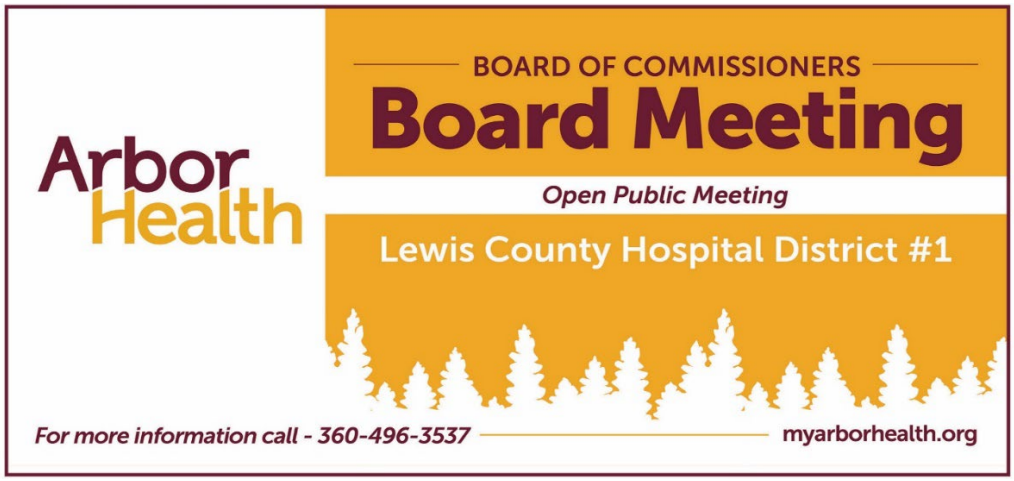
REGULAR BOARD MEETING PACKET



BOARD OF COMMISSIONERS

Board Chair –Tom Herrin, Secretary – Kim Olive,
Commissioner – Craig Coppock, & Commissioner – Wes McMahan

December 14, 2022 @ 3:30 PM
Conference Room 1 & 2 or Join Zoom Meeting:
https://myarborhealth.zoom.us/j/82100462043
Meeting ID: 821 0046 2043
One tap mobile: +12532158782,,82100462043#
Dial:+1 253 215 8782

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

TABLE OF CONTENTS

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
December 14, 2022 at 3:30 p.m.
Conference Room 1 & 2 or via ZOOM
https://myarborhealth.zoom.us/j/82100462043
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Dial:+1 253 215 8782

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	PAGE	TIME
Call to Order **Roll Call** **Reading of the Mission & Vision Statement** **Approval or Amendment of Agenda** **Conflicts of Interest**		3:30 pm
Comments and Remarks • Commissioners • Audience		3:35 pm
Executive Session-*RCW 70.41.200* • Medical Privileging-Dr. Mark Hansen & Medical Staff Coordinator Janice Cramer	5	3:40 pm
Department Spotlight • Respiratory Therapy Services-RT Manager Janice Kelly and Inpatient & Emergency Services Director LeeAnn Evans	6	3:45 pm
Board Committee Reports • Hospital Foundation Report-Foundation Manager Jessica Scogin	16	4:00 pm
• Finance Committee Report- Committee Chair-Commissioner McMahan	18	4:05 pm
Consent Agenda *(Action)* • Approval of Minutes: ○ *November 14, 2022, Special Board Meeting* ○ *November 16, 2022, Regular Board Meeting* ○ *November 23, 2022, Finance Committee Meeting* ○ *November 28, 2022, Special Board Meeting* ○ *November 30, 2022, Special Board Meeting* ○ *December 5, 2022, Special Board Meeting*	 23 25 32 36 38 40	4:15 pm
• Approve Documents Pending Board Ratification 12.14.22 ○ *To provide board oversight for document management in Lucidoc.*	42	
• RES 22-36-Adopt Flexible Spending Account Plan ○ *To approve the flexible spending account portion of the employee benefit*	43	

package; 3rd party administrator requires board resolution of plan.		
• RES 22-37-Adopt the Health Reimbursement Arrangement o *To approve the health reimbursement portion of the employee benefit package; 3rd party administrator requires board resolution of plan.*	56	
• RES 22-38-Approving the DZA Financial Audit, Single Audit for Cares Act Funding and Cost Report Annual Engagement o *To approve the engagement with Dingus, Zarecor & Associates.*	68	
• Warrants & EFTs in the amount of $4,185,559.89 dated November 2022	80	
• RES 22-39-Declaring to Surplus or Dispose of Certain Property o *To approve liquidation of items beyond their useful life.*	82	
Old Business • SAO Audit *(Verbal Update-CFO Cheryl Cornwell)* o *To provide a status update on the audit progress and schedule exit conference.*		4:20 pm
• Board Self-Evaluation o *To discuss the evaluations completed for 2022.*	85	4:25 pm
New Business • At-Large Commissioner Vacancy o *To plan for the appointment of Commissioner Position #4.*	88	4:40 pm
• RES 22-40-Adopting Community Health Needs Assessment (CHNA) & Implementation Plan *(Action)* o *To adopt the 2023-2025 CHNA as regulatorily required by December 31, 2022.*	89	4:50 pm
• 2023 Organization & Officers of the Board of Commissioners o *To establish 2023 officers and committee assignments effective 01.01.23. The Board Chair can attend committee meetings in the absence of the vacant position until filled.*	113	5:05 pm
Superintendent Report *(Verbal Update-Superintendent Everett)* • Packwood Clinic • Elbe Property		5:20 pm
Meeting Summary & Evaluation		5:25 pm
Next Board Meeting Dates and Times • Special Board Meeting-December 16, 2022 @ 1:00 PM (ZOOM & In Person) • Special Board Meeting-December 19, 2022 @ 9:00 AM (ZOOM & In Person) • Special Board Meeting-December 21, 2022 @ 3:30 PM (ZOOM & In Person) • Regular Board Meeting-January 25, 2023 @ 3:30 PM (ZOOM & In Person) **Next Committee Meeting Dates and Times** • Finance Committee Meeting-December 21, 2022 @ 12:00 PM (ZOOM) • QIO Committee Meeting-December 28, 2022 @ 7:00 AM (ZOOM) • Compliance Committee Meeting-January 4, 2023 @ 12:00 PM (ZOOM) • Plant Planning Committee Meeting-January 11, 2023 @ 7:00 AM (ZOOM) • Finance Committee Meeting-January 18, 2023 @ 12:00 PM (ZOOM)		
Adjournment		5:30 pm

MEDICAL STAFF PRIVILEGING

The below providers are requesting appointment to the Arbor Health Medical Staff. All files have been reviewed for Quality Data, active state license, any malpractice claims, current liability insurance, peer references, all hospital affiliations, work history, National Practitioner Data Bank reports, sanctions reports, Department of Health complaints, Washington State Patrol background check and have been reviewed by the credentialing and medical executive committees including the starred items below. The credentialing and medical executive committees have recommended the following for approval.

INITIAL APPOINTMENTS- 3

Radia Inc.

- Jaime Contreras, MD (Radiology Consulting Privileges)
- Michael Gunlock, MD (Radiology Consulting Privileges)
- Michal Klysik, MD (Radiology Consulting Privileges)

REAPPOINTMENTS- 7

Providence Health & Services

- Muhammad Farooq, MD (Telestroke/Neurology Consulting Privileges)

Radia Inc.

- Uresh Patel, MD (Radiology Consulting Privileges)
- Justin Siegal, MD (Radiology Consulting Privileges)
- Shaheen Umar, MD (Radiology Consulting Privileges)

Cardiology Associates

- Sara Martinez, MD (Cardiology Consulting Privileges)
- Robert Wark, MD (Cardiology Consulting Privileges)
- Haroon Yousaf, MD (Cardiology Consulting Privileges)

✪-notates files with items to note.

Respiratory Therapy Services

Department Spotlight

Janice Kelly Respiratory Therapy Manager
LeeAnn Evans Inpatient & ED Director

Respiratory Outpatient Options

- Pulmonary Functions Tests (PFT)
  - A noninvasive set of tests that show how well the lungs are working. The test measures lung volumes, capacity, rates of flow and oxygen exchange. This information can help provider to diagnose and decide the treatment of certain lung disorders.
- Arterial Blood Gases (ABG)
  - Measures the oxygen and carbon dioxide levels in the blood as well as the bloods PH balance. The sample is taken from an Artery, not a vein and is usually used in emergency situations but also as a pre surgery test.
- EKG's
  - records the electrical signal from the heart to check for different heart conditions.
- Cardiac Event Monitoring
  - An event monitor is a portable device used to record your heart's electrical activity when you have symptoms. It records the same information as an electrocardiogram (ECG), but for longer durations of time.
- Cardiac Stress Tests
  - A stress test can involve walking on a treadmill or bike while your heart rhythm, Blood pressure, and breathing are monitored.
- Pharmacological Stress Tests
  - Is mostly used in conjunction with a nuclear imaging test and is performed with an injection of an agent that simulates a physical stress test without actual exercise.

Arbor Health

Program History

- Dr. Fritz serves as the Respiratory Therapy Medical Director
- Majority of the Outpatient Services closed due to Covid Restrictions in 2020
- After months of only have 0.6 FTE of respiratory therapist for in and outpatient procedures, we were able to reopen PFTs in April 2022 after hiring fulltime Respiratory Therapist.
- During COVID we still performed some (very little) outpatient ABGs, Cardiac Event Monitors, EKGs and Cardiac Stress tests with help from the RNs.
  - Non-aerosol generating procedures

Equipment

Investments/Upgrades

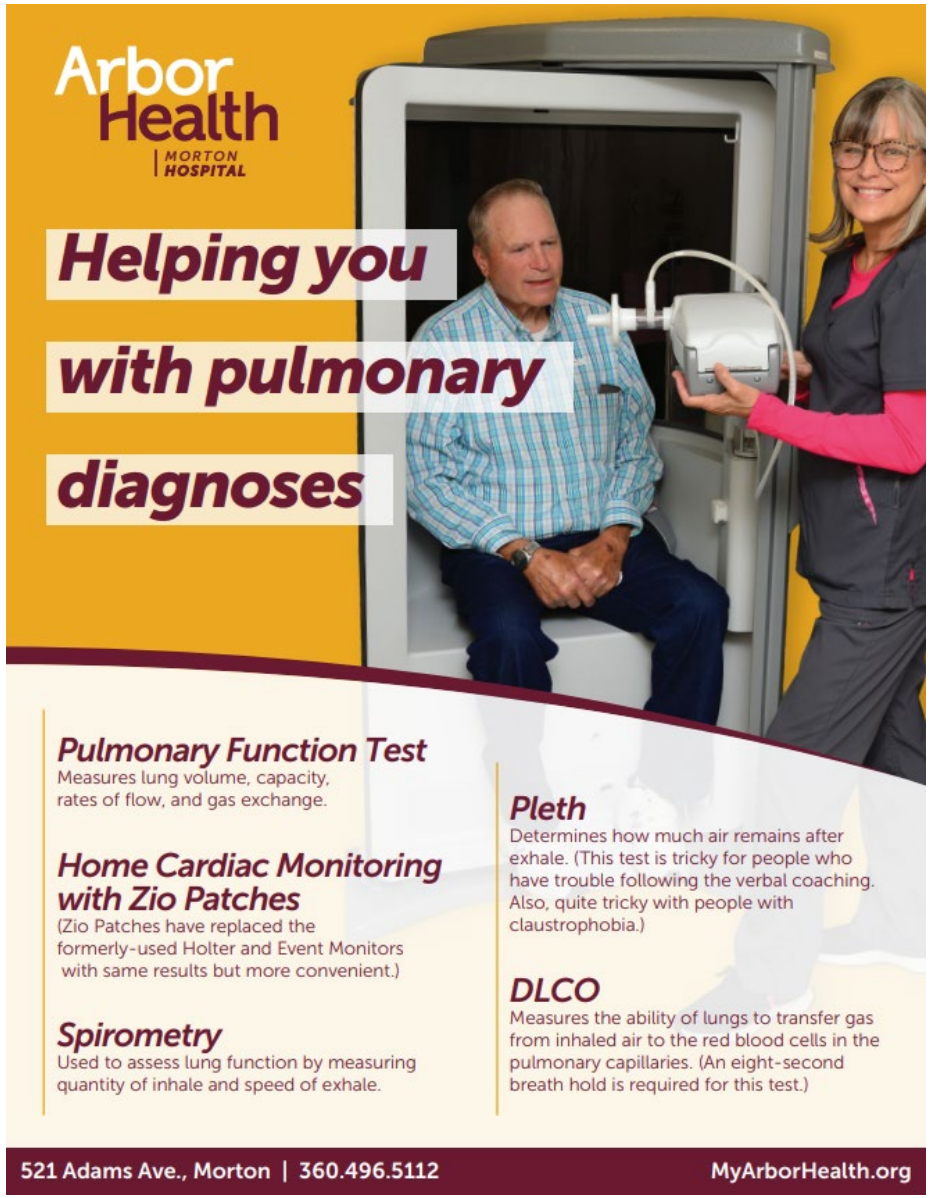
- Updated ABG syringes
- Quinton Stress Test Machine – $5,000
- Updated Holter Monitors to ZIO Patch (no cost to AH)
- 2021 New PFT machine – $133,000

2022 Successes

- Hired fulltime working manager
- Updated PFT Machine (2021) but first used in 2022 after re-opening OP Respiratory Therapy Services
- Increased communication with MUSE for timely EKG reads to be completed ≤24 hours after transmitting. Started at 70% compliance in January with current compliance at 96%.

Marketing

- Pamphlets distributed to Arbor Health providers/clinics and surrounding clinics every month.
- RT manager keeps communication open between Outpatient Diagnostic Services and surrounding clinics (Mary's Corner, Eatonville, Etc.)



Pulmonary Rehabilitation

- *Definition*: A comprehensive intervention based on a thorough patient assessment followed by patient-tailored therapies that include, but are not limited to, exercise training, education, and behavior change, designed to improve the physical and psychological condition of people with chronic respiratory disease and to promote the long-term adherence to health-enhancing behaviors.
- *Labor Force*: Requires a part-time Respiratory Therapist to work 3 days a week with some sessions augmented by other disciplines.
- *Physical Space*: Current Room 215 set aside for Pulmonary Rehab.
- *Respiratory Therapy Medical Director* : Dr. Anthony Fritz

Arbor Health

Typical Pulmonary Rehab Patients

- COPD
- Pulmonary Fibrosis
- Chronis Bronchitis
- Chronic Emphysema
- Post-COVID

Pulmonary Rehab

Program Reopening Delayed Secondary to Multiple Considerations:

- Primary challenge is ongoing *staffing recruitment challenges* with higher rates of pay; travelers are still required for inpatient department staffing.
- *Very narrow margins* to maintain financial program viability
- *Lukewarm response* from Arbor providers re potential Pulmonary Rehab referrals suggest insufficient volume to support the program.
- *Completion Rates*: Nationally low program completion rates (range between 62% – 75%) compound maintaining programmatic volume. Completion is influenced by practical factors such as travel, transport, car parking, and cost of attendance as well as by patient-related factors such as physical disability, illness, depression, and smoking status.

BOARD COMMITTEE REPORTS

Arbor Health | FOUNDATION
521 Adams Avenue, Morton, WA 98356 | 360-496-3749
Mailing Address: P.O. Box 1132, Morton, WA 98356

Meeting Minutes
November 8th, 2022

1. **Call to order –** 12:01

   OUR MISSION: To raise funds and provide services that will support the viability and long-term goals of the Lewis County Hospital District No. 1. This includes, but is not limited to, taking a leadership role in maintaining and improving community pride and confidence in all aspects of the hospital's health care system.

   - **EXCUSED ABSENCES:** Caro Johnson, Betty Jurey, Katlyn Forest, Paula Baker

2. **Approval of Treasurer's Report and October Minutes** Motion to approve minutes
Shannon moved to approve, Janine Seconded, Motion carried.
Janine moved to approve treasurer's report and Laura seconded, Motion carried.
3. **Administrators Report-** Julie Taylor and Shannon Kelly– Packwood clinic is moving forward, to open January 2023. Changes in COVID guideline, Governor's proclamation ended October 31st. Masking is still required Health Dept. Recruitment update –Nicholas is starting as a permanent hire for the open pharmacist position. Open CEO position, recruitment committee meeting this week to narrow the candidates, interviews should be next week, down to three candidates for the board to interview them in December (2nd , 3rd and 9th).
4. **Executive Directors Report:**
   - Christmas sale November 29th 30th 10-6pm, (set up the night before at 7pm and the morning of December 1st) – There are some gift shop volunteers that will be working would be nice to have some Foundation members also help, will send out an email to sign up). Molina is sponsoring $5000 toward the gift sale.
   - 15-minute philanthropy "giving day" November 14th 11-1pm – and an evening one for the evening shift. Pumpkin Pies and staff watch a video about how to sign up for the 15 minutes philanthropy.
   - The Chamber meeting follow up – Julie & Jessica did a slide show at the chamber meeting – the paper was there and those were there enjoyed the show; a new volunteer, Rick, for the gift shop, Brown Mortuary plans to have a person join the Foundation and the Blueberry farm wants to be contacted in the future for donations for fundraisers.
   - Roots and Wings (affiliated with Epic) – help smaller hospitals with grants, vetted out with the Forks hospital by Jessica. They want to provide a limited grant of $35,000 to the foundation with some guidelines for what could be used as support. Jessica will be going to the hospital directors for further guidance.

5. Old Business:

- Foundation adopts a tree at FMAC sale, we have decorations and a chair, Katelin Forest.,
- New membership drive - suggestion of one in January, suggested we use the first evening meeting in 2023 for inviting a friend to join
- Gerri resignation from Treasurer at end of fiscal year – Mitchell asked if he could meet with Jessica to talk about him doing it; and reviewing if there's enough check and balance. Bonnie would also like to meet with Jessica as well as she is interested in learning more about being Treasurer.
- How much funds go to EKGs – There was $7,000 from the specific fundraiser at the dinner. Do we want to allocate any other funds from the auction? Shannon moved to allocate enough funds to purchase one full EKG, second by Laura. ($2000). Motion carried.

6. New Business:

Executive slate is due next month.
Finance committee will meet to go over budget

7. Next meeting: December 13th at Bonnie's house 6:00 pm, We will have a white elephant gift exchange at this meeting. Attendees bring sides/desserts.

Meeting adjourned at 12:35 pm
Respectfully submitted,

Gwen Turner
Secretary Pro Tem

Lewis County Hospital District No. 1
Income Statement
October, 2022

CURRENT MONTH						YEAR TO DATE				
Pr Yr Month	% Var	$ Var	Budget	Actual		Actual	Budget	$ Var	% Var	Actual
661,390	-30%	(233,004)	764,597	531,593	Inpatient Revenue	5,587,564	7,677,932	(2,090,368)	-27%	7,058,193
2,675,587	10%	293,476	3,066,019	3,359,495	Outpatient Revenue	32,617,902	31,302,047	1,315,855	4%	27,617,270
415,294	-10%	(54,278)	553,904	499,626	Clinic Revenue	4,311,539	5,365,713	(1,054,174)	-20%	3,710,865
3,752,271	0%	6,195	4,384,519	4,390,714	**Gross Patient Revenues**	**42,517,005**	44,345,692	(1,828,687)	-4%	38,386,327
1,123,255	-6%	(92,171)	1,473,397	1,565,569	Contractual Allowances	14,061,100	14,281,157	220,057	2%	13,576,117
30,774	-3809%	(72,284)	1,898	74,182	Charity Care	527,580	19,858	(507,722)	-2557%	339,347
47,441	136%	70,231	51,813	(18,418)	Bad Debt	286,832	559,725	272,892	49%	477,010
1,201,470	-6%	(94,225)	1,527,108	1,621,333	**Deductions from Revenue**	**14,875,512**	14,860,739	(14,773)	0%	14,392,474
2,550,801	**-3%**	**(88,030)**	**2,857,411**	**2,769,382**	**Net Patient Service Rev**	**27,641,493**	**29,484,953**	**(1,843,461)**	**-6%**	**23,993,854**
68.0%	3.2%	2.1%	65.2%	63.1%	**NPSR %**	65.0%	66.5%	1.5%	2.2%	62.5%
83,813	16%	12,761	81,900	94,662	Other Operating Revenue	960,916	819,004	141,912	17%	1,280,412
2,634,613	**-3%**	**(75,269)**	**2,939,312**	**2,864,043**	**Net Operating Revenue**	**28,602,409**	**30,303,957**	**(1,701,549)**	**-6%**	**25,274,265**
					Operating Expenses					
1,631,729	-2%	(29,305)	1,843,870	1,873,175	Salaries & Wages	17,610,540	18,321,745	711,205	4%	15,349,056
263,468	54%	239,611	445,682	206,072	Benefits	3,613,530	4,378,176	764,647	17%	3,579,254
123,048	31%	46,011	147,440	101,429	Professional Fees	1,344,868	1,515,813	170,945	11%	1,182,956
194,015	24%	48,156	200,963	152,807	Supplies	2,142,273	2,013,420	(128,853)	-6%	1,843,270
333,580	14%	55,728	392,344	336,616	Purchase Services	3,646,390	3,977,968	331,577	8%	3,480,514
(4,327)	40%	22,574	56,087	33,513	Utilities	450,352	438,906	(11,445)	-3%	372,324
23,811	4%	1,173	28,379	27,206	Insurance	245,599	247,143	1,544	1%	200,331
88,123	-29%	(15,928)	54,345	70,273	Other Expenses	500,684	587,585	86,901	15%	454,813
2,653,448	12%	368,020	3,169,111	2,801,091	EBDITA Expenses	29,554,235	31,480,756	1,926,521	6%	26,462,519
(18,835)	-127%	292,752	(229,799)	62,953	**EBDITA**	(951,827)	(1,176,799)	224,972	-19%	(1,188,253)
-0.7%	128.1%	-10.0%	-7.8%	2.2%	EBDITA %	-3.3%	-3.9%	-0.6%	14.3%	-4.7%
					Capital Cost					
104,826	2%	2,288	110,548	108,259	Depreciation	1,092,208	1,051,940	(40,268)	-4%	1,027,092
35,415	12%	4,415	36,661	32,247	Interest Cost	328,017	349,113	21,096	6%	356,066
2,793,689	11%	374,723	3,316,320	2,941,597	Operating Expenses	30,974,461	32,881,810	1,907,349	6%	27,845,677
(159,076)	-79%	299,455	(377,008)	(77,554)	**Operating Income / (Loss)**	(2,372,052)	(2,577,852)	205,800	-8%	(2,571,411)
-6.0%			-12.8%	-2.7%	Operating Margin %	-8.3%	-8.5%			-10.2%
0	0%	14,956	0	(14,956)	**Mcare/Mcaid Pr Yr**	(14,956)	0	14,956	0%	0
					Non Operating Activity					
130,408	14%	19,490	141,132	160,622	Non-Op Revenue	1,520,565	1,411,322	109,243	8%	1,314,059
9,268	-159%	(5,665)	3,566	9,231	Non-Op Expenses	47,841	35,660	(12,182)	-34%	85,630
121,140	10%	13,825	137,566	151,391	Net Non Operating Activity	1,472,724	1,375,662	97,061	7%	1,228,429
(37,936)	-125%	298,324	(239,442)	58,882	**Net Income / (Loss)**	(914,284)	(1,202,190)	287,906	-24%	(1,342,982)
-1.4%			-8.1%	2.1%	Net Income Margin %	-3.2%	-4.0%			-5.3%

Lewis County Public Hospital District No. 1
Balance Sheet
October, 2022

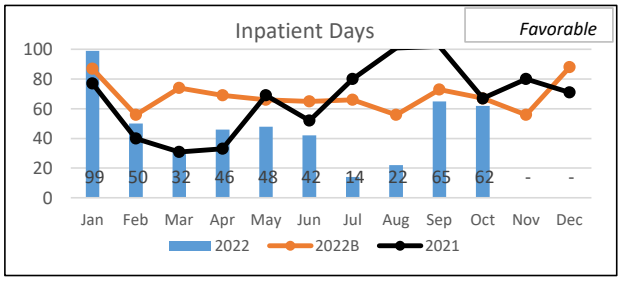
	Current Month	Prior-Month	Prior-Year end	Incr/(Decr) From PrYr
Assets				
Current Assets:				
Cash	$ 5,305,061	7,083,777	11,725,277	(6,420,215)
Total Accounts Receivable	7,559,025	7,383,939	6,796,889	762,136
Reserve Allowances	(3,397,117)	(3,210,206)	(2,675,536)	(721,581)
Net Patient Accounts Receivable	4,161,908	4,173,733	4,121,353	40,555
Taxes Receivable	288,210	174,168	44,337	243,873
Estimated 3rd Party Receivables	3,000	3,000	74,277	(71,277)
Prepaid Expenses	315,826	362,018	299,720	16,106
Inventory	365,001	365,743	351,873	13,128
Funds in Trust	2,223,027	2,205,401	1,593,539	629,488
Other Current Assets	186,258	185,053	192,811	(6,553)
Total Current Assets	12,848,292	14,552,894	18,403,188	(5,554,896)
Property, Buildings and Equipment	34,938,746	34,938,746	34,687,777	250,970
Less Accumulated Depreciation	(24,277,774)	(24,169,332)	(23,182,426)	(1,095,348)
Net Property, Plant, & Equipment	10,660,972	10,769,414	11,505,351	(844,379)
Right-of-use assets	591,349	610,239	0	591,349
Other Assets	167,514	167,514	0	167,514
Total Assets	$ 24,268,127	26,100,061	29,908,539	(5,640,412)
Liabilities				
Current Liabilities:				
Accounts Payable	280,809	556,905	748,429	(467,619)
Accrued Payroll and Related Liabilities	1,405,778	1,459,606	1,244,266	161,511
Accrued Vacation	810,269	781,293	784,018	26,250
Third Party Cost Settlement	310,208	1,886,071	5,311,870	(5,001,662)
Interest Payable	118,583	88,922	0	118,583
Current Maturities - Debt	1,366,865	1,366,865	1,366,865	0
Unearned Revenue	1,252,684	1,252,684	1,000,000	252,684
Other Payables	10,506	10,506	12,150	(1,644)
Current Liabilities	5,555,701	7,402,851	10,467,598	(4,911,897)
Total Notes Payable	1,164,043	1,188,928	1,566,482	(402,439)
Capital Lease	(0)	(0)	(0)	0
Lease Liability	591,349	610,239	0	591,349
Net Bond Payable	5,026,308	5,026,198	5,029,448	(3,140)
Total Long Term Liabilities	6,781,700	6,825,366	6,595,930	185,770
Total Liabilities	12,337,401	14,228,217	17,063,528	(4,726,127)
General Fund Balance	12,845,010	12,845,010	12,845,010	0
Net Gain (Loss)	(914,284)	(973,166)	0	(914,284)
Fund Balance	11,930,726	11,871,844	12,845,010	(914,284)
Total Liabilities And Fund Balance	$ 24,268,127	26,100,061	29,908,539	(5,640,412)

Arbor Health
Cash Flow Statement
For the Month Ending October 2022

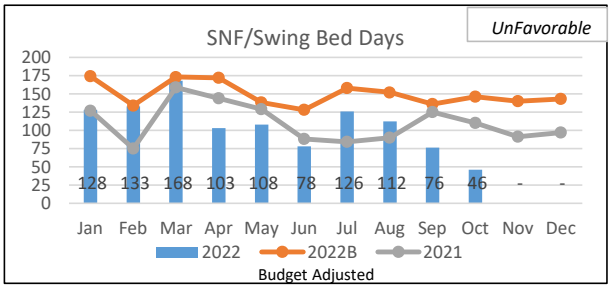
	MTD	YTD
Cash Flows from Operating Activites		
Net Income	58,882	(914,284)
Adjustments to reconcile net income to net cash provided by operating activities		
Decrease/(Increase) in Net Patient Accounts receivable	11,825	(40,555)
Decrease/(Increase) in Taxes receivable	(114,042)	(243,871)
Decrease/(Increase) in Est 3rd Party Receivable	0	71,277
Decrease/(Increase) in Prepaid expenses	46,192	(16,106)
Decrease/(Increase) in Inventories	742	(13,128)
Decrease in Other Current Assets	(1,205)	(160,962)
Increase/(Decrease) in Accrued payroll liabilities	(24,852)	187,763
Increase/(Decrease) in 3rd Party cost stlmt liabilities	(1,575,863)	(5,001,662)
Increase/(Decrease) in Accounts payable	(276,097)	(216,582)
Increase/(Decrease) in Interest payable	29,661	118,583
Depreciation expense	108,442	1,095,348
Net Cash Flow from Operations	(1,736,315)	(5,134,179)
Cash Flows from Investing Activities		
Cash paid for		
Purchases of Fixed assets	0	(250,970)
Right-of-use assets	18,890	(591,349)
Net Cash Flow from (used) in Investing Activities	18,890	(842,319)
Cash Flows from Financing Activities		
Cash paid for		
Additions to long-term debt	0	0
Principal payments of long-term liabilities	(24,775)	(405,579)
Lease liabilities	(18,890)	591,349
Net Cash Flow from (used) in Financing Activities	(43,665)	185,770
Net Increase (Decrease) in Cash	(1,761,090)	(5,790,728)
Cash at Beginning of Period	$ 9,289,178	$ 13,318,816
Cash at End of Period	$ 7,528,088	$ 7,528,088

Lewis County Hospital District No. 1
Board Financial Summary
October 31, 2022

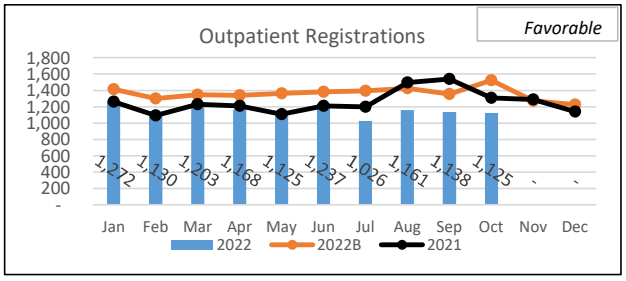
Growth



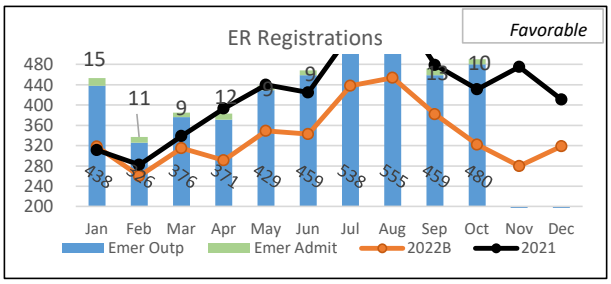
YTD: 480 Budget: 679 Pr Yr: 652



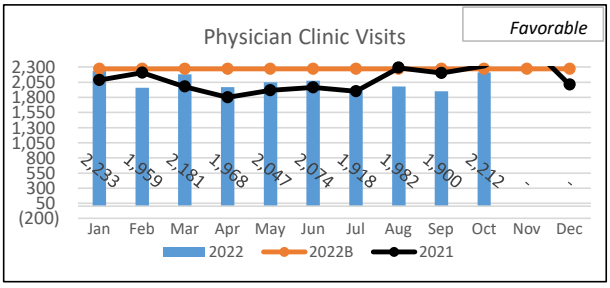
YTD: 1,078 Budget: 1,511 Pr Yr: 1,131



YTD: 11,585 Bud: 13,848 Pr Yr: 12,656

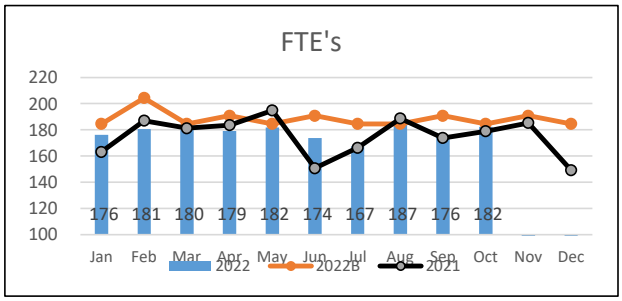


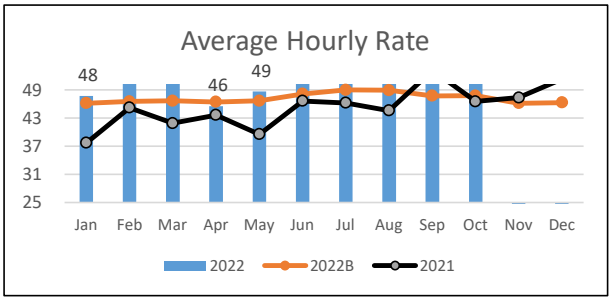
YTD: 4431 Bud: 3472 Pr Yr: 4247

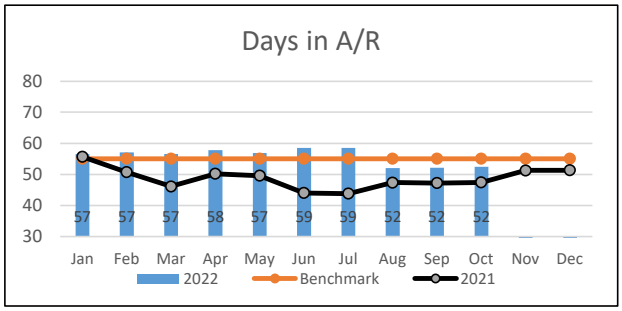


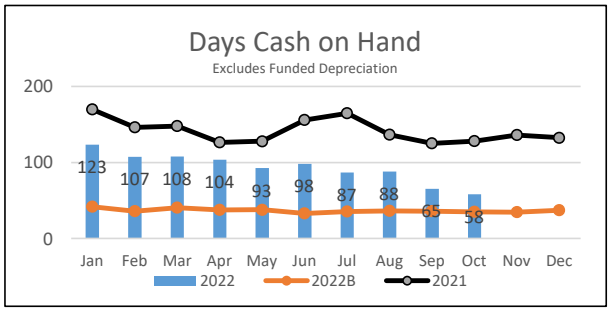
YTD: 20,474 Bud: 22,710 Pr Yr: 20,661

People and Operational Aspects









CONSENT AGENDA

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
SPECIAL BOARD OF COMMISSIONERS' MEETING
November 14, 2022 at 6:00 p.m.
Conference Rooms 1 & 2 or via ZOOM
https://myarborhealth.zoom.us/j/82026628505
Meeting ID: 820 2662 8505
One tap mobile: +12532158782,,82026628505#
Dial: +1 253 215 8782

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order via Zoom at 6:00 p.m. **Commissioners present:** ☒ Tom Herrin, Board Chair ☒ Kim Olive, Secretary ☒ Craig Coppock ☒ Wes McMahan ☒ Laura Richardson **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Cheryl Cornwell, CFO ☒ Buddy Rose, Reporter ☒ Julie Taylor, Ancillary Services Director ☒ Clint Scogin, Controller			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
New Business • Present the 2023 Budget (RCW 70.44.060 (6))	CFO Cornwell presented the 2023 budget. Data was collected by the State of WA on other hospital financial experiences for the first 6 months of the year which correlated with the numbers the District is experiencing. A 5-year look back of volumes was presented to show trends and the conservative approach for 2023 was proposed, given many hospitals were hoping for a rebound year in 2022 and that did not happen. The Board recognizes the challenges the industry is experiencing. The District is budgeting for a loss of $1,147,553 and agreed to develop operational options to manage the loss. The Income Statement will be reviewed monthly to ensure the District remains focused on minimizing losses.			
Public Comment	No comment.			
Action • Resolution-22-34-Adopting the 2023 Budget *(Action)*	Commissioner Coppock made a motion to approve Resolution 22-34 as presented, Secretary Olive seconded and the motion passed unanimously.	Resolution will be sent for electronic signatures.	Executive Assistant Garcia	11.16.22
Adjournment	Secretary Olive moved and Commissioner Coppock seconded to adjourned at 6:44 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary Date

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
REGULAR BOARD OF COMMISSIONERS' MEETING
November 16, 2022, at 3:30 p.m.
Conference Room 1 & 2 or via ZOOM
https://myarborhealth.zoom.us/j/82825597989
Meeting ID: 828 2559 7989
One tap mobile: +12532158782,,82825597989#
Dial: +1 253 215 8782

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order **Roll Call** **Reading the Mission & Vision Statements**	Board Chair Herrin called the meeting to order via Zoom at 3:30 p.m. **Commissioners present:** ☒ Tom Herrin, Board Chair ☒ Kim Olive, Secretary ☒ Wes McMahan ☒ Craig Coppock ☒ Laura Richardson **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Sara Williamson, CNO/CQO ☒ Julie Taylor, Ancillary Services Director ☒ Matthew Lindstrom, CFMO ☒ Cheryl Cornwell, CFO ☒ Spencer Hargett, Compliance Officer ☒ Janice Cramer, Medical Coordinator ☒ Buddy Rose, Reporter ☒ Shannon Kelly, CHRO			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	☒ Dr. Mark Hansen, Chief of Staff ☒ Jessica Scogin, Foundation Manager ☒ Eli Potts, Informatics Supervisor ☒ Diane Markham, Marketing Manager ☒ Kurt O'Brien, Consultant Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
Approval or Amendment of Agenda		Secretary Olive made a motion to approve the agenda. Commissioner Coppock seconded and the motion passed unanimously.		
Conflicts of Interest	Board Chair Herrin asked the attendees to state any conflicts of interest with today's agenda.	None noted.		
Comments and Remarks	Commissioners: Secretary Olive thanked the CEO Search Committee for their time and reiterated the importance of this process and so far, it has been a positive experience. Commissioner Coppock commended the hard work put forth regarding the 2023 budget. Commissioner Richardson announced her home in the District has sold and planning to move at the end of this year. Commissioner Richardson noted it has been a pleasure working on this board. Commissioner McMahan shared he was sorry to hear the news on Commissioner Richardson's departure but it has been a pleasure working with her. Commissioner McMahan is excited the CEO Search is going well and thanked all the staff, recognizing many of the staff are just holding their heads above water. Board Chair Herrin reiterated his appreciation for Commissioner Richardson's time with the District.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Audience: Foundation Manager Scogin noted a successful day with the staff regarding the 15-minute Philanthropist program. She reiterated that anyone, including commissioners, could participate.			
Executive Session- RCW 70.41.200	Board Chair Herrin announced going into executive session at 3:42 p.m. for five minutes to discuss RCW 70.41.200-Medical Privileging. The Board returned to open session at 3:47 p.m. Board Chair Herrin noted no decisions were made in Executive Session. Medical Coordinator Cramer noted the list was amended from what was published in the packet. Reappointments- Providence Health & Services 1. NehaMirchandani, MD (Telestroke/Neurology Consulting Privileges) Radia Inc. 2. Jonathan Kullnat, MD (Radiology Consulting Privileges) 3. Harold Prow, MD (Radiology Consulting Privileges)	Commissioner Coppock made a motion to approve the Medical Privileging as presented and Secretary Olive seconded. The motion passed unanimously.		
Department Spotlight • Deferred	Board Chair Herrin noted the spotlight has been deferred to next month.			
Board Committee Reports • Hospital Foundation Report	Foundation Manager Scogin noted the upcoming holiday sale is November 29th and 30th. The Foundation presented at a recent chamber meeting, which was very successful in showing what the foundation does throughout the year. The Foundation is receiving a $35,000 grant. There is turnover in the Secretary and Treasurer. The			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Foundation through the Fund-A-Need and some donation directly from the Foundation were able to fund one EKG at the clinics. The Foundation is going to miss Commissioner Richardson.			
Consent Agenda	Board Chair Herrin announced the consent agenda items for consideration of approval: 1. Approval of Minutes a. October 26, 2022, Regular Board Meeting 2. Warrants & EFTs in the amount of $4,779,153.50 dated October 2022 3. Approve Documents Pending Board Approval & Ratification 11.16.22	Secretary Olive made a motion to approve the Consent Agenda and Commissioner Richardson seconded. The motion passed unanimously. Minutes and Warrants will be sent for electronic signatures.	Executive Assistant Garcia	11.18.22
Old Business • Superintendent Succession Plan	Secretary Olive noted the Search Committee has narrowed it to six candidates who will be interviewing via Zoom. The interviews were yesterday, November 15th and tomorrow, November 17th. The Search Committee will recommend three candidates to move forward for in person interviews. Board Chair Herrin recognized that commissioners may participate via Zoom; however, highly encouraged having both camera and audio. Board Chair Herrin, Commissioner Coppock plan to be in person, Secretary Olive hopes to be in person and Commissioner McMahan will see what he can do to have adequate internet for camera and audio. The Randle Clinic location was offered.			
• SAO Audit Entrance	CFO Cornwell noted the Entrance Conference call took place where the auditors outlined the audit priorities. Board Chair Herrin and Commissioner McMahan were able to participate in the call and found it intriguing and helpful. The Finance team in collaboration with others in the organization continue to share data to meet their requests. A			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	weekly meeting occurs to give status updates on open items. The Exit Conference is tentatively scheduled for the Regular Board Meeting in either December or January.			
New Business • Board Self-Evaluation	Board Chair Herrin noted the Board Self-Evaluation was included in the packet and Executive Assistant Garcia will email an electronic version to complete too. The evaluation is due to Executive Assistant Garcia by December 1st where the results will be combined and provided to Board Chair Herrin. Board Chair Herrin reiterated the importance of honesty to ensure we move forward as a board effectively.	Send electronic evaluation to the Commissioners to complete and return to Executive Assistant Garcia.	Executive Assistant Garcia & The Board of Commissioners	12.01.22
• Board Policy & Procedure Review	Annual CEO/Superintendent Evaluation-Approved.	Marked the one document as Reviewed in Lucidoc.	Executive Assistant Garcia	11.18.22
• Property Tax Levy Options	Superintendent Everett recommended the District consider the highest lawful levy, as the bond levy is retiring the end of 2022. Lewis County has not finalized the numbers; however, the District can request greater than 1%, given the estimates, reevaluation of new construction and utilities. A Special Board Meeting Public Hearing has been scheduled for November 28th to present options to the Board and give the community the opportunity to provide comment. The approved budget and levy documentation must be submitted to Lewis County by no later than November 30, 2022.			
• 2023 Board Meeting Schedule	Board Chair Herrin noted the 2023 schedule presented in the packet. The Board agreed to move forward with the proposed schedule.	Secretary Olive made a motion to approve the Proposed 2023 Schedule and Commissioner Coppock seconded. The motion passed unanimously.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		2023 Schedule will be published as a legal.	Executive Assistant Garcia	12.31.22
Superintendent Report	Superintendent Everett presented 2022 Q3 data. Secretary Olive expressed no concerns. Commissioner Coppock noted the departments keep pushing forward recognizing staffing is certainly impacting measures. Superintendent Everett shared an example where the Rehabilitation Manager is providing patient care due to staffing shortages which does minimize time available to achieve goals. Commissioner Coppock thanked Superintendent Everett for her efforts. Commissioners Richardson and McMahan had no further no comments. Board Chair Herrin noted improvements and encouraged everyone to keep moving the needle.			
Meeting Summary & Evaluation	Superintendent Everett highlighted the decisions made and action items. Secretary Olive requested the department spotlight return to the agenda. Commissioner Coppock enjoys the light heartedness of the meeting making it more enjoyable with the tough decisions and topics. Commissioner Richardson enjoys the sense of humor in meetings and has learned there is a lot to learn. Commissioner McMahan echoed a good meeting. Board Chair Herrin noted the board is becoming tighter as a group.			
Break	Board Chair Herrin called for a 12-minute break at 4:38 p.m. The Board returned to open session at 4:45 p.m.			
Guest Speaker • Kurt O'Brien Consulting-Part-9	Commissioner Richardson and Secretary Olive left the meeting. Commissioners McMahan and Coppock, as well as Board Chair Herrin remain interested in the			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	townhall meeting to gain community engagement to get closer to the source ideas. The Board needs to partner with the new Superintendent on getting creative around finances to balance the budget, experience costs savings and grow revenue. Kurt is excited to move into 2023 with these sessions, especially with bringing on a new commissioner and new Superintendent/CEO. Kurt recommended some 1:1 sessions with the new individuals to help orientate them on where we are today.			
Adjournment	Commissioner Coppock moved and Commissioner McMahan seconded to adjourn the meeting at 5:32 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary Date

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
Finance Committee Meeting
November 23, 2022, at 12:00 p.m.
Via Zoom

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Commissioner McMahan called the meeting to order via Zoom at 12:00 p.m. Commissioner(s) Present in Person or via Zoom: ☒ Wes McMahan, Commissioner ☒ Kim Olive, Secretary Committee Member(s) Present in Person or via Zoom: ☒ Shana Garcia, Executive Assistant ☒ Cheryl Cornwell, CFO ☒ Leianne Everett, Superintendent ☒ Marc Fisher, Community Member ☒ Clint Scogin, Controller ☐ Sherry Sofich, Revenue Cycle Director ☒ Sara Williamson, CNO/CQO ☒ Julie Taylor, Ancillary Services Director ☐ Shannon Kelly, CHRO ☒ LeeAnn Evans, Inpatient & Emergency Services Director ☒ Janice Kelly, RT Manager			
Approval or Amendment of Agenda		CFO Cornwell made a motion to approve the agenda and Secretary Olive seconded. The		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
		motion passed unanimously.		
Conflicts of Interest	Commissioner McMahan asked the Committee to state any conflicts of interest with today's agenda.			
Consent Agenda	Commissioner McMahan announced the following in consent agenda up for approval: 1. Review of Finance Minutes –October 19, 2022 2. Revenue Cycle Update 3. Board Oversight Activities 4. Financial Statements-Oct. The Committee requested more information on the PCI DSS Compliant topic in the Revenue Cycle Update. Revenue Cycle Director Sofich was absent, so this topic with be on the December agenda to discuss the impact to the patient. Superintendent Everett recommended in January we do a Revenue Statement Process walk through to educate the committee from the moment a patient receives service to when they receive a bill.	Secretary Olive made a motion to approve the consent agenda and Community Member Fisher seconded. The motion passed unanimously. Discuss the process regarding patient credit card payments in the patient portal and what impact we are seeing. Review Revenue Statement Process.	 Revenue Cycle Director Sofich Revenue Cycle Director Sofich	 12.21.22 01.18.23
Old Business • Financial Department Spotlight • Respiratory Therapy Services	RT Manager Kelly and Inpatient & Emergency Services Director Evans highlight the following: Lewis County statistics, current services offered in RT, program history, provider insight on current patient utilization which is low, YTD volumes, and equipment needs. The department has a new manager and building outpatient marketing. The Pulmonary Rehab service presents challenges like recruiting labor force, appropriate referrals that qualify patients for treatment, and financial sustainability. Facilities in the state are closing for the same reasons. The Commissioners hear the opportunities and concerns and look forward to more discussion at the Board Meeting in December.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
• Capital Review	CFO Cornwell noted no new capital items for review this month.			
• Cost Report	CFO Cornwell noted no changes to prior years. The District is anticipating a receivable as the tool projects of an estimated $258,527.			
• State of WA Survey	CFO Cornwell noted the State of WA Survey is in progress and ongoing. Still planning for the Exit Conference to be at the Regular Board Meeting in December or January.			
New Business • Health Insurance Quarter 3 Overview	CFO Cornwell noted the plan is experiencing a good year where costs are not what we anticipated. The District continues to be a viable plan with a surplus of $605,975 on the books which pads for future years. In 2023 plan participants will see an increase in costs, because the District absorbed the whole cost last year and is now passing along the employee's responsibility.			
• Property Tax Levy Options	Superintendent Everett presented the District's draft levy options and verifying with the Lewis County Assessor's office on the methodology assumptions. As a reminder, the Bond levy retires in 2022, so the District only has the M & O levy next year. Superintendent Everett will present the levy to the public at the Special Board Meeting on November 28, 2022, for public comment. The Board will need to decide how to move forward. The budget and levy documentation must be submitted to Lewis County by November 30, 2022.			
• Decision to Engage the District External Auditor	CFO Cornwell recommended the District engage DZA for the 2022 financial audit, single audit for cares act funding and cost report. The Finance Committee supports engaging Dingus, Zarecor and	The Finance Committee supported requesting the Board's approval of a resolution to engage DZA at the Regular Board Meeting.	Executive Assistant Garcia	12.14.22

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
	Associates as the District's external auditor.			
• Surplus or Dispose of Certain Property	CFO Cornwell presented the list of assets for surplus. The Finance Committee supports moving forward with preparing a resolution to surplus.	The Finance Committee supported requesting the Board's approval of a resolution for the Surplus at the Regular Board Meeting.	Executive Assistant Garcia	12.14.22
Meeting Summary & Evaluation	CFO Cornwell highlighted the decisions made and action items that need to be taken to the entire board for approval. Commissioner McMahan appreciates the robust discussions today, especially the department spotlight. Happy Thanksgiving and be safe!			
Adjournment	Commissioner McMahan adjourned the meeting at 1:04 pm.			

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
SPECIAL BOARD OF COMMISSIONERS' MEETING
November 28, 2022 at 6:00 p.m.
Conference Rooms 1 & 2 or via ZOOM
https://myarborhealth.zoom.us/j/86554041498
Meeting ID: 865 5404 1498
One tap mobile: +12532158782,,86554041498#
Dial: +1 253 215 8782

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting to order via Zoom at 6:00 p.m. **Commissioners present:** ☒ Tom Herrin, Board Chair ☒ Kim Olive, Secretary ☒ Craig Coppock ☒ Wes McMahan ☒ Laura Richardson **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Cheryl Cornwell, CFO ☒ Buddy Rose, Reporter ☒ Sara Williamson, CNO/CQO ☒ Clint Scogin, Controller			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	Commissioner Coppock shared his son Jake Coppock works in the Lewis County Tax & Levy Office.		

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice. Board Chair Herrin noted the chat function has been disabled and the meeting will not be recorded.			
New Business • Property Tax Levy (RCW 84.55.120)	Superintendent Everett presented the Maintenance and Operation (M & O) levy and that the District can ratify an increase up to 2.94% which is the highest lawful levy amount plus continued revision to property valuations and/or utilities. The Lewis County Assessor's Office recommended "rounding up. The 2012 Bond Levy extinguishes in 2022 with no replacement planned. The M & O levy supports 1.8% of operating expenses. The Board supports approving the increase given the financial state of the District.			
Public Comment	Buddy Rose noted with the bond levy expiring taxes will go down even with the District approving the increase. Commissioner Richardson announced she is leaving the District sooner than expected and will be resigning as November 30, 2022. Tonight will be her last meeting as she will not be able to participate in all of the interviews. Commissioner Richardson wished the Board the best and a bright future for the District.			
Action	Secretary Olive made a motion to approve Resolution 22-35 as presented, Commissioner Coppock seconded and the motion passed unanimously.	Resolution will be sent for electronic signatures.	Executive Assistant Garcia	11.30.22
Adjournment	Commissioner Richardson moved and Secretary Olive seconded to adjourned at 6:23 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary Date

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
SPECIAL BOARD OF COMMISSIONERS' MEETING
November 30, 2022 at 1:00 p.m.
Conference Room 3 or Via Zoom
https://myarborhealth.zoom.us/j/86086055841
Meeting ID: 860 8605 5841
One tap mobile: +12532158782,,86086055841#
Dial: +1 253 215 8782

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
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AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 1:00 p.m. **Commissioners present:** ☒ Tom Herrin, Board Chair ☒ Kim Olive, Secretary ☒ Wes McMahan ☒ Craig Coppock **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Ken Dietrich, Candidate #1			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Executive Session- *RCW 42.30.110 (g)* • To evaluate the qualifications of an applicant for	Board Chair Herrin announced going into Executive Session at 1:10 p.m. for one hour to review RCW 42.30.110 (g). At 2:10 p.m. Board Chair Herrin extended Executive Session by 45 minutes.			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
public employment.	The Board returned to open session at 2:55 p.m. Board Chair Herrin noted no decisions were made in Executive Session.			
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 2:58 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary Date

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
SPECIAL BOARD OF COMMISSIONERS' MEETING
December 5, 2022 at 9:00 a.m.
Conference Rooms 1 & 2 or via ZOOM
https://myarborhealth.zoom.us/j/89178788252
Meeting ID: 891 7878 8252
One tap mobile: +12532050468,,89178788252#
Dial: +1 253 205 0468

Mission Statement
To foster trust and nurture a healthy community.

Vision Statement
To provide accessible, quality healthcare.

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
Call to Order Roll Call Reading the Mission & Vision Statements	Board Chair Herrin called the meeting via Zoom to order at 9:00 a.m. **Commissioners present:** ☒ Tom Herrin, Board Chair ☒ Kim Olive, Secretary ☒ Wes McMahan ☒ Craig Coppock **Others present:** ☒ Leianne Everett, Superintendent ☒ Shana Garcia, Executive Assistant ☒ Kyle Kellum, Candidate #2			
Conflicts of Interest	Board Chair Herrin asked the Board to state any conflicts of interest with today's agenda.	None noted.		
Reading of the Notice of the Special Meeting	Board Chair Herrin read the special board meeting notice.			
Executive Session- *RCW 42.30.110 (g)* • To evaluate the qualifications of an applicant for	Board Chair Herrin announced going into Executive Session at 9:05 a.m. for one hour and 55 minutes to review RCW 42.30.110 (g). The Board returned to open session at 10:55 p.m. Board Chair			

AGENDA	DISCUSSION	ACTION	OWNER	DUE DATE
public employment.	Herrin noted no decisions were made in Executive Session.			
Adjournment	Commissioner Coppock moved and Secretary Olive seconded to adjourned at 11:58 p.m. The motion passed unanimously.			

Respectfully submitted,

Kim Olive, Secretary Date

Documents Awaiting Board Ratification 12.14.22		
	LCHD No. 1's Policies, Procedures & Plans:	**Departments:**
1	ASA CLASSIFICATION SYSTEM	Anesthesia Services
2	Bedside Shift Report	Nursing Department
3	Data Backup Plan	HIPAA Security
4	Dietary Staff Specific Illness Management	Employee Health & Wellness
5	Medication Reconciliation	Pharmacy
6	Reversal of Anticoagulation in Intracranial/Uncontrolled Bleeding Protocol	Pharmacy
7	Sleep Center Employee Manual	Sleep Center

In order to access the above documents you will need to log into Lucidoc. Once you have logged into Lucidoc, on the top toolbar click "My Meetings" and select the upcoming Board meeting date that's highlighted in green to see the agenda with documents needing to be approved. You are able to view the documents once in the agenda. If the date is highlighted in yellow that means the agenda has not been released yet.

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION ADOPTING THE
FLEXIBLE SPENDING ACCOUNT PLAN (FSA) RESOLUTION NO. 22-36

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital District No. 1 as follows:

On this date, the Commissioners of Lewis County Hospital District No. 1 (Employer and Plan Administrator) did meet to discuss the implementation of the Lewis County Hospital District No. 1 Flexible Spending Account, to be effective 01/01/23. Let it be known that the following resolution was adopted by the Commissioners of Lewis County Hospital District No. 1 and that this resolution has not been modified or rescinded as of the date hereof;

RESOLVED, that the form of amended Flexible Spending Plan including a Dependent Care Flexible Spending Account and Health Flexible Spending Account effective January 1, 2023, presented to this meeting is hereby approved and adopted and that the duly authorized agents of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more counterparts of the Plan.

RESOLVED, that the Plan Administrator shall be instructed to take such actions that are deemed necessary and proper in order to implement the Plan, and to set up adequate accounting and administrative procedures to provide benefits under the Plan.

RESOLVED, that the duly authorized agents of the Employer shall act as soon as possible to notify the employees of the Employer of the adoption of the Cafeteria Plan by delivering to each employee a copy of the summary description of the Plan in the form of the Summary Plan Description presented to this meeting, which form is hereby approved.

The undersigned certifies that attached hereto are true copies of the Plan Document for Lewis County Hospital District No. 1 Flexible Spending Account approved and adopted in the foregoing resolution. The undersigned further certifies and attests that the above resolution was made with the consent of the Board of Commissioners:

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 14th day of December 2022, the following commissioners being present and voting in favor of this resolution.

Craig Coppock, Commissioner	Tom Herrin, Board Chair
Kim Olive, Secretary	Wes McMahan, Commissioner
Vacant, Commissioner	

LEWIS COUNTY HOSPITAL DISTRICT #1 DBA ARBOR HEALTH
FLEXIBLE SPENDING ACCOUNT

TABLE OF CONTENTS

ADOPTION AGREEMENT
CAFETERIA PLAN

The undersigned adopting employer hereby adopts this Plan. The Plan is intended to qualify as a cafeteria plan under Code section 125. The Plan shall consist of this Adoption Agreement, its related Basic Plan Document and any related Appendix and Addendum to the Adoption Agreement. Unless otherwise indicated, all Section references are to Sections in the Basic Plan Document.

COMPANY INFORMATION

1. Name of adopting employer (Plan Sponsor): Lewis County Hospital District #1 dba Arbor Health

2. Address: PO Box 1138

3. City: Morton

4. State: Washington

5. Zip: 98356

6. Phone number: 360-496-3531

7. Fax number: 206-623-6714

8. Plan Sponsor EIN: 91-1033860

9. Plan Sponsor fiscal year end: 12/31

10. Entity Type:

a. Plan Sponsor entity type:

i. [ ] C Corporation
ii. [ ] S Corporation
iii. [ ] Non-Profit Organization
iv. [ ] Partnership
v. [ ] Limited Liability Company
vi. [ ] Limited Liability Partnership
vii. [ ] Sole Proprietorship
viii. [ ] Union
ix. **[X]** Government Agency
x. [ ] Other: _____
xi. If "Union"(10a.viii) is selected, enter name of the representative of the parties who established or maintain the Plan: _____

11. State of organization of Plan Sponsor: Washington

12. **Controlled Groups/Affiliated Service Groups**

a. [ ] The Plan Sponsor is a member of an affiliated service group. List all members of the group (other than the Plan Sponsor): _____

13. **Controlled Groups**

a. [ ] The Plan Sponsor is a member of a controlled group. List all members of the group (other than the Plan Sponsor): _____

NOTE: *Affiliated service group members and controlled group members may adopt the Plan with the approval of the Plan Sponsor.*

NOTE: *Listing affiliated service group members and controlled group members is for information purposes only and is optional. Participating Employers in the Plan are listed in Addendum.*

PLAN INFORMATION

A. GENERAL INFORMATION AND DEFINITIONS

1. **Plan Number:** 501

2. **Plan Name:**

a. Lewis County Hospital District #1 dba Arbor Health
b. Flexible Spending Account

3. Effective Date: 01/01/2007

a. **[X]** Is this a restatement of a previously-adopted plan?

b. Effective date of Plan restatement: 01/01/2022 ("Restatement Date")

4. Plan Year:

a. Plan Years mean each 12-consecutive month period ending on 12/31 (e.g. December 31). If the Plan Year changes, any special provisions regarding a short Plan Year shall be placed in the Addendum to the Adoption Agreement.

b. **[ ]** The Plan has a short Plan Year. The short Plan Year begins _____ and ends on _____.

Plan Features

5. The following Benefits are available under the Plan:

a. **[X]** Premium Conversion Account

b. **[X]** Health Flexible Spending Account

c. **[ ]** Limited Purpose HSA-Compatible Health Flexible Spending Account

d. **[ ]** Post-Deductible HSA-Compatible Health Flexible Spending Account

e. **[X]** Dependent Care Assistance Plan Account

f. **[ ]** Adoption Assistance Flexible Spending Account

g. **[ ]** Health Savings Account

h. **[ ]** Flexible Benefits Credits

i. **[ ]** PTO Purchase/Sale

6. Simple Cafeteria Plan

a. **[ ]** The Plan is intended to qualify as a simple cafeteria plan under Code section 125(j).

b. The Employer shall make contributions to the Plan as follows:

i. **[ ]**_____% (no less than 2%) of an Eligible Employee's Compensation for the Plan Year.

ii. **[ ]**_____% (at least 200%) of an Eligible Employee's salary reduction contribution for the Plan Year, but no less than 6% of the Eligible Employee's Compensation for the Plan Year.

B. ELIGIBILITY

Eligible Employees - Employees must meet the following requirements:

1. Minimum age requirement for an Employee to become an Eligible Employee: None.
NOTE: *If the Plan is intended to be a simple cafeteria plan under Article 12, B.1 may not exceed "21."*

2a. An Employee must complete the following service requirements to become an Eligible Employee on the date set forth in B.2b:

i. **[X]** None

ii. **[ ]** Completion of _____ hours of service.

iii. **[ ]** Completion of _____ days of service.

iv. **[ ]** Completion of _____ months of service.

v. **[ ]** Completion of _____ years of service.

NOTE: *If the Plan is a simple cafeteria plan under Article 12, B.2 may not exceed 1,000 hours of service or one year of service.*

2b. Effective Date of Eligibility. An Employee will become an Eligible Employee on the date below upon completing the age and service requirements in B.1 and B.2a:

i. **[X]** An Employee shall become an Eligible Employee immediately upon completing the age and service requirements in B.1 and B.2a.

ii. **[ ]** first day of each calendar month.

iii. **[ ]** first day of each plan quarter.

iv. **[ ]** first day of the first month and seventh month of the Plan Year.

v. **[ ]** first day of the Plan Year.

2c. If eligibility is not immediate after meeting age and service requirements, an Employee shall become an Eligible Employee on the Eligibility Date in B.1 and B.2b that is:

i. **[ ]** coincident with or next following the period in B.2b

ii. **[ ]** following the completion of the period in B.2b.

3. Describe any other modifications to the eligibility rules specified in B.1 and B.2:_____

Excluded Employees

4. The term "Eligible Employee" shall not include:

a. **[ ] Union Employees.** Any Employee who is included in a unit of Employees covered by a collective bargaining agreement, if benefits were the subject of good faith bargaining between employee representatives and the Employer, and if the collective bargaining agreement does not provide for participation in this Plan.

b. **[ ] Leased Employees.**

c. **[ ] Non-Resident Aliens.** Any Employee who is a non-resident alien described in Code section 410(b)(3)(C).

d. **[ ] Part-time Employees.** Any Employee who is expected to work fewer than _____ hours per week.

e. **[ ] Other.** _____ (any exclusion must satisfy Code section 125(g) and the requirements under Article 13).

NOTE: *If the Plan is intended to be a simple cafeteria plan, B.4b, B.4d and B.4e may be selected only to the extent that the provisions do not violate the requirements on Code section 125(j).*

5. **[ ]** Describe any modifications to the definition of the term "Eligible Employee" for the specified Plan Benefit: _____

Leave of Absence under FMLA

6. If a Participant takes an unpaid leave of absence under FMLA, the Participant may elect the following with respect to the health Benefits under the Plan (i.e., Premium Conversion Account, Health FSA, and Limited Purpose Health FSA) **(select at least one):**

a. **[X]** Revoke coverage, which will be reinstated under the same terms upon the Participant's return from the FMLA leave of absence.

b. **[X]** Continue coverage but discontinue payment of his or her contribution for the period of the FMLA leave of absence.

7. **[X]** If B.6b. is selected, the Employer may recover the Participant's suspended contributions when the Participant returns to work from the FMLA leave of absence.

8. A Participant on leave of absence under FMLA (select only one):

a. **[X]** may continue coverage for all Benefits for which he is eligible when on FMLA leave, including non-health Benefits.

b. **[ ]** may only continue coverage for Premium Conversion Accounts, Health FSA, and Limited Purpose Health FSA, as applicable.

9. A Participant who continues coverage for Benefits while on FMLA leave of absence may make contributions for such Benefits as follows (select at least one):

a. **[X]** pre-pay on a pre-tax (to the extent permissible under Code section 125) or after-tax basis, prior to commencement of the FMLA leave of absence period, the contributions due for the FMLA leave of absence period

b. **[X]** pay on an after-tax basis the same schedule as payments would have been made if the Participant were not on a leave of absence or if contributions were being made under COBRA

c. **[X]** to the extent agreed in advance, the Participant will repay amounts advanced by the Employer to the Plan on behalf of the Participant upon the Participant's return from the FMLA leave of absence

NOTE: *B.9a may only be elected together with B.9.b or B.9c.*

NOTE: *B.9b must be elected if available for non-FMLA leaves of absence.*

NOTE: *B.9c may only be elected together with B.9a and/or B.9b unless it is the only option available to Participants on a non-FMLA leave of absence.*

Non-FMLA

10. **[ ]** A Participant may elect to continue coverage of Benefits when on unpaid non-FMLA leave of absence.

Termination of Participation

11. If a Participant remains an Employee but is no longer an Eligible Employee, his or her participation in the Plan shall terminate:

a. **[ ]** on the last day of employment during which the Participant ceases to be an Eligible Employee

b. **[ ]** on the last day of the payroll period during which the Participant ceases to be an Eligible Employee

c. **[X]** on the last day of the month during which the Participant ceases to be an Eligible Employee

d. **[ ]** on the last day of the Plan Year during which the Participant ceases to be an Eligible Employee

e. **[ ]** Other _____

Reemployment

12. If an Eligible Employee has a Termination of Employment and is subsequently reemployed by the Employer as an Eligible Employee within 30 days after Termination:

a. **[X]** the Plan Administrator shall automatically reinstate the Benefit elections in effect at the time of Termination

b. [ ] the Eligible Employee shall not resume or become a Participant until the first day of the subsequent Plan Year

13. If an Eligible Employee has a Termination of Employment and is subsequently reemployed by the Employer as an Eligible Employee more than 30 days after Termination:

a. [ ] the Plan Administrator shall automatically reinstate the Benefit elections in effect at the time of Termination

b. [ ] the Eligible Employee shall not resume or become a Participant until the first day of the subsequent Plan Year

c. **[X]** the Eligible Employee may elect to reinstate the Benefit election in effect at the time of Termination or make a new election under the Plan

C. PARTICIPATION ELECTIONS

Failure to Elect (Default Elections)

1. The election for the immediately preceding Plan Year relating to the following Benefits will apply to the applicable Plan Year:

a. **[X]** Premium Conversion Account (Non-Employer-sponsored Contracts)

b. [ ] Health Flexible Spending Account

c. [ ] Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSAs)

d. [ ] Dependent Care Assistance Plan Account

e. [ ] Health Savings Account

f. [ ] Adoption Assistance Flexible Spending Account

NOTE: *If a Benefit is not selected, an Eligible Employee who does not make an affirmative election under the Plan for a Plan Year will be deemed to have elected not to participate in that Benefit for the Plan Year.*

Change in Status

2. An Eligible Employee may change his or her election upon the following Change in Status events:

a. [ ] None

b. **[X]** Any event described in Treas. Reg. section 1.125-4 and other events permitted by IRS guidance

c. [ ] Pursuant to written Plan Administrative Procedures, which are incorporated herein by reference

d. [ ] Other: _____

D. PREMIUM CONVERSION ACCOUNT

Contracts for Reimbursement

NOTE: *If Premium Conversion Account is not a selected Benefit under A.5a, Section D is disregarded.*

1. If Premium Conversion Accounts are allowed under the Plan, select the types of Contracts with respect to which a Participant may contribute under Section 5.04:

a. **[X]** Employer Health

b. **[X]** Employer Dental

c. **[X]** Employer Vision

d. [ ] Employer Short-Term Disability

e. [ ] Employer Long-Term Disability

f. [ ] Employer Group Term Life

g. [ ] Employer Accidental Death & Dismemberment

h. [ ] Individually-Owned Dental
i. [ ] Individually-Owned Vision
j. [ ] Individually-Owned Disability
k. [ ] COBRA continuation coverage under the Employer group health plan
l. [ ] Other: _____

Enrollment

2. **[X]** All Employees will automatically be enrolled in the Premium Conversion Account upon their date of hire and will be deemed to have elected to contribute the entire amount of any premiums payable by the Employee during the Plan Year for participation in Employer-sponsored Contract(s).
NOTE: *If D.2 is not selected, Eligible Employees may only elect to participate in the Premium Conversion Account pursuant to Section 4.02(b), 4.02(c) and Section 4.03 of the Plan.*

Contributions

3. **[X]** **Participant elections** will be automatically adjusted for changes in the cost of Employer-sponsored Contracts pursuant to the terms of Treas. Reg. 1.125-4(f)(2)(i).

E. FLEXIBLE SPENDING ACCOUNTS

NOTE: *If Flexible Spending Accounts are not a permitted Benefit under A.5b, Section E is disregarded.*

Employer Contributions

1. [ ] **Matching Contributions.** The Plan permits Employer matching contributions to the applicable Benefits as follows:
a. **Health FSA:**
i. [ ] None
ii. [ ] Discretionary
iii. [ ] _____% of the Participant's Health FSA contribution up to _____% of the Participant's Compensation
iv. [ ] _____% of the Participant's Health FSA contribution up to $_____
v. [ ] Other: _____
b. **Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)**
i. [ ] None
ii. [ ] Discretionary
iii. [ ] _____% of the Participant's HSA-Compatible Health FSA contribution up to _____% of the Participant's Compensation
iv. [ ] _____% of the Participant's HSA-Compatible Health FSA contribution up to $_____
v. [ ] Other: _____
c. **Dependent Care Assistance Plan Account:**
i. [ ] None
ii. [ ] Discretionary
iii. [ ] _____% of the Participant's DCAP Account contribution up to _____% of the Participant's Compensation
iv. [ ] _____% of the Participant's DCAP Account contribution up to $_____
v. [ ] Other: _____
d. **Adoption Assistance Flexible Spending Account:**
i. [ ] None
ii. [ ] Discretionary
iii. [ ] _____% of the Participant's Adoption Assistance FSA contribution up to _____% of the Participant's Compensation
iv. [ ] _____% of the Participant's Adoption Assistance FSA contribution up to $_____
v. [ ] Other: _____
NOTE: *If there are no Employer matching contributions to the Plan, questions under E.1 are disregarded.*
NOTE: *Only one contribution formula is permitted for each applicable Benefit.*
NOTE: *If the Plan is intended to be a simple cafeteria plan, the matching contributions in this section will apply in addition to the contributions at A.6b.*

2. **[ ] Non-Elective Employer Contributions.** The Plan permits Employer contributions to the applicable Benefits as follows:
   - a. **Health Flexible Spending Account:**
     - i. [ ] None
     - ii. [ ] Discretionary
     - iii. [ ] _____% of the Participant's Compensation
     - iv. [ ] $_____ per Eligible Employee
     - v. [ ] Other: _____
   - b. **Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA):**
     - i. [ ] None
     - ii. [ ] Discretionary
     - iii. [ ] _____% of the Participant's Compensation
     - iv. [ ] $_____ per Eligible Employee
     - v. [ ] Other: _____
   - c. **Dependent Care Assistance Plan Account:**
     - i. [ ] None
     - ii. [ ] Discretionary
     - iii. [ ] _____% of the Participant's Compensation
     - iv. [ ] $_____ per Eligible Employee
     - v. [ ] Other: _____
   - d. **Adoption Assistance Flexible Spending Account:**
     - i. [ ] None
     - ii. [ ] Discretionary
     - iii. [ ] _____% of the Participant's Compensation
     - iv. [ ] $_____ per Eligible Employee
     - v. [ ] Other: _____

   NOTE: *If there are no non-elective Employer contributions, questions under E.2 are disregarded.*
   NOTE: *Employer matching and non-elective contributions shall not exceed the limits set forth in the BPD including: Health FSA, Section 6.04(b); HSA-Compatible FSA Section 7.04; Dependent Care Assistance Plan Account Section 8.04; and Adoption Assistance Flexible Spending Account, Section 10.04.*
   NOTE: *If the Plan is intended to be a simple cafeteria plan, the Employer non-elective contributions in this section will apply in addition to the contributions at A.6b.*

3. **Contribution Limits.** Select the maximum allowable Participant contribution to the applicable FSA in any Plan Year:
   - a. **[X]** The maximum amount permitted under Code section 125(i), 129(a)(2) and/or 137(b)(1)
   - b. [ ] Other amounts
     - i. Health Flexible Spending Account: _____
     - ii. Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA): _____
     - iii. Dependent Care Assistance Plan Account: _____
     - iv. Adoption Assistance Flexible Spending Account: _____

   NOTE: *Other amounts for Health Flexible Spending Account in E.3bi and Limited Purpose/Post-Deductible Health Flexible Spending Account in E.3ii cannot exceed the Code section 125(i) maximum. Other amounts in E.3b.iii for Dependent Care Assistance Plan Account cannot exceed Code 129(a)(2) amounts and E.3b(iv) cannot exceed Code section 137(b)(1) maximum.*

Eligible Expenses

4. **Individual Expenses Eligible for Reimbursement.** Participant may only be reimbursed from the applicable FSA for expenses that are incurred by:
   - a. **[X] Participant, spouse and Dependents.** The Participant, his or her spouse and all Dependents, and any child (as defined in section 152(f)(1)) of the Participant until his or her 26th birthday:
   - b. [ ] **Persons covered under Employer-sponsored group health plan.** The Participant, his or her spouse and all Dependents, and any child (as defined in section 152(f)(1)) of the Participant until his or her 26th birthday, but only if such persons are also covered under an Employer-sponsored health plan:
   - c. [ ] **Participants only.** No reimbursement for expenses incurred by the Participant's spouse or Dependents:
   - d. [ ] **Other:** _____ (may not include anyone other than the Participant, his or her spouse and all Dependents, and any child (as defined in section 152(f)(1)) of the Participant until his or her 26th birthday)

Expenses Not Eligible for Reimbursement

5. **Expenses Not Eligible for Reimbursement.** In addition to those listed in the Basic Plan Document, the following expenses are not eligible for reimbursement from a Participant's FSA:
   a. [ ] Health Flexible Spending Account: _____
   b. [ ] Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA): _____
   c. [ ] Dependent Care Assistance Plan Account: _____
   d. [ ] Adoption Assistance Flexible Spending Account: _____

6. **Adult Children Coverage.** Reimbursement for adult children may be paid from the applicable FSA for claims incurred:
   a. [ ] until the date the child attains age 26
   b. **[X]** until the last day of the calendar year in which the child attains age 26

Reimbursement

7. **[X] Amounts Available for Reimbursement.** The Plan Administrator may direct reimbursement of FSAs up to the entire annual amount elected by the Eligible Employee on the Salary Reduction Agreement for the Plan Year for the applicable FSA, less any reimbursements already disbursed from the applicable FSA for the following Benefits:
   a. [ ] Dependent Care Assistance Plan Account
   b. [ ] Adoption Assistance Flexible Spending Account
   NOTE: *If 7.a or 7.b is not selected, the Plan Administrator may direct reimbursement only up to the amount in the applicable FSA at the time the reimbursement request is received by the Plan Administrator.*

Grace Period

8. [ ] The Plan will reimburse claims incurred during a Grace Period immediately following the end of the Plan Year for the following Benefits.
   a. [ ] Health Flexible Spending Account
   b. [ ] Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)
   c. [ ] Dependent Care Assistance Plan Account
   d. [ ] Adoption Assistance Flexible Spending Account
   NOTE: *The Plan cannot reimburse claims incurred during a Grace Period if carryovers are permitted in Part E.12.*

9. **Last day of Grace Period:**
   a. [ ] Fifteenth day of the 3rd month following end of the Plan Year
   b. [ ] Other _____

Run Out Period

10. If **no Grace Period** applies for the Plan Year, an active Participant must submit claims for the Plan Year for reimbursement from the applicable FSA no later than:
    a. [ ] _____ days after the end of the Plan Year
    b. **[X]** 03/31 (insert date, e.g., March 31) immediately following such Plan Year

11. If a **Grace Period** applies for the Plan Year, an active Participant must submit claims for the Plan Year for reimbursement from the applicable FSA no later than:
    a. [ ] _____ days after the end of the Grace Period
    b. [ ] _____ (insert date, e.g., March 31st) immediately following such Plan Year
    NOTE: *The date in E.11b should be later than the last day of the Grace Period.*

Automatic Payment of Claims

12. Eligible expenses not covered under the Employer-sponsored health plan (e.g., co-payments, co-insurance, deductibles) automatically paid from the applicable FSA.
- **a.** **[ ]** Health Flexible Spending Account
- **b.** **[ ]** Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)

Carryover

13. The Plan will carry over unused Health FSA balances at the end of the Plan Year for the following Benefits:
- **a.** **[ ]** Health Flexible Spending Account
  - **i.** **[ ]** Maximum amount, as indexed
  - **ii.** **[ ]** Other: _____
- **b.** **[ ]** Limited Purpose/Post-Deductible Health Flexible Spending Account (HSA-Compatible FSA)
  - **i.** **[ ]** Maximum amount, as indexed
  - **ii.** **[ ]** Other: _____

NOTE: *If carryover is selected (E.13a or E.13b is selected for the applicable FSA), the Plan may not provide for a Grace Period for the applicable FSA and the Plan may not provide for a Grace Period for the applicable FSA in the Plan Year to which the carryover amount is applied.*

Termination of Employment

14. In the event of a Termination of Employment the Participant may elect to continue to make contributions to FSAs under the Plan on an after-tax basis and reimbursements will be allowed for the remainder of the Plan Year.
- **a.** **[ ]** Yes
- **b.** **[ ]** Yes - subject to the following limitations: _____
- **c.** **[X]** No

NOTE: *If E.14c is selected, then contributions shall cease upon Termination and reimbursements will be allowed only for expenses incurred prior to Termination.*

NOTE: If applicable, any COBRA elections shall supersede this section.

15. In the event of a Termination of Employment, a Participant may submit claims for reimbursement from the applicable FSA no later than:
- **a.** **[X]** 90 days after a Termination of Employment.
- **b.** **[ ]** _____ days following the Plan Year in which the Termination occurs.

NOTE: If E.14a or E.14b is selected, then E.15b must be selected.

Qualified Reservist Distributions

16. **[ ] Qualified Reservist Distributions are available for:**
- **a.** **[ ]** The entire amount elected for the applicable Health FSA for the Plan Year minus applicable Health FSA reimbursements received as of the date of the Qualified Reservist Distribution request.
- **b.** **[ ]** The amount contributed to the applicable Health FSA as of the date of the Qualified Reservist Distribution request minus applicable FSA reimbursements received as of the date of the Qualified Reservist Distribution request.
- **c.** **[ ]** Other amount (not to exceed the entire amount elected for the applicable Plan Year minus reimbursements): _____

F. HEALTH SAVINGS ACCOUNT (HSA Account) (Article 9)

NOTE: If HSA Account is not a permitted Benefit under A.5g, Section F is disregarded.

Employer Contributions

1. **Matching Contributions.** The Plan permits Employer matching contributions to the HSA Account as follows (not to exceed the limits in Section 9.04):

a. **[ ]** None
b. **[ ]** Discretionary
c. **[ ]** _____% of the Participant's elected HSA Account contribution up to _____% of the Participant's Compensation
d. **[ ]** _____% of the Participant's elected HSA Account contribution up to $_____
e. **[ ]** Other: _____

NOTE: *If the Plan is intended to be a simple cafeteria plan, the matching contributions in this section will apply in addition to the contributions at A.6b.*

2. **Employer Non-Elective Contributions.** The Plan permits Employer non-elective contributions to the HSA Account as follows (not to exceed the limits in Section 9.04):
   a. **[ ]** None
   b. **[ ]** Discretionary
   c. **[ ]** _____% of the Participant's Compensation
   d. **[ ]** $_____ per Eligible Employee
   e. **[ ]** Other: _____

   NOTE: *If the Plan is intended to be a simple cafeteria plan, the Employer non-elective contributions in this section will apply in addition to the contributions at A.6b.*

3. **Contribution Limits.** Select the maximum allowable contribution to a Participant's HSA Account in any Plan Year:
   a. **[ ]** The maximum amount permitted under Code section 223(b), reduced by any Employer contributions.
   b. **[ ]** Other amount: _____ (not to exceed the Code section 223(b) maximum when combined with any Employer contributions).

G. FLEXIBLE BENEFIT CREDITS ("Flex Credits") (Section 11.01)

Health Flex Contribution

NOTE: *If Flexible Benefit Credits are not permitted Benefits in A.5h, Section G is disregarded.*

1. **[ ] Health Flex Contribution.** The Flex Credit is intended to qualify as a "health flex contribution" under Treas. Reg. section 1.5000A-3(e)(3)(ii)(E): The Participant may not opt to receive the Flex Credit as a cash or taxable benefit and the Participant may only use the Flex Credit for the payment of premiums applicable to health care and toward the Health FSA or HSA-Compatible Health FSA Benefits.
2. **Eligible Benefits.** Participants may elect to contribute the Flex Credits to the following benefits:
   a. **[ ]** All Benefits offered under the Plan
   b. **[ ]** All Benefits offered under the Plan except the following: _____
   c. **[ ]** Only the following Benefits: _____
   d. **[ ]** Only the portion of the (i) Premium Conversion Account paid toward Employer-sponsored Health Contract premiums and/or (ii) Health FSA or HSA-Compatible Health FSA Benefits.

   NOTE: *If G.1 is selected, G.2d must be selected.*

3. **Amount of Flex Credit.** The Employer will contribute a Flex Credit on behalf of each Eligible Employee as follows:
   a. **[ ]** $_____ per Eligible Employee
   b. **[ ]** A discretionary amount as determined by the Employer
   c. **[ ]** Other: _____
   d. **[ ]** The amount of the simple cafeteria plan contributions described in A.6b
4. **[ ] Contribution to 401(k) Plan.** An Eligible Employee may elect to contribute all or a portion of his or her Flex Credits to a Qualified Plan in accordance with the terms of the following Qualified Plan(s): _____

   NOTE: *If G.4 is selected, then G.5 (cash out) must also be elected.*

Cash Outs

5. **Cash Out of Flex Credits.** A Participant may elect to receive all or a portion of his or Flex Credits in cash.
   a. **[ ]** Yes
   b. **[ ]** Yes, subject to the following limitations: _____
   c. **[ ]** No

   NOTE: *If G.5a or G.5b is selected, then Flex Credits a Participant elects to contribute to a Health FSA will count toward the Code section 125(i) contribution limitation.*

NOTE: *If G.1 is selected, G.5c must be selected.*
NOTE: *If G.5.c is selected, the maximum value of Flex Credits a Participant can contribute to a Health FSA for a Plan Year is $500.*

6. **Amount of Cash Out.** For each Flex Credit dollar that a Participant elects to receive in cash from the Plan, the Participant will receive: $_____ (insert dollar value of each Flex Credit; if no amount is provided, the cash out value of each Flex Credit is $1.00)

7. **Maximum Flex Credit Cash Out.** The amount of cash a Participant may receive in exchange for Flex Credits in Plan Year shall not exceed:
   - **a.** **[ ]** No limit
   - **b.** **[ ]** $_____ per calendar year
   - **c.** **[ ]** Other: _____

8. **Payment of Cash Out.** Amounts distributed in cash from the Plan pursuant to Section 11.03 shall be paid to the Participant in:
   - **a.** **[ ]** Equal payroll installments
   - **b.** **[ ]** A single lump sum at the beginning of the Plan Year
   - **c.** **[ ]** A single lump sum at the end of the Plan Year
   - **d.** **[ ]** Other: _____

H. PURCHASE AND SALE OF PAID TIME OFF (PTO) (Section 11.02)

Purchase of PTO

1. **Maximum PTO Purchase.** A Participant can elect to purchase no more than the following periods of PTO in a Plan Year:
   - **a.** **[ ]** None
   - **b.** **[ ]** _____ hours
   - **c.** **[ ]** _____ days
   - **d.** **[ ]** _____ weeks
   - **e.** **[ ]** Other: _____

   NOTE: *If Purchase of PTO is not a permitted Benefit in A.5i, H.1 is disregarded.*

Sale of PTO

2. **Maximum PTO Sale.** A Participant can elect to sell no more than the following periods of PTO in a Plan Year:
   - **a.** **[ ]** None
   - **b.** **[ ]** _____ hours
   - **c.** **[ ]** _____ days
   - **d.** **[ ]** _____ weeks
   - **e.** **[ ]** Other: _____

   NOTE: *If Sale of PTO is not a permitted Benefit in A.5i, H.2 is disregarded.*

Carryover of PTO

3. **[ ] No Carryover of Elective PTO.** Unused elective PTO (determined as of the last day of the Plan Year) shall be paid in cash on or prior to the last day of the Plan Year.
   NOTE: *If Sale and/or Purchase of PTO are not permitted Benefits in A.5i, H.3 is disregarded.*
   NOTE: *If H.3 is not selected, unused elective PTO will be forfeited as of the last day of the Plan Year.*

I. MISCELLANEOUS

Plan Administrator Information

1. **Plan Administrator.**
   - **a.** **[X]** Plan Sponsor
   - **b.** **[ ]** Committee appointed by Plan Sponsor
   - **c.** **[ ]** Other: _____
2. **Indemnification.** Type of indemnification for the Plan Administrator:
   - **a.** **[ ]** None - the Company will not indemnify the Plan Administrator.
   - **b.** **[X]** Standard as provided in Section 14.02.
   - **c.** **[ ]** Custom. (If I.2.c. (Custom) is selected, indemnification for the Plan Administrator is provided pursuant to an Addendum to the Adoption Agreement.)
3. **Governing Law.** The following state's law shall govern the terms of the Plan to the extent not pre-empted by Federal law: Washington
4. **Participating Employers.** Additional participating employers may be specified in an addendum to the Adoption Agreement.
5. **State of Organization.** State of organization of Plan Sponsor: Washington
   (If state law requires written document language regarding benefits herein, add language to Addendum.)

J. EXECUTION PAGE

Failure to properly fill out the Adoption Agreement may result in the failure of the Plan to achieve its intended tax consequences.

The Plan shall consist of this Adoption Agreement, its related Basic Plan Document #125 and any related Appendix and Addendum to the Adoption Agreement.

The undersigned agree to be bound by the terms of this Adoption Agreement and Basic Plan Document and acknowledge receipt of same. The Plan Sponsor caused this Plan to be executed this _____ day of _____, 2022.

LEWIS COUNTY HOSPITAL DISTRICT #1 DBA ARBOR HEALTH:

Signature:_____

Print Name: _____

Title/Position:_____

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION ADOPTING THE
HEALTH REIMBURSEMENT ARRANGEMENT (HRA) RESOLUTION NO. 22-37

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital District No. 1 as follows:

On this date, the Commissioners of Lewis County Hospital District No. 1 (Employer and Plan Administrator) did meet to discuss the implementation of the Lewis County Hospital District No. 1 Health Reimbursement Arrangement, to be effective 01/01/2023. Let it be known that the following resolution was adopted by the Commissioners of Lewis County Hospital District No. 1 and that this resolution has not been modified or rescinded as of the date hereof;

RESOLVED, that the form of Health Reimbursement Arrangement, as authorized under Section 105 of the Internal Revenue Code, presented to this meeting is hereby adopted and approved and that the proper officers of the Employer are hereby authorized and directed to execute and deliver to the Plan Administrator one or more copies of the Plan.
RESOLVED, that the Plan Year shall be for a 12-month period, beginning on 01/01/2023.

RESOLVED, that the Employer shall contribute to the Plan amounts sufficient to meet its obligation under the Health Reimbursement Plan, in accordance with the terms of the Plan Document and shall notify the Plan Administrator to which periods said contributions shall be applied.

RESOLVED, that the proper officers of the Employer shall act as soon as possible to notify employees of the adoption of the Health Reimbursement arrangement by delivering to each Employee a copy of the Summary Plan Description presented to this meeting, which form is hereby approved.

The undersigned certifies that attached hereto are true copies of the Plan Document for Lewis County Hospital District No. 1 Health Reimbursement Arrangement approved and adopted in the foregoing resolution. The undersigned further certifies and attests that the above resolution was made with the consent of the Board of Commissioners:

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 14th day of December 2022, the following commissioners being present and voting in favor of this resolution.

_____	_____
Craig Coppock, Commissioner	Tom Herrin, Board Chair
_____	_____
Kim Olive, Secretary	Wes McMahan, Commissioner
_____	
Vacant, Commissioner	

LEWIS COUNTY HOSPITAL DISTRICT #1 DBA ARBOR HEALTH
HEALTH REIMBURSEMENT ARRANGEMENT
TABLE OF CONTENTS

ADOPTION AGREEMENT
HEALTH REIMBURSEMENT ARRANGEMENT
INTEGRATED HRA

This Adoption Agreement is for a health reimbursement arrangement that is integrated with a qualifying health plan for purposes of the Affordable Care Act. The undersigned plan sponsor hereby adopts this Plan. The Plan is intended to qualify as a health reimbursement arrangement that provides benefits that are excludable from gross income under Code section 105(b). The Plan shall consist of this Adoption Agreement, Basic Plan Document and any related Appendices and Addenda to this Adoption Agreement. Unless otherwise indicated, all Section references are to Sections of Basic Plan Document.

COMPANY INFORMATION

1. Plan Sponsor: Lewis County Hospital District #1 dba Arbor Health
2. Address: PO Box 1138
3. City: Morton
4. State: Washington
5. Zip: 98356
6. Phone number: 360-496-3531
7. Fax number: 206-623-6714
8. Plan Sponsor EIN: 91-1033860
9. Plan Sponsor fiscal year end: 12/31
10. Plan Sponsor entity type:
    a. [ ] C Corporation
    b. [ ] S Corporation
    c. [ ] Not-for-Profit Organization
    d. [ ] Partnership
    e. [ ] Limited Liability Company
    f. [ ] Limited Liability Partnership
    g. [ ] Sole Proprietorship
    h. [ ] Union
    i. [X] Government Agency
    j. [ ] Other:
11. State of organization of Plan Sponsor: Washington
12. Controlled Groups/Affiliated Service Groups
    a. [ ] The Plan Sponsor is a member of an affiliated service group. List all members of the group (other than the Plan Sponsor): _____
    b. [ ] The Plan Sponsor is a member of a controlled group. List all members of the group (other than the Plan Sponsor): _____

NOTE: *Affiliated service group members and controlled group members may adopt the Plan with the approval of the Plan Sponsor.*

NOTE: *Listing affiliated service group members and controlled group members is for information purposes only and is optional. Participating Employers in the Plan are listed in Addendum.*

PLAN INFORMATION

SECTION A. GENERAL INFORMATION

1. Plan Number: 505
2. Plan Name:
    a. Lewis County Hospital District #1 dba Arbor Health
    b. Health Reimbursement Arrangement

3. Effective Date:
   a. Original effective date of Plan: 01/01/2006
   b. Is this a restatement of a previously-adopted plan:
      [X] Yes [ ] No
   c. If A.3b is "Yes", effective date of Plan restatement: 01/01/2022

NOTE: *If a provision of the Plan states another effective date, such stated specific effective date shall apply as to that provision.*

4. Plan Year:
   a. Plan Year means each 12-consecutive month period ending on 12/31 (e.g. December 31). If the Plan Year changes, any special provisions regarding a short Plan Year should be placed in the Addendum to the Adoption Agreement.
   b. The Plan has a short plan year:
      [ ] Yes [X] No
   c. If A.4b is "Yes", the short plan year begins _____ and ends on _____.

5. Period of Coverage:
   a. Period of Coverage means:
      1. [X] The same as the Plan Year
      2. [ ] Other: _____
   b. [ ] The Plan has a short/long Period of Coverage that begins _____ and ends on _____.

6. Integrated Plan. Name of plan(s) with which the HRA is integrated (*select one*):
   a. [X] Employer Group Health Plan(s): Lewis County Hospital District #1 Health Care Benefits Plan
   b. [ ] Medicare Part B or D
   c. [ ] TRICARE

7. Integration Method. The Plan is intended to be integrated with another group health plan within the meaning of 26 CFR section 54.9815-2711(d)(2) using the following method (*select one*):
   a. [X] Minimum value not required (26 CFR section 54.9815-2711(d)(2)(i)).
   b. [ ] Minimum value required (26 CFR section 54.9815-2711(d)(2)(ii)).
   c. [ ] Integration with Medicare Part B or Part D (26 CFR section 54.9815-2711(d)(5).
   d. [ ] TRICARE-Related HRA (IRS Notice 2015-17, Q/A-3).

SECTION B. ELIGIBILITY

Other Employer-sponsored Group Health Plan

1. An Employee is eligible to participate in the Plan under the same terms and conditions as under the Employer-sponsored group health plan(s) specified in B.2:
   a. [X] Yes - without limitation
   b. [ ] Yes - with limitations and modifications: _____
   c. [ ] No (remainder of Section B must be completed)

2. If B.1 is not "No", enter name of other Employer-sponsored group health plan(s): Lewis County Hospital District #1 Health Care Benefits Plan

Exclusions

The term "Eligible Employee" shall not include (Check items B.3 - B.7 as appropriate):

3. [ ] Union. Any Employee who is included in a unit of Employees covered by a collective bargaining agreement, if health benefits were the subject of good faith bargaining, and if the collective bargaining agreement does not provide for participation in this Plan.
4. [ ] Any leased employee.
5. [ ] Non-Resident Alien. Any Employee who is a non-resident alien who received no earned income (within the meaning of Code section 911(d)(2)) which constitutes income from services performed within the United States (within the meaning of Code section 861(a)(3)).
6. [ ] Part-time. Any Employee who is expected to work less than _____ hours per week.
7. [ ] Other. Describe other Employees excluded from definition of Eligible Employee: _____.

NOTE: *The Plan may not discriminate in favor of highly compensated employees (within the meaning of Code section 105(h)(5)) as to benefits provided or eligibility to participate*.

Immediate Participation/Modifications

8. [ ] All Eligible Employees employed on _____ shall become eligible to participate in the Plan as of such date.
9. [ ] The following conditions or modifications apply to the term "Eligible Employee": _____.

Service Requirements

10. Minimum age requirement for an Eligible Employee to become eligible to be a Participant in the Plan: _____.
11. Minimum service requirement for an Eligible Employee to become eligible to be a Participant in the Plan:
    a. [ ] None.
    b. [ ] Completion of _____ hours of service.
    c. [ ] Completion of _____ days of service.
    d. [ ] Completion of _____ months of service.
    e. [ ] Completion of _____ years of service.
12. Frequency of entry dates:
    a. [ ] An Eligible Employee shall become a Participant in the Plan as soon as administratively feasible upon meeting the requirements of B.10 and B.11.
    b. [ ] first day of each calendar month.
    c. [ ] first day of each plan quarter.
    d. [ ] first day of the first month and seventh month of the Plan Year.
    e. [ ] first day of the Plan Year.
13. An Eligible Employee shall become a Participant in the Plan on the entry date selected in B.12 that is:
    a. [ ] coincident with or next following
    b. [ ] next following

    the date the requirements of B.10 and B.11 are met.
14. [ ] The Plan will make additional modifications to the eligibility rules specified in B.10 - B.13: _____.

NOTE: *If the service requirement is different for various groups of Employees, nondiscrimination testing may apply.*

Resumption of Participation

15. [ ] Describe any additional conditions to resuming participation in the Plan: _____.

SECTION C. BENEFITS

Eligible Expenses

1a. The Plan will reimburse the following Eligible Expenses:

1. [ ] Medical Expenses. The Plan will reimburse the following allowable medical expenses incurred by Covered Persons (Section 3.06):
   - A. [ ] All allowable medical expenses. All medical expenses that are excludable from gross income under Code section 213(d).
   - B. [ ] Non-essential health benefits. All medical expenses that are not essential health benefits under 26 C.F.R. 54.9815-2711(c).
   - C. [ ] Listed medical expenses. All medical expenses that are listed on an appendix to the Adoption Agreement and that are excludable from gross income under Code section 213(d).
   - D. [ ] Limited medical expenses. All medical expenses that are excludable from gross income under Code section 213(d) except expenses that are listed on an appendix to the Adoption Agreement.
2. [X] Health plan deductibles. The Plan will reimburse health plan deductible amounts that are otherwise payable by the Participant under an Employer-sponsored group health plan covering the Participant.
3. [ ] Health plan coinsurance. The Plan will reimburse health plan coinsurance amounts that are otherwise payable by the Participant under an Employer-sponsored group health plan covering the Participant.
4. [ ] Health plan premiums. The Plan will reimburse health plan premiums for the Qualified Health Coverage of the Covered Person.
5. [ ] COBRA premiums. The Plan will reimburse COBRA premiums for the Qualified Health Coverage of the Covered Person.
6. [ ] Other. The Plan will reimburse _____.

NOTE: *Do not select Part C.1a.4 if Eligible Employees are eligible to participate in a cafeteria plan that allows payment of Qualified Health Coverage premiums on a pre-tax basis.*

1b. Limitations on Eligible Expenses in conjunction with a Health Savings Plan:

1. [ ] The Plan will limit Eligible Expenses in C.1a to (select all that apply):
   - A. [ ] Limited Purpose HRA. Dental care, vision care, and preventive care (as defined under Code section 223(c)(2)(C)).
   - B. [ ] Post-Deductible HRA. Expenses incurred after the Participant has satisfied the minimum annual deductible under Code section 223(c)(2)(A)(i).
   - C. [ ] Other: _____
2. [ ] The limitations in C.1b.1 only apply to Participants who are enrolled in a high deductible health plan as defined in Code section 223(c)(2).

Covered Persons

2. Covered Persons. A Participant may only be reimbursed from the Plan for expenses that are incurred by (select all that apply):
   - a. [X] Participant
   - b. [X] Participant's spouse
   - c. [X] Participant's Dependents
   - d. [ ] Other: _____

3. Adult Children Coverage. Reimbursement for Covered Persons who are adult children may be paid from the Plan for claims incurred until:
   - a. [X] the date the child attains age 26.
   - b. [ ] the last day of the calendar year in which the child attains age 26.

4. [ ] Coverage under Employer Group Health Plan. Covered Persons must be covered under the Employer's group health plan at the time the expense is incurred to be reimbursed by the Plan.

Administration

5. [ ] Account-Based HRA. The Plan will be administered as an account-based HRA:
   a. The Employer will credit an amount to the Participant's HRA for the Period of Coverage as follows:
      1. [ ] Discretionary
      2. [ ] _____% of the Participant's Compensation
      3. [ ] $_____ per Participant
      4. [ ] Coverage-Based Amounts:
         A. Participant Only: _____
         B. Participant plus 1: _____
         C. Participant plus tax dependents: _____
         D. Family: _____
         E. Other: _____
      5. [ ] Other: _____
   b. Amounts shall be credited to the Participant's account at the following times:
      1. [ ] Beginning of Plan Year. The entire amount shall be credited at the beginning of the Plan Year.
      2. [ ] Semi annually. One half of the amount shall be credited at the beginning of the Plan Year and on the first day of the seventh month of the Plan Year.
      3. [ ] Quarterly. One fourth of the amount shall be credited at the beginning of each plan quarter.
      4. [ ] Monthly. One twelfth of the amount shall be credited at the beginning of each calendar month during the Plan Year.
      5. [ ] Per payroll period. Amounts are credited each payroll period in an amount equal to the entire amount divided by the number of payroll periods.
      6. [ ] At the discretion of the Employer.
      7. [ ] Other: _____

6. [X] Non-Account-Based HRA. The Plan will be administered as a non-account-based HRA:
   a. Reimbursement Limits. The HRA's reimbursement for Eligible Expenses for a Period of Coverage will not exceed:
      1. [ ] No limit.
      2. [ ] Plan-Wide Limit: _____
      3. [X] Coverage-Based Limits
         A. Participant Only: $3,150
         B. Participant plus 1: _____
         C. Participant plus tax dependents: $6,300
         D. Family: _____
         E. Other: _____
      4. [ ] Other: _____
   b. Reimbursement. The HRA shall reimburse 70% of Eligible Expenses (once the deductible threshold, if any, has been met).
   c. Threshold for Reimbursement (Deductible). The HRA shall only reimburse Eligible Expenses that exceed the following threshold(s):
      1. [ ] No threshold.
      2. [ ] Plan-Wide Threshold: _____
      3. [X] Coverage-Based Thresholds
         A. Participant Only: $500
         B. Participant plus 1: _____
         C. Participant plus tax dependents: $1,000

D. Family: _____

E. Other: _____

4. [ ] Other: _____

7. [ ] Other HRA. Describe how the HRA benefit will be determined: _____

Mid-Year Enrollment

8. HRA benefits for Participants who begin participation in the Plan following the beginning of the Period of Coverage will be calculated as follows:

a. [X] The Participant's HRA benefit shall not be pro-rated.

b. [ ] The Participant's HRA benefit shall be pro-rated and determined based only on the portion of the Period of Coverage during which the Participant was covered under the Plan.

c. [ ] Other: _____

9. [X] If benefits under the Plan are determined based on a Participant's coverage, a Participant's HRA benefits will be automatically adjusted to reflect mid-year changes to the Participant's type of coverage.

Carryover

10. [ ] The Plan will carry over unused HRA benefits at the end of the Period of Coverage. The amount of the carryover is subject to the following limit:

a. [ ] No limit. The Participant's entire unused HRA benefit will be carried over to the subsequent Period of Coverage.

b. [ ] Plan-Wide Flat Dollar Carryover. Up to $_____ of the Participant's unused HRA benefit will be carried over to the subsequent Period of Coverage.

c. [ ] Plan-Wide Percentage Carryover. _____% of the Participant's unused HRA benefit will be carried over to the subsequent Period of Coverage.

d. [ ] Coverage-Based Carryover Limits. A Participant's unused HRA benefit will be carried over to the subsequent Period of Coverage as follows:

1. Participant Only: _____

2. Participant plus 1: _____

3. Participant plus tax dependents: _____

4. Family: _____

5. Other: _____

e. [ ] Other: _____

11. Availability of Carryover Amount:

a. [ ] Carryover benefits are only available in the Period of Coverage following the year from which they are carried over.

b. [ ] Carryover benefits are available in any Period of Coverage following the year in which they are carried over (subject to applicable limits).

c. [ ] Other: _____

Maximum Benefit

12. Maximum Combined HRA Benefit. The amount available for reimbursement under the Plan from both the current Period of Coverage and, if Carryover is selected, the carryover amount shall not exceed the following:

a. [ ] No Maximum Benefit.

b. [ ] Plan-Wide Maximum Benefit: _____

c. [ ] Coverage-Based Maximum Benefits:

1. Participant Only: _____
2. Participant plus 1: _____
3. Participant plus tax dependents: _____
4. Family: _____
5. Other: _____

d. [ ] Other: _____

Suspension of HRA Coverage

13. [ ] A Participant may elect to suspend HRA coverage and forgo the payment or reimbursement of Eligible Expenses incurred during the Period of Coverage.

14. A suspended HRA may reimburse the following Eligible Expenses during the period of suspension (select all that apply):

a. [X] None

b. [ ] Preventive care

c. [ ] Vision care expenses

d. [ ] Dental care expenses

e. [ ] Long-term care expenses

f. [ ] Other: _____

NOTE: *The suspended HRA cannot reimburse for any expenses not described in Code section 223(c)(1)(B).*

SECTION D. REIMBURSEMENT

Run Out Period

1. Active Participants. An active Participant must submit claims for reimbursement of expenses incurred during the Period of Coverage no later than:

a. [ ] _____ days after the end of the Period of Coverage

b. [X] March 31 (insert date, e.g., March 31) immediately following the Period of Coverage

c. [ ] Other: _____

2. Former Participants. A Participant whose participation in the Plan terminates during the Period of Coverage may submit claims for reimbursement from the Plan no later than:

a. [X] 90 days after a termination of participation.

b. [ ] _____ days following the Period of Coverage in which the termination of participation occurs.

c. [ ] Other: _____

Stored Value Cards

3. [ ] The Employer will provide debit, credit, and/or other stored-value cards (Section 3.07(f)).

Coordination with Other Plans

4. Coordination with Health Flexible Spending Account. Eligible Expenses that are also reimbursable by a health flexible spending account (FSA) will be reimbursed as follows:
   a. [X] Not Applicable. The Employer does not maintain a health flexible spending account, no Participants are eligible to participate in the Employer's health flexible spending account or the Employer's health FSA does not reimburse Eligible Expenses.
   b. [ ] HRA Pays First. A Participant is not entitled to reimbursement under the Employer's health FSA until the Participant has received the maximum reimbursement under this Plan.
   c. [ ] FSA Pays First. Reimbursement under the Plan is only available for expenses exceeding the maximum reimbursement amounts in the health FSA.

Automatic Payment of Claims

5. [ ] The Plan will automatically pay Eligible Expenses not covered under the Employer's group health plan (e.g., co-payments, co-insurance, deductibles).

Termination of Coverage

6. If an individual ceases to be a Covered Person under the Plan, the Plan shall reimburse Eligible Expenses incurred by the Covered Person incurred through (select one):
   a. [X] the date on which the individual ceases to be a Covered Person
   b. [ ] the last day of the payroll period during which the individual ceases to be a Covered Person
   c. [ ] the last day of the month during which the individual ceases to be a Covered Person
   d. [ ] the last day of the Period of Coverage during which the individual ceases to be a Covered Person
   e. [ ] the date that the Participant's HRA benefit is $0.
   f. [ ] Other: _____

7. [ ] Unused amounts that were credited to an Integrated HRA while the HRA was integrated with other Qualified Health Coverage may be used to reimburse Eligible Expenses incurred after a Covered Person ceases to be covered by other Qualified Health Coverage or the HRA fails to qualify as an Integrated HRA.

SECTION E. MISCELLANEOUS

1. Designation of Plan Administrator (Section 7.01):
   a. [X] Plan Sponsor
   b. [ ] Committee appointed by Plan Sponsor
   c. [ ] Other: _____

2. Indemnification. Type of indemnification for the Plan Administrator:
   a. [ ] None - the Employer will not indemnify the Plan Administrator.
   b. [X] Standard as provided in Section 7.02.
   c. [ ] Custom. (Indemnification for the Plan Administrator is provided pursuant to an Addendum to the Adoption Agreement.)

3. Governing Law. The following state's law shall govern the terms of the Plan to the extent not pre-empted by Federal law: Washington

SECTION F. EXECUTION PAGE

Failure to properly fill out the Adoption Agreement may result in the failure of the Plan to achieve its intended tax consequences.

The Plan shall consist of this Adoption Agreement, its related Basic Plan Document and any related Appendix and Addendum to the Adoption Agreement. The undersigned agrees to be bound by the terms of this Adoption Agreement and Basic Plan Document and acknowledge receipt of same.

The Plan Sponsor caused this Plan to be executed this _____ day of _____, 2022.

LEWIS COUNTY HOSPITAL DISTRICT #1 DBA ARBOR HEALTH:

Signature:_____

Print Name: _____

Title/Position:_____

CUSTOM LANGUAGE ADDENDUM

This HRA reimburses each participant in the employer-sponsored medical plan for deductible expenses that exceed $500/participant or $1,000/family (employee + dependents).

The HRA will reimburse deductible expenses exceeding $500/participant or $1,000/family at 70% up to the maximum medical plan deductible ($5,000/participant or $10,000/family). The maximum annual benefit is $3,150/participant or $6,300/family.

The HRA covers In-Network deductible expenses only, except for claims protected by the No Surprises Act (emergency services, air ambulance, or services provided at an In-Network Facility by an Out-of-Network provider). See your medical plan SPD for details of the claims appeal process for protected claims generated by out-of-network providers.

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION APPROVING THE DZA
FINANCIAL AUDIT, SINGLE AUDIT
FOR CARES ACT FUNDING AND COST REPORT
ANNUAL ENGAGEMENT RESOLUTION NO. 22-38

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital District No. 1 as follows:

To approve the engagement with Dingus, Zarecor & Associates, PLLC for the financial audit, single audit for Cares Act Funding, if necessary, and cost report preparation for year ended December 2022. The gross fee for these services is $45,500 plus out-of-pocket costs i.e., shipping & travel. Standard hourly rates apply for unexpected circumstances.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 14th day of December 2022, the following commissioners being present and voting in favor of this resolution.

_____
Tom Herrin, Board Chair

_____
Kim Olive, Secretary

_____
Wes McMahan, Commissioner

_____
Craig Coppock, Commissioner

_____
Vacant, Commissioner

DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

November 15, 2022

Board of Commissioners
and Cheryl Cornwell, CFO
Lewis County Public Hospital District No. 1
doing business as Arbor Health
521 Adams St
Morton, Washington 98356

We are pleased to confirm our understanding of the services we are to provide Lewis County Public Hospital District No. 1 doing business as Arbor Health (the District) for the year ending December 31, 2022.

Audit Scope and Objectives

We will audit the financial statements of the District, which comprise the statement of net position as of year end, the related statements of revenues, expenses, and changes in net position, and cash flows for the year then ended, and the disclosures.

Accounting standards generally accepted in the United States of America (GAAS) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the District's basic financial statements. Such information, 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. As part of our engagement, we will apply certain limited procedures to the District's RSI in accordance with GAAS. These limited procedures will consist of inquiries of management regarding 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 will 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. The following RSI is required by generally accepted accounting principles and will be subjected to certain limited procedures, but will not be audited:

- Management's Discussion and Analysis.

We have also been engaged to report on supplementary information other than RSI that accompanies the District's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditors' report on the financial statements:

- Schedule of expenditures of federal awards.

12015 East Main Avenue | Spokane Valley, WA 99206 | 509.242.0874 | www.dzacpa.com

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditors' report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with generally accepted accounting principles (GAAP) and report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefor is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements. The objective also includes reporting on —

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

Auditors' Responsibilities for the Audit of the Financial Statements and Single Audit

We will conduct our audit in accordance with GAAS; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of your accounting records, a determination of major programs in accordance with Uniform Guidance, and other procedures we consider necessary to enable us to express such an opinion. As part of an audit in accordance with GAAS and *Government Auditing Standards*, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves a fair presentation. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. Because the determination of abuse is subjective, *Government Auditing Standards* do not expect auditors to provide reasonable assurance of detecting abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that some material misstatements or noncompliance may not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs.

However, we will inform the appropriate level of management of any material errors, any fraudulent financial reporting, or misappropriation of assets that come to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that come to our attention, unless clearly inconsequential. We will include such matters in the reports required for a Single Audit. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

With respect to cost reports that may be filed with a third party (such as federal and state regulatory agencies), the auditors have not been engaged to test in any way, or render any form of assurance on, the propriety or allowability of the specific costs to be claimed on, or charges to be in reported in, a cost report. Management is responsible for the accuracy and propriety of all cost reports filed with Medicare, Medicaid, or other third parties.

The auditors' procedures do not include testing compliance with laws and regulations in any jurisdiction related to Medicare and Medicaid antifraud and abuse. It is the responsibility of management of the entity, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations, including compliance with the provisions of laws and regulations that determine the reported amounts and disclosures on the entity's financial statements. Therefore, management's responsibilities for compliance with laws and regulations applicable to its operations, including, but are not limited to, those related to Medicare and Medicaid antifraud and abuse statutes.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable amount of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of certain assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement.

We may, from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure and appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Audit Procedures — Internal Control

We will obtain an understanding of the entity and its environment, including internal control relevant to the audit, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. 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, misrepresentation, or the override of internal control.

Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures — Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee has complied with applicable federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the District's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on the District's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform

Other Services

We will also assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of the District in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards.* We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement, schedule of expenditures of federal awards, and related notes previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Responsibilities of Management for the Financial Statements and Single Audit

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for (1) designing, implementing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met; (2) following laws and regulations; (3) ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements and (4) ensuring that management and financial information is reliable and properly reported. Management is also responsible for implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements. You are responsible for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with accounting principles generally accepted in the United States of America; and for compliance with applicable laws and regulations (including federal statutes), rules, and the provisions of contracts and grant agreements (including award agreements.) Your responsibilities also include identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

Management is responsible for making all financial records and related information available to us and for the accuracy and completeness of that information, including information from outside of general and subsidiary ledgers. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as: records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the entity involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the entity complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts and grant agreements, that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review at the beginning of audit fieldwork.

You are responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to include the audited financial statements with any presentation of the schedule of expenditures of federal awards that includes our report thereon OR make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon OR make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Scope and Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management’s views on our current findings, conclusions, and recommendations, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal awards, and related notes and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

Preparation of Cost Reports and Consulting

We will prepare the District's Medicare cost report for the year ending December 31, 2022.

We remind you that you have the final responsibility for the Medicare cost report and, therefore, you should review it carefully before you sign and file it. We make no representation that our services will identify any or all opportunities to maximize reimbursement.

All of the information included in the cost report is the representation of management. We direct your attention to the fact that management has the responsibility for the proper recording of the transactions in the books of account, for the safeguarding of assets, for the substantial accuracy of the cost report, and for identifying and ensuring the District complies with the laws and regulations applicable to its activities.

We will also provide Medicare and other reimbursement consulting services as requested throughout the year, including but not limited to review of Medicare rate settings and desk-review and audit adjustments. These services will be provided at our standard rates.

You are also responsible for management decisions and functions; for designating a senior management-level individual with suitable skill, knowledge, or experience to oversee the cost report preparation services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Conformance with Section 952 of Public Law 96-499

Section 952 of P.L. 96-499 requires access by the Secretary of Health and Human Services and the U.S. Comptroller General to the books and records of subcontractors of Medicare providers. Absent the allowability of such access, the provider's cost for such services would not be allowable for Medicare reimbursement purposes if the contract value over 12 months is $10,000 or more. We would grant such access if this law is applicable to our services.

HIPAA Business Associate Agreement

You agree that you are solely responsible for the accuracy, completeness, and reliability of all data and information you provide us for our engagement. You agree to provide any requested information on or before the date we commence performance of the services. To protect the privacy and provide for the security of any protected health information, as such is defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, and the regulations and policy guidances thereunder ("HIPAA"), we shall enter into a HIPAA Business Associate Agreement ("BAA").

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management's responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditors' reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditors' reports or nine months after the end of the audit period.

We will provide copies of our reports to the District; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Dingus, Zarecor & Associates PLLC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Washington State Auditor's Office cognizant or oversight agency for the audit or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Dingus, Zarecor & Associates PLLC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of seven years after the report release date or for any additional period requested by a regulatory agency. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit in approximately February 2023 and to issue our reports no later than May 1, 2023. Kami Matzek is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services will be as follows:

Audit	$26,500
Preparation of Medicare cost report	$11,500
Single audit, if necessary	$7,500

Our fee for the Uniform Guidance Single Audit includes one major program to be audited. Each additional major program will increase our fee by $3,500.

Out-of-pocket travel and shipping costs will be billed at our cost in addition to the above fees.

Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

In accordance with our firm policies, work may be suspended if your account becomes 60 days or more overdue and may not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report(s). You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket costs through the date of termination.

The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

You have requested that we provide you with a copy of our most recent external peer review report and any subsequent reports received during the contract period. Accordingly, our 2019 peer review report accompanies this letter.

Reporting

We will issue a written report upon completion of our audit of the District's financial statements. Our report will be addressed to management and those charged with governance of the District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add an emphasis-of-matter or other-matter paragraph to our auditors' report, or if necessary, withdraw from this engagement. If our opinion is other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express an opinion or withdraw from this engagement.

We will also provide a report (that does not include an opinion) on internal control related to the financial statements and compliance with the provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a material effect on the financial statements as required by *Government Auditing Standards*. The report on internal control over financial reporting and on compliance and other matters will include a paragraph that states (1) that the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance, and (2) that the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

We appreciate the opportunity to be of service to Lewis County Public Hospital District No. 1 doing business as Arbor Health and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please print and sign a copy and return to us.

DINGUS, ZARECOR & ASSOCIATES PLLC

Kami Matzek, CPA
Owner

RESPONSE:

This letter correctly sets forth the understanding of Lewis County Public Hospital District No. 1 doing business as Arbor Health.

Management signature: _____

Title: _____

Date: _____

Governance signature:

_____

Title:

_____

Date:

_____

Arnett Carbis Toothman llp
CPAs & Advisors

actcpas.com

101 Washington Street East
P.O. Box 2629
Charleston, WV 25329
304.346.0441 office | 304.346.8333 fax
800.642.3601

REPORT ON THE FIRM'S SYSTEM OF QUALITY CONTROL

July 14, 2020

To the Owners of
Dingus, Zarecor & Associates, PLLC
and the Peer Review Committee of the Washington Society of Certified Public Accountants

We have reviewed the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates, PLLC (the firm), in effect for the year ended November 30, 2019. Our peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants (Standards).

A summary of the nature, objectives, scope, limitations of, and the procedures performed in a System Review as described in the Standards may be found at www.aicpa.org/prsummary. The summary also includes an explanation of how engagements identified as not performed or reported in conformity with applicable professional standards, if any, are evaluated by a peer reviewer to determine a peer review rating.

Firm's Responsibility

The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. The firm is also responsible for evaluating actions to promptly remediate engagements deemed as not performed or reported in conformity with professional standards, when appropriate, and for remediating weaknesses in its system of quality control, if any.

Peer Reviewer's Responsibility

Our responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on our review.

Required Selections and Considerations

Engagements selected for review included engagements performed under *Government Auditing Standards*, including compliance audits under the Single Audit Act; and audits of employee benefit plans.

As a part of our peer review, we considered reviews by regulatory entities as communicated by the firm, if applicable, in determining the nature and extent of our procedures.

Opinion

In our opinion, the system of quality control for the accounting and auditing practice of Dingus, Zarecor & Associates, PLLC, in effect for the year ended November 30, 2019, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of *pass*, *pass with deficiency(ies)* or *fail*. Dingus, Zarecor & Associates, PLLC, has received a peer review rating of *pass*.

ARNETT CARBIS TOOTHMAN LLP

Arnett Carbis Toothman LLP

WARRANT & EFT LISTING NO. 2022-11

RECORD OF CLAIMS ALLOWED BY THE BOARD OF LEWIS COUNTY COMMISSIONERS

The following vouchers have been audited, charged to the proper account, and are within the budget appropriation.

CERTIFICATION

I, the undersigned, do hereby certify, under penalty of perjury, that the materials have been furnished, as described herein, and that the claim is a just, due and unpaid obligation against LEWIS COUNTY HOSPITAL DISTRICT NO. 1 and that I am authorized to authenticate and certify said claim.

Signed:

Cheryl Cornwell, CFO

We, the undersigned Lewis County Hospital District No. 1 Commissioners, do hereby certify that the merchandise or services hereinafter specified has been received and that total Warrants and EFT's are approved for payment in the amount of

$4,185,559.89 this 14th day

of December 2022

Board Chair, Tom Herrin

Secretary, Kim Olive

Commissioner, Wes McMahan

Commissioner, Craig Coppock

Commissioner, Vacant

SEE WARRANT & EFT REGISTER in the amount of $4,185,559.89 dated November 1, 2022 – November 30, 2022.

Routine A/P Runs

Warrant No.	Date	Amount	Description
127900 - 127941	4-Nov-2022	171,291.82	CHECK RUN
127863 - 127880	4-Nov-2022	4,623.33	CHECK RUN
127881 - 127899	7-Nov-2022	738,458.62	CHECK RUN
127942 - 128014	11-Nov-2022	246,649.63	CHECK RUN
128043 - 128044	1-Nov-2022	55,594.67	CHECK RUN
128045 - 128046	2-Nov-2022	2,772.60	CHECK RUN
128047	9-Nov-2022	1,000.00	CHECK RUN
128048	15-Nov-2022	547.24	CHECK RUN
128015 - 128042	15-Nov-2022	942,982.15	CHECK RUN
128049 - 128071	21-Nov-2022	198,833.73	CHECK RUN
128072 - 128139	18-Nov-2022	275,758.76	CHECK RUN
128140	8-Nov-2022	260.52	CHECK RUN
128142	17-Nov-2022	3,706.31	CHECK RUN
128141	22-Nov-2022	177.22	CHECK RUN
128143 - 128160	29-Nov-2022	834,682.99	CHECK RUN
128161 - 128203	28-Nov-2022	205,947.37	CHECK RUN
128204 - 128207	28-Nov-2022	3,186.52	CHECK RUN
128208 - 128210	29-Nov-2022	27,545.78	CHECK RUN
128211	30-Nov-2022	981.00	CHECK RUN
Total - Check Runs		$ 3,715,000.26	

Error Corrections - in Check Register Order

Warrant No.	DATE VOIDED	Amount	Description
128010	30-Nov-22	(3,541.00)	VOIDED
TOTAL - VOIDED CHECKS		$ (3,541.00)	

COLUMBIA BANK CHECKS, EFT'S & VOIDS	$ 3,711,459.26

Eft	Date	Amount	Description
1183	1-Nov-2022	152,063.22	IRS
1184	10-Nov-2022	154,055.68	IRS
4714	7-Nov-2022	333.18	TPSC
4715	15-Nov-2022	47.05	TPSC
4716	17-Nov-2022	110.00	TPSC
4717	21-Nov-2022	468.99	TPSC
4718	29-Nov-2022	274.03	TPSC
1185	25-Nov-2022	163,207.48	IRS
TOTAL EFTS AT SECURITY STATE BANK		$ 470,559.63	

TOTAL CHECKS, EFT'S, &TRANSFERS	$ 4,185,559.89

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION DECLARING TO
SURPLUS OR DISPOSE OF CERTAIN
PROPERTY

RESOLUTION NO. 22-39

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital District No. 1 as follows:

That the equipment and supplies listed on Exhibit A, attached hereto and by this reference incorporated herein, are hereby determined to be no longer required for hospital purposes. The Administrator is hereby authorized to surplus, dispose and/or trade in of said property upon such terms and conditions as are in the best interest of the District.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 14th day of December 2022, the following commissioners being present and voting in favor of this resolution.

_____
Tom Herrin, Board Chair

_____
Kim Olive, Secretary

_____
Wes McMahan, Commissioner

_____
Craig Coppock, Commissioner

_____
Vacant, Commissioner

DISPOSAL/SURPLUS PERSONAL PROPERTY

EXHIBIT A

DATE	DESCRIPTION	DEPARTMENT	PROPERTY #	DISPOSITION	REASON
11/15/2022	Incubator	Lab	6208	Surplus	No longer required for public hospital purposes

OLD BUSINESS

Board of Directors Board Evaluation

Rankings go from 1=Low/Disagree up to 5=High/Agree

	Board Activity	1	2	3	4	5	Result
1	The Board operates under a set of policies, procedures, and guidelines with which all members are familiar.	☐	☐	☐	☐	☐	4.2
2	The Executive Committee reports to the Board on all actions taken.	☐	☐	☐	☐	☐	4.2
3	There are standing committees of the Board that meet regularly and report to the Board.	☐	☐	☐	☐	☐	5.0
4	Board meetings are well attended, with near full turnout at each meeting.	☐	☐	☐	☐	☐	4.6
5	Each board member has at least one committee assignment.	☐	☐	☐	☐	☐	5.0
6	Nomination and appointment of board members follow clearly established procedures using known criteria.	☐	☐	☐	☐	☐	4.8
7	Newly elected board members receive adequate orientation to their role and what is expected of them.	☐	☐	☐	☐	☐	4.2
8	Each board meeting includes an opportunity for learning about the District's activities.	☐	☐	☐	☐	☐	4.2
9	The Board follows its policy that defines term limits for board members.	☐	☐	☐	☐	☐	5.0
10	The Board fully understands and is supportive of the strategic planning process.	☐	☐	☐	☐	☐	4.4
11	Board members receive meeting agendas and supporting materials in time for adequate advance review.	☐	☐	☐	☐	☐	4.8
12	The Board adequately oversees the financial performance and fiduciary accountability of the organization.	☐	☐	☐	☐	☐	4.8
13	The Board receives regular financial updates and takes necessary steps to ensure the operations of the District are sound.	☐	☐	☐	☐	☐	4.6
14	The Board regularly reviews and evaluates the performance of the Superintendent/CEO.	☐	☐	☐	☐	☐	5.0
15	The Board actively engages in discussion around significant issues.	☐	☐	☐	☐	☐	4.4
16	The Board Chair effectively and appropriately leads and facilitates the Board Meetings and the policy and governance work of the Board.	☐	☐	☐	☐	☐	4.8

	Mission and Purpose	1	2	3	4	5	Results
1	Statements of the District's mission are well understood and supported by the Board.	☐	☐	☐	☐	☐	5.0
2	Board meeting presentations and discussions consistently references the District's mission statement.	☐	☐	☐	☐	☐	5.0

3	The Board reviews the District's performance in carrying out the stated mission on a regular basis.	☐	☐	☐	☐	☐	5.0

	Governance/Partnership Alignment	1	2	3	4	5	Results
1	The Board exercises its governance role ensuring that the District supports and upholds the mission statement, core values, and vision statement.	☐	☐	☐	☐	☐	4.8
2	The Board periodically reviews, and is familiar with, the District's partnership core documents.	☐	☐	☐	☐	☐	4.0
3	The Board reviews its own performance and measures its own effectiveness in governance work.	☐	☐	☐	☐	☐	4.4
4	The Board is actively engaged in the board development processes.	☐	☐	☐	☐	☐	4.6

	Board Organization	1	2	3	4	5	Results
1	Information provided by staff is adequate to ensure effective board governance and decision making.	☐	☐	☐	☐	☐	4.6
2	The Committee structure logically addresses the District's areas of operation.	☐	☐	☐	☐	☐	4.8
3	All committees have adequate agendas and minutes for each meeting.	☐	☐	☐	☐	☐	5.0
4	All committees address issues of substance.	☐	☐	☐	☐	☐	5.0

Please make any other comments about the work and effectiveness of the Board:
Our training with Kurt O'Brien has helped us a board members communicate more efficient. Repeated public statement (of disappointment) with previous board decisions are unproductive and in conflict with established board behavior expectations. Suggestions and ideas for improvement or alternatives would be appropriate and potentially beneficial. Overall, the Board works as a team and in the best interest of the district's health care needs and is well supported by the Admin/Executive team. Our focus on growth of relevant services directly supports our mission.

NEW BUSINESS

Arbor Health

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

MEMORANDUM

To: Board of Commissioners

From: Leianne Everett, Superintendent

CC:

Date: 12/3/2022

Re: At-Large Commissioner Vacancy

Below is an outline of a proposed process for managing commissioner vacancies. RCWs below are provided for reference.

1. Commissioner vacancies may occur due to events outlined in RCW 42.12.010. Additionally, unexcused absences may create a vacancy as provided in RCW 70.44.045.
    a. ***Commissioner Richardson ended her service on November 28, 2022. Her replacement must be appointed within 90 days, or February 25, 2023.***
2. Once a vacancy occurs, an advertisement will be drafted to solicit interested parties in attending an upcoming board meeting (special or regularly scheduled). This advertisement will run for no less than two consecutive weeks prior to the board meeting.
    a. ***Run advertisements the weeks of December 19 and 26, 2022 and January 2, 2023.***
    b. ***These same notices will be communicated via social media as well.***
3. A special board meeting or regularly scheduled board meeting will occur with the intent of discussing the role of a commissioner, the expectations and time commitment needed to fill the role of a commissioner. This meeting will allow time for questions and answers for interested attendees.
    a. ***Hold a special board meeting on Monday, January 9, 2022 to provide a question and answer session for district residents interested in being appointed. Keep in mind that anyone being appointed will need to plan to run for office as 2023 is an election year.***
4. Interested parties will be asked to submit a letter of interest to the Board Chair within two weeks of the meeting. These letters will be reviewed and discussed in executive session as allowed by RCW 42.30.110(1)(h) at the next scheduled board meeting. The Board may or may not take action immediately following this executive session to announce their selection.
    a. ***Letters would be due on January 23, 2023 for review and interviews at the regular board meeting on January 25, 2023.***
    b. ***Board would take action following the executive session on January 25, 2023.***
    c. ***Oath of Office immediately following the executive session on January 25, 2023.***
5. Once the appointment has been selected, the appointee will be provided information to contact the county legislative authority for official appointment, RCW 36.62.160.

LEWIS COUNTY HOSPITAL DISTRICT NO. 1
MORTON, WASHINGTON

RESOLUTION ADOPTING COMMUNITY
HEALTH NEEDS ASSESSMENT (CHNA)
& IMPLEMENTATION PLAN

RESOLUTION NO. 22-40

WHEREAS, the Lewis County Hospital District No. 1 owns and operates Arbor Health, a 25-bed Critical Access Hospital located in Morton, Washington, and;

WHEREAS, the Lewis County Hospital District No. 1 feel that this is worthy,

NOW, THEREFORE, BE IT RESOLVED by the Commissioners of Lewis County Hospital District No. 1 as follows:

To adopt the 2023-2025 CHNA.

ADOPTED and APPROVED by the Commissioners of Lewis County Hospital District No. 1 in an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 14th day of December 2022, the following commissioners being present and voting in favor of this resolution.

_____
Tom Herrin, Board Chair

_____
Kim Olive, Secretary

_____
Wes McMahan, Commissioner

_____
Craig Coppock, Commissioner

_____
Vacant, Commissioner

Mossyrock Clinic
745 WILLIAMS STREET
360-983-8990

Randle Clinic
108 KINDLE ROAD
360-497-3333

Morton Hospital
521 ADAMS AVENUE
360-496-5112

Morton Clinic
531 ADAMS AVENUE
360-496-5145

MEMORANDUM

To: Board of Commissioners

From: Leianne Everett, Superintendent

CC:

Date: 12/3/2022

Re: RES 22-40-Community Health Needs Assessment (CHNA) & Implementation Plan

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As a 501(c)(3) organization, we are required to have adopt a Community Health Needs Assessment (CHNA) once every three years. This year, we must adopt it by December 31, 2022. An implementation plan will need to be adopted by May 15, 2023. Additionally, annual reviews of the organization's progress towards implementation will need to occur in 2023, 2024 and 2025.

Attached is a draft version of our CHNA. The final version should be available prior to December 14, 2022, however, it was not finalized at the time of this packet's distribution. Once the final version is received, it will be emailed to all commissioners to review prior to adoption.

Upon adoption, our CHNA will be posted on our website and will be made available upon request. This information will be used as a resource in your upcoming strategic planning retreat. The retreat will provide the direction required for the development of the implementation plan.

Community Health Needs Assessment

2023 - 2025

Arbor Health

Morton Hospital
Mossyrock Clinic
Morton Clinic
Randle Clinic
Specialty Clinic

Table of Contents

Introduction and Brief History

More than 80 years ago, and as it was called then, Morton General Hospital opened as a privately owned hospital to serve the healthcare needs of the hard-working settlers of East Lewis County. The goal was to care for those whose work in the timber industry helped build the Pacific Northwest. Over the decades to follow, the community grew and in 1978, a public hospital district was formed to ensure the community a healthy future for generations to follow. Lewis County Public Hospital District No. 1 (a municipal corporation) then purchased the hospital.

In 1992, the hospital district constructed a 30-bed Long Term Care Center addition to the hospital. The wing was later converted to serve as the hospital's inpatient rooms. A 1952 brick hospital structure served the community until 2006 when a new, modern facility was completed. The community celebrated the grand opening of the new hospital in January 2007. The new construction provided much-needed space for advancements in imaging and laboratory services and the cafeteria.

The hospital district extends east to White Pass, which is just southeast of Mt. Rainier National Park. It extends west to Mayfield Lake, encompassing the towns of Mossyrock and Cinebar; and north to include the town of Mineral. The land area is more than 900 square miles and includes elevations as high as 4,500 feet.

In January 2019, the District adopted a new parent name, Arbor Health (Arbor), reflecting the philosophy that our network of care is truly, better together, ensuring compassionate, professional health care right here at home. With a canopy formed by trees and with fall-themed colors of cranberry and gold; the Arbor name pays tribute to our timber industry and community.

Arbor's Morton Hospital was designated as a Critical Access Hospital by meeting the federal and state designation requirements in the Washington State Rural Health Plan and the Medicare Conditions of Participation. Arbor operates three rural health clinics and several specialty clinics. More than 70% of our

Vision, Mission, Values

Our Vision:

To provide accessible, quality healthcare

Our Mission:

To foster trust and nurture a healthy community

Core Values:

-One team, one mission
-Go out of your way to brighten someone's day
-Own it, embrace it
-Care like crazy
-Motivate, elevate, appreciate
-Know the way, show the way, ease the way
-Find joy along the way

Commitment to Quality Care:

Arbor Health is proud of the care we provide to our patients. Our goal is to provide the highest possible quality of care and continually improve our patient, staff, and physician satisfaction.

volume comes from outpatient and primary care volumes, and we provide a range of services including behavioral health, respiratory and physical therapy, outpatient specialty care, diagnostic imaging, medical laboratory, and sleep medicine. Our emergency department, open 24/7, serves nearly 5,000 patients per year.

2020-2022 CHNA Priorities

Build external relationships and partnerships that prioritize unmet health needs, recognize the community's need and desire for more wellness services and address the impact of social determinants in health status.

Enhance health outcomes through recruitment and programs that increase access and support wellness, community health programming, coordinate whole person care, expand care coordination and transitions in care.

2020-2022 CHNA Update

Arbor's 2020-2022 CHNA and Implementation Plan priorities and strategies were adopted by the District's elected Board of Commissioners. They were selected after review of the collected data and feedback from community convenings. **Exhibit 1** on the next page details the priorities that were adopted, along with an update on key strategies implemented to address these priorities.

As with all health care facilities and communities across the nation, COVID-19 had a significant impact on Arbor's priorities during the 2020-2022 period and this continues to date. At the time of this writing, there have been nearly 1.9 million total cases of COVID-19 in Washington State, and over 20,000 in Lewis County, resulting in almost 1,600 hospitalizations and nearly 300 deaths in the County.

Despite these challenges, Arbor has not only played a key leadership role in COVID mitigation, testing and vaccinations, providing almost 6,000 vaccinations to date, but also was able to ensure access to quality care throughout our community. Due to Arbor's focus on COVID-19 response during 2020, the accomplishments highlighted in **Exhibit 1** focus largely on those made during 2021 and 2022.

Exhibit 1

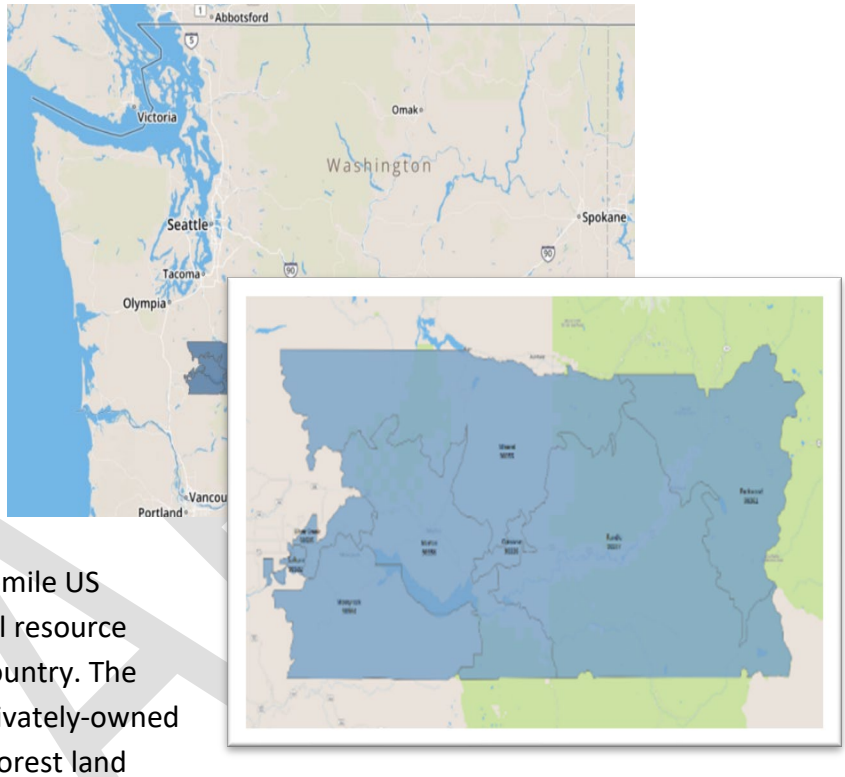
2020-2022 CHNA Priority Accomplishments

PRIORITY #1: Build Relationships and Partnerships that Prioritize Community Health Needs
Created a community wide wellness plan through partnerships with providers, employers, and community-based entities focusing on overall health of our community and identifying key chronic disease needs.
Provided 1,400 To Go meals to seniors in food scarce homes.
Received Acute *Stroke Ready DNV* Stroke Certification in the Emergency Department in 2021.
Conducted 8 community/EMS STROKE education events in 2022.
Increased Mammography volume by 10% via external partners and targeted social media.
Promoted importance of Infection Control to the community every month via social media.
Established a medication disposal program for Morton, Mossyrock and Randle.
Partnered with vendors and community groups to host a live/virtual/drive-through health fair each year.
Implemented immunization interface that meets DOH minimum data transmission thresholds.
Distributed community outreach messages every quarter re: Chest Pain/MI, Sepsis, COVID-19, Congestive Heart Failure, Pulmonary Disease and Skilled Services.
Attended four local high school and college job fairs.
Created ImPACT concussion management and student athletic performance & injury management partnership with the schools' athletic programs.
Increased same day surgery volumes by nearly 40% through targeted marketing and outreach.
Held three community engagement events at each of the Arbor Clinics each year.
Held one coordinated event each year with Insurance Payors to address school/community youth programs.
Increased number of patients referred for assistance with Medicaid eligibility by 200%.
Held a community weight loss challenge that culminated in a 5k/10k/Half Marathon each year.
Offered Critical Access Hospital experience for local RN and NAC program graduates four times/year.
PRIOIRTY #2: Enhance health outcomes through recruitment and programs that increase access and support wellness.
Established a new primary care clinic in Packwood.
Increased # of annual wellness visits in each of the clinics by over 20%.
Created 5 additional programs designed to improve overall patient outcomes.
Grew Clinic telehealth visits by over 100% and specialty telehealth visits by nearly 300%.
Increase % of patients with documented patient education related to admission diagnosis within 4 hours of admission from 50% to 96%.
Implement concurrent OPTUM admission review process for weekend admissions.
Decreased stroke/CT report turnaround to less than 15 minutes.
Over 50% of patients discharged on a new medication were counseled by a pharmacist in 2022.
Developed and implemented physician satisfaction/engagement survey.
Resolved compliance and HIPAA events within 15 business days
Decreased the percentage of overdue and incomplete work orders to from 28% to 19%.
Increased the number of Financial Assistance applications provided, returned & approved by almost 40%.
Conducted employee engagement survey and increased employee engagement in events from 75% to 98%.
Increased the number of staff members participating in the 15-Minute Philanthropist program by 20%.
Monitored new antibiotic starts to improve monitoring of antibiotic therapy and other narrow therapeutic index drugs to facilitate the best drug therapy for our patients.
Reopened Pulmonary Rehab program
86% of all venous leg ulcer patients achieved healed status (300% improvement) within 90 calendar days of starting therapy
Increased documented skill care assessments in Wound Care program to 84% from 68%.

Our Community and People

More than 80% of Arbor Health's patients reside within the boundaries of Lewis County Public Hospital District #1. The District encompasses 900 square miles and includes the communities of Morton, Randle, Mossyrock, Packwood, Glenoma, Silver Creek, Salkum, and Mineral. **Exhibit 2** depicts the boundaries of the District. Much of the District lies on the ancestral lands of the Cowlitz and Klickitat Native American Tribes.

Exhibit 2. District Map



Most of the District's communities are located along the White Pass Scenic Byway. Often referred to as the "The Playground of Volcano Country", this 124-mile US Highway 12 corridor, passes through small resource lands, river valleys, foothills, and alpine country. The region surrounding the byway includes privately-owned residential, agricultural, commercial and forest land properties, as well as state parks, wildlife areas, power projects with associated recreation lands, the Gifford Pinchot and Okanogan-Wenatchee National Forests and Mount Rainier National Park, Mt. St. Helens National Monument and Mount Adams Wilderness Area. On a clear day, Mount Rainier, Mount St. Helens and Mount Adams are all in full view.

The District's current population is approximately 11,000, as detailed in **Exhibit 3**. The District's population has increased by almost 7% between 2010 and 2022 and is expected to grow another 4% by 2027. 2010. Almost 30% of District residents are 65 or older, making the District one of the oldest communities in the State. The 65+ population is projected to grow by another 14% over the next 5 years. Approximately 8% of District residents are Hispanic, compared to 13% statewide. Between 2010 and 2022, the District's Hispanic population grew by 57%, and is expected to grow another 17% by 2027.

Exhibit 3. District Demographics								
	2010	Pct of Tot Pop	2022 Est	Pct of Tot Pop	Pct Chg 2010-2022	2027 Proj	Pct of Tot Pop	Pct Chg 2020-2027
Tot. Pop.	10,287	100.0%	10,965	100.0%	6.6%	11,396	100.0%	3.9%
Pop. By Age								
0-17	1,844	17.9%	1,845	16.8%	0.1%	1,946	17.1%	5.5%
18-44	2,502	24.3%	2,758	25.2%	10.2%	2,850	25.0%	3.3%
45-64	3,636	35.3%	3,101	28.3%	-14.7%	2,897	25.4%	-6.6%
65-74	1,389	13.5%	2,110	19.2%	51.9%	2,500	21.9%	18.5%
75-84	714	6.9%	904	8.2%	26.6%	929	8.2%	2.8%
85+	202	2.0%	247	2.3%	22.3%	274	2.4%	10.9%
Tot. 0-64	7,982	77.6%	7,704	70.3%	-3.5%	7,693	67.5%	-0.1%
Tot. 65 +	2,305	22.4%	3,261	29.7%	41.5%	3,703	32.5%	13.6%
Hispanic	535	5.2%	840	7.7%	57.0%	985	8.6%	17.3%
AI/AN	160	1.6%	197	1.8%	22.7%	219	1.9%	11.5%
Fem. 15-44	1,379	13.4%	1,464	13.4%	6.2%	1,525	13.4%	4.2%
Source: Claritas 2022								

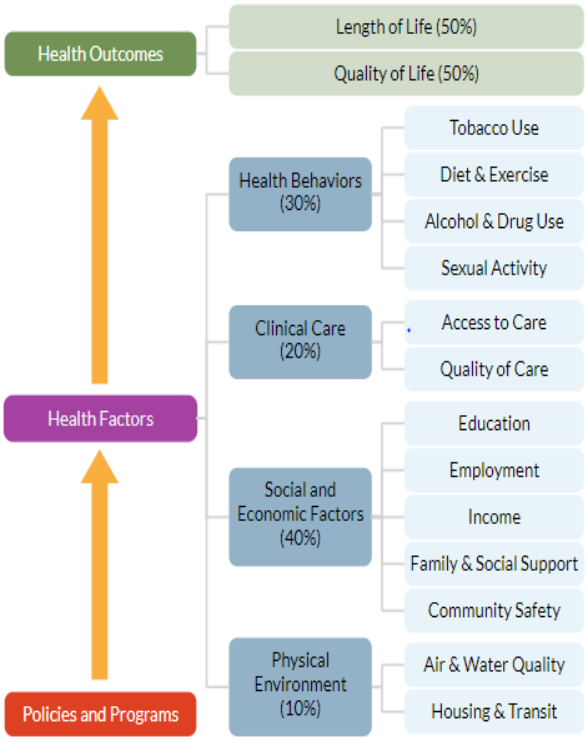
Methodology and Approach

The purpose of a public hospital district under RCW 70.44 includes, among other factors, *to provide hospital services and other health care services for the residents of the District and others*. Arbor sees the Community Health Needs Assessment (CHNA) process as a vital tool for understanding resident need and health care gaps. The intent is to use this CHNA for strategic and operational planning as we engage the community in various health improvement efforts. The voice of the community was important to this process and will be even more so as we move into development of the Implementation Plan.

Arbor organized this CHNA data collection and analysis consistent with the County Health Rankings (CHR) model developed by the Wisconsin Population Health Institute in collaboration with the Robert Wood Johnson Foundation (RWJF). This model recognizes that clinical care is only one element impacting a person's health. The RWJF publishes an annual report and health data for every county in the United States.

The Model (**Exhibit 4**) outlines a holistic view of population health, highlighting multiple factors and their relative contributions to health outcomes. This model, delineates the underlying modifiable determinants of health that impact health outcomes (health factors) and groups them into four main categories (with associated weights): social and economic factors (40%), including indicators for community safety, education, employment, family and social support, and income; health behaviors (30%), which includes indicators for alcohol use, diet and exercise, sexual activity, and tobacco use; clinical care (20%), including access to and quality of care; physical environment (10%), consisting of air and water quality, and transit.

Exhibit 4: RWJF CHR Health Model



Where data is available at the District level, we have incorporated it, and where not available, we have used Lewis County data as a proxy. Specific data sources used included:

- ALICE. Asset Limited, Income Constrained, Employed Project.
- American Community Survey 2016-2020 (5-Year Estimates)
- Behavioral Risk Factor Surveillance System, 2016-2021
- DHHS, CDC, National Center for Chronic Disease Prevention and Health Promotion
- US Census Bureau, 2021 Quick Facts
- University of Wisconsin, County Health Rankings & Roadmaps Program
- WA Dept. of Health, All Deaths Dashboards, Chronic Disease Profiles, Social Determinants of Health Dashboard. Trauma Services, Immunization Data, Opioid Dashboard, Oral Health Profiles.
- WA HCA, Dental Data and Apple Health (Medicaid) report.
- WA State Healthy Use Survey, 2021.

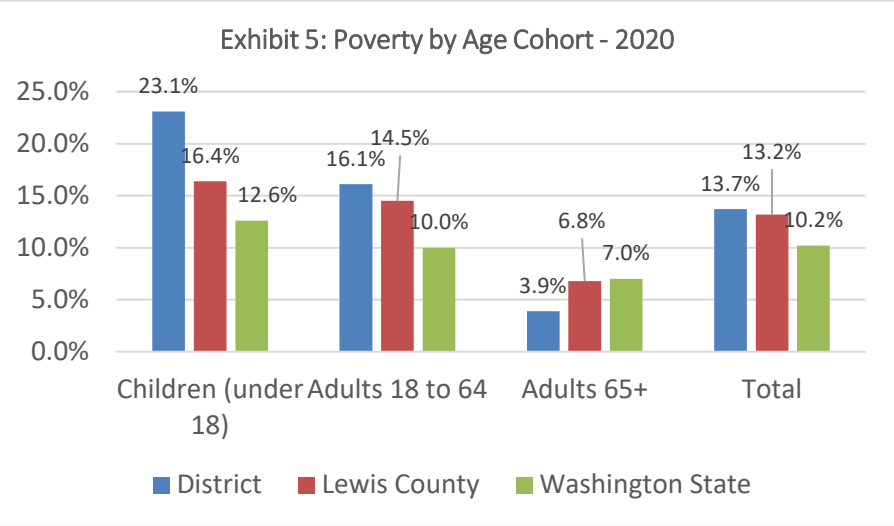
Health Factors and Outcomes in Lewis County

Social and Economic Factors – the Social Determinants of Health

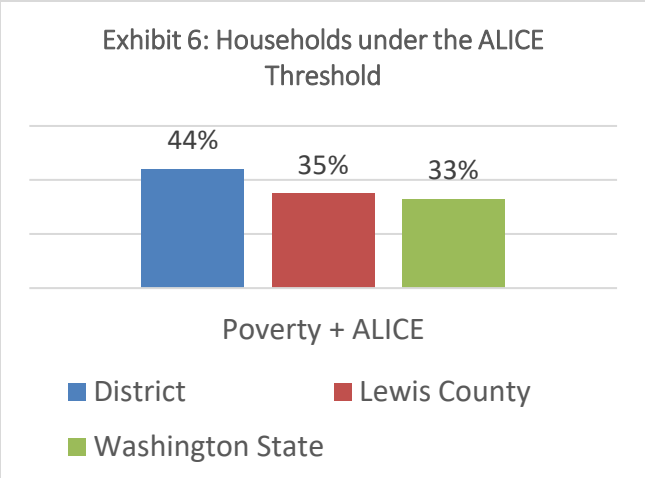
The social determinants of health - the conditions under which people are born, grow, live, work and play - significantly influence the health of a community and its residents. These include indicators such as income and poverty levels, education level, unemployment, violent crime, and housing and childcare burdens. Lewis County is ranked 25th out of Washington's 39 counties related to social and economic factors.

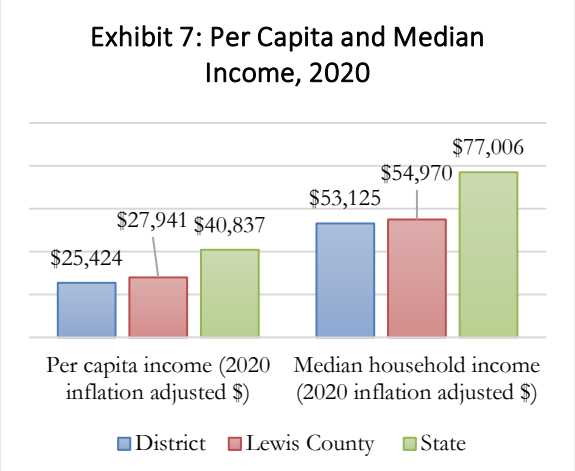
Poverty and Income

As seen in **Exhibit 5**, the District has significantly higher rates of children in poverty (under 18 living in households earning below the federal poverty level) than the County or State (23% compared to 16% and 13% respectively).



With poverty being a critical predictor of poor mental and physical health outcomes, a 2020 United Ways of the Pacific Northwest report summarizes the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are working families that earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation, and health care.





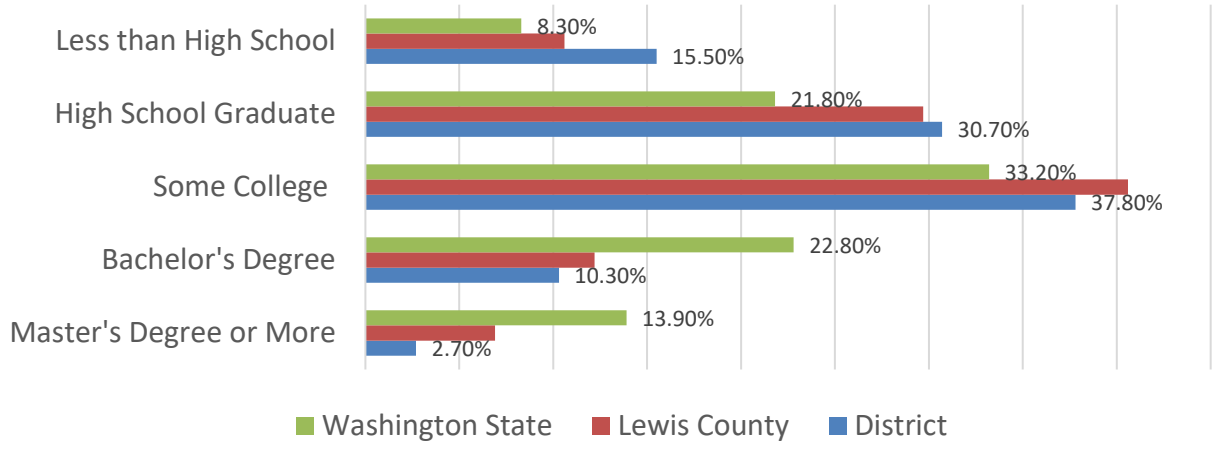
As identified in **Exhibit 6**, over 40% of households in the District are below the ALICE threshold, meaning they either make less than the FPL or, if they earn above the FPL, it is still less than the basic cost of living for the area, and they struggle to make ends meet. This compares to 35% in the County and 33% statewide. Per capita and median income are also slightly less in the District than in the County – but both are significantly less than the State. The per capita income in the District is $25,424 compared to $27,941 in the County and $40,837 in the State (**Exhibit7**).

Educational Attainment

Education is another significant social determinant that influences health over the course of a lifetime. Levels of educational attainment have been directly linked with important health outcomes. Adults with lower educational attainment are more likely to report worse health outcomes; babies of mothers who did not graduate high school are twice as likely to die before their first birthday; and college graduates are expected to live at least five years longer than individuals who have not completed high school.

As identified in Exhibit 8, for almost half of the District population 25 years and over (46%), a high school diploma is their highest educational attainment. This compares to 40% in the County and 30% in the State. The percentage of the 25+ population that has some college or a bachelor's degree is also less in the District 48.1% (as compared to 52.8% in the County, and 56% in the State). Importantly, the State percentage of those with a master's degree is double that of the County, and five times that of the District.

Exhibit 8: Highest Education Attainment for Population 25 Years and Over



Housing

The shortage of housing that is affordable limits a families' choice about where they live and often consigns lower-income families to potentially substandard housing in neighborhoods with higher rates of poverty and fewer accessible opportunities to improve health, including access to parks, bike paths, recreation centers and community activities.

The Housing Affordability Index (HAI) - calculated and maintained by the Washington Center for Real Estate Research (WCRER) at the University of Washington - measures the ability of a middle-income family in 94 cities in the State with populations of 10,000 or more to make mortgage payments on a median price resale home. Critical to the notion of affordability, a household does not spend more than 25% of its income on principal and interest payments. It does the same for rentals where it calculates the median income to afford an average priced rental apartment without being overburdened. Renters are defined as being overburdened when rent exceeds 30% of gross household income.

Data from the American Community Survey in **Exhibit 9** demonstrates the lack of affordable housing in the District and County. Nearly 1/3 of District and County resident homeowners are paying more than 30% of their income on home ownership costs. Over 40% of renters in the District are paying more than the recommended 30% of income on rent, and 45% in the County.

Exhibit 9: Housing Affordability

Indicators	District	Lewis County	WA State
Resident paying more than 30% income (homeowners)	28.5%	30.8%	32.3%
Resident paying more than 30% income (renters)	40.9%	45.0%	45.2 %

Exhibit 10 further demonstrates the limited availability of housing in the District and County. While District level data demonstrates that nearly 35% of housing units in the District are vacant, the vast majority of those are not actually available. Less than 4% of the vacant housing units in the District are available for rent or sale. The majority of vacant units fall into "other vacant" which includes units that have been sold but not occupied yet; units for seasonal, recreational

Exhibit 10: Housing Availability

	District	County	State
Housing Units			
Occupied	65.5%	87.8%	92.2%
Vacant	34.5%	12.2%	7.8%
Vacant Housing Units			
For Rent	2.8%	7.8%	16.8%
For Sale Only	1.9%	6.0%	7.1%
Other Vacant	95.2%	86.2%	76.1%

or occasional use; units for migrant workers; or those held for occupancy by a caretaker or janitor and units held for personal reasons of the owner.

2-1-1 Counts

Washington 2-1-1 is the state's relatively new "go to" system for Washingtonians in need of accurate community health and human service information and referrals. 2-1-1- is a free confidential community service and one-stop connection to local services needed such as utility assistance, food, housing, health, childcare, after school programs, elder care, crisis intervention and more. The 2-1-1 data identify social determinants of health and social needs trends in communities throughout Washington. The reports are designed to integrate with other data sets to provide a complete portrait of social determinants of health or social needs in a community.

As shown in **Exhibit 11** with the exception of requests related to healthcare and COVID-19 (largely driven by COVID vaccination appointments), housing and shelter are the top reasons for calling the help line (20% of calls). Of those calls for housing and shelter, over half were for rent assistance (financial assistance for rent, mobile home lot fees and other housing-related payments) and low-cost housing (programs that look for and provide housing, including subsidized housing, public housing, housing vouchers and housing for people with special needs).

Exhibit 11: 2-1-1 Counts

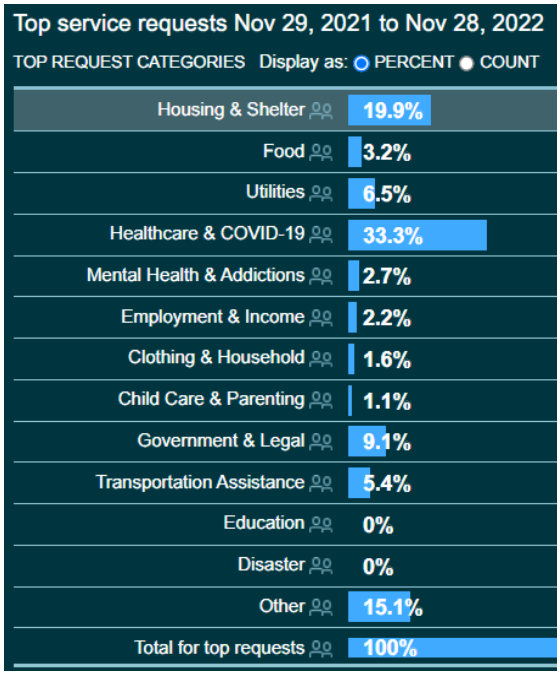
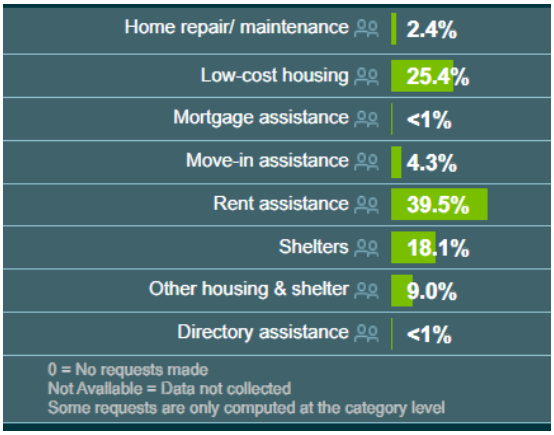


Exhibit 12: Top Housing & Shelter Requests



Unemployment

Unemployment can have negative health consequences. Those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment also have implications for physical and mental health. According to the American Community Survey (2020 data), while the District has slightly higher rates of unemployment (7.0%) than the County (6.6%), both are significantly higher than the State rate (4.9%).

Adverse Childhood Experiences

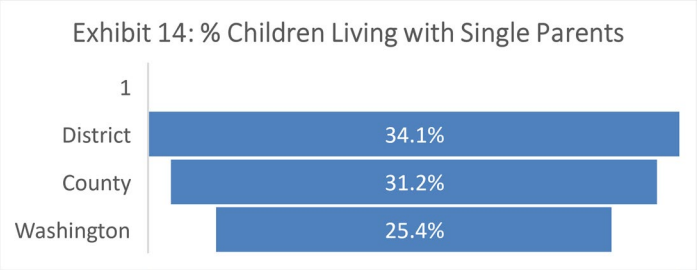
Adverse Childhood Experiences, or ACEs, are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. ACEs include emotional, physical, or sexual abuse; emotional or physical neglect; seeing intimate partner violence inflicted on one's parent; having mental illness or substance abuse in a household; enduring a parental separation or divorce; and having an incarcerated member of the household. **Exhibit 13** indicates that the percent of District residents who report having 3 or more ACEs has decreased since 2011 (24.2% in 2021 compared to 36.6% in 2011) and is now faring better than the County and in line with the state (26%).

Exhibit 13: ACE Scores

	2011			2021		
ACE Score	**District**	**Lewis County**	**WA State**	**District**	**Lewis County**	**WA State**
1 to 2	22.0%	33.8%	35.6%	36.4%	32.0%	34.6%
3 to 5	31.7%	22.9%	19.7%	19.7%	24.7%	20.3%
6+	4.9%	5.5%	4.8%	4.5%	5.7%	5.7%
% 3+	36.6%	28.4%	24.5%	24.2%	30.4%	26.0%

Source: Washington Behavioral Risk Factor Surveillance System 2011-2021.

Other Social and Economic Factors



Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness and unhealthy behaviors Self-reported health has been shown to be worse among lone mothers than for mothers living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents. Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households. The District's percentage of children living with single parents (34.1%) is higher than the County (31.2%) and significantly higher than the State (25.4%).

Exhibit 15 below provides other County and State measures of social and economic factors that can impact physical and mental health outcomes. This data demonstrates that the County is faring far better than the State in terms of violent crime, but is faring worse in terms of food insecurity, with 15% of County residents not having access to a reliable source of food during the past year. Lewis County also has a lower Food Environment Index score (measure of factors that contribute to a healthy food environment) than the State (7.6 vs. 8.3 statewide). The County is also faring worse in terms of childcare costs, with the average household spending 30% of its income on childcare for two children compared to 27% in the State.

Exhibit 15. Other County and State Socioeconomic Characteristics

Metric	Definition	Lewis County	WA State
Violent Crime Rate per 100,000	Offenses that involve face-to-face confrontation per 100,000	193	294
Food Insecurity	Did not have access to a reliable source of food during the past year	14%	10%
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.6	8.3
Childcare Cost Burden	Childcare costs for a household with two children as a percent of median household income.	30%	27%

Source: 2022 County Health Rankings and Road Maps

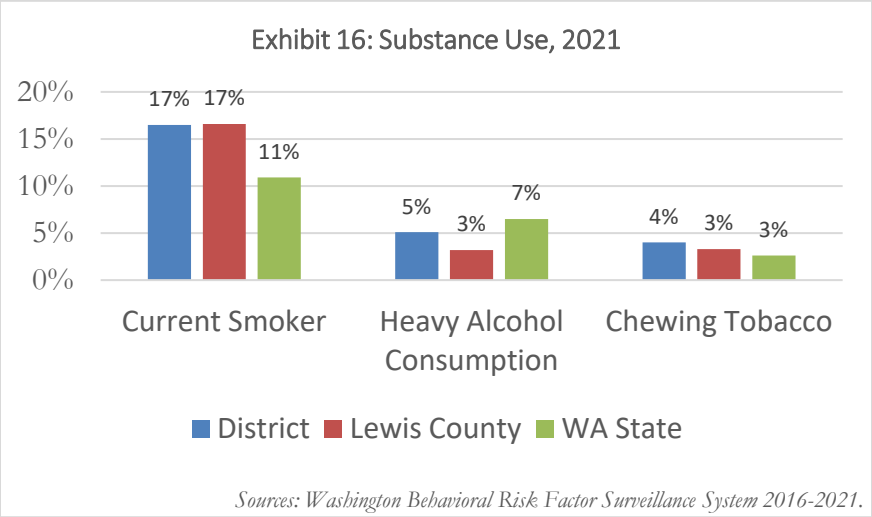
Better than WA State | Worse than WA State

Health Behaviors

Behavioral Risk Factors are those personal behaviors or patterns of behavior which strongly affect heath and increase the chance of developing a disease, disability, or syndrome, if not managed or improved. Per RWJ's County Health Rankings, Lewis County is ranked 25th of the 39 Washington Counties for Health Behaviors.

Alcohol and Tobacco Use

Smoking leads to disease and disability and harms nearly every organ of the body. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.



As demonstrated in **Exhibit 16,** the percentage of adults who are current smokers in the District and County (17%) is higher than the State (13%).

Excessive drinking is also a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. 5% of District residents reported heavy alcohol consumption (more than the County but less than the State rate).

Opioids and other Drugs

Lewis County experienced more drug overdose deaths per 100,000 people in the 2018-2020 timeframe than Washington (21 per 100,000 compared to 18 per 100,000 statewide). Lewis County also experienced more drug-related hospitalizations per 100,000 people than the state (110.7 vs. 81.5). Specific to opiates, Lewis County had a rate of 25 hospitalizations for all opiates per 100,000 people compared to 20 statewide.

Other Health Behaviors

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Sleep is also an important part of a healthy lifestyle, and a lack of sleep can have serious negative effects on one's own health as well as the health of others. Ongoing sleep deficiency has been linked to chronic health conditions including heart disease, kidney disease, high blood pressure, and stroke, as well as psychiatric disorders such as depression and anxiety, risky behavior, and even suicide.

Exhibit 17: Health Behavior Measures

Access to Exercise:	Physical Inactivity:	Insufficient Sleep:
Lewis County: 48%	District: 20%	Lewis County: 33%
Washington: 79%	Lewis County: 22%	Washington: 32%
	Washington: 19%	

As identified in **Exhibit 17**, 1 in 5 District residents reports physical inactivity (no physical activity outside of work). The District fares slightly better (20%) than the County (22%) on this measure and slightly worse than the State (19%). Importantly, only 48% of Lewis County residents reported access to exercise opportunities (living close to a park or recreation facility) compared to almost 80% statewide. Approximately 1/3 of Lewis County and Washington residents reported getting fewer than 7 hours of sleep per night. on average.

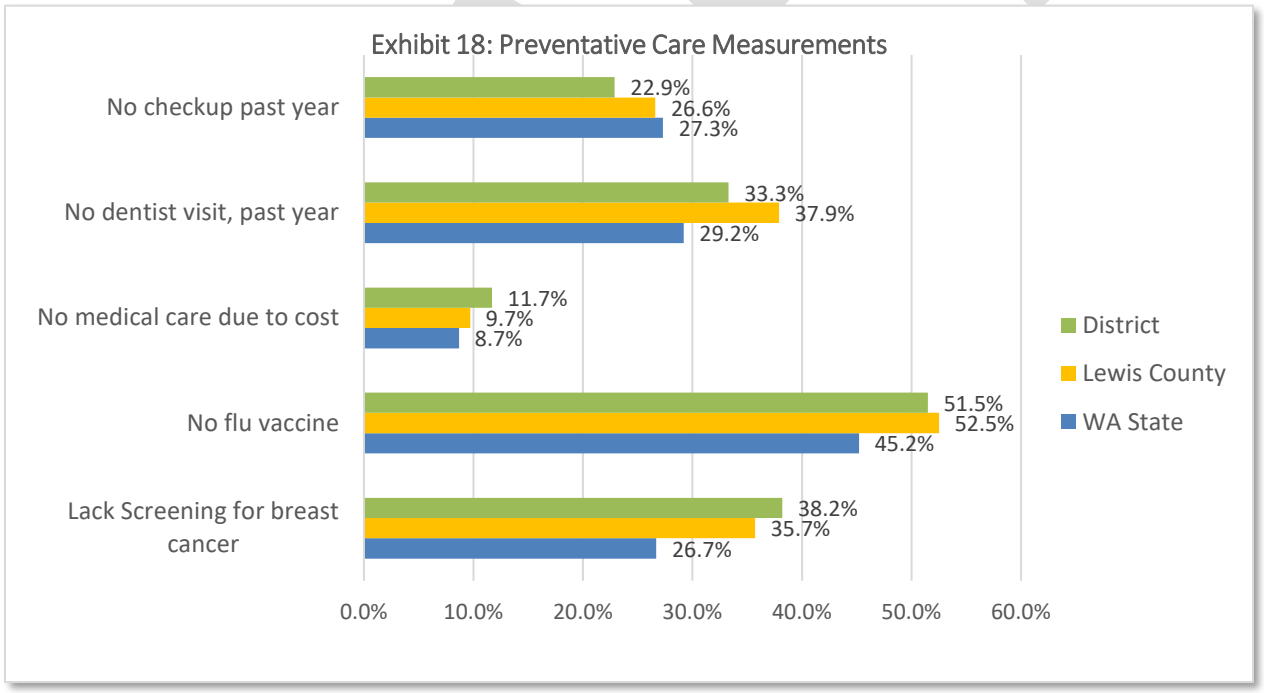
Early childbearing during teenage years has been associated with adverse health outcomes for the mother-child dyad, the impacts of which can extend to partners, other family members, and the community. Negative outcomes for children and mothers with early childbearing are best explained by social disadvantage and social adversity. Mothers who give birth during teen years face barriers to attaining an education at or above high school completion and face additional mental and physical stress as well as chronic lack of community support. Young parents may struggle to find affordable, quality childcare, and suitable transportation, further hampering options for education or employment. In Lewis County the teen birth rate is significantly higher than the State with 28 births per 1,000 females ages 15-19 in Lewis County, compared to 15 Statewide.

Clinical Care

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others. Lewis County ranks 25th out of Washington's 39 counties for clinical care.

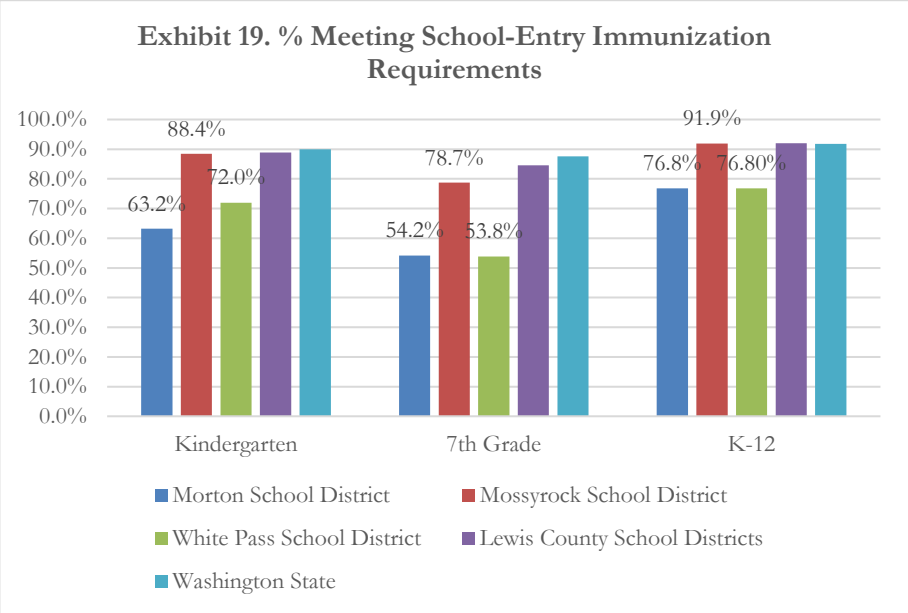
Preventive Care

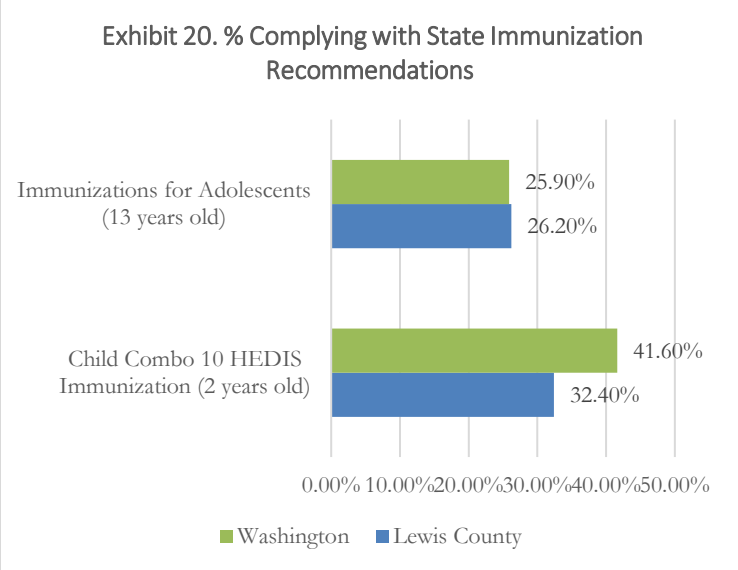
The District and Lewis County are doing worse than the State on all the measures of preventive care displayed in **Exhibit 18**, with the exception of getting a check-up in the past year. Over 36% of the District and County's women aged 40+ have not been screened for breast cancer which is significantly more than the state rate of 27%. Importantly, over half of District and County residents have not received a flu shot, and more District residents report postponing needed medical care due to cost than the County or State. The District (22.9%) is doing better than the County (26.6%) or State (27.3%) in terms of having a checkup in the last year.



Immunizations

Receiving the appropriate vaccine on time is one of the best preventive health behaviors and one of the single most important way parents can protect their children against serious diseases. While Lewis County School Districts overall and the Mossyrock School District within the Arbor District, are doing well for meeting school-entry immunization requirements, Morton and White Pass School Districts are not faring as well, with significantly lower rates of immunizations across all school-entry requirement measures than the County or State.



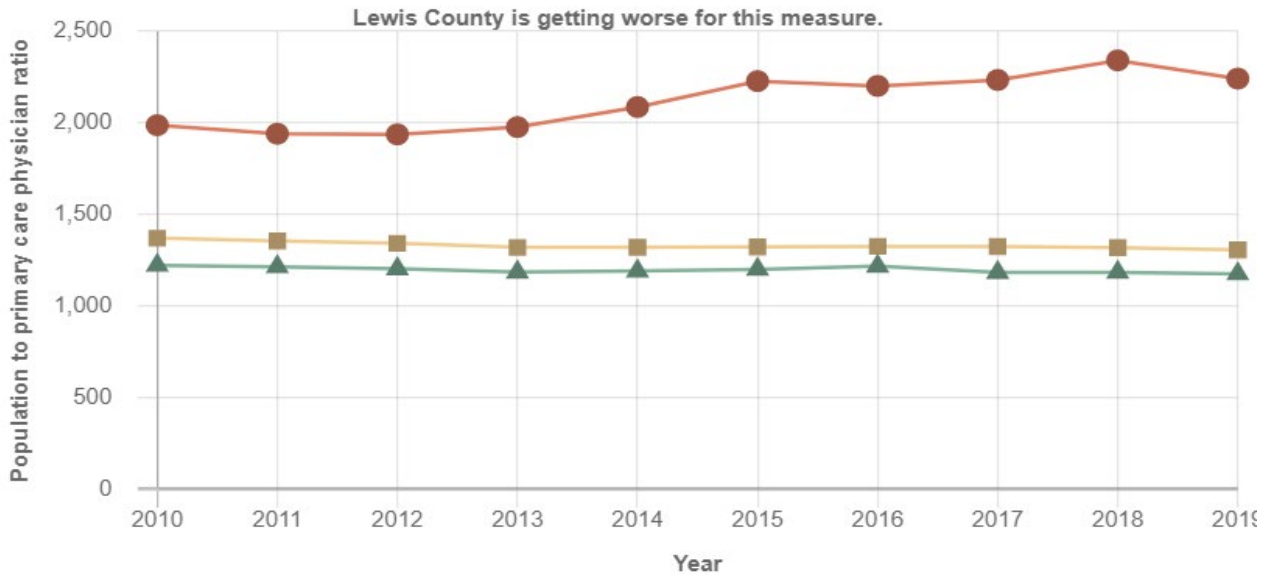


Lewis County is in-line with the state regarding the percentage of adolescents who received all of the recommended vaccinations by their 13th birthday but faring significantly worse than the state for the percent of those who received the recommended Combo 10 HEDIS vaccine series by their 2nd birthday (32.4% in Lewis County compared to 41.6% Statewide).

Health Care Provider Supply

According to the American Medical Association's Area Health Resource File, there is one primary care physician per 2,240 people in Lewis County. In the State the number of people per primary care physician is almost half that (one physician to 1,180 people). Importantly, the primary care physician ratio has been getting worse over the last 10 years, as the state ratio has remained relatively flat.

Exhibit 21.



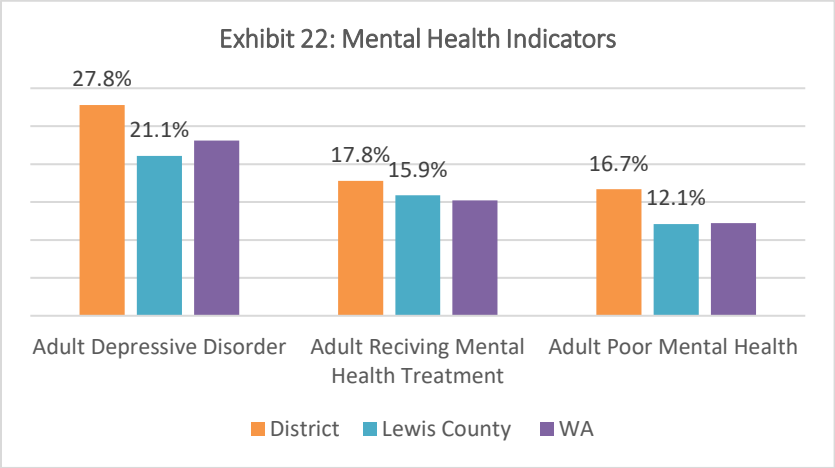
Lewis County's dentist ratio is also worse than the State, with a ratio of 1,520:1 in Lewis County compared to 1,200:1 in the State. The ratio of mental health providers to population in the County is in-line with the State (210:1 vs. 230:1).

Health Outcomes

Lewis County is ranked 30th of the 39 Washington Counties for Health Outcomes. This is a picture of how long people live and how healthy people feel while alive. This ranking is based on the rates of premature death, those with poor or fair health, the number of days with poor physical or mental health days, and the number of babies born with low birth weight.

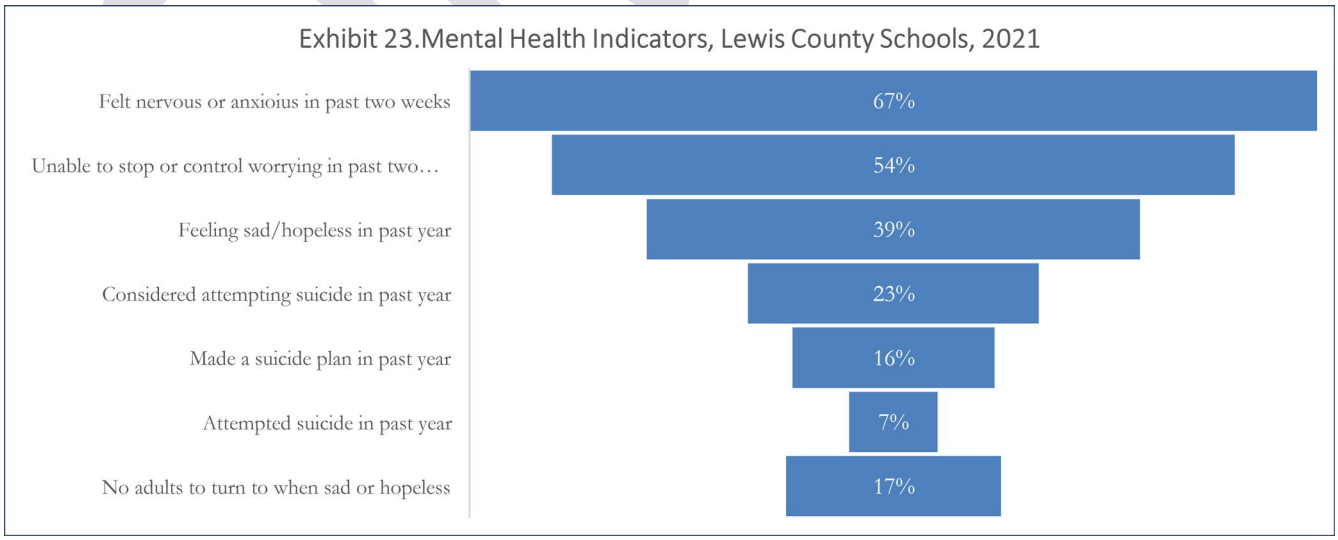
Physical and Mental Health Status

An estimated 20% of the US population has a diagnosable mental disorder in a given year, including 5 percent who have a serious mental illness such as schizophrenia or bipolar disorder. Only 42% of those adults diagnosed with a mental illness received mental health services.

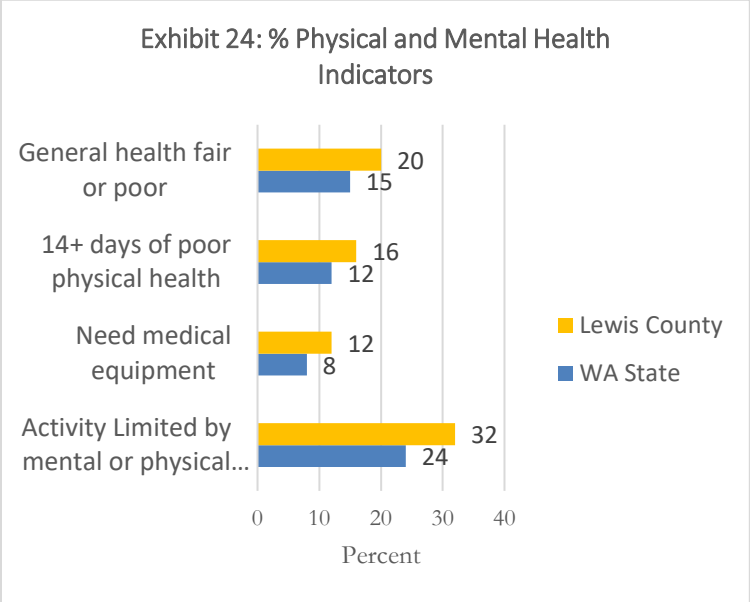


On key mental health indicators, the District is faring worse than the County and the State (**Exhibit 22**). The percent of adults who reported being told they have a depressive disorder in the District (27.8%) is 30% higher than in the County. More adults in the District also report poor mental health (reported that their mental health was "not good" 14 or more days in the past 30 days) – 17% in the District, 12% in the County and State.

As identified in **Exhibit 23** and according to the State's Healthy Youth Survey, 67% of Lewis County students felt nervous or anxious in the past week, 54% were unable to stop or control worrying in the past two weeks, 39% reported feeling sad or hopeless in the past year, and 23% considered suicide in the past year. These percentages are in-line with State rates.

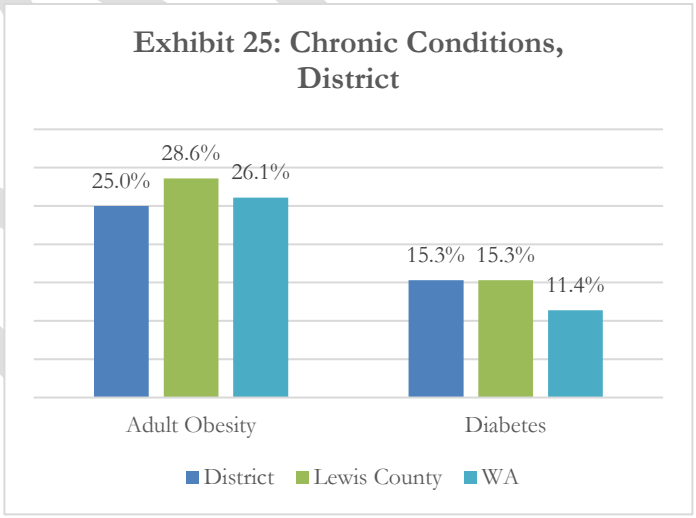


Whether poor mental health leads to poor physical health, poor physical health leads to poor mental health, or both are caused by a common risk factor is not clear. **Exhibit 24** demonstrates that Lewis County in general fares worse than the State on mental and physical health indicators. More than 30% of surveyed Lewis County adults reported have their activities limited by mental or physical health (compared to 24% in Washington) and 20% reported their general health was fair or poor, with 16% reported having 14 or more poor physical health days in the last year.

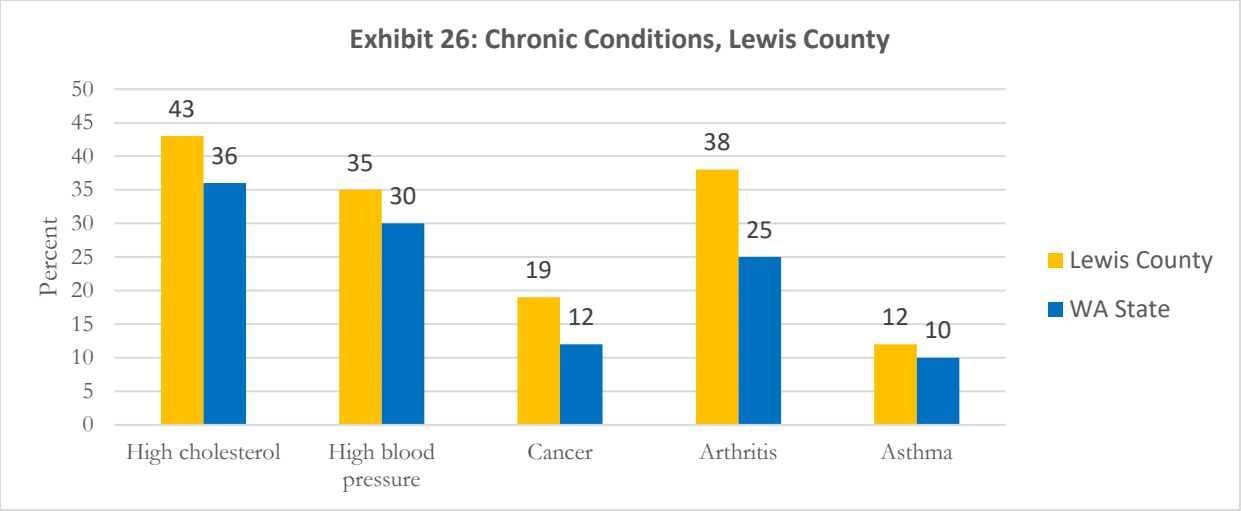


Chronic Conditions

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.



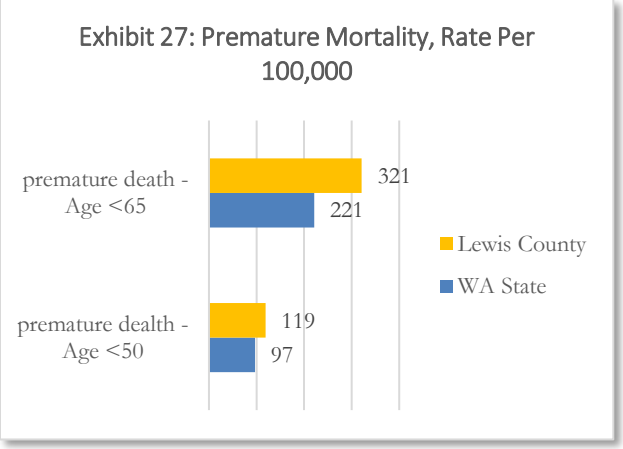
As identified in **Exhibit 25,** the prevalence of obesity in the District is less than in the County or State. However, the percent of those with diabetes is higher in the District and in the County than Statewide. Of the chronic conditions listed in **Exhibit 26,** Lewis County adults have higher rates than the State across the board, including significantly higher percentage of adults with high cholesterol, arthritis, and cancer.

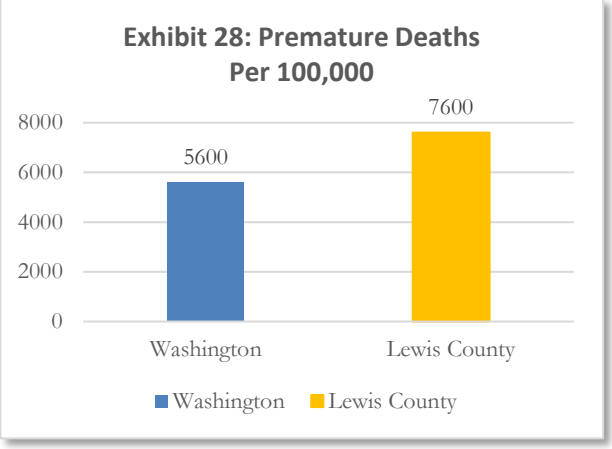


Length of Life

Leading causes of death in an area provides insight to the health status of a population. A high rate of deaths due to preventable causes indicates heightened disease burden or an unmet need for health care services. Every death occurring before the age of 75 is considered premature and contributes to the total number of years of potential life lost.

The average life expectancy of Lewis County residents is 77.6 years of age, lower than the Washington state average of 80 years of age. Lewis County is also Ranked 32nd of the 39 Washington Counties with 7,600 premature deaths per 100,000. These rates have increased from 2016. In comparison, the Washington State average is 5,600 per 100,000 and the top healthiest US counties have rates of 5,400 per 100,000. Specifically, there are significantly more premature deaths in Lewis County than the state average for those between 50-65 years of age.





Community Convening

2023 Organization & Officers of the Board of Commissioners
Effective Date: January 1, 2023

Board Leadership	Board Representation		
Board Chair			
Board Secretary			
Committee	**Administration Representation**	**Committee Chair**	**Board Representation**
Finance	Superintendent & CFO		
QI Oversight	Superintendent & CNO/CQO		
Governance	Superintendent		
Plant Planning	Superintendent & CFO		
Strategic Planning	Superintendent	Board of Commissioners	
Compliance Committee	Superintendent & Compliance Officer		
Other Board Representation	**Board Representation**		
Foundation			
State Representation			

2022 Organization & Officers of the Board of Commissioners
Effective Date: January 26, 2022

Board Leadership	Board Representation		
Board Chair	Tom Herrin		
Board Secretary	Kim Olive		
Committee	**Administration Representation**	**Committee Chair**	**Board Representation**
Finance	Superintendent & CFO	Wes McMahan	Kim Olive
QI Oversight	Superintendent & CNO/CQO	Craig Coppock	Laura Richardson
Governance	Superintendent	Tom Herrin	Kim Olive
Plant Planning	Superintendent & CFO	Craig Coppock	Kim Olive
Strategic Planning	Superintendent	Board of Commissioners	
Compliance Committee	Superintendent & Compliance Officer	Wes McMahan	Laura Richardson
Other Board Representation	**Board Representation**		
Foundation	Laura Richardson		
State Representation	Craig Coppock		

SUPERINTENDENT REPORT