical Director will be notified and responsible for assuring that follow-up is carried out.
- ~~c.d.~~ Charts that do not require active follow-up (i.e. missing historical data) will be given to the Clinic staff for completion.
- ~~d.e.~~ All chart reviews, quality issues, problems, changes made and follow-up will be documented in the minutes of the QAPI meetings.
- ~~e.f.~~ Nursing audit data will be given to the staff for follow-up and completion.

3. Criteria Development

- a. Criteria for both audits will be based on current medical practice, professional organization recommendations, regulatory standards, and Clinic policy.
- b. Criteria shall reflect accepted standards for care and cost effective practice.
- c. Criteria shall be reviewed at least annually by the Medical Director and the Quality Assurance Committee. It will be updated and /or modified as necessary.

4. Staff meetings, missed appointments, pharmacy outdates

- a. To assure that quality care is provided, the Clinic staff members shall participate in staff meetings at least monthly.
- b. The front office personnel will carry out the policy for missed appointments daily, utilizing the No Show Campaign through the EHR.
- c. Pharmacy outdates will be checked monthly as outlined.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Quality Assurance & Continued Quality Improvement Plan	REVIEWED: 2/1/19; 12/31/20; 6/07/21; 9/6/22; <u>9/19/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: 10/ 26 / 22 <u>25</u> / <u>23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Quality Assurance & Continued Quality Improvement Plan

Policy: The Clinic will maintain an active Quality Assurance/Performance Improvement Plan (QAPI Plan) covering operational, administrative, and clinical areas. Data will be reviewed by Clinic Manager and Medical Director on a regular basis. Periodic reports regarding the QAPI program will be made to the District Board.

Objective: Undertake an active, ongoing process of evaluation, corrective action, and re-evaluation of the Quality Assurance Plan. Continually evaluate procedures and performances in order to increase the quality of services being provided both medically and administratively. In addition, all Protocols, Policies and Procedures will be reviewed and updated accordingly on an annual basis by the Clinic Manager and Medical Director.

Response Rating: Mandatory

Procedure Quality Assurance Plan:

1. Questions answered by the Quality Assurance Performance Plan
 - a. Are quality-related activities present?
 - b. Are quality-related activities being performed correctly?
 - c. Are quality-related activities contributing to quality care for the patients?
 - d. Are activities contributing to improved patient outcomes?

2. Importance of the Quality Assurance Performance Improvement Plan
 - a. Accurate assessment of patient services.
 - b. Risk Management.

3. Components of the Quality Assurance Performance Improvement Plan
 - a. A written Plan.
 - b. Staff familiarization of the plan.
 - c. Successful implementation of the plan.

4. Clinical Information as Components of the Quality Assurance Performance Improvement Plan
 - a. Accurate patient demographics.
 - b. Medical records and charts.
 - c. Updated logs of medication, refrigerators, sterilizer maintenance, crash cart, immunizations, abnormal labs, and referrals

5. Internal Review Components of the Quality Assurance Performance Improvement Plan

- a. Provide information for staff performance.
- b. Support staff performance.
- c. Provide continuity of patient care.
- d. Minimize patient risk.
- e. Increase patient satisfaction.
- f. Increase patient compliance.
- g. Provide accessibility to information.
- h. Provide appropriate services.
- i. Control cost of services.

6. Quality Assurance Performance Improvement Committee

The primary role of the Quality Assurance Performance Improvement Committee is to monitor and evaluate the quality related activities of the organization in a structured way.

The Quality Assurance Performance Improvement Committee will be composed of the Medical Director, representatives from the staff and management. The representatives will meet regularly. This committee will perform periodic reviews of pre-selected indicators against pre-determined standards. The committee will report via written minutes of its meetings. Any problems will be referred to management for consideration and resolution.

The primary role of the Quality Assurance Performance Improvement Committee is to review current procedures and actions and determine how they can be improved and implemented.

Procedure:

1. Perform time and analysis studies
 - a. Staffing verses patient arrival analysis.
 - b. Patient length-of-visit studies.
2. Medical evaluations
 - a. Diagnosis and determination methods.
 - b. Physician cost analysis.
3. Patient Call Backs
 - a. Perceptions of care.
 - b. Treatment results.
4. Review of operations data including but not limited to logs, reports, raw data concerning clinic operations.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Shelter in Place for Patients and Staff	REVIEWED: 8/30/19; 2/25/20; 6/07/21; 9/6/22; <u>9/19/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: 10/ 26 / 22 25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Shelter in place for patients and staff in the event of an active shooter or other public safety threat and/or weather event.

Objective: Shelter-in-place refers to a designated area of safety when it is not safe to go outside. An example is a small interior room with no or few windows where refuge can be taken.

Response Rating:

Required Equipment:

Procedure

1. Shelter-in-place for active shooter or other public safety emergency
 - a. Stop work and shut down business operations.
 - b. Share the notification with staff members and patients, using Code Silver.
 - c. Close all windows, exterior doors, and lock same, if possible.
 - d. Move patients, guests, and staff to an interior room, preferably offices which have locking doors, the breakroom, bathrooms, and/or medical supply storage room.
 - e. Block the door using the exam table.
 - f. Move persons to the wall furthest from the door, placing children and elders behind adults.
 - g. Use cell phone to call 911 and report the emergency.
 - h. All cell phones should be turned off or to silent mode, including no vibration.
 - i. Remain in place until given the all clear by law enforcement or other trusted source.

2. Shelter-in-place for severe weather
 - a. Determine whether it is appropriate to stop work and shut down business operations.
 - b. Share the notification with staff members and patients; do not leave the building.
 - c. Close all windows and exterior doors.
 - d. Ensure all exhaust fans are turned off and HVAC is turned off.
 - e. Select one or more interior rooms that will accommodate patients, guests, and staff being seated.
 - f. Utilize offices as they have doors that lock.
 - g. Ensure at least one staff member or provider is in each room with patients and guests and document who is in each space for future reference.
 - h. Remain in place, monitoring weather via radio or online weather reporting sources.
 - i. When the all clear is given, ask patients to remain in place and ensure it is safe to leave the room by checking the hallway for obstructions.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Employee Influenza Vaccine Administration	REVIEWED: 10/09/2020; 9/29/21; 11/07/22; <u>9/19/23</u>
SECTION:	REVISED:
EFFECTIVE: <u>11/30/22</u> 10/25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject:

Objective: To reduce morbidity and mortality from seasonal influenza by vaccinating all employees who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Response Rating: Under these standing orders, eligible RNs and Medical Assistants allowed by state law and who have demonstrated competence in administration of routine immunizations, may vaccinate patients who meet any of the criteria below.

Required Equipment:

Procedure:

1. Identify adult employees in need of influenza vaccination based on meeting any of the following criteria:

- a. Want to reduce the risk of becoming ill with influenza or of transmitting it to others
- b. Age 18 years or older
- c. Having any of the following conditions: chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immuno- suppression, including that caused by medications or HIV
- d. Being pregnant during the influenza season
- e. All healthcare personnel
- g. All adults who are household contacts, caregivers, or workplace contacts of persons listed in category 1.c.

2. Screen all persons for contraindications and precautions to influenza vaccine prior to administration:

- a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

For a list of vaccine components, go to:

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

- b. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant or who has any of the conditions described in 1.c. or 1.d. above.
 - c. Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation
3. Provide all vaccine recipients with a copy of the most current federal Vaccine Information Statement (VIS). You must document on the office log and if requested, the employee's medical record, the publication date of the VIS and the date it was given. Provide non-English speaking persons with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.
 4. Provide all influenza vaccine recipients with a vaccine consent form to read and sign prior to administration.
 5. Administer inactivated influenza vaccine IM per manufacturer guidelines.
 6. Document each employee's vaccine administration information on the **consent and Employee flu shot log**:
 - a. Medical chart: If the employee has a medical record with the clinic, it is ok to chart the vaccination in their medical record as historical, or record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
 - b. Personal immunization record card: It is OK to record the date of vaccination and the name/location of the administering clinic on the patient's record, or to document the vaccine in RIDE.
 7. Maintain a log of Immunizations given per unit guidelines. All Medical Records, including vaccine logs, visit notes, and consents are maintained by the VSHWC guidelines.
 8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
 9. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Valley Springs Health & Wellness Center for 1 year or until rescinded.

Medical Director's signature: Dr. Randy Smart

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 11/14/202210/25/23

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Standardized Procedure for Patients Presenting with URI Symptoms	REVIEWED: 11/16/22; 9/19/23
SECTION: Standardized Procedure	REVISED:
EFFECTIVE: November Board Meeting 10/25/23	MEDICAL DIRECTOR: Dr. Randy Smart Randall Smart, MD

Subject: Standardized Procedure for Patients Presenting with URI Symptoms

Objective: To identify upper respiratory infections

Response Rating: Everyone

Required Equipment: Waived Testing Rapid Tests for RSV, COVID-19, Influenza A & B or Cepheid Xpert Xpress (4-in-1) Test

Procedure:

- 1.** Patients will be screened for infectious symptoms. If positive for illness, they will be scheduled as a car visit or side door entry. Side door entry patients will be swabbed prior to entry, then roomed in the rooms closest to the side door for evaluation.
- 2.** Any MA performing a nasal swab will have completed training and demonstrated competency with an RN.
- 3.** All staff dealing with infectious patients will wear appropriate PPE, including but not limited to N95 mask, gown, gloves and eye protection.
- 4.** Patients presenting with upper respiratory infection symptoms will be swabbed for **COVID-19, RSV, Influenza A & B.**
 - a. When using the Cepheid Xpert Xpress (4-in-1) Test, the MA will prepare the test and provide a nasopharyngeal swab for the Provider to swab the patient. The provider will return the swab to the MA, placing it in a transport tube, for the MA to run the test.
 - b. The MA will notify the Provider as to the test results upon completion of the test, and the results will be documented in the EHR in a timely manner.
 - c. When running the waived tests individually, the MA will test the patient using (3) nasal swabs and will run the 3 individual tests (COVID-19, RSV and Influenza A & B).
 - d. The MA will notify the Provider of the final results of the tests, and the results will be documented in the EHR in a timely manner.

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager’s office and in the Library ~~11/16/2022~~10/25/23.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Sterile Shelf Life	REVIEWED: 2/1/19; 12/31/20; 9/29/21; 10/03/22; <u>9/19/23</u>
SECTION: Operations	REVISED: 10/03/22
EFFECTIVE: 10/ 26 / <u>22</u> / <u>23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Sterile Shelf Life

Objective: To ensure delivery of sterile, quality product for patient care, with sterility being determined by proper sterilization technique and uncompromised package integrity rather than by date on the package. As maintenance of sterility is event related, not time related, all items sterilized are to be labeled “sterile unless package is damaged or opened”. The user will have the ultimate responsibility to examine packaging prior to use to determine the integrity of the packaging.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Each sterilized package is to have the date of sterilization and the sterilizer load number. It will also have the initials of the person who prepared and processed the package and the expiration date will be present. See the Sterile Supplies and Instruments Policy for expirations.
2. All items processed for sterilization are to be properly wrapped and processed in such a manner as to provide an effective barrier to microorganisms. Infrequently used items will be packaged in peel pouches. Items that are properly packaged and sterilized from the manufacturer will remain sterile indefinitely unless opened or the integrity of the package is ~~compromised, or~~ compromised or will expire by the manufacturer’s expiration date for the package.
3. Packages that contain medications are to have an expiration date that reflects the expiration date of the medication. Materials that deteriorate with the passage of time will have an expiration date.
4. Stock is to be rotated so that it is current and paper wrappers do not age to the point of brittleness. Supplies are to be pulled from the right, front or top of the shelf, depending on how the shelf is arranged and newly processed supplies will be added to the shelf from the left, back or bottom.
5. All packages are to be inspected before use. If the package is torn, wet, has a broken seal or has been damaged in any way, it is to be considered contaminated and reprocessed.

6. Sterile supplies are to be stored in a clean, ~~dust-free~~dust-free environment and in a manner that does not aid in the compromise of the packaging of the product.
7. Sterile items will remain unused on the shelf for longer than two (2) years are to be evaluated for continued need for sterile storage. These items will either be removed from sterile storage or reprocessed.
8. Commercially processed supplies are to have a ~~shelf-life~~shelf-life label indicating the date beyond which the items should not be used. This will generally apply when something in the package may deteriorate with time rather than loss of sterility unless labeled otherwise, or if the package is damaged.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Universal Precautions	REVIEWED: 3/1/19; 3/5/20; 8/02/21; 9/6/22; <u>9/19/23</u>
SECTION: Infection Control	REVISED: 3/5/20; 9/6/22
EFFECTIVE: 10/ 26 / <u>22</u> 25/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Universal Precautions

Objective: To prevent the transmission of blood borne pathogens by following universal precautions as recommended by the Centers of Disease Control, the California Department of Public Health and other pertinent regulatory agencies.

Response Rating: Mandatory

Required Equipment:

Procedure:

General Guidelines:

1. Blood and body fluid precautions will consistently be practiced for all patients since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens.
2. Wash hands between all patient contacts and immediately if soiled with blood or body fluids.
3. Skin or other mucous membranes should be washed with soap and water, or flushed with water, as appropriate, as soon as feasible following contamination with blood or other body fluids.
4. Gloves will be worn in the following situations:
 - a. Touching blood and body fluids
 - b. Touching mucous membranes (e.g. inside mouth, rectum, vagina)
 - c. Touching non-intact skin of all patients or when health care worker’s skin is not intact
 - d. Handling items or surfaces soiled by blood or other body fluids
 - e. Performing venipuncture
 - f. Processing blood or any other fluid specimen
5. Gloves should be changed after contact with each patient and hands should be thoroughly washed with soap and water.
6. Surgical masks and protective eyewear (e.g. goggles) should be worn during procedures that are likely

to generate droplets, splattering or aerosolization of blood or body fluids, to prevent exposure to mucous membranes of the mouth, nose, and eyes.

7. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, flu, tuberculosis).
8. Impermeable gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids. This includes all dental procedures performed in the Clinic.
9. Disposable personal protective equipment shall be removed and placed in refuse containers in the immediately area after single patient use. (Dental gowns may be used for multiple patient treatment, changed daily unless visibly soiled)
10. All procedures involving blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of the substances.
11. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on ~~counter tops~~countertops or bench tops where blood or ~~—~~other potentially infectious materials are present.

Use and disposal of needles and “sharps”:

1. Precautions should be taken to prevent accidental injuries with needles, scalpels, or other sharp devices used during procedures, when cleaning reusable instruments, during disposal of needles, or when handling sharp instruments during or after procedures.
2. Contaminated needles and other contaminated “sharps” shall not be recapped, purposely ~~bent~~bent, or broken by hand, removed from disposable syringes, or otherwise manipulate by hand.
3. If the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure, the recapping or removal of the needle must be done ~~by the use of~~using a mechanical device or a one-handed technique.
4. After use, needles and syringes, scalpel blades, and other sharp disposable items should be placed in a puncture resistant container for disposal. Reusable “sharps” containers should be sealable, puncture resistant, labeled with a biohazard label and leak proof.
5. All collection containers when filled shall be sealed and put in the appropriate place for disposal. Containers shall be disposed of when $\frac{3}{4}$ full or every 90 days.
6. Although saliva has not been implicated in the transmission of HIV, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas where the need for resuscitation might arise.

7. Personnel with exudative skin lesions or weeping dermatitis should refrain from direct patient contact or handling patient care equipment, until the skin condition resolves. If this is not possible, gloves must be worn during patient examination procedures.

Sterilization and Disinfection:

1. All non-disposable instruments, items, and devices that come in contact with blood, other body fluids, or mucous membranes, shall be sterilized prior to re-use.
2. Medical and dental devices that require sterilization shall be thoroughly cleansed prior to sterilization with the germicidal soap following manufacturer's guidance as to time.
3. When a brush is used to wash instruments prior to sterilization, workers shall be careful to avoid splashing to the eyes and face (eye goggles or a face shield are recommended).
4. Surfaces contaminated with blood and body fluids shall be decontaminated with an appropriate chemical germicide. Gloves shall be worn during this procedure.

Specimens:

1. Body fluids, tissues, and other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimen.
2. Any specimens that could puncture a primary container shall be placed within a secondary container that is puncture resistant.
3. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Management of Exposures:

1. An incident must be documented on a Personal Accident/Incident and OSHA 300, 300A, and 301 report forms (see Personal Accident/Incident Policy Exposure Control Policy) in the event there is a:
 - a. Parenteral (e.g.e.g., needle stick or cut) or mucous membrane (e.g. splash of the eye or mouth) exposure of blood or other body fluids;
 - b. Cutaneous (e.g.e.g., skin) exposure involving large amounts of blood.
2. If there is an exposure or suspected exposure, please use the exposure report packets and follow the directions. All paperwork and follow-up will be done through the Employee Health Nurse/Manager.
2. If the source of exposure is known and available, testing for Hepatitis B and C and HIV should be carried out with informed consent and counseling. See HIV Testing policy.

3. If the source refused testing, follow the procedure for an unknown source.
4. If the source is unknown, the employee should be advised to have blood drawn as soon as possible following the incidents and this blood should be tested for HIV, Hepatitis B and C.
5. If ~~on the basis of~~based on clinical history or laboratory information it is suspected that the patient from whom the blood came from might be infected with HIV, following the current Human Resources Policy requirements.
6. Any time an OSHA report is initiated, it will be expeditiously forwarded to the Medical Director, the CEO. and QAPI committee.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Unscheduled Downtime of Electronic Medical Record	REVIEWED: 3/1/19; 11/23/20; 8/25/21; 9/6/22; <u>9/19/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 10/ 26 / 22 <u>25</u> / <u>23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Unscheduled Downtime of Electronic Medical Record

Objective: To ensure documentation of patient care in the event of an unscheduled disruption of access to the Electronic Medical Record (EMR), practitioners and staff will document patient care using approved downtime paper forms.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. In the event of an unscheduled disruption of access to the Electronic Medical Record, approved downtime paper forms will be utilized to document patient care.
2. Clinic Leadership or designee will report the service disruption to IT Department and/or the EMR vendor.
3. Approved downtime paper forms (including administrative and patient care documentation) will be maintained in a central location in a binder marked "Downtime Forms" as well as in an online shared folder labeled Forms.
4. Clinic Leadership or designee will access the paper forms, making sufficient copies of the appropriate documents to accommodate patients currently being examined/treated and those scheduled to be seen in the Clinic through the balance of the Clinic day.
5. Paper forms will be utilized to capture patient demographics and payor information required to successfully complete patient intake.
6. Paper forms will be provided to all practitioners and will be marked with the patient's name, birth date, medical record number (if available), and visit date.

7. Patients requesting appointments will be listed, along with their phone number and the purpose of the visit/visit type. After the system has been restored, patients on the list will be contacted and appointments scheduled in the Electronic Medical Record scheduling application.
8. When access to the Electronic Medical Record is restored, completed paper documents will be scanned into the electronic chart.
9. After confirming the scanned documents have been placed appropriately in the Electronic Medical Record, the paper forms will be collected and given to the Administrative Medical Assistant so that they may be used to create claims. Once all claims have been created and submitted to the proper payor, they will be destroyed to protect patient privacy.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: PMHNP Standardized Procedures	REVIEWED: 11/16/2022; <u>9/19/23</u>
SECTION: V1.0 Behavioral Health	REVISED:
EFFECTIVE: 11/30/22 <u>10/25/23</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subjective: To formally recognize the role of the Psychiatric-Mental Health Nurse Practitioner (PMHNP) in the provision of services in Behavioral Health Services (BHS), to fully utilize their skillset to support the wellness and recovery of clients, and to maximize effectiveness of the clinical team. This policy applies to PMHNPs working in-person at Mark Twain Health Care District d/b/a Valley Springs Health and Wellness Center and remotely via telemedicine. These procedures are developed in collaboration with the site Board of Directors, Pharmacy Director, Medical Director, Clinic Director, Supervising Physician(s), and PMHNP(s).

Objective: Psychiatric mental health nursing practice is a specialized area of nursing committed to promoting mental health through the assessment, diagnosis, and treatment of mental illness and substance use disorders. Essential components of this specialty practice include health and wellness promotion through identification of, prevention of, and care/treatment of persons with mental illness and substance use disorders. In collaboration with a Supervising Physician(s), the PMHNP assumes primary responsibility and accountability for the assessment and care of clients with behavioral health needs. They work in collaboration with the clinical team to provide integrated, specialized care to clients.

Response Rating:

Required Equipment:

Procedures:

I. Policy Development, Review, and Approval

- A. All Standardized Procedures are developed collaboratively by designated PMHNPs, Supervising Physicians and Administrators and must conform to all eleven steps of the Standardized Procedure Guidelines as specified in Title 16, CCR Section 1474. All Standardized Procedures must be approved by the Quality Assurance Performance Improvement Committee whose membership consists of at least one Nurse Practitioner, Physicians, and Quality Management staff.
- B. All Standardized Procedures are to be kept in a central file by the Clinic Manager. This should include approval ~~sheets, dated~~ sheets dated and signed by the clinic Medical Director, Supervising Physician(s), and PMHNP(s) covered by the Standardized Procedures.

- C. All Standardized Procedures are to be reviewed periodically at a minimum of every year by PMHNPs, clinic Medical Directors, and designated Supervising Physicians.
- D. Changes in or additions to the Standardized Procedures may be initiated by any of the signatories and must be approved by Authorizing Personnel and be accompanied by a dated and signed approval sheet.

II. Standardized Procedure Functions

- A. A PMHNP is a registered nurse (RN) who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health/illness; and who has met the requirements of Section 1482 of the Nurse Practice Act.
- B. The PMHNP is a professional healthcare provider who assumes responsibility and accountability for the assessment and care maintenance of clients with behavioral health needs.
- C. The role of the PMHNP is to meet the behavioral health needs of clients in outpatient services. In collaboration with the Supervising Physician, the PMHNP assesses, diagnoses, plans treatment, and manages care for clients. This includes:
 - 1. Psychiatric assessment including assessment of substance use disorders and mental status ~~evaluation~~evaluation.
 - 2. Diagnosis, management, and treatment of acute, episodic, and chronic illness
 - 3. Health promotion and client and family education
 - 4. Medication management services
 - 5. Psychotherapeutic techniques including group and individual ~~therapy~~therapy.
 - 6. Ordering and interpreting laboratory and diagnostic tests
 - 7. General evaluation of health status
- D. Standardized Procedure functions are to be performed in areas which allow for the general supervision (defined by Medicare Title 42; Section 1: 42C.F.R.410.32), where the Supervising or Consulting Physician is to be available by telephone, electronically or in person when required. Each PMHNP is to function under the supervision of a Supervising or Consulting Physician. There is a limit of four (4) nurse practitioners per Supervising Physician at one time to meet California drug and device furnishing requirements.
- E. Physician consultation or referral or intervention is to be obtained in situations which go beyond the competence or scope and practice of the PMHNP or as specified under the following circumstances:
 - 1. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been ~~started~~started.
 - 2. Acute decompensation of client situation
 - 3. Problem which is not resolving as anticipated
 - 4. History, physical or lab findings inconsistent with the clinical picture
 - 5. Upon the request of client, PMHNP or Supervising Physician

III. Requirements

- A. The Standardized Procedures developed for use by PMHNPs are designed to describe the steps of care for given client situations. They are to be used in the following circumstances:
 - 1. General assessment and evaluation of mental status
 - 2. Management of acute mental illness
 - 3. Management of chronic mental illness
 - 4. Consultation with primary care providers
- B. Problem specific guidelines may be used to supplement the client care process and not absolutely define it e.g., Epocrates and other widely known Psychiatry publications. Alteration and adjustments may be necessary in an individual client's situation.

IV. Experience and training requirements

- A. Each PMHNP performing Standardized Procedure functions must have a registered nursing license, be a graduate of an approved Nurse Practitioner training program and be certified as a Nurse Practitioner by the State of California Board of Registered Nursing.
- B. Each PMHNP who furnishes drugs and devices must have a furnishing number issued by the California Board of Registered Nursing. PMHNPs who furnish controlled substances must also have a current Drug Enforcement Agency (DEA) registration certificate. PMHNPs who furnish buprenorphine must have an X-number registration certificate issued by the DEA.
- C. Each PMHNP will have documented graduate or post-graduate training in advanced practice psychiatric nursing.
- D. PMHNP must have appropriate psychiatric training and experience in child, adolescent, and adult behavioral health to evaluate and treat the psychiatric illnesses of children, adolescents, and adults.

V. Method of initial and continued evaluation

- A. General competency is initially evaluated during the probationary period by the Supervising Physician or designee. Each PMHNP is assigned a Supervising Physician who is responsible ~~to annually~~ annually to evaluate appropriateness of practice and clinical decision making. The Supervising Physician shall be a medical doctor or a general psychiatrist who is board-certified and has the appropriate training in the mental health care of children, adolescents, and adults aged 18 and older. This will be done in conjunction with the Performance Appraisal and Evaluation process.
- B. A quality assurance review process is established to assure that compliance ~~to~~ with important standards of care is maintained. Quality issues may be identified through client complaints, physician, peer, or management observation, self-identified by the PMHNP and/or through records reviews.

VI. Persons authorized to perform Standardized Procedures

The current record of PMHNPs authorized under the provisions of this Standardized Procedure is maintained by the Clinic Manager.

VII. Practice setting

Standardized Procedures are to be performed by PMHNPs on site in the clinic and/or via telemedicine. They remain in effect for any work-related outreach, interdisciplinary care coordination, and transfers of care to other health care providers and facilities.

VIII. Record keeping requirements

All interactions with clients are to be recorded in the medical record in a timely manner according to ~~current~~ the current BHS Documentation Policy.

IX. Statement of Approval of the Standardized Procedure

- A. Signatures of all PMHNPs, Supervising Physicians, and Medical Director are required.

Signature: _____

Date: _____

Printed Name with Discipline: _____

Practice Site: _____

Signature: _____

Date: _____

Printed Name with Discipline: _____

Practice Site: _____

Signature: _____

Date: _____

Printed Name with Discipline: _____

Practice Site: _____

X. Standardized Protocol for performing a diagnostic assessment, formulating diagnoses and establishing a treatment plan

A. Definition: This protocol covers the management of common behavioral health conditions seen in the outpatient setting including but not limited to depressive disorders, anxiety disorders, schizophrenia and related psychosis, bipolar disorder, trauma-related disorders, substance use disorders, attention-deficit hyperactivity disorder, autism spectrum disorders, and personality disorders.

B. Database:

1. Subjective data collection: Perform symptom analysis and collect supporting data as appropriate to chief complaint or identified problem, including past medical history, past psychiatric history, family history, pregnancy and lactation status, and risk factor analysis.
2. Objective data collection: Perform mental status exam. Perform physical exam as indicated. Review available medical, nursing, and diagnostic data. When indicated obtain collateral information.

C. Treatment Plan:

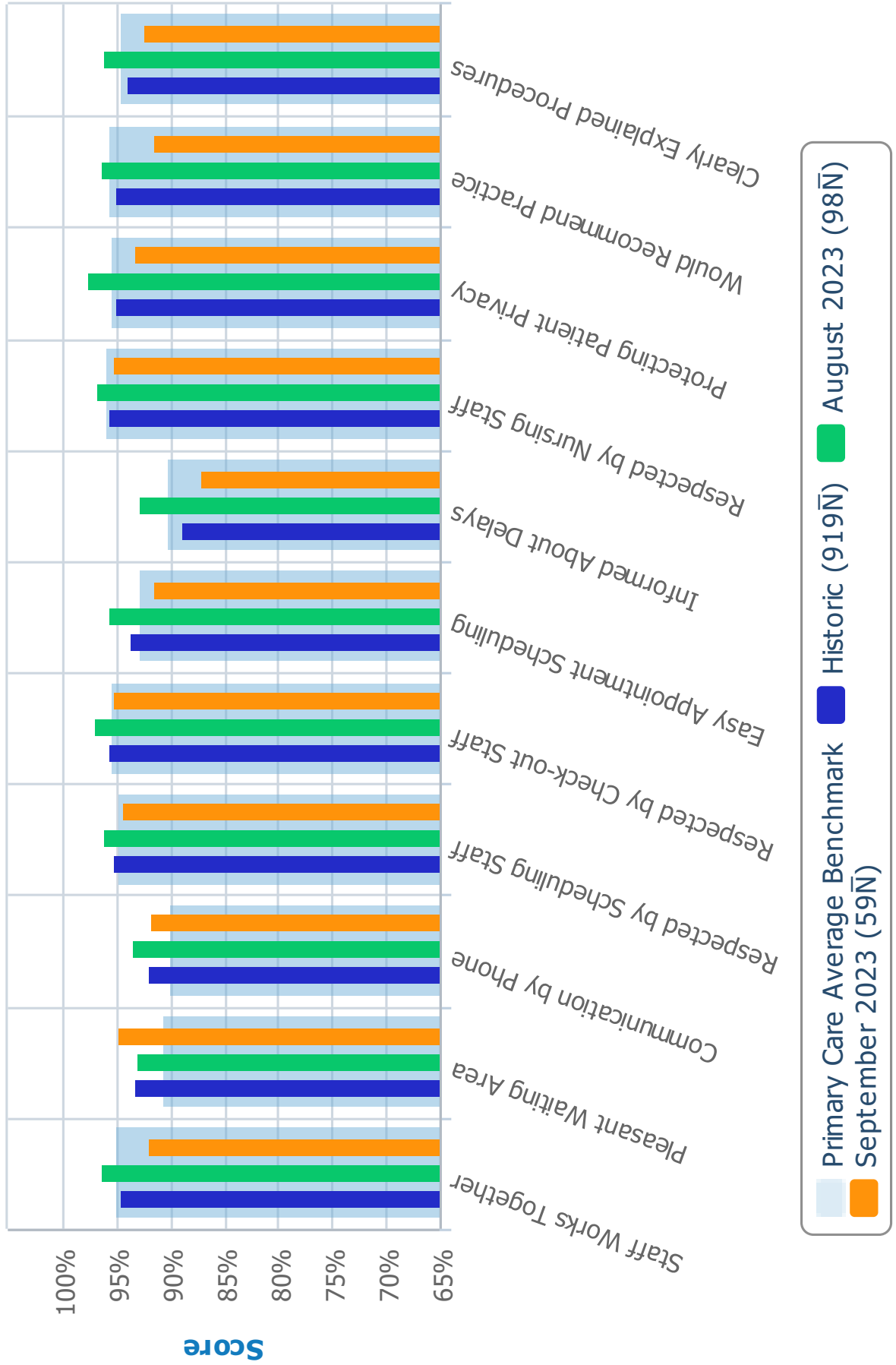
1. Diagnosis:
 - a. Formulate diagnosis based upon section B. This should be most consistent with the subjective and objective findings. If diagnosis is not clear, assessment to level of surety plus differential diagnosis.
 - b. Assessment of severity including functional impairments should be documented.
2. Treatment:
 - a. Laboratory testing and other diagnostic studies (e.g., psychological testing) when appropriate.
 - b. Patient education and counseling.
 - c. Furnishing medication if appropriate (see section X.C.4 below)
 - d. Follow-up appointments for further evaluation and treatment if indicated.
 - e. Consultation and referral (e.g. for psychotherapy, to neurology, to primary care, etc.) as appropriate.
3. Physician Consultation: As described in the Standardized Procedure Functions, Sections D & E.
4. Furnish/order appropriate medications and/or devices: The selection of pharmacologic therapy may include, but is not limited to, consideration of the following factors:
 - a. History of past allergies
 - b. Current medications
 - c. Medication is appropriate for the identified problem
 - d. Dosage adjustment to individual client needs, within therapeutic range

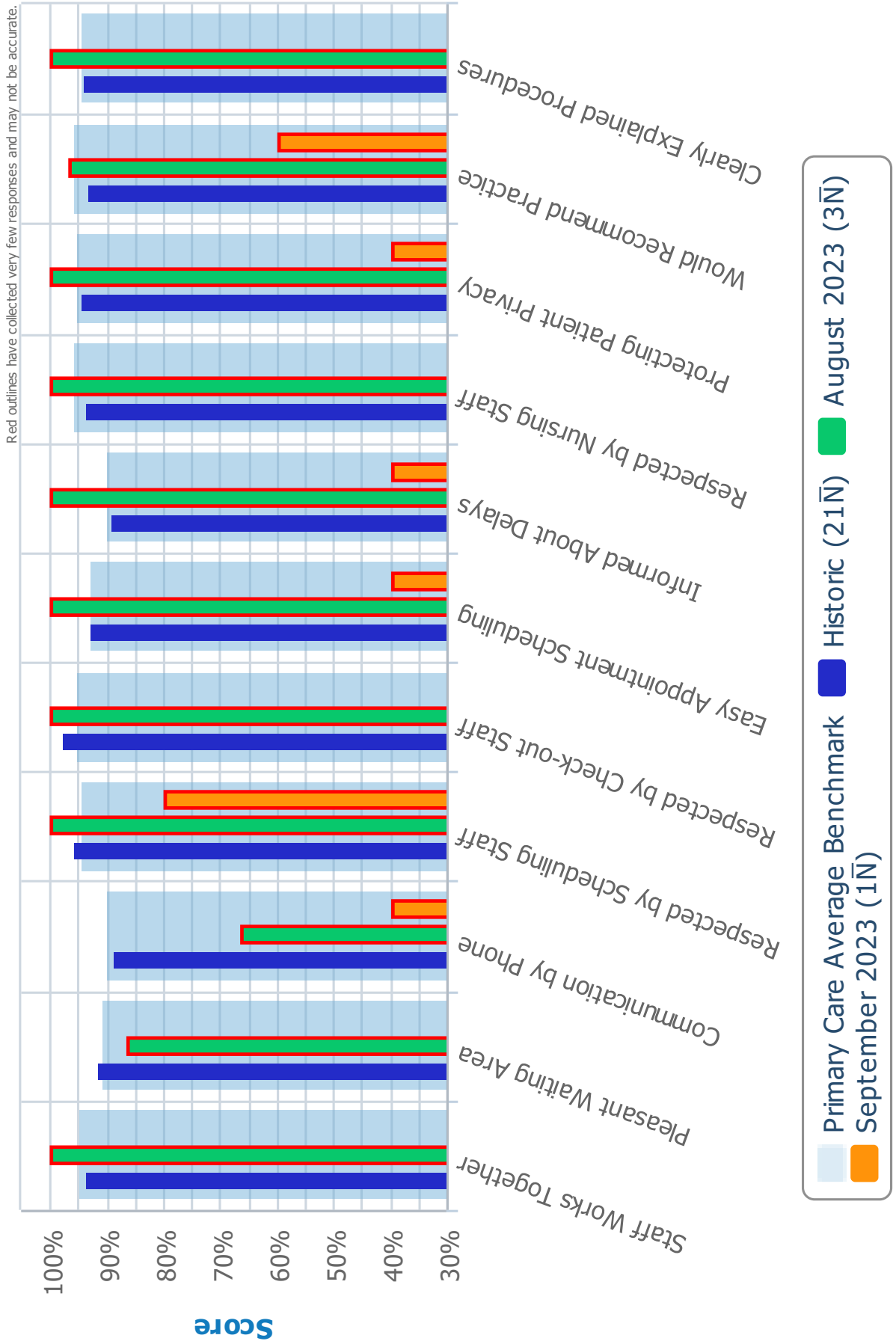
- e. Determination of pregnancy or lactation status
- f. Medication side effects
- g. Other client health conditions

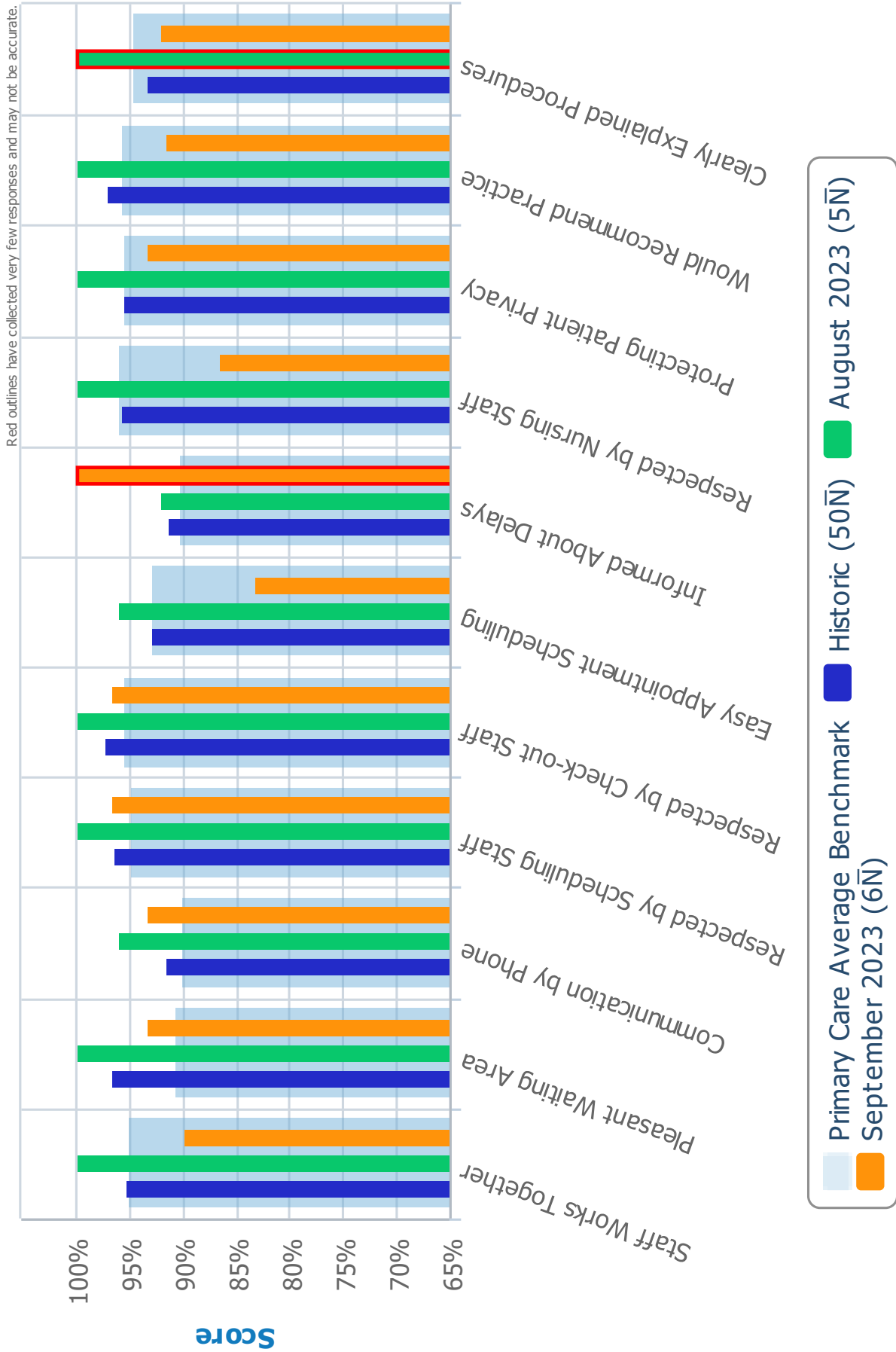
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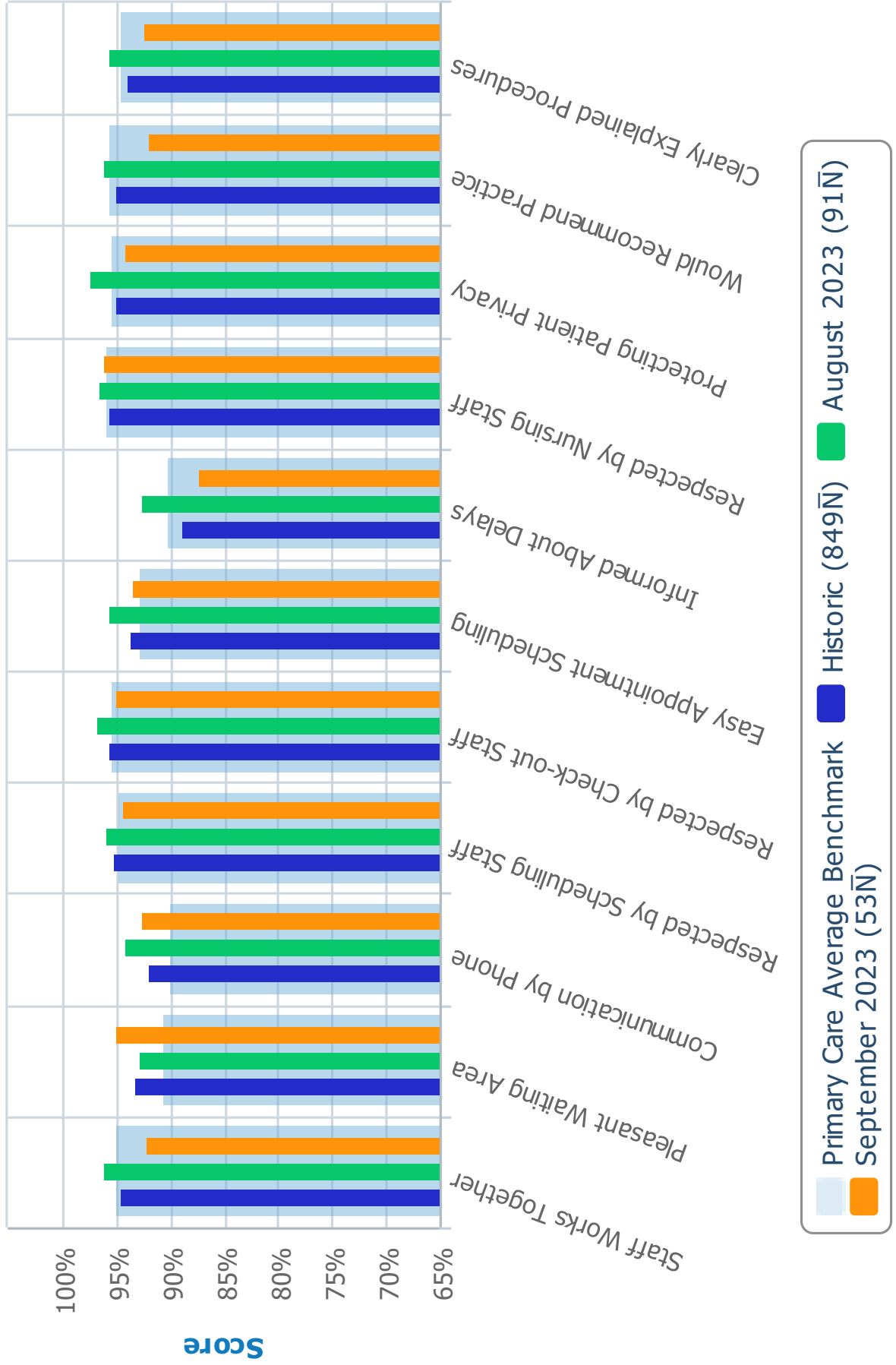
BHS Policies and Procedures are distributed by the BH Director or ~~designee~~designee.

Board of Directors
Medical Director
Program Director(s)
Clinic Manager(s)
PMHNP(s)











**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

Agenda Item: Financial Reports for September 2023
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The September 2023 financial reports are attached for your review and approval.

Unfortunately, Dr. Smart warned us September might not be the third month in a row for a positive net income at the clinic, but it wasn't actually all that bad, as reflected below



Mark Twain Health Care District				
Direct Clinic Financial Projections				
		9/30/23		
		Actual	Y-T-D	2023/2024
		Month	Actual	Budget
	Total Other Revenue	387,110	1,541,969	5,882,085
	Labor related costs	(203,084)	(591,717)	(2,913,126)
	Non labor expenses	(263,731)	(859,860)	(3,742,372)
	Total Expenses	(466,816)	(1,451,577)	(6,655,498)
	Net Expenses over Revenues	(79,706)	90,392	(773,413)

Mark Twain Health Care District						
Annual Budget Recap						
	09/30/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	2,707,589	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	2,707,589	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(2,295,524)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(2,295,524)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	412,064	221,933	(773,413)	29,065	(177,900)	1,144,180
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	Jul-23	Aug-23	23-Sep			
	197,850	392,710	412,064			

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			9/30/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
4083.49	Urgent care Gross Revenues	621,330	494,493	(126,838)	79.59%	1,863,991	1,783,426	(80,565)	95.68%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(107,382)	23,774	81.87%	(393,470)	(241,456)	152,013	61.37%	(1,573,878)
	Net Patient revenue	490,174	387,110	(103,064)	78.97%	1,470,521	1,541,969	71,448	104.86%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	Total Other Revenue	490,174	387,110	(103,064)	78.97%	1,470,521	1,541,969	71,448	104.86%	5,882,085
7083.09	Other salaries and wages	(192,606)	(165,600)	27,006	85.98%	(577,817)	(486,655)	91,162	84.22%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(12,075)	243	98.03%	(36,954)	(36,796)	158	99.57%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(29,188)	0	29,188	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(20,241)	(241)	101.20%	(60,000)	(60,722)	(722)	101.20%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(19,459)	0	19,459	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(5,169)	(3,548)	318.78%	(4,865)	(7,543)	(2,679)	155.07%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(50,155)	(37,485)	12,670	74.74%	(150,465)	(105,062)	45,403	69.83%	(601,859)
	Labor related costs	(242,761)	(203,084)	39,676	83.66%	(728,282)	(591,717)	136,565	81.25%	(2,913,126)
7083.05	Marketing	(1,000)	0	1,000	0.00%	(3,000)	(243)	2,757		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(61,434)	44,128	58.20%	(316,685)	(193,886)	122,799	61.22%	(1,266,738)
7083.20.02	Dental - Providers	0	(7,975)			0	(23,925)			
7083.20.03	Behavior Health - Providers	0				0				
7083.22	Consulting and Management fees	(2,500)	(1,938)	562	77.50%	(7,500)	(7,616)	(116)	101.54%	(30,000)
7083.23	Legal - Clinic	(417)	0	417	0.00%	(1,250)	(3,315)	(2,065)		(5,000)
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(18,583)	(56,351)	(37,767)	303.23%	(55,750)	(123,483)	(67,733)	221.49%	(223,000)
7083.29	Other Professional fees	(1,000)	(300)	700	30.00%	(3,000)	(4,165)	(1,165)	138.83%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(131)	(72)	223.73%	(175)	(228)	(53)	130.05%	(700)
7083.38	Pharmaceuticals	0				0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(22,841)	33,951	40.22%	(170,375)	(125,007)	45,368	73.37%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(5,976)	(5,976)		0	(45,335)	(45,335)		
7083.41.03	Behavior Health Materials	0	(71)	(71)		0	(433)	(433)		
7083.44	Linens	0								
7083.48	Instruments and Minor Medical Equipment	0				0	0	0		
7083.74	Depreciation - Equipment	(17,917)	(24,501)	(6,585)	136.75%	(53,750)	(73,504)	(19,754)		(215,000)
7083.45	Cleaning supplies	0				0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(1,250)	(1,020)	230	81.60%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(36,526)	25,557	58.83%	(186,250)	(109,579)	76,671	58.83%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(8,878)	(2,462)	138.36%	(19,250)	(19,850)	(600)	103.12%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(21,708)	(218)	101.01%	(64,471)	(65,124)	(654)	101.01%	(257,883)
7083.43	Food	(333)	(213)	120	63.95%	(1,000)	(498)	502	49.85%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(4,620)	(2,529)	220.90%	(6,275)	(10,619)	(4,344)	169.23%	(25,100)
7083.69	Other purchased services	(1,250)	(796)	454	63.68%	(3,750)	(3,159)	591	84.25%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(2,826)	(67)	102.44%	(8,275)	(8,477)	(202)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(375)	0	375	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(2,474)	26	98.97%	(7,500)	(11,014)	(3,514)	146.86%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	(1,300)	1,200	52.00%	(7,500)	(1,500)	6,000	20.00%	(30,000)
7083.87	Outside Training	(375)	0	375	0.00%	(1,125)	0	1,125	0.00%	(4,500)
7083.88	Travel costs	(279)	(2,872)	(2,593)	1028.87%	(838)	(7,004)	(6,167)	836.33%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(10,000)	0	10,000	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(6,250)	0	6,250	0.00%	(25,001)
	Non labor expenses	(311,864)	(263,731)	48,133	84.57%	(935,593)	(859,860)	75,733	91.91%	(3,742,372)
	Total Expenses	(554,625)	(466,816)	87,809	84.17%	(1,663,874)	(1,451,577)	212,297	87.24%	(6,655,498)
	Net Expenses over Revenues	(64,451)	(79,706)	(15,255)	163%	(193,353)	90,392	283,746	192%	(773,413)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		9/30/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,525	191	100.21%	268,000	268,698	698	100.26%	1072000	
Rent Revenues		89,333	89,525	191	100.21%	268,000	268,698	698	100.26%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(73,801)	3,699	95.23%	(232,500)	(222,177)	10,323	95.56%	(930,000)	
9520.85	Telephone & Communications	(572)	(409)	162	71.61%	(1,715)	(1,130)	585	65.90%	(6,860)	
9520.72	Depreciation	(8,285)	(8,432)	(147)	101.77%	(24,855)	(25,419)	(564)	102.27%	(99,420)	
9520.82	Insurance										
Total Costs		(86,357)	(82,642)	3,715	95.70%	(259,070)	(248,726)	10,344	96.01%	(1,036,280)	
Net		2,977	6,883	3,906	231.23%	8,930	19,972	11,042	223.65%	35,720	
9260.02	MOB Rents Revenue	19,044	14,762	(4,282)	77.51%	57,132	55,438	(1,694)	97.04%	228,527	
9521.75	MOB rent expenses	(22,284)	0	22,284	0.00%	(66,853)	(42,489)	24,363	63.56%	(267,410)	
Net		(3,240)	14,762	18,002	-455.57%	(9,721)	12,949	22,669	-133.21%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	2,387	2,387	0	100.00%	9,548	
9522.75	Child Advocacy Expenses	0	0	0	0.00%	0	(775)	(775)	0.00%		
Net		796	796	0	100.00%	2,387	1,612	(775)	67.53%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,872	(18)	99.05%	5,670	5,616	5,616	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
Total Revenues		111,063	106,954	(4,109)	96.30%	333,189	332,139	(1,050)	99.68%	1,332,755	
Total Expenses		(108,641)	(82,642)	25,999	76.07%	(325,923)	(291,990)	33,932	89.59%	(1,303,690)	
Summary Net		2,422	24,312	21,890	1003.77%	7,266	40,149	32,883	552.54%	29,065	

Mark Twain Health Care District										
Projects, Grants and Support										
		9/30/2023								
			2020/2021	2021/2022	2022/2023	2023/2024	Month to-Date	Actual	Actual	Actual
			Actual	Budget	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(19,475)	3,712	(21,724)	25.56%
8890.00	Community Grants		(3,754)		(50,000)					
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation			(628,000)						
8890.00	Veterans Support		0	0			0		0	
8890.00	Mens Health		0	0			0		0	
8890.00	Miscellaneous (TBD)					(100,000)				
8890.00	Steps to Kick Cancer - October		0	0			0		0	
8890.00	Ken McInturf Laptops		(2,571)							
8890.00	Doris Barger Golf		0	0			0		(2,500)	
8890.00	Stay Vertical		(14,000)	(14,000)	(35,000)	(37,900)	(9,475)	(566)	(5,516)	14.55%
8890.00	AED for Life					(40,000)	(10,000)	4,278	(13,708)	34.27%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program			(25,000)						
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(19,475)	3,712	(21,724)	25.56%

Mark Twain Health Care District										
General Administration Financial Projections										
		9/30/23				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	41,573	12,406	142.54%	87,500	118,706	31,206	135.66%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	325,000	325,000	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		17,821				67,607			
9205.03	Miscellaneous Income (1% Minority Interest)		(28,148)			0	(17,414)			
	Summary Revenues	137,500	139,579	2,079	101.51%	412,500	493,898	81,398	119.73%	1,750,000
8610.09	Other salaries and wages	(27,217)	(25,002)	2,215	91.86%	(81,652)	(83,457)	(1,805)	102.21%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,366)	716	65.60%	(6,246)	(4,744)	1,502	75.95%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(4,244)	0	4,244	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(4,402)	0	4,402	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	(206)	737	21.85%	(2,829)	(206)	2,623	7.28%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(707)	0	707	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(1,572)	4,571	25.59%	(18,429)	(4,950)	13,479	26.86%	(73,714)
	Labor Costs	(33,360)	(26,574)	6,786	79.66%	(100,080)	(88,407)	11,673	88.34%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(297)	3,869	7.14%	(12,500)	(884)	11,616	7.07%	(50,000)
8610.23	Legal	(333)	(117)	216	35.10%	(1,000)	(10,276)	(9,276)	1027.60%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(9,561)	(6,561)	318.71%	(9,000)	(18,352)	(9,352)	203.91%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(3,000)	0	3,000	0.00%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(500)	0	500	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(1,151)	(776)	306.98%	(1,125)	(2,932)	(1,807)	260.65%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(125)	0	125	0.00%	(500)
8610.69	Other- IT Services	(583)	(1,044)	(460)	178.94%	(1,750)	(5,643)	(3,893)	322.44%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(11,000)	(54,063)	(43,063)	491.48%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(50)	1,617	3.00%	(5,000)	(7,450)	(2,450)	149.00%	(20,000)
8610.87	Outside Trainings	(833)	0	833	0.00%	(2,500)	(1,145)	1,355	45.80%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(125)	0	125		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(3,750)	(1,500)	2,250	40.00%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	0	0		
	Non-Labor costs	(17,125)	(12,721)	4,404	74.28%	(51,375)	(102,244)	(50,869)	199.02%	(205,500)
	Total Costs	(50,485)	(39,294)	11,191	77.83%	(151,455)	(190,651)	(39,196)	125.88%	(605,820)
	Net	87,015	100,285	13,270	115.25%	261,045	303,247	42,202	116.17%	1,144,180

**Investment & Reserves Report
30-Sep-23**

Reserve Funds	Minimum Target	6/30/2023 Balance	2023/2024 Allocated	2023/2024 Interest	9/30/2023 Balance
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	4,869	1,035,527
Capital Improvement	3,000,000	2,522,220	0	34,514	2,556,734
Technology Reserve	250,000	1,039,589	-789,589	10,672	260,672
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	30,622	1,730,622
Community Programs Reserve	250,000		100,000	450	100,450
Lease Termination Reserve	3,250,000		490,999	2,210	493,209
Loan Reserve	2,000,000	2,084,524	0	28,525	2,113,049
Reserves & Contingencies	12,650,000	8,178,401	0	111,862	8,290,263

Reserves	2023-2024	
	9/30/2023	Interest Earned
Valley Springs HWC - Operational Reserve	31,026	368
Total Cal-Trust Reserve Funds	31,026	368

Valley Springs HWC - Operational Reserve	1,004,501	4,501
Lease & Contract Reserve	1,730,622	30,622
Loan Reserve	2,113,049	28,525
Capital Improvement	2,556,734	34,514
Technology Reserve Fund	260,672	10,672
Community Programs Reserve	100,450	450
Lease Termination reserve	493,209	2,210
Total CA-CLASS Reserve Funds	8,259,237	111,494

Five Star		
General Operating - Closed	0	0
General Operating - NEW	681,609	59
Money Market Account	277,267	3,084
Valley Springs - Checking	88,502	17
Valley Springs - Payroll	37,096	19
Total Five Star	1,084,473	3,179

Umpqua Bank		
Checking	232,528	0
Money Market Account	6,446	0.16
Investments	0	0
Total Savings & CD's	238,974	0.16

Bank of Stockton	7,019	21
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Total in interest earning accounts	9,620,730	115,063
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Beta Dividends 1	0
CSDA Training Scholarship	0
Anthem Rebate	3,643

Total Without Unrealized Loss	118,706
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Mark Twain Health Care District
Balance Sheet
As of September 30, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	232,528
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	7,019
1001.40 Five Star Bank - MTHCD Checking - Closed	0
1001.45 Five Star Bank - MTHCD Checking NEW	669,748
1001.50 Five Star Bank - Money Market	277,267
1001.60 Five Star Bank - VSHWC Checking	88,502
1001.65 Five Star Bank - VSHWC Payroll	36,196
1001.90 US Bank - VSHWC	49,348
1001.98 Calaveras Wellness Foundation	100,901
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,468,355
Accounts Receivable	
1201.00 Accounts Receivable	6,337
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	518,797
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	31,026
1003.20 CLASS Operational Reserve Fund	1,004,501
1004.10 CLASS Lease & Contract Reserve Fund	1,730,622
1004.20 CLASS Loan Reserve Fund	2,113,049
1004.30 CLASS Capital Improvement Reserve Fund	2,556,734
1004.40 CLASS Technology Reserve Fund	260,672
1004.50 Community Programs Reserve Fund	100,450
1004.60 Lease Termination Reserve Fund	493,209
1150.05 Due from Calaveras County	1,300,000
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	216,359
1205.51 Cash To Be Reconciled	88,681
1300.00 Prepaid Expense (USDA)	65,124
Total Other Current Assets	10,132,901
Total Current Assets	12,120,053
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	936,577
1221.00 Pharmacy Construction	48,536

1521.10 CIP Land	3,082
1521.20 CIP Buildings	30,388
1600.00 Accumulated Depreciation	-8,567,604
Total Fixed Assets	6,641,920
Other Assets	
1710.10 Minority Interest in MTMC - NEW	390,564
1810.60 Capitalized Lease Negotiations	305,919
1810.65 Capitalized Costs Amortization	14,899
Total Intangible Assets	320,818
2219.00 Capital Lease	5,823,464
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,376,620
TOTAL ASSETS	26,138,593
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	139,546
Total 200.00 Accts Payable & Accrued Expenes	139,546
2001.00 Other Accounts Payable (Credit Card)	27,891
Total 200.00 Accts Payable & Accrued Expenes	27,891
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	42,068
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	8,388
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	100,901
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	561,477
Total Current Liabilities	728,914
Long-Term Liabilities	
2128.01 Deferred Capital Lease	281,818
2128.02 Deferred Utilities Reimbursement	515,962
2129.00 Other Third Party Reimbursement - Calaveras County	975,000
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,562,277
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	9,201,327
Total Liabilities	9,930,241
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,572,500
Net Income	412,064
Total Equity	16,208,352
TOTAL LIABILITIES AND EQUITY	26,138,593



**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
San Andreas, CA 95249
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(209) 754-2537 Fax

Agenda Item: Financial Reports for October 2023
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The October 2023 financial reports are attached for your review and approval.

Another solid month for the Clinic. Interest rates remain very high, helping add to the District's overall net income total 😊

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		10/31/23		
		Actual	Y-T-D	2023/2024
		Month	Actual	Budget
	Total Other Revenue	454,342	1,996,312	5,882,085
	Labor related costs	(196,838)	(788,555)	(2,913,126)
	Non labor expenses	(258,655)	(1,118,516)	(3,742,372)
	Total Expenses	(455,493)	(1,907,070)	(6,655,498)
	Net Expenses over Revenues	(1,151)	89,242	(773,413)

Mark Twain Health Care District						
Annual Budget Recap						
	10/31/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	3,468,017	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	3,468,017	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(2,916,092)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(2,916,092)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	551,925	221,933	(773,413)	29,065	(177,900)	1,144,180
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	Jul-23	Aug-23	23-Sep	23-Oct		
	197,850	392,710	412,064	551,925		

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			10/31/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
4083.49	Urgent care Gross Revenues	621,330	498,816	(122,514)	80.28%	2,485,321	2,282,242	(203,079)	91.83%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(44,474)	86,683	33.91%	(524,626)	(285,930)	238,696	54.50%	(1,573,878)
	Net Patient revenue	490,174	454,342	(35,831)	92.69%	1,960,695	1,996,312	35,617	101.82%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	Total Other Revenue	490,174	454,342	(35,831)	92.69%	1,960,695	1,996,312	35,617	101.82%	5,882,085
7083.09	Other salaries and wages	(192,606)	(164,124)	28,482	85.21%	(770,422)	(650,779)	119,643	84.47%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(11,911)	407	96.70%	(49,272)	(48,708)	564	98.85%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(38,917)	0	38,917	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(19,615)	385	98.08%	(80,000)	(80,338)	(338)	100.42%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(25,945)	0	25,945	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(1,187)	434	73.21%	(6,486)	(8,730)	(2,244)	134.60%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(50,155)	(32,714)	17,441	65.23%	(200,620)	(137,776)	62,844	68.68%	(601,859)
	Labor related costs	(242,761)	(196,838)	45,923	81.08%	(971,042)	(788,555)	182,487	81.21%	(2,913,126)
7083.05	Marketing	(1,000)	(589)	411	58.88%	(4,000)	(832)	3,168		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(53,711)	51,850	50.88%	(422,246)	(247,597)	174,649	58.64%	(1,266,738)
7083.20.02	Dental - Providers	0	(6,738)			0	(30,663)			
7083.20.03	Behavior Health - Providers	0				0				
7083.22	Consulting and Management fees	(2,500)	(1,926)	574	77.04%	(10,000)	(9,542)	458	95.42%	(30,000)
7083.23	Legal - Clinic	(417)	(312)	105	74.88%	(1,667)	(3,627)	(1,960)		(5,000)
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(18,583)	(59,950)	(41,367)	322.60%	(74,333)	(183,433)	(109,099)	246.77%	(223,000)
7083.29	Other Professional fees	(1,000)	(500)	500	50.00%	(4,000)	(4,665)	(665)	116.63%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(97)	(39)	166.42%	(233)	(325)	(91)	139.14%	(700)
7083.38	Pharmaceuticals	0				0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(17,574)	39,218	30.94%	(227,167)	(142,581)	84,586	62.76%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(11,941)	(11,941)		0	(57,277)	(57,277)		
7083.41.03	Behavior Health Materials	0	(71)	(71)		0	(504)	(504)		
7083.44	Linens	0								
7083.48	Instruments and Minor Medical Equipment	0				0	0	0		
7083.74	Depreciation - Equipment	(17,917)	(10,467)	7,450	58.42%	(71,667)	(83,971)	(12,305)		(215,000)
7083.45	Cleaning supplies	0				0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	(952)	(535)	228.48%	(1,667)	(1,972)	(305)	118.32%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(50,561)	11,523	81.44%	(248,333)	(160,139)	88,194	64.49%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(1,064)	5,352	16.59%	(25,667)	(20,914)	4,752	81.48%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(21,708)	(218)	101.01%	(85,961)	(86,833)	(872)	101.01%	(257,883)
7083.43	Food	(333)	(2,721)	(2,388)	816.36%	(1,333)	(3,220)	(1,886)	241.48%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(926)	1,165	44.28%	(8,367)	(11,546)	(3,179)	138.00%	(25,100)
7083.69	Other purchased services	(1,250)	(1,159)	91	92.72%	(5,000)	(4,318)	682	86.37%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(2,826)	(67)	102.44%	(11,033)	(11,302)	(269)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(500)	0	500	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(10,989)	(8,489)	439.54%	(10,000)	(22,003)	(12,003)	220.03%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	0	2,500	0.00%	(10,000)	(1,500)	8,500	15.00%	(30,000)
7083.87	Outside Training	(375)	0	375	0.00%	(1,500)	0	1,500	0.00%	(4,500)
7083.88	Travel costs	(279)	(1,874)	(1,594)	671.13%	(1,117)	(8,878)	(7,761)	795.03%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(13,333)	0	13,333	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(8,334)	0	8,334	0.00%	(25,001)
	Non labor expenses	(311,864)	(258,655)	53,209	82.94%	(1,247,457)	(1,118,516)	128,942	89.66%	(3,742,372)
	Total Expenses	(554,625)	(455,493)	99,132	82.13%	(2,218,499)	(1,907,070)	311,429	85.96%	(6,655,498)
	Net Expenses over Revenues	(64,451)	(1,151)	63,300	175%	(257,804)	89,242	347,046	188%	(773,413)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		10/31/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,483	150	100.17%	357,333	358,182	848	100.24%	1072000	
Rent Revenues		89,333	89,483	150	100.17%	357,333	358,182	848	100.24%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(39,706)	37,794	51.23%	(310,000)	(261,883)	48,117	84.48%	(930,000)	
9520.85	Telephone & Communications	(572)	(471)	101	82.40%	(2,287)	(1,601)	685	70.03%	(6,860)	
9520.72	Depreciation	(8,285)	(8,390)	(105)	101.27%	(33,140)	(33,810)	(670)	102.02%	(99,420)	
9520.82	Insurance										
Total Costs		(86,357)	(48,568)	37,789	56.24%	(345,427)	(297,293)	48,133	86.07%	(1,036,280)	
Net		2,977	40,916	37,939	1374.55%	11,907	60,888	48,981	511.38%	35,720	
9260.02	MOB Rents Revenue	19,044	18,605	(439)	97.70%	76,176	74,043	(2,133)	97.20%	228,527	
9521.75	MOB rent expenses	(22,284)	(21,400)	884	96.03%	(89,137)	(63,889)	25,247	71.68%	(267,410)	
Net		(3,240)	(2,795)	445	86.26%	(12,961)	10,154	23,115	-78.34%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	3,183	3,183	0	100.00%	9,548	
9522.75	Child Advocacy Expenses	0	0	0	0.00%	0	(775)	(775)	0.00%		
Net		796	796	0	100.00%	3,183	2,408	(775)	75.65%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,872	(18)	99.05%	7,560	7,488	7,488	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
Total Revenues		111,063	110,756	(307)	99.72%	444,252	442,895	(1,356)	99.69%	1,332,755	
Total Expenses		(108,641)	(69,968)	38,673	64.40%	(434,563)	(361,958)	72,605	83.29%	(1,303,690)	
Summary Net		2,422	40,788	38,366	1684.01%	9,688	80,937	71,249	835.41%	29,065	

Mark Twain Health Care District										
Projects, Grants and Support										
		10/31/2023								
			2020/2021	2021/2022	2022/2023	2023/2024	Month to-Date	Actual	Actual	Actual
			Actual	Budget	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(25,967)	(12,945)	(34,669)	40.79%
8890.00	Community Grants		(3,754)		(50,000)					
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation			(628,000)						
8890.00	Veterans Support		0	0			0		0	
8890.00	Mens Health		0	0			0		0	
8890.00	Miscellaneous (TBD)					(100,000)				
8890.00	Steps to Kick Cancer - October		0	0			0		0	
8890.00	Ken McInturf Laptops		(2,571)							
8890.00	Doris Barger Golf		0	0			0		(2,500)	
8890.00	Stay Vertical		(14,000)	(14,000)	(35,000)	(37,900)	(12,633)	(8,445)	(13,961)	36.84%
8890.00	AED for Life					(40,000)	(13,333)	500	(13,208)	33.02%
8890.00	Calaveras Mentoring Program							(2,500)	(2,500)	
8890.00	Calaveras Senior Center Meals							(2,500)	(2,500)	
8890.00	High school ROP (CTE) program			(25,000)						
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(25,967)	(12,945)	(34,669)	40.79%

Mark Twain Health Care District										
General Administration Financial Projections										
10/31/23										
ADMIN										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	42,014	12,847	144.05%	116,667	160,719	44,053	137.76%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	433,333	433,333	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		509				68,116			
9205.03	Miscellaneous Income (1% Minority Interest)		0			0	(17,414)			
	Summary Revenues	137,500	150,856	13,356	109.71%	550,000	644,755	94,755	117.23%	1,750,000
8610.09	Other salaries and wages	(27,217)	(25,194)	2,023	92.57%	(108,869)	(108,651)	218	99.80%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,381)	702	66.30%	(8,328)	(6,124)	2,204	73.54%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(5,659)	0	5,659	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(5,869)	0	5,869	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	0	943	0.00%	(3,772)	(206)	3,566	5.46%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(943)	0	943	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(1,381)	4,762	22.47%	(24,571)	(6,330)	18,241	25.76%	(73,714)
	Labor Costs	(33,360)	(26,575)	6,785	79.66%	(133,440)	(114,981)	18,459	86.17%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(294)	3,873	7.06%	(16,667)	(1,178)	15,489	7.07%	(50,000)
8610.23	Legal	(333)	0	333	0.00%	(1,333)	(10,276)	(8,943)	770.70%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(6,986)	(3,986)	232.87%	(12,000)	(25,338)	(13,338)	211.15%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(4,000)	0	4,000	0.00%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(667)	0	667	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(1,128)	(753)	300.68%	(1,500)	(4,060)	(2,560)	270.66%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(167)	0	167	0.00%	(500)
8610.69	Other- IT Services	(583)	(671)	(87)	114.99%	(2,333)	(6,313)	(3,980)	270.58%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(14,667)	(54,063)	(39,396)	368.61%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(600)	1,067	35.98%	(6,667)	(8,050)	(1,383)	120.74%	(20,000)
8610.87	Outside Trainings	(833)	(1,435)	(602)	172.23%	(3,333)	(2,580)	753	77.41%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(167)	0	167		(500)
8610.90	Other Direct Expenses	(1,250)	0	1,250	0.00%	(5,000)	(1,500)	3,500	30.00%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	0	0		
	Non-Labor costs	(17,125)	(11,113)	6,012	64.90%	(68,500)	(113,358)	(44,858)	165.49%	(205,500)
	Total Costs	(50,485)	(37,688)	12,797	74.65%	(201,940)	(228,339)	(26,399)	113.07%	(605,820)
	Net	87,015	113,168	26,153	130.06%	348,060	416,415	68,355	119.64%	1,144,180

Mark Twain Health Care District
Balance Sheet
As of October 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	249,374
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	6,996
1001.40 Five Star Bank - MTHCD Checking - Closed	0
1001.45 Five Star Bank - MTHCD Checking NEW	419,710
1001.50 Five Star Bank - Money Market	278,096
1001.60 Five Star Bank - VSHWC Checking	61,381
1001.65 Five Star Bank - VSHWC Payroll	184,059
1001.90 US Bank - VSHWC	80,250
1001.98 Calaveras Wellness Foundation	109,901
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,396,613
Accounts Receivable	
1201.00 Accounts Receivable	7,779
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	520,239
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	31,158
1003.20 CLASS Operational Reserve Fund	1,009,205
1004.10 CLASS Lease & Contract Reserve Fund	1,738,726
1004.20 CLASS Loan Reserve Fund	2,122,944
1004.30 CLASS Capital Improvement Reserve Fund	2,568,707
1004.40 CLASS Technology Reserve Fund	261,892
1004.50 Community Programs Reserve Fund	100,921
1004.60 Lease Termination Reserve Fund	495,519
1150.05 Due from Calaveras County	1,300,000
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	228,964
1205.51 Cash To Be Reconciled	41,932
1300.00 Prepaid Expense (USDA)	43,416
Total Other Current Assets	10,115,857
Total Current Assets	12,032,709
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	936,577
1221.00 Pharmacy Construction	48,536

1521.10 CIP Land	3,742
1521.20 CIP Buildings	40,688
1600.00 Accumulated Depreciation	-8,628,632
Total Fixed Assets	6,591,852
Other Assets	
1710.10 Minority Interest in MTMC - NEW	390,564
1810.60 Capitalized Lease Negotiations	304,926
1810.65 Capitalized Costs Amortization	15,892
Total Intangible Assets	320,818
2219.00 Capital Lease	5,804,557
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,357,713
TOTAL ASSETS	25,982,274
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	45,711
Total 200.00 Accts Payable & Accrued Expenes	45,711
2001.00 Other Accounts Payable (Credit Card)	22,944
Total 200.00 Accts Payable & Accrued Expenes	22,944
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	10,324
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	109,901
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	593,811
Total Current Liabilities	662,466
Long-Term Liabilities	
2128.01 Deferred Capital Lease	246,312
2128.02 Deferred Utilities Reimbursement	451,468
2129.00 Other Third Party Reimbursement - Calaveras County	866,667
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,562,277
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	8,992,994
Total Liabilities	9,655,460
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,593,898
Net Income	551,925
Total Equity	16,326,815
TOTAL LIABILITIES AND EQUITY	25,982,275

**Investment & Reserves Report
31-Oct-23**

Reserve Funds	Minimum Target	6/30/2023 Balance	2023/2024 Allocated	2023/2024 Interest	10/31/2023 Balance
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	9,705	1,040,363
Capital Improvement	3,000,000	2,522,220	0	46,487	2,568,707
Technology Reserve	250,000	1,039,589	-789,589	11,892	261,892
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	38,726	1,738,726
Community Programs Reserve	250,000		100,000	921	100,921
Lease Termination Reserve	3,250,000		490,999	4,520	495,519
Loan Reserve	2,000,000	2,084,524	0	38,420	2,122,944
Reserves & Contingencies	12,650,000	8,178,401	0	150,670	8,329,071

Reserves	2023-2024	
	10/31/2023	Interest Earned
Valley Springs HWC - Operational Reserve	31,158	500
Total Cal-Trust Reserve Funds	31,158	500

Valley Springs HWC - Operational Reserve	1,009,205	9,205
Lease & Contract Reserve	1,738,726	38,726
Loan Reserve	2,122,944	38,420
Capital Improvement	2,568,707	46,487
Technology Reserve Fund	261,892	11,892
Community Programs Reserve	100,921	921
Lease Termination reserve	495,519	4,520
Total CA-CLASS Reserve Funds	8,297,914	150,170

Five Star		
General Operating - Closed	0	0
General Operating - NEW	472,213	89
Money Market Account	278,096	3,914
Valley Springs - Checking	61,381	23
Valley Springs - Payroll	184,959	25
Total Five Star	996,649	4,052

Umpqua Bank		
Checking	249,374	0
Money Market Account	6,446	0.22
Investments	0	0
Total Savings & CD's	255,819	0.22

Bank of Stockton	6,996	22
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Total in interest earning accounts	9,588,536	154,744
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Beta Dividends 1	2,333
CSDA Training Scholarship	0
Anthem Rebate	3,643

Total Without Unrealized Loss	160,719
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Audited Financial Statements
MARK TWAIN
HEALTH CARE DISTRICT
June 30, 2023 and 2022

Audited Financial Statements

MARK TWAIN HEALTH CARE DISTRICT

June 30, 2023

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Management's Discussion and Analysis

MARK TWAIN HEALTH CARE DISTRICT

June 30, 2023

The management of the Mark Twain Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of the District's performance for the fiscal year ended June 30, 2023 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the District's financial performance as a whole in addition to providing a prospective look at revenue growth, operating expenses, and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2023 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Highlights

The District's financial statements consist of three statements: statement of net position; statement of revenues, expenses, and changes in net position; and statement of cash flows. These financial statements and related notes provide information about the activities of the District, including resources held by the District but restricted for specific purposes by contributors, grantors, or enabling legislation.

The statement of net position includes all of the District's assets and liabilities, using the accrual basis of accounting, as well as an indication about which assets can be used for general purposes and which are designated for a specific purpose. Highlights within the statement of net position and the statement of revenues, expenses and changes in net position for the year ended June 30, 2023 were:

- (1) Total assets decreased by \$2,795,811 due mainly to decrease of cash and cash equivalents by \$1,176,190 and depreciation of property and equipment of \$763,098.
- (2) Patient accounts receivable as of June 30, 2023 were \$362,424 net of estimated related allowances of \$136,920 to arrive at a net patient accounts receivable total of \$225,504. As of June 30, 2022, patient accounts receivable were \$360,479, net of estimated related allowances of \$154,616 to arrive at a net patient accounts receivable of \$205,863.
- (3) Property and equipment additions were \$26,917 while depreciation expense was \$763,921. With the combined additions and depreciation, property and equipment showed a net decrease of \$737,004.
- (4) Total debt borrowings were \$6,847,384. The District repaid \$146,000 on these debt borrowings during the year.
- (5) The District continued with updates of the Governmental Accounting Standards Board (GASB) 87 during the year which changed the way during the year ended June 30, 2022 in the way the District accounted for leases, both as a lessor and as a lessee. The main results were decreases to lease receivables (both current and long term) in the combined amount of \$185,651, and decreases to lease payables (both current and long term) in the combined amount of \$167,784.

Management's Discussion and Analysis (continued)

MARK TWAIN HEALTH CARE DISTRICT

(6) The decrease in net position for the year ended June 30, 2023 was \$(1,282,214) as compared to the prior year decrease in net position of \$(500,529). Estimated third party settlements were \$117,814 due to Medi-Cal. It is anticipated that in the year 2024 the PPS base year will be audited by the State from which the District is expecting very favorable results.

(7) The District recorded grant income for the year in the amount of \$374,906 as compared to the prior year grant income of \$662,341 of which \$347,687 came from the Department of Finance in the State of California for reimbursement of COVID related expenses.

The statement of cash flows reports the cash provided by and used by the District's operating activities, as well as other cash sources such as investment income and cash payments for capital additions and improvements. This statement provides meaningful information on how the District's cash was generated and how it was used during the fiscal year.

Cash and Investments

For the fiscal year ended June 30, 2023, the District's operating cash and investments totaled \$9,401,326 as compared to \$10,663,487 in fiscal year 2022. At June 30, 2023, days cash on hand were 751 as compared to June 30, 2022 when days cash on hand were 751. The District maintains sufficient cash and cash equivalent balances to pay all short-term liabilities, plus fund the forthcoming operations of the new rural health clinic.

Current Assets and Liabilities

Current assets decreased by \$1,614,044 due mainly to the previously mentioned decrease in cash and cash equivalents and a decrease in third party settlements. Current liabilities increased by \$25,619 due mainly to the increase in estimated third party payor settlements of \$117,814. These changes produced a current ratio of 12.64 for June 30, 2023 as compared to 15.16 for June 30, 2022.

Capital and Other Assets

Property and equipment decreased by \$737,004 as additions were \$26,917, less depreciation expense of \$763,921. Continued improvements are being made to the Clinic in Valley Springs.

The District has recorded approximately \$6.8 million in other assets, offset by approximately \$1.8 million in deferred revenues as of June 30, 2023, associated both with the 30 year leasing of the Hospital facilities by Dignity and the implementation of GASB 87. The Hospital facilities lease realized an approximate \$1.1 million in lease revenues from the lease of the Hospital facilities.

Management's Discussion and Analysis (continued)

MARK TWAIN HEALTH CARE DISTRICT

District Revenues and Rental Income

The District receives approximately 21% of its operating support from property taxes. These funds are used to support operations of the District. They are classified as operating revenue as the revenue is directly linked to the operations of the District. Property taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. Property taxes increased in 2023 by \$135,028 from 2022.

The District also rents and/or leases hospital facilities, private office for physicians and land to various entities and individuals for purposes of supplying healthcare to the residents in the surrounding area. Rental income for the year ended June 30, 2023 decreased slightly by \$15,472 over the previous year.

Operating Expenses

Total operating expenses were \$6,796,452 for fiscal year 2023 compared to \$6,067,630 for the prior fiscal year. The increase is mainly due primarily to:

- (1) A \$353,374 increase in salaries, wages and employee benefits due to the continued hiring of new staff for the operations of the new Clinic and rate increases.
- (2) A \$110,173 increase in professional fees due to volume changes in the Clinic.
- (3) A \$334,506 increase in utilities for the year ended June 30, 2023 as rates increased.
- (4) Other changes in expenses over the prior year were considered either consistent with the prior year or minor.

Other Management Comments

On June 23, 2023 the District received a letter of award for the California BHCIP (round 5). This is a California Behavioral Health grant for \$3,322,198. There is an owner match of \$283,056, of which \$100,000 has been received from a private donor through the Calaveras Wellness Foundation. California will secure a service lien on the property requiring 30 years of behavioral health in the new addition. The USDA has a lien on the property to secure the 30-year construction loan. The USDA, national, has opined that they will not have an interest in the California lien unless new debt is created. There is no new debt projected for this construction.

The District is obtaining quotes from various vendors to provide a full facility assessment of the Mark Twain Medical Center, which the District owns. It is anticipated that the District board of directors will approve funding for the assessment and then work with Dignity Health/Common Spirit to remedy facility deficiencies. The tenant, Dignity Health/Common Spirit is responsible for any and all upgrades and maintenance.

Management's Discussion and Analysis (continued)

MARK TWAIN HEALTH CARE DISTRICT

The District has been notified, informally, that Dignity Health/Common Spirit intend to fund permitting, engineering, testing, and implementation of construction designed to fulfill the requirements of the California seismic retrofit mandate. The District is cooperating and has asked for all related documents for approval purposes. The project is currently valued at about \$15 million.

The District was also notified, informally, that Dignity Health/Common Spirit intend to fund a new IT MDF room on the hospital campus. This project is valued at \$2.5 million.

The District staff have conducted an informal facility assessment of the Valley Springs Health & Wellness Center. A list of issues was developed and will be addressed by facility management. The cost this next fiscal year will be immaterial.

The District has received \$54,000 in new grant funding since July 1, 2023.

Economic Factors and Next Fiscal Year's Budget

The District's board approved the fiscal year ending June 30, 2024 budget at a recent Board meeting. For fiscal year 2024, the District is budget has the following assumptions:

Property taxes were budgeted at the approximately the same levels of 2023 while rents increase slightly.

Professional fees and other operating expenses are expected to remain fairly consistent for the year as compared to 2023

The District is continuing to improve and expand services at the rural health care clinic in Valley Springs which began operating in October, 2019. Continued planning is underway for expanded operations of the Clinic and the establishment of reasonable reimbursement rates from both Medicare and Medi-Cal for patient services rendered.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

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Report of Independent Auditors

The Board of Directors
Mark Twain Health Care District
San Andreas, California

Opinion

We have audited the accompanying financial statements of the Mark Twain Health Care District (the District) as of and for the years ended June 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of June 30, 2023 and 2022, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Emphasis of Matter

As discussed in Note A, the District adopted GASB 87 for the year beginning July 1, 2021 and ending June 30, 2022. Our opinion is not modified with respect to this matter.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America *Government Auditing Standards*, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Governmental Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 14, 2023, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

JW7 & Associates, LLP

Fresno, California
November 14, 2023

Statements of Net Position

MARK TWAIN HEALTH CARE DISTRICT

	June 30	
	<u>2023</u>	<u>2022</u>
Assets		
Current assets:		
Cash and cash equivalents	\$ 9,401,326	\$ 10,663,487
Patient accounts receivable	225,504	205,863
Other receivables	295,411	274,754
Estimated third party payor settlements		488,746
Prepaid expenses, inventory and other current assets	<u>122,614</u>	<u>26,049</u>
Total current assets	10,044,855	11,658,899
Property and equipment	7,014,220	7,751,224
Interest in Mark Twain Medical Center	383,709	395,481
Other assets	<u>6,836,670</u>	<u>7,269,661</u>
Total assets	<u>\$ 24,279,454</u>	<u>\$ 27,075,265</u>
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	\$ 163,000	\$ 146,000
Accounts payable and accrued expenses	403,247	461,515
Accrued payroll and related liabilities	110,443	147,790
Estimated third party payor settlements	117,814	
Deferred grant revenues		<u>13,580</u>
Total current liabilities	794,504	768,885
Other liabilities	446,177	596,895
Debt borrowings	<u>6,684,384</u>	<u>6,847,384</u>
Total liabilities	7,925,065	8,213,164
Deferred inflows of resources	1,341,657	2,567,155
Net position		
Invested in capital assets	166,836	757,840
Unrestricted net position	<u>14,845,896</u>	<u>15,537,106</u>
Total net position	<u>15,012,732</u>	<u>16,294,946</u>
Total liabilities and net position	<u>\$ 24,279,454</u>	<u>\$ 27,075,265</u>

See accompanying notes and auditor's report

Statements of Revenues, Expenses and Changes in Net Position

MARK TWAIN HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2023</u>	<u>2022</u>
Operating revenues:		
Net patient service revenues	\$ 2,380,446	\$ 2,614,614
District taxes	1,388,660	1,253,632
Hospital lease income	1,078,438	1,084,806
Rental income from medical office buildings	230,454	245,926
Grant revenues	337,847	662,341
Interest and other investment income	374,907	21,936
Other operating income	<u>9,550</u>	<u>6,122</u>
Total revenues, gains and losses	5,800,302	5,889,377
Operating expenses:		
Salaries and wages	1,941,552	1,656,726
Employee benefits	366,653	298,105
Professional fees	1,248,183	1,138,010
Supplies	321,917	379,912
Purchased services and repairs	43,003	21,705
Donations, programs and events	372,785	367,181
Medical office building rent	254,567	227,956
Utilities and phone	1,156,083	821,577
Insurance	114,218	117,725
Depreciation and amortization	763,921	763,098
Other operating expenses	<u>213,570</u>	<u>275,635</u>
Total expenses	<u>6,796,452</u>	<u>6,067,630</u>
Excess of revenues over expenses (expenses over revenues)	(996,150)	(178,253)
Nonoperating revenues (expenses):		
Interest expense	(274,291)	(278,019)
Gain (loss) in interest in Mark Twain Medical Center	<u>(11,773)</u>	<u>(44,257)</u>
Total nonoperating revenues (expenses)	<u>(286,064)</u>	<u>(322,276)</u>
Increase (decrease) in net position	(1,282,214)	(500,529)
Net position at the beginning of the year	<u>16,294,946</u>	<u>16,795,475</u>
Net position at the end of the year	<u>\$ 15,012,732</u>	<u>\$ 16,294,946</u>

See accompanying notes and auditor's report

Statements of Cash Flows

MARK TWAIN HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2023</u>	<u>2022</u>
Cash flows from operating activities:		
Cash received from patients and third parties on behalf of patients	\$ 2,953,785	\$ 2,115,404
Cash received from taxes, rents & other activities	2,432,282	2,105,199
Cash paid for salaries, wages and administrative benefits	(2,345,552)	(1,912,631)
Cash paid for suppliers and outside vendors	<u>(4,153,450)</u>	<u>(3,391,972)</u>
Net cash (used in) operating activities	(1,112,935)	(1,084,000)
Cash flows from financing and investing activities:		
Purchases of property, equipment and other	(14,999)	(158,582)
Proceeds from debt borrowings		46,266
Repayments of debt borrowings	(146,000)	(147,000)
Change in Mark Twain Medical Center	<u>11,773</u>	<u>44,257</u>
Net cash (used in) financing and investing activities	<u>(149,226)</u>	<u>(215,059)</u>
Net increase (decrease) in cash and cash equivalents	(1,262,161)	(1,176,190)
Cash and cash equivalents at beginning of year	<u>10,663,487</u>	<u>11,839,677</u>
Cash and cash equivalents at end of year	<u>\$ 9,401,326</u>	<u>\$ 10,663,487</u>
Reconciliation of changes in net position to net cash provided by operating activities		
Increase (decrease) in net position	\$ (1,282,214)	\$ (500,529)
Adjustments to reconcile increase (decrease) in net position to net cash provided by operating activities:		
Depreciation and amortization	763,921	763,098
Changes in operating assets and liabilities:		
Patient accounts receivable	(19,641)	1,152
Other receivables	(20,657)	(175,947)
Estimated third party payor settlements	606,560	(488,746)
Prepaid expenses	(96,565)	(4,189)
Capital lease	421,072	(614,890)
Accounts payable and accrued expenses	(58,268)	239,937
Accrued payroll and related liabilities	(37,347)	42,200
Deferred grant revenues	(13,580)	(11,616)
Deferred lease revenue and other	<u>(1,376,216)</u>	<u>(334,470)</u>
Net cash (used in) operating activities	<u>\$ (1,112,935)</u>	<u>\$ (1,084,000)</u>

See accompanying notes and auditor's report

MARK TWAIN HEALTH CARE DISTRICT

June 30, 2023

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity: Mark Twain Health Care District (the District) is a political subdivision of the State of California under the California Health and Safety Code and is governed by a five-member elected Board of Directors. The District was organized in 1946, and began operating a healthcare facility located in San Andreas, California, in 1951.

In 1989, the District arranged with St. Joseph's Regional Health System (SJRHS), who later became Catholic Health Care West (CHW), who then renamed to Dignity Health (DH) (a California-based not-for-profit public benefit corporation) to manage the District-owned Mark Twain Hospital, which later became known as the Mark Twain Medical Center Corporation (the Corporation). DH entered into an agreement with the District at that time to lease the Corporation under the "1989 Lease". During fiscal year 2019, a new lease was entered into with DH as more fully described in Footnote H. The Corporation's Board of Trustees is appointed by the District and DH whereby DH appoints three members of the seven-member Corporation Board of Trustees and holds significant reserve powers. In the event of its dissolution, the Corporation's bylaws require that its net position be divided equally between the District and DH.

Also during fiscal year 2020, the District opened a rural health care clinic in Valley Springs, California. The District operates the outpatient clinic in order to help provide health care services to residents who primarily reside in the local geographic area.

Basis of Preparation: The accounting policies and financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For presentation purposes, transactions deemed to be ongoing and central to providing health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements as the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Recently Adopted Accounting Pronouncement: In June, 2017 the Governmental Accounting Standards Board released GASB 87 regarding changes in the way leases are accounted for. GASB 87 superceded GASB 13 and GASB 62 and more accurately portrays lease obligations by recognizing lease assets and lease liabilities on the statement of net position and disclosing key information about leasing arrangements. The District has adopted GASB 87 effective July 1, 2021 in accordance with the timetable established by GASB 87.

MARK TWAIN HEALTH CARE DISTRICT

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported results of operations for the period. Actual results could differ from those estimates.

Risk Management: To cover the District against various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accidental benefits, commercial insurance coverage is purchased.

Cash and Cash Equivalents and Investments: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned.

Investments: Short-term investments are funds invested local banks. These investments are measured at fair value at June 30, 2023 and 2022. Investment income or losses (including realized and unrealized gains and losses on investments, interest and dividends) are included in operating revenues under interest and other investment income.

Patient Accounts Receivable: Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, inquiring with respective payors as to collectibility and providing for allowances on their accounting records for estimated contractual adjustments and uncollectible accounts. Significant concentrations of patient accounts receivable are discussed further in the footnotes

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 3 to 40 years, depending upon the capital asset classification.

MARK TWAIN HEALTH CARE DISTRICT

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

Compensated Absences: The District's employees earn vacation benefits at varying rates depending on years of service. Employees also earn sick leave benefits. Both benefits can accumulate up to specified maximum levels. Employees are not paid for accumulated sick leave benefits if they leave either upon termination or before retirement. However, accumulated vacation benefits are paid to an employee upon either termination or retirement. Accrued vacation liabilities (PTO) as of June 30, 2023 and 2022 was \$66,740 and \$52,767, respectively.

Net Position: Net position can be presented in three categories. The first category is net position "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets. The second category is "restricted" net position. This category consists of externally designated constraints placed on those net position by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation. The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

The District's reserve policy provides for the designation of unrestricted net position to fund (1) replacement and major repairs for District physical assets; (2) replacement and upgrades of information technology (IT) performance systems; (3) hardware and software; (4) designated projects, programs or other special uses requiring additional monetary support; (5) capital improvements; and (6) maintain standard operational sustainability in periods of economic uncertainty.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing health care services.

Net Patient Service Revenues: Net patient service revenues are reported in the period at the estimated net realized amounts from patients, third-party payors and others including estimated retroactive adjustments under reimbursement agreements with third-party programs. Normal estimation differences between final reimbursement and amounts accrued in previous years are reported as adjustments of current year's net patient service revenues.

Charity Care: The District accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the District. Essentially, these policies define charity services as those services for which no payment is anticipated. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenues. Services provided are recorded as gross patient service revenues and then written off as an adjustment to net patient service revenues

MARK TWAIN HEALTH CARE DISTRICT

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue Recognition: As previously stated, net patient service revenues are reported at amounts that reflect the consideration to which the District expects to be entitled in exchange for patient services. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of third-party payor audits, reviews, and investigations. Generally, the District bills the patients and third-party payors several days after the patient receives healthcare services at the District's rural health clinic. Revenue is recognized as services are rendered.

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates per day, discharge or visit, reimbursed costs, discounted charges and per diem payments. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Gifts of long-lived assets such as land, buildings, or equipment are reported as net assets without donor restrictions unless explicit donor stipulations specify how the donated asset must be used. Gifts of long-lived assets with explicit donor restrictions that specify how the asset is to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived asset is placed in service. Cash received in excess of revenue recognized is deferred revenue.

Contributions are recognized as revenue when they are received or unconditionally pledged. Donor stipulations that limit the use of the donation are recognized as contributions with donor restrictions. When the purpose is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported as net assets released from donor restrictions. Donor restricted contributions whose restriction expire during the same fiscal year are recognized as net assets without donor restrictions. Absent donor imposed restrictions, the District records donated services, materials, and facilities as net assets without donor restrictions.

From time to time, the District receives grants from various governmental agencies and private organizations. Revenues from grants are recognized when all eligibility requirements, including time requirements are met. Grants may be restricted for either specific operating purposes or capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statement of revenues, expenses and changes in net position.

MARK TWAIN HEALTH CARE DISTRICT

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

District Tax Revenues: The District receives approximately 35% of its operating support from property taxes. These funds are used to support operations of the District. They are classified as operating revenue as the revenue is directly linked to the operations of the District. Property taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Property taxes are considered delinquent on the day following each payment due date.

Statements of Cash Flows and Reclassifications: For purposes of the statements of cash flows, all highly liquid investments with original maturities of three months or less are considered to be cash equivalents. Certain reclassifications in the grouping of accounts have been made to the June 30, 2022 presentation in order to conform to the June 30, 2023 presentation.

NOTE B - BANK DEPOSITS

Collateral: As of June 30, 2023 and 2022, the District had deposits invested in a bank of \$9,400,926 and \$10,663,087, respectively. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), or federally insured.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

Investments, at times, may consist of state and local agency funds invested in various permissible securities and are stated at quoted market values. Changes in market value between years are reflected as a component of investment income in the accompanying statement of revenues, expenses and changes in net position.

MARK TWAIN HEALTH CARE DISTRICT

NOTE C - NET PATIENT SERVICE REVENUES

The District had agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: Payments for rural health care services rendered to Medicare beneficiaries are paid on an interim rate during the year with final settlement based on cost report submission.

Medi-Cal: For Medi-Cal, services are paid on a prospective payment system (PPS) rate for rural health care services rendered to Medi-Cal beneficiaries with final settlement based on the PPS reconciliation and audit process conducted by the State of California.

Other: Payments for services rendered to other than Medicare and Medi-Cal patients are based on established rates or on agreements with certain commercial insurance companies, health maintenance organizations and preferred provider organizations which provide for various discounts from established rates.

Net patient service revenues percentages for the years ended June 30, 2023 and 2022 are summarized below:

	<u>2023</u>	<u>2022</u>
Medicare	21%	22%
Medi-Cal (traditional and managed care)	61%	60%
Other third party payors	17%	17%
Self pay and other	<u>1%</u>	<u>1%</u>
Gross patient service revenues	100%	100%
Less deductions from revenue and related allowances	<u>(27%)</u>	<u>(27%)</u>
Net patient service revenues	<u>73%</u>	<u>73%</u>

Medicare and Medi-Cal revenue accounts for approximately 82% of the District’s net patient revenues for each year. Laws and regulations governing the Medicare and Medi-Cal programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

MARK TWAIN HEALTH CARE DISTRICT

NOTE D - CONCENTRATION OF CREDIT RISK

Patient Accounts Receivable - The District grants credit without collateral to its patients and third-party payors. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe that there are any credit risks associated with these governmental agencies. Contracted and other patient accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions and do not represent any concentrated credit risks to the District. Concentration percentages of patient accounts receivable at June 30, 2023 and 2022 were as follows:

	<u>2023</u>	<u>2022</u>
Medicare	13%	18%
Medi-Cal (traditional and managed care)	67%	59%
Other third party payors	13%	18%
Self pay and other	<u>7%</u>	<u>5%</u>
Gross patient accounts receivable	<u>100%</u>	<u>100%</u>

Financial Instruments: Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of \$250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the high financial quality of the bank with which the District does business. Management further believes that there is no risk of material loss due to concentration of credit risk with regards to investments as the District has no investments in equity funds, closed-end funds, exchange-traded products, or other perceived “at risk” alternatives as of June 30, 2023 and 2022.

NOTE E - INTEREST IN MARK TWAIN MEDICAL CENTER

In the former agreement between the Corporation and the District, in the event of a dissolution or a winding up of the Corporation, 50% of its assets remaining after payment, or provision for payment, of all debts and liabilities of the Corporation, were to be distributed to Dignity Health, a California nonprofit public benefit corporation. The other 50% would be distributed to the District. As a result of this agreement, the District had recorded \$14,480,434 as of June 30, 2018, respectively, as its portion of its interest in the Corporation. This amount represented the 50% of the net difference between the assets and the liabilities of the Corporation as of its June 30, 2018 audited financial statements. As of result of the new lease agreement with Dignity Health, this agreement was amended to reduce the 50% interest to 1%. For the years ended June 30, 2023 and 2022, this arrangement resulted in an interest loss of \$(11,773) and an interest loss of \$(44,257), respectively.

MARK TWAIN HEALTH CARE DISTRICT

NOTE F - TRANSACTIONS BETWEEN RELATED ORGANIZATIONS

The Corporation leases the District's healthcare facilities in order to conduct patient care services in an acute-care hospital setting. Lease revenue from the Corporation for the year ended June 30, 2023 and 2022 was \$166,034 and \$161,179, respectively. During the year ended June 30, 2019, a new lease agreement was signed with other arrangements as disclosed in Footnote G.

The former hospital facility lease was renegotiated during the year ended June 30, 2018. The former lease payments were initially in amounts adequate to cover payment of utilities, debt service and insurance on the Series 1986A Bonds not covered by the tax and other revenues of the District, and to maintain ratios and fund accounts pursuant to the terms of a Joint Obligor Agreement between the District and the Corporation dated December 31, 1989, and the Bond Indenture dated August 1, 1986, between the District and Harris Trust Company of California, the bond trustee. As previously mentioned, Footnote G discloses the new lease arrangement.

The District has entered into a land and medical office building (MOB) lease agreement with the Arnaudo Brothers whereas they lease the land and the MOB from them. Lease expense for the years ended June 30, 2023 and 2022 under this agreement were \$254,567 and \$227,956, respectively. The District then subleases the land and the portions of the MOB to the San Andreas Medical and Professional Office (SAMPO) organization. The District also has subleased portions of the MOB to the Stockton Cardiology Medical Group and others, and to the Corporation. Lease revenues under these subleasing arrangements and other arrangements were \$64,420 and \$84,747 for the years ended June 30, 2023 and 2022, respectively.

NOTE G - DIGNITY HEALTH LEASE

On May 31, 2020, the District and Dignity Health (DH) consummated a 30-year lease of the Mark Twain Medical Center. The final closure entailed 10 different documents: (1) a Pre-lease Agreement; (2) a Lease Agreement; (3) a Supplemental Property Agreement; (4) an Equity Transfer Agreement; (5) a Lease Termination Agreement; (6) a Valley Springs Letter; (7) By-Laws of the MTMC Corporation; (8) By-Laws of the MTMC Community Board; (9) a Closing and Incumbency Certificate; and (10) a MTMC Third Amended & Restated Articles of Incorporation. Final accounting entries made for this May 31st transaction, as well as the true-up of asset depreciation, have been made to the records of the District for the year ended June 30, 2019.

As a result of this transaction, the District has recorded a capital lease asset valued at \$6,806,628 and has recorded deferred lease revenue of \$6,000,000. The capital lease asset is being amortized over the life of the new lease agreement of 30 years at \$226,884 each year. The deferred lease revenue is a combination of deferred capital lease income, deferred facility rent and deferred utility expense income and is being recognized as income each year at various amounts each year.

Notes to Financial Statements (continued)

MARK TWAIN HEALTH CARE DISTRICT

NOTE H - PROPERTY AND EQUIPMENT

Property and equipment as of June 30, 2023 and 2022 were comprised of the following:

	<u>Balance at June 30, 2022</u>	<u>Transfers & Additions</u>	<u>Disposals & Retirements</u>	<u>Balance at June 30, 2023</u>
Land and land improvements	\$ 3,030,826			\$ 3,030,826
Buildings and improvements	10,444,351			10,444,351
Equipment	1,658,991			1,658,991
Construction-in-progress	<u>48,537</u>	<u>\$ 26,917</u>	<u> </u>	<u>75,454</u>
Totals at historical cost	15,182,705	26,917		15,209,622
Less accumulated depreciation for:				
Land and land improvements	(633,876)	(170,799)		(804,675)
Buildings and improvements	(5,739,995)	(446,446)		(6,186,441)
Equipment	<u>(1,057,610)</u>	<u>(146,676)</u>	<u> </u>	<u>(1,204,286)</u>
Total accumulated depreciation	<u>(7,431,481)</u>	<u>(763,921)</u>	<u> </u>	<u>(8,195,402)</u>
Total property and equipment, net	<u>\$ 7,751,224</u>	<u>\$ (737,004)</u>	<u>\$ </u>	<u>\$ 7,014,220</u>

	<u>Balance at June 30, 2021</u>	<u>Transfers & Additions</u>	<u>Disposals & Retirements</u>	<u>Balance at June 30, 2022</u>
Land and land improvements	\$ 3,030,826			\$ 3,030,826
Buildings and improvements	10,444,351			10,444,351
Equipment	1,611,360	\$ 47,631		1,658,991
Construction-in-progress	<u>48,537</u>	<u> </u>	<u> </u>	<u>48,537</u>
Totals at historical cost	15,135,074	47,631		15,182,705
Less accumulated depreciation for:				
Land and land improvements	(458,645)	(175,231)		(633,876)
Buildings and improvements	(5,293,067)	(446,928)		(5,739,995)
Equipment	<u>(916,671)</u>	<u>(140,939)</u>	<u> </u>	<u>(1,057,610)</u>
Total accumulated depreciation	<u>(6,668,383)</u>	<u>(763,098)</u>	<u> </u>	<u>(7,431,481)</u>
Total property and equipment, net	<u>\$ 8,466,691</u>	<u>\$ (715,467)</u>	<u>\$ </u>	<u>\$ 7,751,224</u>

MARK TWAIN HEALTH CARE DISTRICT

NOTE I - DEBT BORROWINGS

On August 8, 2020, the District’s Board of Directors adopted Resolution 2020-11 entitling the authorizing and providing for the incurrence of indebtedness for the purpose of providing a portion of the cost of acquiring, constructing, enlarging, improving and/or extending its facilities to serve an area lawfully within its jurisdiction to serve. In a lease-leaseback transaction, two Certificates of Participation (COP) were signed. COP Series A allowed up to \$6,782,000 and COP Series B allowed up to \$678,000. Details of these borrowings as of June 30, 2023 and 2022, debt borrowings are as follows:

	<u>2023</u>	<u>2022</u>
Mark Twain Health Care District Certificates of Participation, Series A (2020 Capital Improvement Project), original amount up to \$6,782,000; principal payments due to be determined; interest charged at 3.625%; collateralized by District revenues and other property:	\$ 6,248,000	\$ 6,390,000
Mark Twain Health Care District Certificates of Participation, Series B (2020 Capital Improvement Project), original amount up to \$678,000; principal payments due to be determined; interest charged at 3.875%; collateralized by District revenues and other property:	<u>599,384</u>	<u>603,384</u>
	6,847,384	6,993,384
Less current maturities of debt borrowings	<u>(163,000)</u>	<u>(146,000)</u>
	<u>\$ 6,684,384</u>	<u>\$ 6,847,384</u>

Future principal maturities for debt borrowings for the next succeeding five years are \$163,000 in 2024; \$168,000 in 2025; \$175,000 in 2026; \$181,000 in 2027 and \$188,000 in 2028.

On May 1, 1996, the Corporation borrowed \$11,175,000 to finance a new health facility and to defease the Mark Twain Hospital District Insured Revenue Bonds Series 1986A (the Series 1986A Bonds) previously issued by the District. In exchange for assuming the District’s debt obligation, the Corporation has been granted a prepaid lease payment to the District that has been recorded as a long-term liability in the accompanying financial statements. The prepaid rent was being amortized over the life of the former lease agreement with the Corporation. As of result of the new lease agreement, the prepaid lease payment was terminated during the year ended June 30, 2019.

MARK TWAIN HEALTH CARE DISTRICT

NOTE J - COMMITMENTS AND CONTINGENCIES

Construction-in-Progress: As of June 30, 2023 the District has recorded \$75,454 as construction-in-progress representing cost capitalized towards the a pharmacy project. Future costs to complete this project as of June 30, 2023 are not considered material. During the years ended June 30, 2023 and 2022 there was no interest expense capitalized.

Medical Office Building Rent: The District leases various office space under operating leases expiring at various dates. Total building rent expense for the years ended June 30, 2023 and 2022, was \$254,567 and \$227,956, respectively. Future minimum lease payments for the succeeding years under these leases as of June 30, 2023, that have initial or remaining lease terms in excess of one year are not significant for disclosure.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2023 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Medical Malpractice Insurance: The District maintains commercial malpractice liability insurance coverage under a claims made and reported policy covering losses up to \$1 million per claim and \$3 million in the annual aggregate, with a per claim deductible of \$5,000. The District plans to maintain the insurance coverage by renewing its current policy, or by replacing it with equivalent insurance.

Workers Compensation Program: The District is a participant in the Beta Risk Management Authority (the Fund) which administers a self-insured worker's compensation plan for participating entity employees of its member entities. The District pays premiums to the Fund which are adjusted annually. If participation in the Fund is terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the Fund.

Regulatory Environment: The District is subject to several laws and regulations. These laws and regulations include matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Government activity has increased with respect to possible violations of statues and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with all applicable government laws and regulations and is not aware of any future actions or unasserted claims at this time.

MARK TWAIN HEALTH CARE DISTRICT

NOTE K - LEASES

As of July 1, 2021 the District adopted the Governmental Accounting Standards Board (GASB) 87 requiring certain changes in the way the District accounted for leases, both as a lessee and as a lessor.

Lessee: The District leases office space in order to provide various services under an operating lease. Lease commencement occurred on March 3, 2007, the date the District takes possession or control of the property. Original terms for the lease is 20 years. This lease contains an option to extend for an undetermined amount of time, as long as the District notifies the landlord at least six months prior to the end of the lease term. The annual increase to base rent is determined by the annual increase to the Consumer Price Index (CPI). For forecasting purposes for this lease, an annual CPI increase of 2.0% was assumed for each year.

The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

This lease requires payment of common area maintenance and real estate taxes which represent the majority of variable lease costs. Variable lease costs are excluded from the present value of lease obligations.

The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

Lessee -lease related assets and liabilities as of June 30, 2023 and 2022 consist of the following:

Assets:	<u>2023</u>	<u>2022</u>
Operating lease asset - current portion	\$ 154,127	\$ 146,846
Operating lease asset- noncurrent portion	<u>411,007</u>	<u>584,523</u>
Total lease assets	<u>\$ 565,134</u>	<u>\$ 731,369</u>
 Liabilities:		
Operating lease payable- current portion	\$ 150,718	\$ 142,286
Operating lease payable- noncurrent portion	<u>446,178</u>	<u>596,895</u>
Total lease liabilities	<u>\$ 596,896</u>	<u>\$ 739,181</u>

Total operating expense under this lease arrangement for the year ended June 30, 2023, was \$154,127 lease expense and \$23,608 related interest expense. For the year ended June 30, 2022, with implementation of GASB 87 in that year, total operating expense under this lease agreement was \$142,020 lease expense and \$28,434 related interest expense. The future minimum rental payments required under operating lease obligations as of June 30, 2023, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

Notes to Financial Statements (continued)

MARK TWAIN HEALTH CARE DISTRICT

NOTE K - LEASES (continued)

Years ending June 30,

2024	\$	169,212
2025		172,596
2026		176,048
2027		119,513
Thereafter		<u>-0-</u>
Total		637,369
Less: interest		<u>(40,473)</u>
Present value of lease liabilities	\$	<u>596,896</u>

The weighted average for the remaining lease term of this operating lease is 3.66 and the weighted average discount rate for this operating leases is 3.5%

Lessor: The District leases land located in Calaveras County, California and an office building located in Valley Springs, California, to third parties under operating leases. Lease commencement occurs on the date the third parties take possession or control of the land and office building. Original terms for the lease is 50 years for the land lease and 10 years for the office building. Neither lease contains written options to extend the terms. The land lease contains an option for the lessor (the District) to terminate the lease after 35 years. District management believes that this option will not be exercised.

The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

The land lease requires payment of real estate taxes, and the office building lease requires payment of common area maintenance and real estate taxes, which represent the majority of variable lease costs. Variable lease costs are excluded from the present value of lease obligations.

The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

Notes to Financial Statements (continued)

MARK TWAIN HEALTH CARE DISTRICT

NOTE K - LEASES (continued)

Lessor -lease related assets and liabilities as of June 30, 2023 and 2022 consist of the following:

Assets:	<u>2023</u>	<u>2022</u>
Lease receivable - current portion	\$ 20,672	\$ 19,415
Lease receivable - noncurrent portion	<u>236,579</u>	<u>257,251</u>
Total lease assets	<u>\$ 257,251</u>	<u>\$ 276,666</u>
Deferred inflow of resources:		
Deferred inflows of resources	<u>\$ 243,877</u>	<u>\$ 269,375</u>
Total deferred inflows of resources	<u>\$ 243,877</u>	<u>\$ 269,375</u>

Total operating revenues under these lease arrangements for the year ended June 30, 2023 under GASB 87 were \$25,497 lease revenues and \$9,376 related interest income revenues. Total operating lease revenues for the year ended June 30, 2022 under GASB 87, was \$25,497 lease revenues and \$10,032 related interest income revenues. The future minimum rental payments required under operating lease obligations as of June 30, 2023, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

Years ending June 30,

2024	\$ 29,348
2025	29,907
2026	30,468
2027	31,032
Thereafter	<u>204,829</u>
Total	325,584
Less: interest	<u>(68,333)</u>
Present value of lease receivable	<u>\$ 257,251</u>

The weighted average for the remaining lease term of this operating lease is 13.8 and the weighted average discount rate for this operating leases is 3.5%

MARK TWAIN HEALTH CARE DISTRICT

NOTE L -INVESTMENTS

The District's investment balances and average maturities were as follows at June 30, 2023 and 2022:

<i>As of June 30, 2023</i>	<u>Fair Value</u>	<u>Investment Maturities in Years</u>		
		<u>Less than 1</u>	<u>1 to 5</u>	<u>Over 5</u>
Money market & ST investments	\$ 8,684,029	\$ 8,684,029		
Total investments	<u>\$ 8,684,029</u>	<u>\$ 8,684,029</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

<i>As of June 30, 2022</i>	<u>Fair Value</u>	<u>Investment Maturities in Years</u>		
		<u>Less than 1</u>	<u>1 to 5</u>	<u>Over 5</u>
Money market & ST investments	\$ 9,621,846	\$ 9,621,846		
Total investments	<u>\$ 9,621,846</u>	<u>\$ 9,621,846</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

The District's investments are reported at fair value as previously discussed. The District's investment policy allows for various forms of investments generally set to mature within a few months. Policies generally identify certain provisions which address interest rate risk, credit risk and concentration of credit risk.

Interest Rate Risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways an entity manages its exposure to interest rate risk is by purchasing a combination of shorter-term and longer-term investments and by timing cash flows from maturities so that a position of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for District operations. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

Credit Risk: Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. Generally an entity's investment policy for corporate bonds and notes would be to invest in companies with total assets in excess of \$500 million and having a "A" or higher rating by agencies such as Moody's or Standard and Poor's.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty (e.g. broker-dealer), an entity would not be able to recover the value of its investment or collateral securities that are in the possession of another party. An entity's investments are generally held by broker-dealers or in the case of many healthcare district's, in government-pooled short-term cash equivalents such as mutual funds.

Notes to Financial Statements (continued)

MARK TWAIN HEALTH CARE DISTRICT

NOTE L -INVESTMENTS (continued)

Concentration of Credit Risk: Concentration of credit risk is the risk of loss attributed to the magnitude of an entity's investment in a single issuer. An entity's investment policy generally allows for different concentrations in selected investment portfolios such as government-backed securities, which are deemed to be lower risk.

Investment Hierarchy - The District categorizes the fair value measurements of its investments based on the hierarchy established by generally accepted accounting principles. The fair value hierarchy, which has three levels, is based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant other unobservable inputs. The District investments are solely measured by Level 1 inputs and does not have any investments that are measured using Level 2 or 3 inputs.

NOTE M - SUBSEQUENT EVENTS

The District's management has evaluated the effect of significant subsequent events on the financial statements through November 14, 2023, the date the financial statements are issued, and determined that there are no other material subsequent events that have not been disclosed.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

1111 East Herndon Avenue, Suite 211, Fresno, California 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

Independent Auditors Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Directors
Mark Twain Health Care District
San Andreas, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities of the Mark Twain Health Care District (the District) as of and for the years ended June 30, 2023 and 2022, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated November 14, 2023.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given those limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

JW7 & Associates, LLP

Fresno, California
November 14, 2023



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

Resolution 2023 - 09

**A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE MARK TWAIN HEALTH CARE DISTRICT**

Change in MTHCD Board Policies

WHEREAS: The Mark Twain Health Care District's policy is to utilize the resolution process to change policy, and to present proposed policy changes to the public at least 30 days prior to Board action: and

WHEREAS: The District has an *ad hoc* policy committee that is reviewing District policies, and:

WHEREAS: The *ad hoc* policy committee has reviewed policies No. 4, 5, 12 and 27 and have recommended changes in those policies, and presented changes to the public at the September 27, 2023, Board of Directors Meeting;

NOW, THEREFORE, the Board of Directors of the Mark Twain Health Care District does order and resolve as follows:

RESOLVED: That policies Numbers 4, 5, 12, and 27 be amended as published in the September 27, 2023, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 25th Day of October 2023, by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer

Officers of the District:

4.1 OFFICERS. The officers of the Board of Directors shall be a President, Secretary, and a Treasurer. All officers who shall be chosen from among and shall hold office at the pleasure of the Board of Directors. The Board of Directors may create such other offices as the business of the District may require, and the holder of each such office shall hold office for such period, have such authority, and perform such duties as are provided by the Local Health Care District Law, these Policies, or as the Board of Directors may, from time to time, determine. Such additional offices may include General Counsel and a Chief Executive Officer and shall be filled either by members or non-members of the Board of Directors.

4.2 ELECTION OF OFFICERS. The officers of the Board of Directors shall be elected every two (2) years in January, and each officer shall hold office for two (2) years, or until his or her successor shall be elected and qualified, or until he or she is otherwise disqualified. In the event all officers are disqualified or removed from office, the District Board shall elect the Chief Executive Officer as President *pro tempore* who shall conduct the first Board of Directors meeting until new officers are elected.

4.3 PRESIDENT. If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of the President. If the Secretary shall also be unable to act, the Treasurer shall take his or her place and perform the duties of the President. If the Treasurer shall also be unable to act, the District Board may appoint some other member of the Board of Directors to do so, and such person shall be vested temporarily with all the functions and duties of the office of President.

The President:

A. Shall preside over all meetings of the Board of Directors.

B. Shall sign, as President, and with the attestation of the Secretary shall execute in the name of the District, all contracts and conveyances, and all other instruments in writing which have been authorized by the Board of Directors, except as otherwise determined by the Board of Directors.

4.4 SECRETARY. The Secretary shall keep, or cause to be kept, accurate and complete minutes of all meetings of the Board of Directors, to be kept at the principal office of the District, showing the time and place, whether regular or special, call meetings on order of the President or any three (3) Directors, attend to all correspondence of the Board, attest the signature of the President on contracts and conveyances and all other instruments as outlined in Policy No. 11, and to perform such other duties as ordinarily pertain to the office.

If at any time the President shall be unable to act, the Secretary shall take his or her place and perform the duties of such office.

4.5 TREASURER. The Treasurer shall be responsible for ascertaining that all receipts are deposited and disbursements made in accordance with these Policies, the directions of the District Board, and good business practice. If, at any time, both the President and Secretary shall be unable to act, the Treasurer shall take the place of the President and perform the duties of such office.

The District Board may appoint an Assistant Treasurer, who may or may not be a member of the Board of Directors, to maintain the financial records of the District, and render a report to the Board of Directors on the financial affairs of the District at least quarterly.

4.6 Board of Directors Representation

A. Pursuant to the 2018 lease between MTMC and the District, leasing the hospital and clinics to MTMC for the next 10 years, the District is required to nominate a District Board member to the MTMC fiduciary Board of Directors to serve as one of the five Directors.

B. The District Board member nominated by the District, whose appointment is contingent on Dignity Health approval, whose appointment shall not be unreasonably withheld, will serve for 3 years, to a maximum of 3 consecutive full 3-year terms on the board.

C. Subject to the consecutive term restriction above, the President of the District Board shall be elected to the MTMC Board of Directors by the District Board. If the President chooses not to serve as a Director, then the nominee shall be chosen from among the other members of the District Board by a District board vote by a simple majority. If the Directors ceases to be President of the District Board, but remains on the District Board, during a term as a member of the Mark Twain Medical Center Board of Directors that person shall continue to serve the remainder of their term as a MTMC Director. If the MTMC Directors ceases to be a member of the Mark Twain Health Care District Board then they are no longer deemed qualified to serve on the MTMC Board. In that case another member of the District Board must be nominated under the above guidelines and restrictions.

D. The District member appointed to the MTMC Board of Directors has no requirement to report MTMC Board business to the District, unless requested by the MTMC Board. However, the District member appointed to the Board of Directors will be responsible for ensuring that the MTMC Board of Directors abides by the master lease, and any breaches or potential breaches of the master lease will be reported to the District Board.

E. District members appointed to the MTMC Board of Directors serve at the pleasure of the District Board and may be removed at any time with or without cause by a majority vote of the District Board.

4.7 Community Board Representation

A. The 2018 lease between MTMC and the District, leasing the hospital and clinics to MTMC for the next 10 years establishes a Community Board. The nine-member Community Board will be responsible for approval of the MTMC Medical Staff Bylaws, Medical Staff privileging and credentialing, and quality oversight. The Fiduciary Board of Directors shall also seek the advice of the Community Board regarding: i) the MTMC mission, vision, and strategic direction, ii) priorities for MTMC's community benefits, iii) proposals for material changes in clinical services, and iv) strategic plans.

B. One of the Community Board members will be a District Board member, not already on the Fiduciary Board of Directors. That member will serve 2 years and can serve for a maximum of 3 consecutive full 2-year terms on the Community Board. The District Board member will be nominated by the District Board by a simple majority and must be approved by the MTMC Fiduciary Board of Directors, which shall not be unreasonably withheld. District members appointed to the

Community Board serve at the pleasure of the District Board and may be removed at any time with or without cause by a majority vote of the District Board.

C. At Large Calaveras County Residents: Five at-large Calaveras County residents shall serve on the Community Board. They will serve 2-year terms and can serve for a maximum of 3 consecutive 2-year terms. At the initial start of the new lease 1 community board member will serve for 1 year and two will be appointed for 2 years. Residents will be nominated by a nominating committee comprising the MTMC CEO, MTMC Chief of Staff, District Board member who sits on the Community Board, and MTMC Board member who is not also a District Board member and sits on the Community Board. Nominees require approval by the MTMC Board of Directors, which shall not be unreasonably withheld.

Committees of The Board; Public Information Officer; Auditors:

5.1 SPECIAL COMMITTEES. The President, with the concurrence of the District Board, may, from time to time, appoint one (1) or more members of the District Board and other persons as necessary or appropriate, to constitute special committees for the investigation, study, or review of, specific matters. No committee so appointed shall have any power or authority to commit the District Board or the District in any manner.

5.2 STANDING COMMITTEES. The standing committees of the Board of Directors shall consist of a Finance Committee and such other committees as a majority of the members of the Board of Directors may authorize. The President of the District Board shall appoint the members and chairs of all standing committees. Standing committees shall be included in these Policies.

5.3 FINANCE COMMITTEE. The Finance Committee should consist of three committee members. The President will appoint the Treasurer and one additional District Board member to the Committee. The Treasurer will chair the Committee. One additional Committee member will be selected from qualified, interested community applicants with knowledge of business-related finance. The Finance committee will conduct the search for subsequent interviews and make a recommendation to the Board. The appointment must be approved by a majority vote of the Board of Directors.

A. Responsibilities and Authority.

1. The Chair of the Finance Committee shall be the Treasurer who shall report to the full District Board on a monthly basis. The Finance Committee shall meet monthly to review the District's financial activities.
2. The Finance Committee shall be responsible for the management of all investments of the District and endowment and trust funds and to see that proceeds are paid into proper funds of the District and used in accordance with the terms of the trust and/or investment objectives of the District.
3. The Finance Committee shall see that a budget is prepared and submitted to the Board with specific recommendations prior to the end of the fiscal year.
4. The Finance Committee shall examine monthly financial reports and require explanations from the ~~Executive Director~~ Chief Executive Officer or his or her delegate of variations from the budget.
5. The Finance Committee shall supervise and review the results of all external audits and make specific recommendations to the full District Board for action.

5.4 PUBLIC INFORMATION OFFICER. The ~~Executive Director~~ Chief Executive Officer or his or her designee, shall serve as the Public Information Officer for the District. The duties associated with this role include, but are not limited to, ensuring effective communication with local residents and stakeholders in accordance with the District's priorities and the District Board's direction.

5.5. ANNUAL AUDITS. The District Board shall contract with an outside auditing firm to conduct an annual audit. The District Board shall issue a request for proposals for auditing services and shall make best efforts to not contract with the same auditor, even within a firm more than twice without an intervening contract with a different auditor. The annual audit shall be completed by October 31st of each year. Following the Finance Committee's review and recommendation, the auditor will present the audit results to the full Board. The District Board must approve the annual audit by **January 31st** of each year.

Conflict of Interest Code and Ethics:

12.1 CONFLICT OF INTEREST CODE.

The Board approved Resolution No. 2020-06 on August 26, 2020 which adopted the terms of Section 18730 of Title 2 of the California Code of Regulations and any amendments to said provision approved by the Fair Political Practices Commission, as the District's Conflict of Interest Code.

12.2 DISCLOSURE OF ECONOMIC INTERESTS.

Individuals required to file statements of economic interests under the District's Conflict of Interest Code must submit those statements to the Chief Executive Officer as the District's filing officer. The Chief Executive Officer shall retain the statements and make them available for public inspection and reproduction, as required by the Political Reform Act, or forward them to the County of Calaveras or the Fair Political Practices Commission as required by law.

12.3 AB 1234 ETHICS TRAININGS

The Chief Executive Officer shall be responsible for scheduling ethics training for all members of the Board of Directors on a biennial basis as required by Assembly Bill 1234 ("AB 1234"). The AB 1234 training **course** shall also be held within three (3) months of a newly elected member of the Board of Directors assuming office. The training shall conform to the content and length requirements of AB 1234.

Credit Card:

The purpose of this policy is to prescribe the internal controls for management of District credit cards.

- 27.1 This policy applies to all individuals who are authorized to use District credit cards and/or who are responsible for managing credit card accounts and/or paying credit card bills.
- 27.2 A credit card shall be issued to the Executive Assistant, **Accounting and Clinic Manager**. Credit cards shall not be issued to or used by members of the Board of Directors.
- 27.3 A District Credit Card can be issued at the Discretion of the CEO, managed, reconciled and paid separately.
- 27.4 Each transaction is limited to \$5,000.00. Approval from the **Board** President or Treasurer **or CEO** will be necessary for any transaction exceeding this limit unless previously authorized by District policies or resolutions.
- 27.5 All credit card bills shall be paid in a timely manner to avoid late fees and finance charges.
- 27.6 All credit card expenses shall be reasonable and necessary to the furtherance of District business. No personal expenses shall be charged on a District credit card.
- 27.7 All credit-card transactions shall have third-party documents (receipts) attached and the District purpose explained by the cardholder **when requested**.
- 27.8 The Chief Executive Officer shall review and approve credit-card transactions by the designated cardholders. The Board of Directors shall review and approve credit-card transactions through the Board Finance Committee and ultimately by the Board of Directors.

Appointments to the District Board:

Any vacancy on the Board of Directors may be filled by appointment by the remaining members of the Board of Directors or by special election, for such term and under such conditions as may be specified by law. (Reference Elections Code Sect. 10554).

Conduct Related To Elections:

Public elections shall be held to fill all seats on the Board of Directors, except seats becoming vacant prior to the expiration of a Director's elected term, or as otherwise provided by law. Elections shall be conducted as provided in the Local Health Care District Law and the California Elections Code.

Elections shall be held in even-numbered years and consolidated with general elections, when feasible. The person receiving the highest number of votes for each office to be filled shall be elected. The election of the Directors shall be staggered in alternatively even-numbered years so that three (3) Directors will be elected in a given even-numbered year and the remaining Directors will be elected in the following even-numbered year. Reference CA Election Code (Sect. 10554).

Note: For Further Information Refer to:
The County Clerk-Recorder
Calaveras County Elections Office
891 Mountain Ranch Rd
San Andreas, CA 95249
(209) 754-6376
Fax (209) 754-6733



Calaveras County Seniors' Center, Inc.

P O Box 1526, 956 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-3967
Non-Profit Organization, Tax No. 68-0091185, Website: www.calaverasseniorcenter.org

September 1, 2023

Mark Twain Health Care District
P.O. Box 95
San Andreas, California 95249

The Senior Center needs your help.

The COVID shutdown forced some fast thinking (outside the box) which led to our to-go lunch program. It is now a permanent part of our food program along with indoor dining. We were able to keep our staff employed and continue to serve our community with the Center still open. It took a group of wonderful and amazing volunteers to help pull this off.

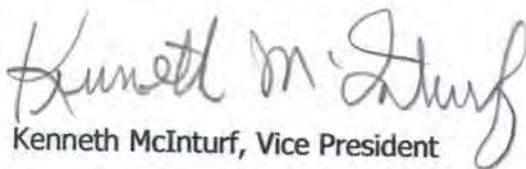
As you know our expenses don't decrease with time. Our biggest challenge now is rising food and operating costs. We are trying to keep our lunch prices steady.

Our fundraising events have been a vital source of revenue in the past years. However, due to the decrease in our county population and the loss of some major donors, these events are not now nearly so successful.

Our resources are running dangerously low as we struggle to meet our expenses each month. We will need more support.

We are experiencing problems with the age of some of our refrigeration equipment. We currently have a commercial freezer that is about 15 years old. It is no longer dependable and the cost of repairs is not cost effective. Each failure results in loss of stored food. Specifications and estimated cost of a replacement unit are attached.

Thank you for your consideration of this request for monetary assistance.


Kenneth McInturf, Vice President

Board Members: Glenna Larson-President, Kenneth McInturf-Vice President,
Janis Starn-Financial Officer,, Marilyn Hinsdale-Secretary,
Kathy Baker, Bill Hutchinson, John Turner, Kim Brusseau



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Parts Dept. (800)424-TRUE • Parts Dept. Fax# (636)272-9471 • www.truemfg.com

Project Name: _____

AIA #

Location: _____

Item #: _____ Qty: _____

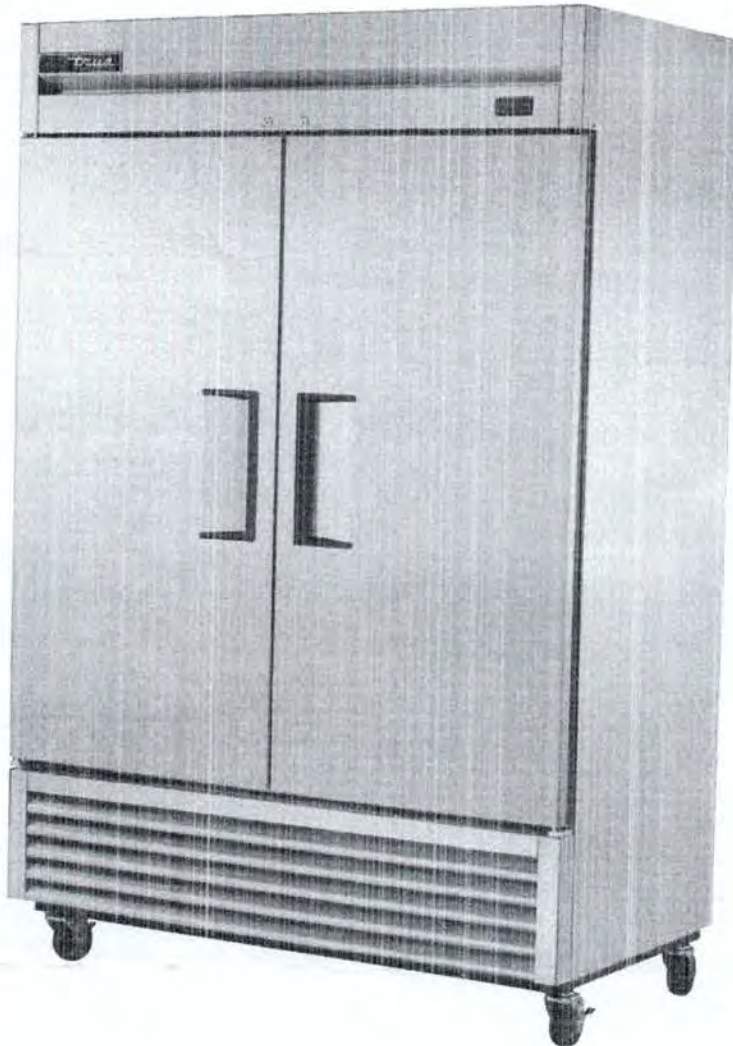
SIS #

Model #: _____

Model:
T-49F-HC

T-Series:

Reach-In Solid Swing Door Freezer with Hydrocarbon Refrigerant



T-49F-HC

- ▶ True's solid door reach-ins are designed with enduring quality that protects your long term investment.
- ▶ Designed using the highest quality materials and components to provide the user with colder product temperatures, lower utility costs, exceptional food safety and the best value in today's food service marketplace.
- ▶ Factory engineered, self-contained, capillary tube system using environmentally friendly R290 hydro carbon refrigerant that has zero (0) ozone depletion potential (ODP), & three (3) global warming potential (GWP).
- ▶ High capacity, factory balanced refrigeration system that maintains -10°F (-23.3°C) temperatures. Ideal for both frozen foods and ice cream.
- ▶ Stainless steel solid doors and front. The very finest stainless with higher tensile strength for fewer dents and scratches.
- ▶ Adjustable, heavy duty PVC coated shelves.
- ▶ Positive seal self-closing doors. Lifetime guaranteed door hinges and torsion type closure system.
- ▶ Automatic defrost system time-initiated, temperature-terminated. Saves energy consumption and provides shortest possible defrost cycle.

Bottom mounted units feature:

- ▶ "No stoop" lower shelf.
- ▶ Storage on top of cabinet.
- ▶ Compressor performs in coolest, most grease free area of kitchen.
- ▶ Easily accessible condenser coil for cleaning.

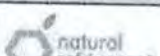
ROUGH-IN DATA

Chart dimensions rounded up to the nearest 1/8" (millimeters rounded up to next whole number). Specifications subject to change without notice.

Model	Doors	Shelves	Cabinet Dimensions (inches) (mm)			HP	Voltage	Amps	NEMA Config.	Cord Length (total ft.) (total m)	Crated Weight (lbs.) (kg)
			W	D	H*						
T-49F-HC	2	6	54 1/8	29 1/2	78 3/8	1	115/60/1	9.6	5-15P	9	440
			1375	750	1991	1	230-240/50/1	5.5			

* Height does not include 5" (127 mm) for castors or 6" (153 mm) for optional legs.

▲ Plug type varies by country.



APPROVALS:

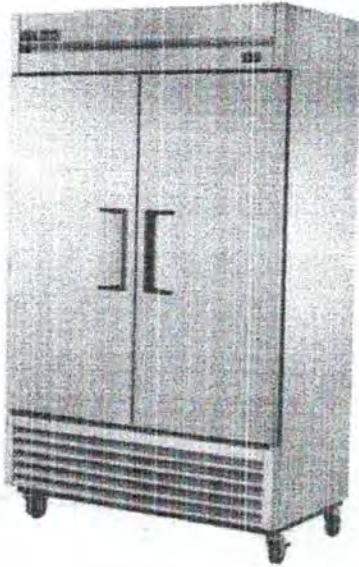
AVAILABLE AT:

6/16

Printed in U.S.A.

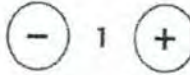
 FREE SHIPPING

True MFG Co.




T-49F-HC True 54" 2-Section Reach-In Freezer


\$6,697.60



Add to cart

Buy with  Shop Pay

More payment options

From **\$604.51/mo** with  [View sample plans](#)

Freezer, reach-in, two-section, -10°F, (2) stainless steel doors, (6) PVC coated adjustable wire shelves, interior lighting, stainless steel front, aluminum sides, aluminum interior with stainless steel floor, 4" castors, R290 Hydrocarbon refrigerant, 1 HP, 115v/60/1-ph, 9.6 amps, NEMA 5-15P, Made in USA, cULus, UL EPH Classified, ENERGY STAR®

✓ Available for pickup at

Specifications

Door Style : full hinged

Energy Efficiency : ENERGY STAR®

Exterior Finish : stainless steel front, aluminum sides

Refrigeration : self-contained, bottom mounted

Door Type : solid door(s)

Size : 2 section

Compressor HP : 1 HP

Capacity : 38 - 53 cu. ft.

Interior Finish : aluminum, stainless floor

Resources and Downloads

[Specsheet](#)

**CALAVERAS
MENTORING
FOUNDATION**



Celebrating 20 years of Calaveras Youth Mentoring

BARN DANCE

OCTOBER 28th | 4:00-8:00PM

VIDA BUENA FARM

DINNER | RAFFLE | AUCTION

**ERIK HOFFMAN
&
THE WHISKEY
BROTHERS BAND**

American Folk Dancing!

**Tickets
\$60**



**Purchase
Here**

Get Your Tickets at



CALAVERASMENTORING.ORG

212



October 28th, 2023 Sponsorship Options

Sponsor online at <https://www.calaverasmentoring.org/support-us>

High Country Sponsor: \$2,500

- A reserved table for eight at the event (A \$480 value!)
- Recognition at the event on signage and by the host
- Social media thank-you posts on Mentoring Facebook or Instagram every month for six months
- Acknowledgement in press releases
- Showcased on CalaverasMentoring.org with logo and link for one year

Wrangler Sponsor: \$1,500

- Six tickets for the event
- Recognition at the event on signage and by the host
- Three social media thank-you posts on both Mentoring Facebook and Instagram
- Acknowledgement in press releases
- Showcased on CalaverasMentoring.org with logo and link for one year

Wheel Horse Sponsor: \$1,000

- Four tickets to the event
- Recognition at the event on signage and by the host
- Two social media thank-you posts on both Mentoring Facebook and Instagram
- Showcased on CalaverasMentoring.org with logo and link for one year

Howdy Partner Sponsor: \$500

- Two tickets to the event
- Recognition at the event on signage and by the host
- Showcased on CalaverasMentoring.org with logo and link for one year

Individual or Business Sponsor

Business/Individual _____ Contact Person _____

Day Phone _____ Email _____

Mailing Address _____ City/State/Zip Code _____

Checks should be made out to "Calaveras Mentoring Foundation" and mailed to:
 2023 BARN DANCE SPONSORSHIP, Calaveras Mentoring Foundation PO Box 853, Murphys, CA 95247
 Questions? Contact Donna Shannon (209) 754-4997

Hospice of Amador and Calaveras Present

CELEBRATE LIFE

24th Annual Art Auction



RESERVE YOUR TABLE TODAY

(209)225-5500

**SAVE
THE
DATE**

September 8th, 2023

5pm

PLEASE JOIN US
AT THE ENCHANTING

Heirloom Inn

214 SHAKELEY LANE
IONE, CA 95640

- Local Artists*
- Live Art Auction*
- Live Music*
- Drawings*
- Wine*
- Appelizers*
- Dinner*
- Dessert*

Hospice of Amador and Calaveras

"Celebrate Life"

24th Annual Art Auction

Heirloom Inn • Lone, CA

September 8th, 2023

SPONSORSHIP INFORMATION

All sponsors will receive sponsorship recognition as follows:

Platinum Sponsor	\$5,000	Includes sponsor's name prominently included in all event ads (radio, newspaper, printed materials, website, facebook), "Hospice Highlights" newsletter, 2 full-page (side-by-side) ads in our full color event program, 8 event tickets (\$1,000 value), special signage prominently displayed at the event, 1-year digital advertising at both Hospice thrift store locations.
Gold Sponsor	\$3,000	Includes sponsor's name prominently included in all event ads (radio, newspaper, printed materials, website, facebook), 2 full-page ads in our full color event program, 6 event tickets, 1-year digital advertising at both Hospice thrift store locations.
Silver Sponsor	\$1,000	Includes sponsor's name prominently included in all event ads (radio, newspaper, printed materials, website, facebook), 1 full-page ad in our full color event program, 2 event tickets, 1-year digital advertising at both Hospice thrift store locations.
Bronze Sponsor	\$500	Includes 2/3-page (approx. 5" x 5") ad in event program.
Advertising Sponsor	\$375	Includes 1/2-page ad (approx. 3.75" x 5") in event program.
	\$175	Includes 1/3-page ad (approx. 2.5" x 5") in event program.
	\$100	Includes 1/6-page ad (approx. 2.5" x 2.5") in event program.

Please return the bottom of this page with your check or credit card information to Hospice (address below). We will be happy to have your ad designed for you- please send information and high-resolution graphics to Jazmine.Roots@hospiceofamador.org. For more information please call (209) 223-5500.

To be included in the event program, your information must reach us no later than July 31.

THANK YOU FOR YOUR SUPPORT

Please Print Clearly

We have chosen the following Sponsorship Package _____ \$ _____

Name: _____

Business: _____

Address: _____

City: _____ Zip: _____

Phone Number(s) _____

CC# _____ Type: MC VISA 3 Digit Sec. Code: _____

Name as it appears on card: _____ Exp. Date _____

Email Address: _____

Please Return to: HOAC/ATTN: Jazmine Roots, 1500 S. HWY 49, Ste. 205 Jackson, CA 95642
Phone: (209) 223-5500 Email: Jazmine.Roots@hospiceofamador.org