

**OFFICIAL NOTICE AND AGENDA**  
**MEETING of the North Central Community Services Program Board** to be held at  
**1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room**  
at **12:00 pm** on **Thursday, December 20, 2018**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405.

For TDD telephone service call 715-845-4928.

A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda – Limited to 15 Minutes
3. Chairman's Report and Announcements – J. Zriny
4. Board Committee Minutes and Reports
5. Consent Agenda
  - A. ACTION: Approval of 11/29/2018 NCCSP Board Meeting Minutes
  - B. Quality Outcomes Review – M. Loy
    - i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
  - C. ACTION: Approval of Updated Risk Reserve Policy
  - D. ACTION: Annual Review and Approval of the Recruitment, Retention and Removal of Chief Executive Officer (CEO) Policy
  - E. ACTION: Approve Medical Staff Appointment for Shamin Anwar, MD, and Re-Appointment for Debra Sanfilippo, PA-C
6. Board Education
  - A. Update on MCW's Central Wisconsin Psychiatry Residency Program – Dr. Ed Krall
  - B. NCHC's Zero Suicide Initiative – Jennifer Peaslee and Pat LuCore
  - C. Youth Crisis Services Overview – L. Scudiere
7. Monitoring Reports
  - A. CEO Work Plan Review and Report – M. Loy
  - B. Chief Financial Officer's Report – B. Glodowski
    - i. ACTION: Review and Accept November Financial Statements
  - C. Human Services Operations Report – L. Scudiere
  - D. Nursing Home Operations Report – K. Gochanour
8. Board Discussion and Possible Action
  - A. Proposal for Program Creation: North Central Recovery Coaching Collaborative
  - B. Nomination of NCCSP Board Member to the North Central Health Foundation Board
  - C. ACTION: Annual Review and Approval of the NCHC Complaints and Grievances Policy
  - D. Board Policy Discussion Generative Topic: "Decide What to Decide" – Overview the Process to Identify the Priorities for the Board in 2019
9. MOTION TO GO INTO CLOSED SESSION
  - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 12/14/2018 TIME: 4:00 PM BY: D. Osowski



Presiding Officer or Designee

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

November 29, 2018

12:00 Noon

Lincoln County Service Center

**Present:**

X	Norbert Ashbeck	X	Randy Balk	X	Steve Benson
X	Ben Bliven	X	John Breske	X via phone	Meghan Mattek
X	Bill Metter	EXC	Corrie Norrbom	X	Rick Seefeldt
EXC	Romey Wagner	X	Bob Weaver	EXC	Theresa Wetzsteon
X	Jeff Zriny				

**Also Present:** Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Laura Scudiere, Lance Leonhard, Jennifer Peaslee

**Guests:** Nancy Bergstrom, Lincoln County Corporation Counsel  
Jason Hake, Lincoln County Administrative coordinator  
Dr. Richard Immler, Interim Medical Director Outpatient & Community Treatment

**Call to order**

- J. Zriny called the meeting to order at 12:09 p.m.

**Public Comment for Matters Appearing on the Agenda**

- None

**Chairman's Report and Announcements**

- None

**Board Committee Reports**

- None

**Consent Agenda**

- **Motion**/second, Metter/Weaver, to approve the Consent Agenda which includes the 10/25/2018 NCCSP Board Meeting Minutes, the Budget Policy, and the Quality Dashboard and Executive Summary. Motion carried.

**Board Education**

- Update on Medical Staff Initiatives - Dr. Richard Immler
  - Priorities identified include an improved electronic health records system. TIER has been customized to the extent that making further customized changes will not significantly improve the performance of the system, rather the system would need to be redeveloped from the ground floor. Preparation for a transition to an improved system is in progress.

- Other priorities include improved access to Outpatient Services, increased use of evidence-based practices, quality improvement, strong collaboration with/among internal clinical services, county departments, area emergency rooms, primary care physicians, etc.
- Employee Engagement Summary – Sue Matis, Human Resources Executive
  - The Employee Engagement Survey occurred in September and October with an 82% response rate or 637 of 824 employees.
  - McLean & Company is the third party source that conducted the survey process.
  - Survey results were reviewed. There were several significant changes noted:
    - Engaged employees increased from 49.2% in 2017 to 65.8% in 2018; disengaged employees dropped from 11.0% in 2017 to 5.9% in 2018.
    - The three Engagement Questions with the most improvement are: ‘Taking everything into account, I like working at this organization’ (+18%), ‘I am very proud of the services the organization provides’ (+14%), and ‘I talk about my job in a positive light with family and friends’ (+14%)
    - The response to the question ‘How likely would you be to recommend this organization to a qualified friend or family member as a great place to work?’ saw an improved score from 2017 of -26.2 to 2018 at 5.2 with a Benchmark Average of 1.5.
    - The results also indicate that employees have a better outlook on Company Potential with an improved score from 48% to 68% along with improved Culture from 72% to 82%.
    - Employees are more satisfied with the organization and their jobs in 2018 than they were in 2017 and more employees anticipate staying with the organization for another year.
    - Success this year has been identified in the employee onboarding component which has included a formalized structure in that staff feel more equipped to do their job which has improved (reduced) the turnover rate. It was also noted that not only is action planning done for departments but there is also individual action planning as necessary.
  - Next Steps:
    - The NCHC Management Team will receive an overview of the overall engagement results.
    - The Executive Team will complete action plans in regard to: Departmental Relationships, Company Potential, Employee Empowerment, Learning & Development, and Recognition.
    - Departments will review their results and complete action plans to be implemented in 2019.

## Monitoring Reports

### CEO Work Plan Review and Report – M. Loy

- Weekly meetings on the Master Facility Plan continue. Architects will be on site next week meeting with senior leadership to review space allocations which will then lead to specific design work. We anticipate providing communication with more details after the first of the year. Bidding is anticipated to begin in spring. First phase is about \$40 million and will be approximately 18 months long. We hope to begin mid-year 2019.

- We will be hosting the Wisconsin Hospital Association (WHA) and several state legislators December 11. WHA is working with NCHC on Medicaid reform in the next State budget. Top priorities includes additional funding for hospitals and behavioral health providers. Additional funding would support operations by allowing a shift of funding to outpatient services, and expand services in psychiatry and behavioral health. Aspirus, Ascension, and Marshfield Health Organizations will also be joining us.
- Next week we are interviewing a candidate for Chief Medical Officer in conjunction with the Medical College of Wisconsin. This would be a half-time Associate Director position for the psychiatry residency program, and potentially blending it with a Medical Director position at NCHC to equal a full-time position.

#### Chief Financial Officer's Report – B. Glodowski

- A small gain for October puts us year-to-date in the positive. The nursing home census is struggling currently but we are seeing an increase in Outpatient Services. Expenses are over budget particularly in health insurance and state institutes. For November we are seeing the census drop in the nursing home mostly due to deaths of some of our long term residents. The hospital census is also low for November. We will continue to monitor and accommodate expenses/reductions. We are working on putting recovery plans in place, adjusting staffing, and working to fill open beds strategically, as well as working with hospitals. Our current budget is based on 185 beds.
- Preliminary work has begun for the upcoming audit process which occurs mid-January.
- **Motion**/second, Weaver/Benson, to accept the October Financial Statements. Motion carried.

#### Human Services Operations Report – L. Scudiere

- Zero Suicide initiatives continue. Staff have been surveyed around suicide prevention and intervention. Information is being reviewed by the Zero Suicide Committee to determine priorities for a work plan.
- Recovery Coaching Collaborative was a network in Central Wisconsin supporting several counties including Marathon, Lincoln and Langlade. Recovery Coaches are advocates who are trained with the help of the Marathon County Health Department. NCHC was approached to take on the growing needs for clinical support. Following discussions with community partners and the Health Department, NCHC is considering providing the main support and oversight. A proposal will be developed and presented to the NCHC Board for consideration of approval along with a recommendation to the Retained County Authority (RCA) for approval.

#### Nursing Home Operations Report – K. Gochanour

- We are beginning to implement Matrix (our new electronic medical record system) with a kick off next Friday. We anticipate full implementation by May 2019.
- With continued collaboration between Human Resources and Mount View staff, the CNA retention rate continues to improve.
- Staff attended the national LeadingAge conference in October. It was a great experience and they brought back a lot of good information.
- Staff are diligently working on improving occupancy and working with the hospitals upon discharge. We are currently seeing an increase in residents with Medicaid and we are also accepting more medically complex residents. However, insurance companies are approving some complex medically challenged individuals be discharged home from the hospital rather than to a skilled nursing facility.

- There is a need for beds for individuals requiring ventilator care combined with dialysis. We are exploring the possibility of offering this service at the nursing home.

#### Board Discussion and Possible Action

- Election of NCCSP Board Officers for 2019
  - J. Zriny called three times for nominations from the floor for Board Officer Positions. No additional nominations were offered.
  - **Motion**/second, Balk/Metter, to close the call for nominations and approve the 2019 Nominating Slate of Officers as follows: Chair – Jeff Zriny, Vice-Chair – Dr. Steve Benson, Secretary/Treasurer – Bob Weaver. Motion carried 10-0.
- Nomination of NCCSP Board Member to the North Central Health Foundation Board
  - The Foundation Board has asked that the NCCSP Board have representation on the Foundation Board. The Foundation has also expressed interest in having a collaborative session with the NCCSP Board to discuss support of programs and services, etc.
  - This will be an agenda item for December. Contact M. Loy if interested in this opportunity.
- Discussion and Possible Action Regarding Board Policy Governance Monitoring and Evaluation
  - The Board Policy Governance Monitoring and Evaluation process and tools were reviewed to verify that methods currently being used are meaningful and if there is need for additional information or methods the Board would want.
  - Currently the Board receives information through the patient experience survey data on the monthly Dashboard along with overall program and organizational dashboards, significant event reporting at the end of the meeting, engagement survey data, accreditation surveys, audits, quality improvement plans, outreach plan (new), referral source survey results, financial statements, and budgets.
- Approve 2019 Organizational Dashboard
  - 2019 Dashboard was reviewed. No significant changes.
  - **Motion**/second, Balk/Seefeldt, to approve the 2019 Organizational Dashboard. Motion carried.
- 2019 Quality & Compliance Plan
  - M. Loy provided a review of the 2018 Quality & Compliance Plan and an overview of the 2019 Quality & Compliance Plan provided in the Board packet.
  - **Motion**/second, Benson/Breske, to approve the 2019 Quality & Compliance Plan. Motion carried.
- 2019 Operational Plan
  - M. Loy distributed and reviewed the 2019 Operational Plan.
  - **Motion**/second, Weaver/Ashbeck, to approve the 2019 Operational Plan as presented.
- Code of Conduct
  - The Code of Conduct, provided in the Board Packet, is a Board approved policy which states that the organization, along with each employee, has a duty and responsibility to ensure we do all things within the law and that we hold ourselves to the highest ethical standards.
  - **Motion**/second, Metter/Breske, to approve the Code of Conduct. Motion carried.
- Employee Grievance Policy
  - This is an annual review. There is no change to the Board Policy.
  - **Motion**/second, Seefeldt/Weaver, to approve the Employee Grievance Policy. Motion carried.

- Purchase of Property Located at 811 N 3<sup>rd</sup> Avenue, Wausau, WI
  - In 2014 NCHC entered into an 8-year lease agreement for the use of the Clubhouse Building located at 811 N 3<sup>rd</sup> Avenue, Wausau. We are purchasing the property to retain remaining rent payments as equity as we intent to stay for a long time. We have negotiated a purchase price of \$320,000 with agreement from the current owners to replace the roof and share the cost with us to replace the HVAC which would amount to \$30,000 toward a total final purchase price of \$290,000. We are asking authority to execute the Offer to Purchase.
  - **Motion**/second, Metter/Seefeldt, to give authority to the CEO to executive the Offer to Purchase. Motion carried.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Weaver to adjourn into closed session pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations. Second by Metter. Roll call. All ayes. Motion passed 10-0. Meeting convened in closed session at 1:57 p.m.
  - i. Corporate Compliance and Ethics
  - ii. Significant Events

RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)

- **Motion**/second, Ashbeck/Weaver, to reconvene into Open Session. All Ayes. Motion passed 10-0. Meeting convened in Open Session at 2:05 p.m.
- No action or announcements on the Closed Session Item(s) were made.

Adjourn

- **Motion**/second, Seefeldt/Ashbeck, to adjourn the Board Meeting at 2:06 p.m. Motion carried.



## Quality Executive Summary

### December 2018

#### Organizational Outcomes

##### People

###### ❖ **Vacancy Rate**

The 2018 target range for the Vacancy Rate is set at 5-7%. The Vacancy Rate was 9.5% in November, up from 9.2% in October. This is due to individuals primarily in Mount View Nursing lowering their FTE status which creates additional vacancy. The YTD rate is at 9.5%.

###### ❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2018 is 78-82%. Currently, the rate is 83.0% YTD, which is exceeding the target. Managers continue to work on a more structured on-boarding with new hires as well as conduct feedback sessions with current staff allowing for a more effective management of the work environment.

##### Service

###### ❖ **Patient Experience**

NCHC Patient Experience 2018 target is 77-82%. Since June, the YTD patient experience score has been frozen at 76.9%. We now have two full months of data using the new patient experience tool. November's patient experience top box rate using the 0-10 question was 63.4%, remaining steady from October. A decline was expected due to the implementation of a new tool as survey volumes have been low.

###### ❖ **Referral Source Experience: % Top Box Rate**

Further exploration of a referral source survey tool remains in process.

##### Clinical

###### ❖ **Nursing Home Readmissions**

The 2018 Nursing Home 30-Day Hospital Readmission target rate is 10-12%. In November the rate was 17.9%. During November there were 5 Medicare 30-day hospital readmissions which were all unavoidable. Four of the residents remained in the hospital through the month of November. Overall year-to-date, the readmission rate is within target at 10.4%.

###### ❖ **Hospital Readmissions**

For 2018, the target range for Hospital Readmissions within 30 days is 8-10%. November's rate was 9.2%. Overall year to date is at 12.5%. This can be attributed to a couple of factors including patients that were diverted were readmitted to our facility afterwards and that the census was lower so readmissions had a bigger impact due to the lower total client count. There were also a couple of patients that continued to violate their commitment leading to readmissions.

## Community

### ❖ Access Rate for Behavioral Health Services

The target range for this measure for 2018 is 90-95%. In November, the Access Rate was 90.3% remaining at target. The YTD rate is 88.1%.

### ❖ No-Show Rate for Community Behavioral Health Services

This is a new measure for 2018 which tracks the percentage of clients who no-show or have a same day cancellation for the Outpatient, Community Treatment, and Birth-to-3 Programs. The November rate was 7.4%, YTD is 9.2%.

## Finance

### ❖ Direct Expense/Gross Patient Revenue

This measure looks at percentage of total direct expense to gross patient revenue. The 2018 target is 60-64%. November's rate was 68.0%, and the year-to-date rate is at 67.9%. Census in the nursing home and hospital were both down for November, which will decrease gross revenue, and expenses continue to run over target. These factors contribute to this measure being higher than target.

### ❖ Indirect Expense/Direct Expense

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2018 target is 36-38%. The rate for November is at 34.5% which is below target. Overall rate for 2018 is at 35.1%. The expenses in the support areas, or indirect areas, continue to run below target which results in this measure being better than target.

## Safety Outcomes

### ❖ Patient/Client/Resident Adverse Events

Overall Adverse Event rate in November is 2.6 events per 1,000 patient days/visits. Human Services Adverse Event rate was 1.2 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 12.4 events per 1,000 patient days. In October, new resource tools *Post-fall Pathway*, *Why Do Residents Fall?* *Post-fall Huddles* were provided to each unit after having the highest monthly fall numbers. November there was a significant drop in number of falls to 31 which was second lowest monthly number in 2018.

### ❖ Employee Adverse Events

Employee Adverse Event rate was 0.14 per 1,000 patient days worked in November. Altercations among patients/clients/residents toward staff had the highest incident in November with minor injuries sustained: Three staff required medical treatment related to patient care, patient to staff altercation, and being struck by an object.



## **Program-Specific Outcomes - items not addressed in analysis above**

The following outcomes reported are highlights of focus areas at the program-specific level. They do not represent all data elements monitored by a given department/program.

### **Human Service Operations**

#### **❖ ADS Residential and Pre-Vocational Services**

Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50-60%. The measure for November was 43.0%. Work is being done to educate parents and guardians on the benefit of community-based employment. The YTD rate is 43%.

#### **❖ Aquatic**

During 2018, Aquatic Therapy will be monitoring the percentage of clients meeting treatment goals with a target range of 89-95%. In November, the number of goals met was within the target at 91.3% with the YTD rate at 93.4%.

#### **❖ Birth-3**

Birth to 3's Total Number of Early Intervention Visits per month has improved to be within target within the past six months. In November, the total number of visits was above the target at 402, with YTD at 403.

#### **❖ Community Corner Clubhouse**

Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In November, the member retention rate remained at 85%.

#### **❖ Community Treatment**

Individuals in Community Treatment who are admitted within 60 days of referral fell to 43.2% in November. This is due to staffing transitions occurring within the youth team which impacts the ability to open new consumers quickly.

#### **❖ Crisis CBRF**

In November, 21 of the 29 eligible patients were admitted within 24 hours, resulting in a 72.4% rate. This is due to lack of bed availability and one patient who left MMT early.

#### **❖ Lakeside Recovery (MMT)**

The percentage of clients graduating from the MMT treatment program in November was 85.0%. The YTD is 71.2% and this is a baseline year so no target range has been established.

#### **❖ Crisis Services**

Crisis Services is continuing the development of business process flows that will allow for data collection in the future. Nearly all of the measures within the Crisis Program are new. The program expects to have 2019 data measures in place using the baselines being set in 2018.

#### **❖ Inpatient Behavioral Health**

The percentage of individuals from the hospital who have a post discharge psychiatric appointment within 14 days in November was 98.0%. This is a shared measure with Outpatient. Outpatient and Inpatient are meeting monthly to work on this item and have an active action plan.

❖ **Outpatient Services**

The percentage of individuals from the hospital who have a post discharge therapy appointment within 4 days was 82.0%, YTD rate is at 87.9%, below the target range of 90-95%.

❖ **APS**

APS saw a decline in at the number of at risk investigations closing within 30 days. Staffing is impacting this measure. In November, the measure dropped marginally to 51.1%. The YTD rate is at 67.5%.

**Nursing Home**

The financial indicator for the nursing home in 2018 is the Medicare Average Daily Census (ADC). The goal is for an average daily census of Medicare residents to be at or above 17. In November, the ADC was 15, the lowest for 2018.

**Support Departments**

❖ **Communication and Marketing**

Through November, the percentage of an increase in social media followers to Facebook and Twitter remained at 66%.

❖ **Health Information**

In November, Health Information had a 98.8% scanning accuracy of paper medical records into Laser fiche. This reflects their diligence to accuracy on the front end of the process.

❖ **Nutritional Services**

Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. November ended with another 100% satisfaction rate.

❖ **Pharmacy**

Pharmacy will report the percentage of Pharmacy Consult Recommendations that are reviewed by a Physician with a response. The target range is 95-97%, and for November the recommendations reviewed by physicians was 100.0%.

❖ **Volunteers**

Volunteer Services will increase the number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50. Year-to-date remains at 10%.

❖ **Demand Transportation**

Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. In November, Demand Transportation had 836 trips. YTD, they have provided 9,939 trips. The focus is to increase the number of trips, but the demand has not been there to yet to increase the number of trips. The demand has been more for an increase in the number of longer trips.

❖ **Patient Accounts**

Continue to improve Days in Accounts Receivable. The target is 30-35 days which is better than industry standards. At the end of November, this stayed constant at 31 Days.

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2018 YTD	2017 YTD
PEOPLE																
Vacancy Rate	5-7%	↓	8.2%	8.8%	5.3%	8.5%	10.3%	6.9%	8.1%	7.5%	7.3%	9.2%	9.5%		9.5%	9.8%
Retention Rate	78-82%	↑	99.0%	98.0%	97.0%	94.0%	92.0%	90.0%	89.0%	87.0%	85.0%	85.0%	83.0%		83.0%	75.8%
SERVICE																
Patient Experience: % Top Box Rate	77-82%	↑	77.6%	77.2%	75.2%	75.3%	72.1%	74.8%	71.4%	68.2%	80.9%	63.8%	63.4%		73.0%	77.2%
Referral Source Experience: % Top Box Rate	TBD	↑	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD		TBD	\
CLINICAL																
Nursing Home Readmission Rate	10-12%	↓	5.3%	3.4%	12.9%	12.9%	8.7%	3.2%	3.4%	13.3%	26.1%	8.7%	17.9%		10.4%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	↓	8.8%	13.6%	16.9%	15.5%	17.5%	8.4%	16.5%	15.3%	8.0%	7.6%	9.2%		12.5%	12.6%
COMMUNITY																
Access to Behavioral Health Services	90-95%	↑	86.6%	87.9%	86.5%	83.7%	85.8%	87.2%	91.1%	85.1%	91.2%	94.0%	90.3%		88.1%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	↓	TBD	TBD	TBD	TBD	9.9%	9.5%	10.9%	10.2%	8.5%	8.3%	7.4%		9.2%	\
FINANCE																
Direct Expense/Gross Patient Revenue	60-64%	↓	67.0%	69.0%	63.0%	69.0%	67.0%	67.6%	70.2%	68.3%	72.5%	65.5%	68.0%		67.9%	62.0%
Indirect Expense/Direct Expense	36-38%	↓	32.0%	37.0%	35.0%	33.0%	35.0%	33.7%	45.0%	33.9%	32.7%	33.0%	34.5%		35.1%	41.8%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

\* Monthly Rates are Annualized

## DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

<b>PEOPLE</b>	
<b>Vacancy Rate</b>	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
<b>Retention Rate</b>	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
<b>SERVICE</b>	
<b>Patient Experience: % Top Box Rate</b>	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
<b>Referral Source Experience: % Top Box Rate</b>	Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey developed prior to 2018
<b>CLINICAL</b>	
<b>Nursing Home Readmission Rate</b>	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.
<b>Psychiatric Hospital Readmission Rate</b>	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients &amp; Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
<b>COMMUNITY</b>	
<b>NCHC Access</b>	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.
	• Adult Day Services - within 2 weeks of receiving required enrollment documents
	• Aquatic Services - within 2 weeks of referral or client phone requests
	• Birth to 3 - within 45 days of referral
	• Community Corner Clubhouse - within 2 weeks
	• Community Treatment - within 60 days of referral
	• Outpatient Services
	* within 4 days following screen by referral coordinator for counseling or non-hospitalized patients,
	* within 4 days following discharge for counseling/post-discharge check, and
	* 14 days from hospital discharge to psychiatry visit
	• Prevocational Services - within 2 weeks of receiving required enrollment documents
	• Residential Services - within 1 month of referral
<b>No-Show Rate for Community Behavioral Health Services</b>	Percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment and Outpatient Services
<b>FINANCE</b>	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.
<b>Indirect Expense/Direct Revenue</b>	Percentage of total indirect expenses compared to direct expenses.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate		↓	5-7%	9.5%	9.8%
		Retention Rate		↑	78-82%	83.0%	75.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
		Referral Source Experience: % Top Box Rate		↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate		↓	10-12%	10.4%	10.2%
		Psychiatric Hospital Readmission Rate		↓	8-10%	12.5%	12.6%
	Community	Access to Behavioral Health Services		↑	90-95%	88.1%	75%
		No-Show Rate for Community Behavioral Health Services		↓	TBD	9.2%	\
	Finance	Direct Expense/Gross Patient Revenue		↓	60-64%	67.9%	62.0%
		Indirect Expense/Direct Expense		↓	36-38%	35.1%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	ADS/Prevoc - 2018 Employee Engagement Department Target		↑	33.6 - 35.2%	40.9%	28.0%
		Residential - 2018 Employee Engagement Department Target		↑	20.9 - 23.7%	54.2%	\
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
		Community Living Program Employee Vacancy Rate		↑	75-80%	75.0%	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs		↓	17 or less monthly Average	19	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Community based Billable Hours vs Shelter Based by Dec 2018)		↑	50%-60%	43.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,252	\$33,013	\
		Residential Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$272,788	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Aquatic - 2018 Employee Engagement Department Target		↑	52.5 -55%	80.0%	50%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	% Of Clients Meeting Treatment Goals		↑	89-95%	93.4%	\
	Community	Phycial Therapy Access		↑	90-95%	96.2%	97.1%
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$875,259	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
BIRTH TO 3	People	Birth to 3 - 2018 Employee Engagement Department Target		↑	34.6 - 36.3%	75.0%	33%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	Total Number of Early Intervention Visits/Month		↑	375 - 400	403	241
	Community	Eligible clients are admitted within 45 days of referral	RCA	↑	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	12.5%	\
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	11.8 days	\
	Finance	Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	\$33,013	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Clubhouse - 2018 Employee Engagement Department Target		↑	90-100%	100.0%	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses		↑	77-82%	73.0%	77.2%
	Clinical	Increase Member Retention		↑	51%-55%	85%	\
	Community	Increase Evening of Jazz Revenue by 10%		↑	\$ 15,758-\$17,000	\$16,838.00	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$503,889	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNITY TREATMENT	People	Community Treatment - 2018 Employee Engagement Department Target		↑	50-52.8%	68.5%	48%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	% of Treatment Plans completed within 30 days of admission	RCA	↑	90-95%	79.2%	84.4%
		% Treatment Plans reviewed every 6 months	RCA	↑	2018 Baseline Year	91.4%	\
		Employment rate of Individual Placement and Support (IPS) clients	RCA	↑	2018 Baseline Year	47.2%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral	RCA	↑	90-95%	34.7%	24.0%
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	97 days	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$503,889	\
		Community Tx -Adult Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	\$33,013	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
CRISIS CBRF	People	CBRF - 2018 Employee Engagement Department Target		↑	82.9 - 86.9%	80.0%	80%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	Patient kept their outpatient appointment, if applicable	RCA	↑	2018 Baseline Year	96.8%	\
		% of clients connected to a PCP within 7 days of admission		↑	2018 Baseline Year	99.1%	\
	Community	% of eligible patients are admitted within 24 hours	RCA	↑	2018 Baseline Year	82.3%	\
	Finance	Crisis CBRF Financial Task Force 4 Positive Variance		↑	\$247,354-\$371,301	\$33,013	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	MMT - 2018 Employee Engagement Department Target		↑	82.9 - 86.9%	100.0%	80%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	MMT Successful completion rate	RCA	↑	2018 Baseline Year	71.2%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge	RCA	↑	2018 Baseline Year	64.7%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$272,788	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Crisis Services - 2018 Employee Engagement Department Target		↑	82.9 - 86.9%	75.0%	79.0%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	RCA	↓	2018 Baseline Year	113 Diversions / 5.6 days ALOS	\
		Youth Crisis: avoid diversions of less than 72 hours	RCA	↓	2018 Baseline Year	21.8%	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	RCA	↑	2018 Baseline Year	74.6%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments	RCA	↑	2018 Baseline Year	1.7 to 1	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	RCA	↑	2018 Baseline Year	1,030 encounters / 242 follow-ups within 24 hours (22%)	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service	RCA	↑	2018 Baseline Year	305 encounters / 126 follow-ups within 72 hours (40%)	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	↑	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy	RCA	↑	2018 Baseline Year	93.5%	\
		Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	RCA	↑	2018 Baseline Year	91.6% (22/24)	\
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$875,259	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INPATIENT BEHAVIORAL HEALTH	People	Inpatient - 2018 Employee Engagement Department Target		↑	63.4 - 66.4%	50.0%	40%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	87.9%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	94.1%	\
		Detox: Length since previous admission	RCA	↑	2018 Baseline Year	21 Readmissions / 270.0 Days	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge	RCA	↑	2018 Baseline Year	36.7%	\
	Community	Ratio of patient days served at NCHC vs. Out of County placements	RCA	↑	2018 Baseline Year	2.2 to 1	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$503,889	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
OUTPATIENT SERVICES	People	Outpatient - 2018 Employee Engagement Department Target		↑	67.3 - 70.5%	68.8%	65%
	Service	Outpatient Services Patient Experience Percent 9/10 Responses		↑	77-82%	73.0%	77.2%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	87.9%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	96.9%	\
		OWI Recidivism Rate	RCA	↓	27-32%	24.4%	23.6%
		Day Treatment: Successful completion rate	RCA	↑	2018 Baseline Year	45.9% (17/37)	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator	RCA	↑	90-95%	97.1%	\
		Hospitalization rate of active patients	RCA	↓	2018 Baseline Year	2.3%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	12.8%	\
		Criminal Justice Post-Jail Release Access Rate	RCA	↑	2018 Baseline Year	94.9%	\
		Average number of days from referral to starting day treatment	RCA	↑	2018 Baseline Year	13.2 days	\
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$451,091	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Nursing Home - 2018 Employee Engagement Department Target		↑	45.2 - 47.3%	61.4%	41%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
		Activities - Patient Experience % Top Box		↑	64 -67%	63.9%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate		↑	11 - 13 %	11.6%	83.0%
		Long Term Care Decreased Number of Falls by 10%		↓	36 -38	76	42
		Legacies by the Lake 10% Decreased Number of Falls		↓	275 -280	253	308.0
		Adverse Event Rate / 1000 pt days		↓	12-12.3	13.1	14.3
	Community						
	Finance	Medicare ADC		↑	17	20	\
		Nursing Home Patient Accounts - % of gross changes		↓	0.15% - 0.21%	0.26%	\
		Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$394,966	\
		PAC / LTC Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$816,275	\
		Legacies by the Lake Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Housekeeping - 2018 Employee Engagement Department Target		↑	54.07 - 57.3%	56.3%	46%
	Service	Patient Experience: % Top Box Rate		↑	67-70%	73.0%	77.2%
	Clinical	Weekly room checks pass/fail		↑	90-95%	93.2%	86.0%
	Community						
	Finance	Financial Task Force 5 Positive Variance		↑	\$249,472 -\$374,207	\$272,788	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Laundry - 2018 Employee Engagement Department Target		↑	52.5 - 55%	50.0%	50%
	Service	Patient Experience: % Top Box Rate		↑	51-54%	73.0%	77.2%
	Clinical	Personal items missing per month		↓	70-75 per month	33	97
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$451,091	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Nutrition - 2018 Employee Engagement Department Target		↑	52.5 - 55%	58.8%	50%
	Service	Nutritional Services Overall Patient Experience Percent 9/10 Responses		↑	67-70%	73.0%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		↑	90-95%	96.3%	\
	Community						
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$875,259	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PHARMACY	People	Pharmacy - 2018 Employee Engagement Department Target		↑	74.5 -78.1%	88.9%	71%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	73.0%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)		↑	95-97%	99.1%	\
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$451,091	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Adult Protective Service - 2018 Employee Engagement Department Target		⬆	70 - 73.7%	100.0%	67%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical	% Of At Risk Investigations closed within 30 days	RCA	⬆	70-80%	67.5% (291/431)	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	⬆	75-85%	93.0% (90/97)	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	⬇	5% or below	3.8% (17/451)	4%
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⬆	\$248,903 - \$373,354	-\$875,259	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNICATION & MARKETING	People	Communication and Marketing - 2018 Employee Engagement Department Target		⬆	90 - 100%	100.0%	100%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical						
	Community	Increase in social media followers to Facebook and Twitter		⬆	50%	66.0%	\
	Finance	Finanical Task Force 3 Positive Variance		⬆	\$248,903-\$373,354	-\$875,259	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Health Information - 2018 Employee Engagement Department Target		⬆	66- 69.3%	100.0%	63%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)		⬆	50-55	59	\
		Scanning Accuracy (25% audit, percent complete without error)		⬆	95-98%	98.1%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)		⬆	2-4	2.8	\
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⬆	\$247,354 - \$371,301	\$272,788	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Human Resources - 2018 Employee Engagement Department Target		⬆	90 - 100%	83.3%	100%
		Vacancy Rate for 2018		⬇	5-7%	9.5%	9.8%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⬆	\$247,354 - \$371,301	\$272,788	\


Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
QUALITY	People	Quality - 2018 Employee Engagement Department Target		⬆	70 - 73.7%	100.0%	67%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⬆	\$249,472 - \$374,207	-\$451,091	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Volunteer Services - 2018 Employee Engagement Department Target		⬆	90-100%	100.0%	100%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical						
	Community	Increase volunteers between the ages of 50-65 over current number of 50		⬆	5-10%	10.0%	\
	Finance	Finanical Task Force 1 Positive Variance		⬆	\$251,912 - \$377,869	-\$503,889	\



2018 - FINANCIAL DIVISION

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Business Operations - 2018 Employee Engagement Department Target		⬆	58.8-61.6%	44.4%	56%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical						
	Community						
	Finance	Financial Task Force 2 Positive Variance		⬆	\$249,472 - \$374,207	-\$451,091	\
		Financial Statements Deadline (9 out of 11 months)		⬆	by 8th of month	MET	MET
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
DEMAND TRANSPORTATION	People	Demand Transportation - 2018 Employee Engagement Department Target		⬆	78.7-82.5%	100.0%	75%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical	Performing at least 2 Special Request duties a day		⬆	40- 44 per month	34.5	\
		Number of trips		⬆	1000-1100 per month	903.5	\
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⬆	\$251,912 - \$377.869	-\$503,889	\
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Information Services - 2018 Employee Engagement Department Target		⬆	66- 69.3%	20.0%	50%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical	Provide 2,400 hours of IMS training		⬆	200 hours per month	62.9	\
	Community						
	Finance	Finanical Task Force 4 Positive Variance		⬆	\$248,835 -\$373,253	\$33,013	\
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Patient Accounts and Enrollment - 2018 Employee Engagement Department Target		⬆	21-22%	92.3%	20%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⬆	\$251,912 - \$377,869	-\$503,889	\
		Days in Accounts Receivable		⬇	30-35 days	35.1	\
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PURCHASING	People	Purchasing - 2018 Employee Engagement Department Target		⬆	58.8-61.6%	44.4%	100%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	73.0%	77.2%
		Accurate paperwork from storekeepers		⬆	95-97%	96.7%	\
	Clinical						
	Community						
	Finance	Financial Task Force 4 Positive Variance		⬆	\$248,835 - \$373,253	\$33,013	\
		Reduction of Budgeted Supplies and Nursing Supplies		⬆	8-15%: \$57,339 - \$107,510	-\$129,012	\

<b>Name of Document:</b> <b>Risk Reserve Guidelines</b> <b>Policy: X      Procedure: <input type="checkbox"/></b>		 <b>North Central Health Care</b> Person centered. Outcome focused.
Document #: <del>0105-1</del>	Department: Administration	
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO	

**Related Forms:**

- None

**I. Document Statement**

It is the policy of North Central Health Care to maintain guidelines to monitor and accrue a liability for the areas that are considered to be vulnerable to risk or uncertainty.

**II. Purpose**

To maintain stability and estimated accuracy within the financial statements for those areas that are considered risk areas. These areas include accounts receivable, self-funded health insurance, ~~open cost reports~~, and compliance risks.

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**III. Definitions**

**Accounts Receivable** - Amounts for patients/clients that have been billed, but not yet collected.

~~**Cost Reports** – Required reports for Medicare and Medicaid programs that report the costs of the programs that receive Medicare and Medicaid funding.~~

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**Self-Funded Health Insurance** – Health insurance claims or related expenses paid by the organization to provide health insurance benefits for employees enrolled in the benefit.

**Compliance Risks** - Potential for not meeting a regulatory requirement that results in returning funds to Medicare, Medicaid, or other Third Party payers, as well as the potential for fines or penalties.

**IV. General Procedure**

- 1) **Patient Accounts Receivable:** Patient Accounts Receivable is the largest area of risk. It is important for NCHC to have adequate amounts in the allowance accounts to ensure net accounts receivable is properly stated.

Since most reimbursement is received after the charges are incurred, accounts receivable are created. NCHC bills and is reimbursed from third parties such as Medicare, Medicaid, Insurances, HMO's, Family Care, and, to a more limited extent, self-pay patients. NCHC has agreements with most of these third-party payers that provide for reimbursement at amounts which vary from NCHC's gross charges. Revenue is initially recorded at gross charges and reduced to the net amount which will be collected through the use of contractual adjustment accounts (contra revenue). The statement of net assets records gross accounts receivable based on what was billed to the patient or the third party payer. Gross accounts receivable is reduced, to the net amount expected to be collected, through the use of allowances for contractual adjustments. The process for estimating allowances for contractual adjustments is complex and important to the financial reporting process. Management will use estimates based on payments received through use of a zero balance report, in addition to reviewing specific payers with contracted amounts. For most areas, accounts over 180 days will have an allowance of 75% to 100%, with analysis of these accounts for potential collections. Once these accounts are identified as uncollectable, they will be closed.

2) ~~Open Cost Report: As a participant in the Medicare and Medicaid Programs, NCHC is required to complete annual cost reports for the nursing home, hospital and outpatient services. Estimated provisions to approximate the final expected settlements after review by the intermediary are included in the statement of net assets. In addition to these estimates, NCHC records an additional liability of \$10,000 per open cost report to recognize there is risk that the final settlement may differ from the original estimate. Once a cost report is settled, the additional liability will be adjusted for that cost report and the estimated settlement recorded will be adjusted to actual.~~

3) ~~Self-Funded Health Insurance: NCHC maintains a self-funded health insurance plan for employees. Self-funded insurance plans carry risk, as there is not a way to always predict high cost claims. NCHC maintains a liability for the self-funded insurance plan. The level of the liability maintained is based on a claim lag report analysis.~~

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- 4) The annual audit process includes an independent evaluation of the reasonableness of the estimates related to the above and the reasonableness of the process utilized in developing the above estimates. In addition to the above specific reserves, NCHC maintains a recorded liability of \$100,000 which may be required for unexpected payments to third party payers or others related to compliance violations or other events which occurred prior to the balance sheet date.

**V. Program-Specific Requirements:**  
**None**

**References:** None

**Related Documents:**

<b>Name of Policy:</b>		 <b>North Central Health Care</b> <small>Person centered. Outcome focused.</small>
<b>RECRUITMENT, RETENTION AND REMOVAL OF CHIEF EXECUTIVE OFFICER (CEO)</b>		
Policy #: LD-0046		
Primary Approving Body: NCCSP Board of Directors	Committee Approvals:	

#### I. Policy Statement

It is the responsibility of the North Central Community Services Program (NCCSP) Board to select and appoint a Chief Executive Officer (CEO) for North Central Health Care (NCHC) subject to confirmation by the County Boards of Supervisors of all of the member counties.

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#### II. Purpose

To ensure that there is competent and expert leadership for NCHC provided by a Chief Executive Officer.

#### III. Definitions

#### IV. General Procedure

##### Appointment

1) In the event of a vacancy of the CEO position, the NCCSP Board shall use appropriate resources available to identify and recruit candidates who best meet the qualifications of this position as described in the CEO's job description.

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2) Through a process of qualification verification, interviews, and professional referencing, the NCCSP Board shall select the most qualified candidate and submit the appointment of the candidate as CEO to the County Boards of Supervisors of all member counties for confirmation. The Retained County Authority Committee (RCA) may access all applicant materials, reports, other materials and information obtained relevant to the selection of the CEO. The RCA shall also be afforded the opportunity to participate in candidate interviews. The RCA will make its own independent recommendation to the respective member county boards regarding the hiring decision. Each member County Board will then consider whether to confirm the CEO appointment upon receipt of both the NCCSP Board and RCA recommendations.

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- 3) It is the responsibility of the Executive Committee of the NCCSP Board to negotiate the terms of employment with the selected candidate.
- a) The agreed upon terms of employment and the formal employment agreement must be approved by the NCCSP Board and considered within the CEO Compensation guidelines set forth by the Retained County Authority Committee.
- 4) The employment agreement and terms of employment are reviewed and renewed annually by the Executive Committee of the NCCSP Board,
- a) If there are no substantive changes in the terms of employment and there are no stated objections from any members of the NCCSP Board or the Retained County Authority Committee, the Executive Committee may renew the terms of employment and the employment agreement.

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#### Performance Review

- 1) It is the responsibility of the NCCSP Board to formally review the performance of the CEO at least annually.
- a) The responsibility for administering the annual review of the CEO's performance is delegated to the Executive Committee of the NCCSP Board led by the Board Chair.
- b) The results of the review and any recommendations related to it are presented by the Board Chair to the NCCSP Board.
- c) The annual review of the CEO's performance is administered at the close of the fiscal year of NCHC and must be completed and presented to the NCCSP Board at the March meeting.
- d) The annual review of the CEO's performance shall include at least the following:
- Review of attainment of objectives set for the CEO and the organization for the previous year; and
  - Feedback from stakeholders to include at least:
    - The NCCSP Board Members;
    - Direct reports of the CEO; and
    - The Retained County Authority Committee who shall conduct a performance appraisal based on the CEO Work Plan, which includes performance metrics, on a semi-annual basis and provide their appraisal to the NCCSP Board for consideration in the CEO's annual review.
- e) The Executive Committee of the NCCSP Board shall review the CEO's performance review with him/her and make recommendations for improvement in addition to setting expectations for the upcoming year.

Deleted: April

### Compensation

- 1) Compensation of the CEO is adjusted annually, or as needed, and is related to the performance of the CEO in carrying out the objectives of NCHC and the overall performance of the organization along domains determined by the NCCSP Board.
- 2) The NCCSP Board shall ensure that there is a competitive wage and benefit package for the CEO for the purpose of attracting the best candidates and retaining existing executives.
  - a) Comparisons with industry surveys are utilized to ensure a competitive wage and benefit package.
  - b) An independent, external review of executive compensation should be completed at least every three (3) years.
- 3) The compensation of the CEO as well as the terms of employment for the CEO is determined by the Executive Committee of the NCCSP Board with ratification by the NCCSP Board.
- 4) The RCA shall review the compensation plan for the CEO adopted by the NCCSP Board on an annual basis. The RCA is authorized to modify the proposed CEO compensation plan and grant final approval on behalf of the respective County Boards.

### Removal of the CEO

- 1) The NCCSP Board may elect not to renew the CEO employment agreement for the overall good of the organization.
- 2) It is the responsibility of the NCCSP Board to make a decision to terminate the CEO when it is determined that he/she is not and cannot be effective in directing the programs and services of the NCCSP Board and its facilities and programs.
- 3) The Executive Committee of the NCCSP Board shall make a decision that the CEO is no longer effective and must be removed.
  - a) The recommendation shall be communicated to the NCCSP Board where a two-thirds (2/3) vote of the board will be necessary for removal of the CEO.
- 4) The RCA has the authority to, and is charged to, if appropriate circumstances are deemed to exist, make an independent recommendation to the respective County Boards for the removal of the CEO.

**V. Program-Specific Requirements:**

**References:**

Joint County Agreement 2017-2021  
Medicare Conditions of Participation  
Wisconsin State Statutes Chapter 51.42







2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Langlade and Lincoln Counties have reappointed both Robin Stowe and Nancy Bergstrom respectively. Marathon County has reappointed Lance Leonhard and Chad Billeb.	Complete												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	All NCCSP Board Appointments have been filled.	Complete												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	CEO Appraisal Form and Process have been approved by both the NCCSP Board and RCA.	Complete												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	The audit was presented and accepted at the March NCCSP Board meeting.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The Policy Governance Manual has been adopted and final copies have been provided to the NCCSP Board.	Complete												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The Management Agreement is in draft form and will be finalized with the Marathon County Administrator prior to taking it to the County Board through the Health & Human Services Committee.	Pending												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been approved.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The 2019 Budget Document presents a three year forecast for operations and corresponding strategic objectives.	Complete												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	NCHC staff are working on developing a formal outreach plan in 2019. Efforts to reach out and educate are ongoing.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented at the March NCCSP Board meeting and accepted.	Complete												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	Drafting of a new agreement is pending.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval. Need RCA approval first.	Open												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Policy approved in March, meetings have been completed.	Complete												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards	Copies of the report have been printed and is available online on the North Central website. The report has been presented to Lincoln and Marathon Counties.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA.	Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Complete												
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The proposed budget was adopted by the NCCSP Board in August and will be considered by the RCA on September 27th.	Complete												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan.	Complete												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	See "CEO Appraisal" item above.	Complete												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	The RCA review and adopted updated Annual Performance Standards for 2019 at the September meeting.	Complete												
Tri-County Contract Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA considered any revisions, none were suggested at this time. A review and update will need to occur again in 2018.	Open												

## MEMORANDUM

DATE: December 14, 2018  
TO: North Central Community Services Program Board  
FROM: Brenda Glodowski, Chief Financial Officer  
RE: December CFO Report

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The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting:

- 1) **Financial Results:** The month of November shows an overall gain for the month of \$12,954 compared to the targeted gain of \$10,966 resulting in a positive variance of \$1,988. Through November the organization shows an overall gain of \$80,930 which is \$114,201 behind the target of \$203,131.
- 2) **Revenue Key Points:** The nursing home census averaged 169 per day compared to the target of 185. This is down significantly from prior months. The hospital census averaged 13/day compared to the target of 14. Revenue in Outpatient Services is down, but is up in Community Treatment. The MMT (Medically Monitored Treatment) Program continues to show significant improvement and has exceeded targets for the month. Interest income continues to be positive, which helps to contribute to the positive revenue targets. Overall revenue for the month was better than the target.
- 3) **Expense Key Points:** Overall expenses for November exceed budget targets by \$68,675. Most of this is coming from health insurance and diversions, which continue to exceed targets. These two items exceeded targets by almost \$260,000. Other areas were down, which helps to reduce the overage in these areas.
- 4) **Certificates of Deposits (CD's):** Additional CD's were purchased in November. Cash flow continues to do well, which allows for the ability to continue with investments and work towards the Days Cash on Hand target.
- 5) **Year End:** As year-end is quickly approaching, audit preparation continues. Other items that should be available for December financials include reconciliation adjustments for the WIMCR (WI Medicaid Cost Reporting) and CCS (Comprehensive Community Services) Programs. As staff is working through audit work papers, they will also include any adjustments that need to be made into December.

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
NOVEMBER 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,023,925	2,616,749	5,640,674	4,276,202
Accounts receivable:				
Patient - Net	2,848,627	1,453,104	4,301,731	4,223,047
Outpatient - WIMCR & CCS	2,921,250	0	2,921,250	1,582,500
Nursing home - Supplemental payment program	0	917,900	917,900	942,800
Marathon County			0	1,181,679
Appropriations receivable	118,736	0	118,736	0
Net state receivable	1,111,268	0	1,111,268	1,016,474
Other	179,254	0	179,254	187,660
Inventory	0	342,220	342,220	305,373
Other	<u>317,594</u>	<u>234,839</u>	<u>552,433</u>	<u>381,499</u>
Total current assets	<u>10,520,654</u>	<u>5,564,812</u>	<u>16,085,467</u>	<u>14,097,234</u>
Noncurrent Assets:				
Investments	12,676,000	0	12,676,000	11,297,650
Assets limited as to use	201,618	100,839	302,457	1,146,376
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	11,649	25,246	36,895	39,992
Net pension asset	0	0	0	0
Nondepreciable capital assets	1,308,400	32,155	1,340,555	1,877,803
Depreciable capital assets - Net	<u>6,546,104</u>	<u>3,479,552</u>	<u>10,025,656</u>	<u>9,787,339</u>
Total noncurrent assets	<u>21,243,770</u>	<u>4,137,793</u>	<u>25,381,563</u>	<u>24,649,160</u>
Deferred outflows of resources - Related to pensions	<u>6,939,524</u>	<u>5,131,313</u>	<u>12,070,837</u>	<u>17,516,720</u>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>	<u><b>38,703,949</b></u>	<u><b>14,833,918</b></u>	<u><b>53,537,866</b></u>	<u><b>56,263,114</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
NOVEMBER 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Accounts payable - Trade	414,587	306,560	721,147	874,388
Appropriations advances	434,892	125,000	559,892	84,825
Accrued liabilities:				
Salaries and retirement	829,521	613,375	1,442,896	1,540,521
Compensated absences	965,693	714,066	1,679,759	1,367,802
Health and dental insurance	415,078	306,922	722,000	625,000
Other Payables	137,401	101,599	239,000	328,809
Amounts payable to third-party reimbursement programs	282,564	0	282,564	250,000
Unearned revenue	<u>76,853</u>	<u>0</u>	<u>76,853</u>	<u>76,738</u>
Total current liabilities	<u>3,556,589</u>	<u>2,167,521</u>	<u>5,724,110</u>	<u>5,148,083</u>
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	0
Patient trust funds	<u>11,649</u>	<u>25,246</u>	<u>36,895</u>	<u>39,992</u>
Total noncurrent liabilities	<u>921,191</u>	<u>697,792</u>	<u>1,618,983</u>	<u>3,167,371</u>
Total liabilities	<u>4,477,780</u>	<u>2,865,313</u>	<u>7,343,093</u>	<u>8,315,454</u>
Deferred inflows of resources - Related to pensions	<u>2,886,978</u>	<u>2,134,726</u>	<u>5,021,704</u>	<u>6,647,040</u>
Net Position:				
Net investment in capital assets	7,854,504	3,511,707	11,366,211	11,665,141
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	201,618	100,839	302,457	1,146,376
Undesignated	22,636,186	5,779,286	28,415,472	26,667,055
Operating Income / (Loss)	<u>146,883</u>	<u>(57,953)</u>	<u>88,930</u>	<u>1,322,048</u>
Total net position	<u>31,339,191</u>	<u>9,833,879</u>	<u>41,173,070</u>	<u>41,300,620</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>	<u><b>38,703,949</b></u>	<u><b>14,833,918</b></u>	<u><b>53,537,866</b></u>	<u><b>56,263,114</b></u>

**NORTH CENTRAL HEALTH CARE**  
**COMBINING STATEMENT OF REVENUES AND EXPENSES**  
**FOR PERIOD ENDING NOVEMBER 30, 2018**

<b>TOTAL</b>	<b>CURRENT MONTH <u>ACTUAL</u></b>	<b>CURRENT MONTH <u>BUDGET</u></b>	<b>CURRENT MONTH <u>VARIANCE</u></b>	<b>YTD <u>ACTUAL</u></b>	<b>YTD <u>BUDGET</u></b>	<b>YTD <u>VARIANCE</u></b>
Revenue:						
Net Patient Service Revenue	<u>\$4,055,927</u>	<u>\$4,050,420</u>	<u>\$5,507</u>	<u>\$45,630,752</u>	<u>\$44,999,941</u>	<u>\$630,811</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	3,609,485	3,576,316	33,168
Grant Revenue	204,241	193,933	10,309	2,305,490	2,133,261	172,229
County Appropriations - Net	619,260	635,927	(16,667)	6,811,858	6,995,192	(183,333)
Departmental and Other Revenue	<u>360,272</u>	<u>311,702</u>	<u>48,570</u>	<u>3,448,936</u>	<u>3,428,727</u>	<u>20,209</u>
Total Other Revenue	<u>1,508,150</u>	<u>1,466,681</u>	<u>41,468</u>	<u>16,175,769</u>	<u>16,133,496</u>	<u>42,273</u>
Total Revenue	<u>5,564,077</u>	<u>5,517,101</u>	<u>46,975</u>	<u>61,806,521</u>	<u>61,133,436</u>	<u>673,084</u>
Expenses:						
Direct Expenses	4,317,809	4,170,244	147,565	48,177,542	46,122,564	2,054,979
Indirect Expenses	<u>1,269,502</u>	<u>1,348,392</u>	<u>(78,890)</u>	<u>13,864,159</u>	<u>14,945,242</u>	<u>(1,081,083)</u>
Total Expenses	<u>5,587,311</u>	<u>5,518,636</u>	<u>68,675</u>	<u>62,041,702</u>	<u>61,067,805</u>	<u>973,896</u>
Operating Income (Loss)	<u>(23,234)</u>	<u>(1,534)</u>	<u>(21,700)</u>	<u>(235,181)</u>	<u>65,631</u>	<u>(300,812)</u>
Nonoperating Gains (Losses):						
Interest Income	25,763	12,500	13,263	234,328	137,500	96,828
Donations and Gifts	10,425	0	10,425	84,282	0	84,282
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,501</u>	<u>0</u>	<u>5,501</u>
Total Nonoperating Gains / (Losses)	<u>36,188</u>	<u>12,500</u>	<u>23,688</u>	<u>324,111</u>	<u>137,500</u>	<u>186,611</u>
Income / (Loss)	<u>\$12,954</u>	<u>\$10,966</u>	<u>\$1,988</u>	<u>\$88,930</u>	<u>\$203,131</u>	<u>(\$114,201)</u>

**NORTH CENTRAL HEALTH CARE**  
**COMBINING STATEMENT OF REVENUES AND EXPENSES**  
**FOR PERIOD ENDING NOVEMBER 30, 2018**

<b>51.42/.437 PROGRAMS</b>	<b>CURRENT MONTH ACTUAL</b>	<b>CURRENT MONTH BUDGET</b>	<b>CURRENT MONTH VARIANCE</b>	<b>YTD ACTUAL</b>	<b>YTD BUDGET</b>	<b>YTD VARIANCE</b>
Revenue:						
Net Patient Service Revenue	<u>\$2,492,373</u>	<u>\$2,485,685</u>	<u>\$6,688</u>	<u>\$26,656,393</u>	<u>\$27,622,916</u>	<u>(\$966,522)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	3,609,485	3,576,316	33,168
Grant Revenue	204,241	193,933	10,309	2,305,490	2,133,261	172,229
County Appropriations - Net	494,260	494,260	0	5,436,858	5,436,858	0
Departmental and Other Revenue	<u>244,658</u>	<u>198,762</u>	<u>45,896</u>	<u>2,165,650</u>	<u>2,186,385</u>	<u>(20,736)</u>
Total Other Revenue	<u>1,267,536</u>	<u>1,212,074</u>	<u>55,461</u>	<u>13,517,483</u>	<u>13,332,821</u>	<u>184,661</u>
Total Revenue	<u>3,759,908</u>	<u>3,697,759</u>	<u>62,149</u>	<u>40,173,876</u>	<u>40,955,737</u>	<u>(781,861)</u>
Expenses:						
Direct Expenses	3,046,992	2,934,090	112,902	33,064,089	32,436,759	627,330
Indirect Expenses	<u>682,025</u>	<u>813,484</u>	<u>(131,459)</u>	<u>7,272,479</u>	<u>8,450,374</u>	<u>(1,177,895)</u>
Total Expenses	<u>3,729,017</u>	<u>3,747,574</u>	<u>(18,557)</u>	<u>40,336,567</u>	<u>40,887,133</u>	<u>(550,565)</u>
Operating Income (Loss)	<u>30,891</u>	<u>(49,814)</u>	<u>80,706</u>	<u>(162,692)</u>	<u>68,604</u>	<u>(231,296)</u>
Nonoperating Gains (Losses):						
Interest Income	25,763	12,500	13,263	234,328	137,500	96,828
Donations and Gifts	9,994	0	9,994	69,746	0	69,746
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,501</u>	<u>0</u>	<u>5,501</u>
Total Nonoperating Gains / (Losses)	<u>35,757</u>	<u>12,500</u>	<u>23,257</u>	<u>309,575</u>	<u>137,500</u>	<u>172,075</u>
Income / (Loss)	<u>\$66,649</u>	<u>(\$37,314)</u>	<u>\$103,963</u>	<u>\$146,883</u>	<u>\$206,104</u>	<u>(\$59,221)</u>



**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING NOVEMBER 30, 2018**

<b>NURSING HOME</b>	<b>CURRENT MONTH <u>ACTUAL</u></b>	<b>CURRENT MONTH <u>BUDGET</u></b>	<b>CURRENT MONTH <u>VARIANCE</u></b>	<b>YTD <u>ACTUAL</u></b>	<b>YTD <u>BUDGET</u></b>	<b>YTD <u>VARIANCE</u></b>
Revenue:						
Net Patient Service Revenue	<u>\$1,563,554</u>	<u>\$1,564,735</u>	<u>(\$1,181)</u>	<u>\$18,974,359</u>	<u>\$17,377,025</u>	<u>\$1,597,334</u>
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	1,375,000	1,558,333	(183,333)
Departmental and Other Revenue	<u>115,614</u>	<u>112,940</u>	<u>2,674</u>	<u>1,283,286</u>	<u>1,242,341</u>	<u>40,945</u>
Total Other Revenue	<u>240,614</u>	<u>254,607</u>	<u>(13,993)</u>	<u>2,658,286</u>	<u>2,800,674</u>	<u>(142,388)</u>
Total Revenue	1,804,168	1,819,342	(15,174)	21,632,645	20,177,699	1,454,945
Expenses:						
Direct Expenses	1,270,817	1,236,154	34,663	15,113,454	13,685,805	1,427,649
Indirect Expenses	<u>587,477</u>	<u>534,908</u>	<u>52,569</u>	<u>6,591,680</u>	<u>6,494,868</u>	<u>96,812</u>
Total Expenses	<u>1,858,294</u>	<u>1,771,062</u>	<u>87,232</u>	<u>21,705,134</u>	<u>20,180,673</u>	<u>1,524,461</u>
Operating Income (Loss)	<u>(54,126)</u>	<u>48,280</u>	<u>(102,406)</u>	<u>(72,489)</u>	<u>(2,973)</u>	<u>(69,516)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	431	0	431	14,536	0	14,536
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>431</u>	<u>0</u>	<u>431</u>	<u>14,536</u>	<u>0</u>	<u>14,536</u>
Income / (Loss)	<u>(\$53,695)</u>	<u>\$48,280</u>	<u>(\$101,975)</u>	<u>(\$57,953)</u>	<u>(\$2,973)</u>	<u>(\$54,980)</u>

**NORTH CENTRAL HEALTH CARE**  
**REPORT ON AVAILABILITY OF FUNDS**  
November 30, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
Abby Bank	365 Days	2/25/2019	1.56%	\$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	\$500,000	X
People's State Bank	365 Days	3/28/2019	1.75%	\$250,000	X
PFM Investments	365 Days	4/4/2019	2.13%	\$488,000	x
BMO Harris	365 Days	5/28/2019	2.10%	\$500,000	X
People's State Bank	730 Days	5/29/2019	1.20%	\$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	\$500,000	X
PFM Investments	367 Days	6/3/2019	2.40%	\$486,000	X
PFM Investments	545 Days	7/10/2019	2.02%	\$483,000	X
Abby Bank	730 Days	7/19/2019	1.30%	\$500,000	X
People's State Bank	365 Days	8/21/2019	2.30%	\$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	\$500,000	X
CoVantage Credit Union	365 Days	10/28/2019	2.00%	\$300,000	X
Abby Bank	730 Days	10/29/2019	1.61%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2019	1.50%	\$500,000	X
CoVantage Credit Union	608 Days	11/30/2019	2.00%	\$500,000	X
PFM Investments	367 Days	12/2/2019	2.82%	\$484,000	X
PFM Investments	545 Days	12/10/2019	2.58%	\$480,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
PFM Investments	455 Days	2/13/2020	2.73%	\$482,000	X
BMO Harris	549 Days	2/26/2020	2.50%	\$500,000	X
Abby Bank	730 Days	3/15/2020	1.71%	\$400,000	X
PFM Investments	730 Days	4/29/2020	2.57%	\$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	\$500,000	X
Abby Bank	730 Days	8/29/2020	2.57%	\$500,000	X
Abby Bank	730 Days	9/1/2020	2.57%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$12,676,000	
WEIGHTED AVERAGE	585.74 Days		1.998% INTEREST		



**NCHC-DONATED FUNDS****Balance Sheet**

As of November 30, 2018

**ASSETS**

## Current Assets

## Checking/Savings

**CHECKING ACCOUNT**

Adult Day Services	6,055.59
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	14,753.14
Community Treatment - Adult	542.00
Community Treatment - Youth	7,417.37
Fishing Without Boundries	6,190.80
General Donated Funds	60,523.81
Hope House	6,219.59
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,130.55
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,635.82
Total Legacies by the Lake	5,594.07
Marathon Cty Suicide Prev Task	16,727.57
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,544.36
Outpatient Services - Marathon	401.08
Pool	22,863.95
Prevent Suicide Langlade Co.	2,444.55
Resident Council	521.05
United Way	4,278.49
Voyages for Growth	33,442.72

**Total CHECKING ACCOUNT** 212,610.02

Total Checking/Savings 212,610.02

Total Current Assets 212,610.02

**TOTAL ASSETS** **212,610.02****LIABILITIES & EQUITY**

## Equity

Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	-11,343.61

Total Equity 212,610.02

**TOTAL LIABILITIES & EQUITY** **212,610.02**

# North Central Health Care Budget Revenue/Expense Report

Month Ending November 30, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<b><u>REVENUE:</u></b>					
Total Operating Revenue	<u>5,564,077</u>	<u>5,517,101</u>	<u>61,806,521</u>	<u>61,133,436</u>	<u>673,084</u>
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,462,440	2,702,210	26,806,179	29,954,968	(3,148,789)
Fringe Benefits	1,086,347	986,315	12,237,248	10,933,625	1,303,624
Departments Supplies	618,083	630,921	6,773,288	6,940,126	(166,838)
Purchased Services	686,419	504,858	7,470,243	5,601,441	1,868,802
Utilitites/Maintenance Agreements	268,544	267,263	3,561,726	2,939,891	621,835
Personal Development/Travel	29,546	40,221	369,614	442,429	(72,815)
Other Operating Expenses	91,183	137,931	1,608,195	1,517,242	90,952
Insurance	35,585	41,000	380,644	451,000	(70,356)
Depreciation & Amortization	145,495	141,250	1,554,864	1,553,750	1,114
Client Purchased Services	<u>163,667</u>	<u>66,667</u>	<u>1,279,701</u>	<u>733,333</u>	<u>546,367</u>
<b>TOTAL EXPENSES</b>	<b>5,587,311</b>	<b>5,518,636</b>	<b>62,041,702</b>	<b>61,067,805</b>	<b>973,896</b>
Nonoperating Income	<u>36,188</u>	<u>12,500</u>	<u>324,111</u>	<u>137,500</u>	<u>186,611</u>
<b>EXCESS REVENUE (EXPENSE)</b>	<b><u>12,954</u></b>	<b><u>10,966</u></b>	<b><u>88,930</u></b>	<b><u>203,131</u></b>	<b><u>(114,201)</u></b>

**North Central Health Care  
Write-Off Summary  
November 2018**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	\$14,408	\$125,413	\$81,925
Bad Debt	\$232	\$9,234	\$2,268
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$4,385	\$129,288	\$200,375
Bad Debt	\$313	\$4,974	\$3,788
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$324	\$41,718	\$17,355
Bad Debt	\$252	\$11,869	\$9,704
Ancillary Services:			
Administrative Write-Off	\$354	\$4,675	\$21,670
Bad Debt	\$0	\$574	\$324
<b><i>Pharmacy:</i></b>			
Administrative Write-Off	\$13	\$3,247	\$2,860
Bad Debt	\$0	\$239	\$0
<b>Total - Administrative Write-Off</b>	<b>\$19,485</b>	<b>\$304,340</b>	<b>\$324,185</b>
<b>Total - Bad Debt</b>	<b>\$798</b>	<b>\$26,890</b>	<b>\$16,084</b>

**North Central Health Care  
2018 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
<b>January</b>	Nursing Home	5,735	5,549	(186)	84.09%	81.36%
	Hospital	434	441	7	87.50%	88.91%
<b>February</b>	Nursing Home	5,180	5,124	(56)	84.09%	83.18%
	Hospital	392	373	(19)	87.50%	83.26%
<b>March</b>	Nursing Home	5,735	5,654	(81)	84.09%	82.90%
	Hospital	434	445	11	87.50%	89.72%
<b>April</b>	Nursing Home	5,550	5,507	(43)	84.09%	83.44%
	Hospital	420	457	37	87.50%	95.21%
<b>May</b>	Nursing Home	5,735	5,553	(182)	84.09%	81.42%
	Hospital	434	425	(9)	87.50%	85.69%
<b>June</b>	Nursing Home	5,550	5,362	(188)	84.09%	81.24%
	Hospital	420	443	23	87.50%	92.29%
<b>July</b>	Nursing Home	5,735	5,598	(137)	84.09%	82.08%
	Hospital	434	412	(22)	87.50%	83.06%
<b>August</b>	Nursing Home	5,735	5,604	(131)	84.09%	82.17%
	Hospital	434	401	(33)	87.50%	80.85%
<b>September</b>	Nursing Home	5,550	5,393	(157)	84.09%	81.71%
	Hospital	420	449	29	87.50%	93.54%
<b>October</b>	Nursing Home	5,735	5,512	(223)	84.09%	80.82%
	Hospital	434	405	(29)	87.50%	81.65%
<b>November</b>	Nursing Home	5,550	5,084	(466)	84.09%	77.03%
	Hospital	420	384	(36)	87.50%	80.00%
<b>December</b>	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
<b>YTD</b>	Nursing Home	61,790	59,940	(1,850)	84.09%	81.57%
	Hospital	4,676	4,635	(41)	87.50%	86.73%

**North Central Health Care**  
Review of 2018 Services  
Laglade County

	<b>2018 Jan-Nov Actual Rev</b>	<b>2018 Jan-Nov Budg Rev</b>	<b>Variance</b>	<b>2018 Jan-Nov Actual Exp</b>	<b>2018 Jan-Nov Budg Exp</b>	<b>Variance</b>	<b>Variance by Program</b>
<b>Direct Services:</b>							
Outpatient Services	\$416,972	\$495,104	(\$78,132)	\$834,956	\$839,231	\$4,275	(\$73,856)
Community Treatment-Adult	\$519,690	\$720,667	(\$200,977)	\$498,742	\$740,954	\$242,212	\$41,235
Community Treatment-Youth	\$1,318,995	\$768,796	\$550,200	\$1,046,959	\$770,829	(\$276,130)	\$274,069
Day Services	\$320,856	\$362,083	(\$41,227)	\$293,483	\$362,083	\$68,600	\$27,373
	\$2,576,513	\$2,346,649	\$229,864	\$2,674,140	\$2,713,097	\$38,957	\$268,821
<b>Shared Services:</b>							
Inpatient	\$423,192	\$469,262	(\$46,070)	\$649,870	\$607,985	(\$41,885)	(\$87,955)
CBRF	\$77,221	\$102,001	(\$24,780)	\$74,347	\$102,001	\$27,654	\$2,874
Crisis	\$33,447	\$35,195	(\$1,748)	\$258,994	\$269,324	\$10,330	\$8,582
MMT (Lakeside Recovery)	\$23,709	\$51,087	(\$27,378)	\$63,724	\$100,701	\$36,977	\$9,600
Day Treatment	\$7,450	\$7,449	\$1	\$6,926	\$8,993	\$2,067	\$2,068
Protective Services	\$24,123	\$24,339	(\$216)	\$64,151	\$82,739	\$18,588	\$18,372
Birth To Three	\$85,471	\$82,937	\$2,534	\$144,092	\$155,796	\$11,704	\$14,238
Group Homes	\$180,815	\$106,396	\$74,419	\$172,966	\$106,396	(\$66,570)	\$7,849
Supported Apartments	\$0	\$134,840	(\$134,840)	\$0	\$134,840	\$134,840	\$0
Contract Services	\$0	\$0	\$0	\$156,393	\$91,347	(\$65,046)	(\$65,046)
	\$855,428	\$1,013,506	(\$158,078)	\$1,591,463	\$1,660,121	\$68,658	(\$89,420)
<b>Totals</b>	<b>\$3,431,941</b>	<b>\$3,360,155</b>	<b>\$71,786</b>	<b>\$4,265,603</b>	<b>\$4,373,218</b>	<b>\$107,615</b>	<b>\$179,400</b>
Base County Allocation	\$731,987	\$731,987	\$0				\$0
Nonoperating Revenue	\$14,462	\$7,466	\$6,996				\$6,996
County Appropriation	\$273,609	\$273,609	(\$0)				(\$0)
Excess Revenue/(Expense)	\$4,451,999	\$4,373,218	\$78,781	\$4,265,603	\$4,373,218	\$107,615	\$186,396



**North Central Health Care**  
Review of 2018 Services  
Lincoln County

<b>Direct Services:</b>	<b>2018 Jan-Nov Actual Rev</b>	<b>2018 Jan-Nov Budget Rev</b>	<b>Variance</b>	<b>2018 Jan-Nov Actual Exp</b>	<b>2018 Jan-Nov Budg Exp</b>	<b>Variance</b>	<b>Variance By Program</b>
Outpatient Services	\$271,086	\$393,475	(\$122,389)	\$766,009	\$892,152	\$126,143	\$3,755
Community Treatment-Adult	\$652,070	\$754,493	(\$102,423)	\$551,834	\$775,740	\$223,906	\$121,483
Community Treatment-Youth	\$1,626,977	\$887,535	\$739,442	\$1,411,027	\$892,240	(\$518,787)	\$220,655
	\$2,550,133	\$2,035,502	\$514,631	\$2,728,870	\$2,560,133	(\$168,737)	\$345,893
<b>Shared Services:</b>							
Inpatient	\$577,081	\$639,901	(\$62,820)	\$886,186	\$829,072	(\$57,114)	(\$119,934)
CBRF	\$105,301	\$139,092	(\$33,791)	\$101,382	\$139,092	\$37,710	\$3,919
Crisis	\$45,610	\$47,994	(\$2,384)	\$353,174	\$367,261	\$14,087	\$11,703
Day Treatment	\$10,159	\$10,158	\$1	\$9,444	\$12,262	\$2,818	\$2,820
MMT (Lakeside Recovery)	\$32,331	\$69,664	(\$37,333)	\$86,896	\$137,319	\$50,423	\$13,091
Protective Services	\$32,895	\$33,190	(\$295)	\$87,479	\$106,410	\$18,931	\$18,637
Birth To Three	\$125,669	\$139,743	(\$14,074)	\$211,861	\$262,506	\$50,645	\$36,571
Apartments	\$0	\$42,058	(\$42,058)	\$0	\$42,058	\$42,058	\$0
Contract Services	\$0	\$0	\$0	\$213,263	\$124,564	(\$88,699)	(\$88,699)
	\$929,046	\$1,121,799	(\$192,753)	\$1,949,685	\$2,020,544	\$70,859	(\$121,894)
Totals	\$3,479,179	\$3,157,302	\$321,877	\$4,678,555	\$4,580,677	(\$97,878)	\$223,999
Base County Allocation	\$760,812	\$760,812	(\$0)				(\$0)
Nonoperating Revenue	\$20,537	\$9,515	\$11,022				\$11,022
County Appropriation	\$653,048	\$653,048	\$0				\$0
Excess Revenue (Expense)	\$4,913,576	\$4,580,677	\$332,899	\$4,678,555	\$4,580,677	(\$97,878)	\$235,021

**North Central Health Care**  
Review of 2018 Services  
Marathon County

	2018 Jan-Nov. Actual Rev	2018 Jan-Nov. Budget Rev	Variance	2018 Jan-Nov. Actual Exp	2018 Jan-Nov. Budget Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$1,205,354	\$1,561,719	(\$356,365)	\$3,456,527	\$3,491,299	\$34,772	(\$321,592)
Community Treatment-Adult	\$3,288,309	\$5,191,091	(\$1,902,782)	\$3,338,765	\$5,289,608	\$1,950,843	\$48,061
Community Treatment-Youth	\$3,526,074	\$2,333,324	\$1,192,750	\$3,279,119	\$2,339,378	(\$939,741)	\$253,010
Day Services	\$1,534,783	\$1,544,816	(\$10,033)	\$1,413,354	\$1,544,816	\$131,462	\$121,429
Clubhouse	\$418,769	\$365,980	\$52,789	\$510,345	\$450,313	(\$60,032)	(\$7,243)
Demand Transportation	\$396,017	\$395,299	\$718	\$350,309	\$395,299	\$44,990	\$45,708
Aquatic Services	\$610,662	\$726,092	(\$115,430)	\$880,979	\$922,364	\$41,385	(\$74,045)
Pharmacy	\$4,727,847	\$4,250,262	\$477,585	\$4,708,935	\$4,250,262	(\$458,673)	\$18,912
	\$15,707,815	\$16,368,581	(\$660,766)	\$17,938,333	\$18,683,339	\$745,006	\$84,240
<b>Shared Services:</b>							
Inpatient	\$2,846,929	\$3,156,848	(\$309,919)	\$4,371,850	\$4,090,088	(\$281,762)	(\$591,681)
CBRF	\$519,485	\$686,190	(\$166,705)	\$500,153	\$686,190	\$186,037	\$19,332
Crisis Services	\$225,010	\$236,770	(\$11,760)	\$1,742,325	\$1,811,817	\$69,492	\$57,733
MMT (Lakeside Recovery)	\$159,499	\$343,674	(\$184,175)	\$428,687	\$677,444	\$248,757	\$64,582
Day Treatment	\$50,117	\$50,111	\$6	\$46,592	\$60,493	\$13,901	\$13,906
Protective Services	\$162,282	\$163,735	(\$1,453)	\$431,561	\$526,362	\$94,801	\$93,348
Birth To Three	\$623,659	\$648,726	(\$25,067)	\$1,051,409	\$1,218,624	\$167,215	\$142,148
Group Homes	\$1,676,662	\$1,669,188	\$7,474	\$1,603,882	\$1,669,188	\$65,306	\$72,780
Supported Apartments	\$2,312,029	\$1,947,019	\$365,010	\$2,225,525	\$1,947,019	(\$278,506)	\$86,504
Contracted Services	\$0	\$0	\$0	\$1,052,096	\$614,515	(\$437,581)	(\$437,581)
	\$8,575,672	\$8,902,261	(\$326,589)	\$13,454,080	\$13,301,740	(\$152,340)	(\$478,929)
<b>Totals</b>	<b>\$24,283,487</b>	<b>\$25,270,842</b>	<b>(\$987,355)</b>	<b>\$31,392,413</b>	<b>\$31,985,079</b>	<b>\$592,666</b>	<b>(\$394,689)</b>
Base County Allocation	\$2,124,862	\$2,083,517	\$41,345				\$41,345
Nonoperating Revenue	\$199,328	\$120,519	\$78,809				\$78,809
County Appropriation	\$4,510,201	\$4,510,201	\$0				\$0
Excess Revenue/(Expense)	\$31,117,878	\$31,985,079	(\$867,201)	\$31,392,413	\$31,985,079	\$592,666	(\$274,535)

## MEMORANDUM

DATE: December 14, 2018  
TO: North Central Community Services Program Board  
FROM: Laura Scudiere, Human Service Operations Executive  
RE: Monthly HSO Report

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The following items are general updates and communications to support the Board on key activities and/or updates of the Human Service Operations service line since our last meeting:

1. **Marathon County Post-Jail Continuity Planning:** NCHC staff are working with Marathon County staff to determine how to reduce barriers for inmates who need to receive services post release. An initial plan was developed that would count the jail counselor's assessment as the required documentation, rather than requiring an additional assessment. The intent of this is to have patients access psychiatry services quicker, allowing them to have continuity of medication that they may have been prescribed in the jail setting. It's anticipated that this initiative could assist some individuals stabilize, impacting their recidivism.
2. **Langlade County Needs Assessment:** Christopher Grand, current medical student at MCOW, has been working on completing a needs assessment regarding current AOD gaps in services for Langlade County. Chris has been conducting key stakeholder interviews and has been conducting research on evidence-based models of care. He is currently working on a presentation that would assist with differentiating between post-jail transitional housing and sober living environments, which will be presented to the TAD meeting in January.
3. **Marathon County Evidenced Based Decision Making Behavioral Health Committee:** A new jail counselor has been hired and trained in Marathon County and has been assigned to assisting with the shared project of reducing recidivism for individuals with mental illness or substance abuse issues. The group met in late November and is piloting a care coordination process for high utilizers of jail services that present with mental illness and/or substance use disorder.
4. **North Central Recovery Coaching Collaborative:** The proposal for creation of the collaborative will be presented to the Board and RCA for discussion and approval in December. Support for the creation of this collaborative includes the Marathon County Health Department, Aspirus Hospital, and Bridge Community Health Clinic.

5. **Individual Placement and Support Fidelity Review:** This supportive employment program operating out of NCHC's Community Treatment department helps promote the recovery of individuals who have mental illness by helping them find and keep jobs that allow them to utilize their skills. The program has a fidelity review on a yearly basis to ensure that the program is performing the highest quality service and getting the appropriate outcomes. In December the program received its review and the exit team had great remarks on their experience. Staff did not yet receive its fidelity score, but the comments from the reviewers were that the program was doing very well and that NCHC staff should be proud of the work they are doing.
6. **Medical College of Wisconsin:** NCHC staff are exploring a psychiatric medical experience at NCHC for medical students participating in programming at the Wausau campus of the Medical College of Wisconsin. Providing students the opportunity to see psychiatric service during their medical school experience will help familiarize themselves with the field. Students may find that psychiatric service is their calling, or at least will be able to integrate their experience with the mentally ill into their future practice.

## MEMORANDUM

DATE: December 14, 2018  
TO: North Central Community Services Program Board  
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator  
RE: December Nursing Home Operations Report

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The following items are general updates and communication to support the Board on key activities and/or updates of the Nursing Home Operations since our last meeting.

- 1) **Matrix EMR Implementation:** We held our kickoff meeting and established our timeline with Matrix for data conversion and training for our staff. Our first phase will be the financial model followed by the face sheet and census reporting. This implementation will last through May 2019 to ensure that we are thoroughly trained and have a solid conversion.
- 2) **Utilization of Gero-Psych Nurse Practitioner:** NCHC is privileged to have on staff a Gero-Psych Nurse Practitioner, Kim Walker-Daniels, in our crisis and inpatient unit. Kim has expressed interest in assisting our Mount View residents with some medication management for psychiatric and dementia residents. We are working out the details and establishing rounds for Kim Walker-Daniels to see residents and enhance their quality of life.
- 3) **Occupancy Trends:** While reviewing our drastic drop in census during November, a couple of trends were noted:
  - There were 51 admissions for October and November
  - There were 51 discharges for October and November (27 residents passed away)

Since December 1<sup>st</sup> we have had a steady stream of admissions. We have averaged 1 admission a day and anticipate continuing to build up our census throughout December. The team is focused on a recovery plan to rebuild our census and begin 2019 close to our budgeted census.

- 4) **Town Hall Meetings:** As we wrap up 2018, we held our quarterly town hall meetings and gave thanks to our wonderful staff for all that they do to make us successful. At these meetings we also had a rowdy game of jeopardy to “test our knowledge” for our upcoming annual state survey.



## **PROGRAM APPLICATION TO THE RETAINED COUNTY AUTHORITY COMMITTEE**

DATE: December 14, 2018  
TO: North Central Community Services Program Board  
FROM: Laura Scudiere, Human Services Operations Executive  
Michael Loy, Chief Executive Officer  
RE: North Central Recovery Coach Collaborative

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### **Purpose**

NCHC is proposing to provide backbone support for redesigned recovery coach network that can enhance the treatment needs in our community.

### **Current Situation and Program Overview**

#### ***Background***

In August 2017 the Central Wisconsin Recovery Coaching Network was launched after 28 coaches were trained in Wausau. Since that time 75 coaches have been trained in recovery coaching through ongoing trainings provided throughout the state. Recovery Coaches need to have one year of sobriety, but can be anyone including individuals in recovery or impacted by recovery. Coaches were trained with the intent to have ongoing trainings and support for coaches. However, the training agency that agreed to provide this was unable to fulfill that commitment.

The network existed informally with backbone support from the Marathon County Health Department's Health Educator Melissa Moore. Moore acted as a coordinator who would match individuals in recovery to a coach through a closed Facebook group. On review of this practice, it was determined that the demand and clinical acuity outweighed the ability for the health department to support the network indefinitely. Discussions with NCHC were conducted with the intent of addressing appropriate network structure and clinical oversight, with the intent of NCHC becoming the coordinator of the network going forward.

Michelle Hazuka, North Central Health Care's Community Clubhouse Director, has participated in focus group discussions with recovery coaches in the Central Wisconsin Recovery Coaching Network. During those sessions they brought up ongoing concerns about lack of training, coordination, support, direction and questions about liability. While there are approximately 14 truly active recovery coaches in the network, the network itself does not have any formal support, quality oversight, operating structures, or governing body.

Finally, a Memorandum of Understanding (MOU) had been signed between the Central Wisconsin Recovery Network and United Way of Marathon County's 211 with the purpose of providing a referral source to the recovery network. The MOU has since been dissolved within the ambiguity of the networks current and future state, but United Way remains interested in making this connection for their callers and would provide a steady referral source.

**Recommendation**

Since the Central Wisconsin Recovery Coaching Network is not owned by any agency, a new collaborative is being proposed to provide training, support, and ongoing direction for the recovery coaches that serve central Wisconsin. The Marathon County Health Department met with local treatment agencies to determine the best way to address the support needs of the network. It was established that a new network could be formed underneath the direction and oversight of North Central Health Care, who would ensure ongoing training, quality control, and clinical oversight of the recovery coaches. The new network is tentatively slated to become the North Central Recovery Coach Collaborative (NCRCC).

Supervision and background screening for the NCRCC would be required of coaches in addition to other important requirements NCHC has in our long established Volunteer program. Clinical oversight would be provided by Michelle Hazuka who is both a Licensed Professional Counselor and a certified Recovery Coach. The coordination and matching of coaches to recoverees would be handled by a new position created within the Community Corner Clubhouse program. The Program Coordinator (1.0 FTE) would manage the day-to-day needs of the network and there would be some CCS related billable activities. While this would provide some revenue, it would not completely cover the cost of the position. Duties of the position would include:

- Facilitation of communication and capacity building for the NCRCC, including newsletters, trainings and networking opportunities
- Managing referrals, outreach calls, and follow up for NCRCC
- Documentation of quantitative data (how much, how many) and qualitative (what difference does it make or “success stories”) data related to recovery coaching and the NCRCC
- Collaboration with local partners to establish or revise policies in support of NCRCC
- Intervening as needed to remove obstacles, including troubleshooting for the NCRCC
- Acting as an ambassador for recovery coaching and the NCRCC
- Conducting and evaluating future CCAR trainings
- Managing local resource list to ensure accuracy
- Providing recovery coaching services, as needed

North Central Health Care is exploring collaboration with Wisconsin Voices of Recovery, whose mission is to provide support to similar initiatives. Agencies in the community have voiced support in a new formed network supported by North Central Health Care, including the Marathon County Health Department, Bridge Community Health Clinic, and Aspirus. Aspirus is interested in having a recovery coach work within their emergency department. Bridge Clinic has interest in staff members becoming members of the network as well. Once established, it is anticipated that several other agencies and organizations in the area will join the network to receive the benefits of the connection to ongoing training, clinical oversight and support. In addition, individuals in the existing recovery coaching community who are unaffiliated with an organization will be free to join. While North Central Health Care will provide the backbone support for this initiative, this collaborative will be a coordinated approach to recovery coaching provided by a number of agencies and individuals active in the response to substance use in our communities.

Once approved, the implementation team will establish an advisory council that will support development of the collaborative. Many individuals have already voiced interest in providing this service including Judy Burrows from the Marathon County Health Department, Lee Shipway from Peaceful Solutions Counseling, Jennifer Smith from Bridge Community Health Clinic, in addition to active recovery coaches.

## **Projected Costs**

### ***Revenues***

Revenue expectations for this position are estimated to generate gross earnings:

\$27,859.00 annually

This position will serve any NCHC program where a consumer identifies the need for recovery focused services and is not restricted to only CCS consumers. While the position will generate some revenue, the revenue will not completely cover the cost of the expenses as listed below.

### ***Expenses – Personnel***

1.0 FTE - Recovery Coach Network Coordinator

Total cost for position with benefits: \$63,100 annually

### ***Other Expenses***

Expected 20% overhead expenses for position totaling \$12,620.

Overhead expenses would include: background checks for coaches within the collaborative, vaccinations/titers for coaches, HR related materials (badges), training for coordinator and coaches, computer, cell phone, mileage.

### ***Financial Implications***

The position itself will generate revenue, however, the revenue will not off-set the entire cost of the position resulting in an operating loss. This loss could be offset by grant funding. Local foundations have a strong interest and desire to provide 3 year support for the position. After approval, NCHC would apply for a grant to cover the remaining cost of the position.

### ***Risk Factors***

1. This position is not fully able to cover expenses through revenue and would require external funding support for sustainability.
2. NCHC can no longer financially support the position, which would put the network at risk.
3. NCHC cannot provide back bone support for the network.
4. Demand outweighs NCHC's capacity.
5. Ethical or boundary issues arise due to difficult recovery situations and the associated liability.
6. The Central Wisconsin Recovery Coaching Network duplicates services within the community.
7. Community partners are confused about the direction of the network or prefer to have the network unattached.
8. Coaches can continue to provide services without network affiliation, but may be attributed to the NCRCC.
9. Difficulty finding the right individual who has a balance of clinical and community collaboration building skills

## **Summary of Other Factors**

### ***Impact on Other NCCSP Programs***

- This collaboration would enhance the continuum of service provided by North Central Health Care currently
- Opportunity to increase collaboration between treatment modalities and provide enhanced transitions of care within NCHC's existing system



- Recovery Coaches work outside of normal business hours, which provides more access to support
- Potentially would increase patient's follow through on treatment programming, decrease no show rates


#### ***Implementation Milestones***

- Funding for position is secured
- Advisory council is convened
- Program coordinator is hired
- NCRCC is listed as a partner in Wisconsin Voices of Recovery
- Training is held for recovery coaches
- Recovery coaches are vetted through NCHC's volunteer process
- Recovery coaches are being actively matched
- Annual review of needs of county partners
- Network of coaches grows in the first year
- Survey of the coaches to assess ongoing needs

#### **Summary of Impact on Member County Programs and Resources**

##### ***Impact on County Programs***

- Increased coordination of recovery focused services within the three county region
- Supporting existing coaches, who are within county-based systems (OWI Court, hospital settings)

<b>Name of Document:</b> <b>NCHC Complaints and Grievances Policy</b>  <b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/>	 <b>North Central Health Care</b> Person centered. Outcome focused.
Document #: 0200-1	Department: Corporate Compliance
Primary Approving Body: Corporate Compliance Officer	Secondary Approving Body: NCCSP Board of Directors

**Related Forms:**

[TBD](#)

**I. Document Statement**

North Central Health Care (NCHC) is responsible for protecting the rights of all Consumers utilizing NCHC services. Further, NCHC fully supports a Consumer's right to voice Complaints or Grievances without discrimination or fear of reprisal. Included in these rights is the provision for an effective and timely mechanism to resolve Complaints and Grievances. The NCHC Board of Directors delegates responsibility for ensuring an effective program for the resolution of Complaints and Grievances to the Corporate Compliance Officer and generally NCHC's Management Team.

**II. Purpose**

This policy provides guidance for utilizing NCHC's centralized structure to report and respond to Consumer Complaints, and Grievances. The policy prescribes guidelines and requirements for compliance with regulatory requirements related to Consumer rights and the successful resolution of NCHC's Grievance investigation process through this policy and its related policies. Responding to Complaints and Grievances effectively is critical to delivering good customer service and service recovery and a method for identifying opportunities for improvement.

**III. Definitions**

**Chief Executive Officer (CEO)** - the person appointed to administer NCHC's programs.

**Complaint** – a verbal concern raised by a Consumer, on their own behalf or by a representative, regarding the quality of care or services during or after the episode of care provided by staff, practitioners or contracted agents of the organization that can be immediately resolved by staff present at the time the concern is raised. This can also include information obtained from patient satisfaction surveys, unless written with request for resolution.

**Consumer** - means any individual patient, client or resident receiving services or care from NCHC.

**Emergency-** means a situation in which, based on the information available at the time, there is reasonable cause to believe that a Consumer or a group of Consumers is at significant risk of physical or emotional harm due to the circumstances identified in a Grievance or concern.

**Formal Grievance Process** – the process of formally addressing Grievances through the formal process as outlined in this and other applicable policies, following the prescribed time frames and processes.

**Founded** - means there has been a determination by the person conducting the review at any level of the Grievance process that a concern is substantiated or that a violation of a right guaranteed under applicable regulation or law has occurred.

**Grievance** - an oral or written Complaint that is not immediately resolved at the time of the Complaint by staff present. A Grievance may be made by the Consumer on their own behalf or by a patient's representative.

**Grievant** - the individual that is expressing the Complaint or Grievance. This may or may not be the Consumer.

**Grievance Committee** - an ad hoc committee whose focus is the resolution of an individual Grievance. The committee consists of individuals pertinent to the Grievance. The committee is created as need by the Grievance Official.

**Grievance Official** - refers to the person(s) designated by NCHC to oversee the Formal Grievances Process; receive and track Grievances to resolution; lead any necessary investigations; maintain the confidentiality of all individuals and information associated with Grievances as necessary or requested; issuing Grievance decisions; and coordinating with state and federal agencies as necessary in light of specific allegations. The individual serving in this position is employed in an area that is not directly involved in service delivery. In the event of any conflicts of interest, there will be another Grievance Official assigned.

**Informal Resolution Process** – the process which offers Consumers and persons or Representatives on their behalf, the option of seeking informal resolutions of their Complaints. The Formal Resolution Process may be resumed or started at any time.

**Representative** – could be any of the following:

- An individual chosen by the Consumer to act on behalf of the Consumer in order to support decision-making; access medical, social or other personal information; manage financial matters; or receive notifications; or

- A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the Consumer in order to support the Consumer in decision-making; access medical, social or other personal information; manage financial matters; or receive notifications. Staff must verify the validity of these types of representatives.

**Program Manager** - refers to the individual in charge of the operation of any NCHC program who has the authority to approve and implement decisions made through the Complaint and Grievance Process.

**Staff present** - any NCHC staff present at the time of the Complaint or Grievance who can immediately address the patient's Complaint or others including administration, supervisors or other appropriate staff that can quickly be at the patient's location to resolve the Complaint.

**Unfounded** - means there has been a determination by the person conducting the review at any level of the investigation process that the concern is without merit, or that guaranteed rights have not been violated.

#### IV. **General Procedure**

1. During the admission process all Consumers and/or their Representatives are given a Patient's Rights & Responsibilities brochure and will be informed of NCHC's internal Grievance process including whom to contact, and how to initiate a Complaint.
2. Staff must take reasonable and appropriate steps upon receiving a Complaint or Grievance to mitigate the issue, especially in Emergency situations, to ensure the Consumer's immediate safety and to address it in a timely, reasonable and consistent manner.
3. A Complaint immediately becomes a Grievance when the Complaint is in regards to or includes the items below and must follow the formal process:
  - A. The Complaint involved potential abuse, neglect or patient harm. Staff are to immediately follow the Abuse, Neglect, Misappropriation, Exploitation, and Caregiver Misconduct Policy;
  - B. The Complaint is a Medicare beneficiary billing and the Complaint is related to rights and limitations provided by 42 CFR 489. Staff are to immediately contact the Corporate Compliance Officer;

- C. The Complaint raises issues related to compliance with CMS Conditions of Participation. Staff are to immediately contact the Corporate Compliance Officer;
- D. The Complaints related potential discrimination on the basis of race, color, national origin, gender, age or disability, Staff are to immediately contact the Corporate Compliance Officer;
- E. Any written Complaints (including emails and faxes);
- F. When a patient writes or attaches a written Complaint to a satisfaction survey and requests resolution; or
- G. Whenever a patient or representative requests the Complaint be handled as a formal Complaint/Grievance or requests a response

#### 4. Informal Resolution Process for Complaints

- A. All Staff shall encourage Consumers and/or their Representatives to express any Complaints to the individual involved or present. Complaints that do not require the use of the Formal Grievance Process as described above, may be resolved directly by Staff or Program Managers.
- B. If Staff or the Program Manager present are able to resolve the patient Complaint immediately, it is not a Grievance. A Complaint is considered resolved when the Consumers and/or their Representatives are satisfied with the immediate actions taken or the explanation given. Staff must report all Complaints to their Program Manager.
- C. In situations where appropriate and reasonable actions on the Consumer and/or Representative's behalf are taken in order to resolve a Complaint and the Consumer and/or Representative remains unsatisfied with the action taken, the Formal Grievance Process can be initiated.

#### 5. Formal Resolution Process for Complaints and Grievances

- A. Complaints or Grievances can be initiated verbally or in writing or by any alternative method of communication ordinarily used by the Consumer. The intake of any Complaint or Grievance must follow policy and use the Complaint and Grievance Form to intake the Complaint or Grievance. The Formal Grievance Process is initiated by completing the Complaint and Grievance Form. This form can be completed by the Consumer, Staff or the Consumer's representative.

- B. All NCHC Staff must immediately notify their Program Manager of any Complaint or Grievance.
  - i. If available, the Program Manager will initiate the Formal Grievance Process.
  - ii. If the Program Manager is not immediately available, Staff should contact the Administrator On-Call through the Occurrence Hotline – Extension 4488. During normal business hours, the Administrator On-Call will attempt to locate the Program Manager. If the Program Manager is unavailable or it is after normal business hours, the Administrator On-Call will initiate the Formal Grievance Process.
- C. Once the Complaint and Grievance Form is completed, the individual receiving the Grievance will complete an Occurrence Report. The individual must retain the completed Complaint and Grievance Form until contacted by a Grievance Official.
- D. The Program Manager or Administrator On-Call will then notify the Grievance Official within the next business day or as required by policy.

6. Investigation Process for Formal Process/Grievances

- A. If the Complaint or Grievance involves potential liability or includes allegation of personal injury, property loss or damage, or threat of a lawsuit it must be referred to Administration by calling the Administrator On-Call. The investigation will then be handled by Legal Counsel.
- B. If the Complaint or Grievance alleges the potential release of protected health information or violation of privacy, the Privacy Officer must be notified and the investigation will be handled by the Privacy Officer.
- C. When the Complaint or Grievance involves a nursing home resident or resident's Representative, it must be referred to the Nursing Home Grievance Official to follow the MVCC Complaint Resolution Process.

- D. For all other Complaints or Grievances, the Grievance Official will initiate the investigation and contact the Consumer or Representative to address the Grievance within seven calendar days. The Consumer or their Representative will be informed of an expected follow-up time to address the resolution and will be kept informed of the progress at regular intervals, but not less than weekly during the investigation. All Grievances will be resolved as soon as possible, with the goal of seven (7) calendar days but no more than thirty (30) days. Certain Grievances may have quicker resolution requirements by regulation or law.
- E. The Grievance Official will work with the Program Manager to conduct the necessary investigation and to draft the written response.
- F. A Grievance Committee may be convened to assist with the Formal Grievance Resolution Process if necessary.
- G. At the conclusion of the Formal Grievance Process, the Grievance Official will send written correspondence to the Consumer or Representative. The correspondence will include the contact information for the Grievance Official, steps taken in the Grievance investigation and date investigation was completed. The decision shall contain findings of fact, conclusions based upon the findings, and a determination of whether the issues are Founded or Unfounded. If Founded, discussion of corrective action will be detailed to the furthest extent permitted by law or organizational policy. If the Grievance is Unfounded, the decision shall be considered a dismissal of the Grievance.
- H. The Grievance is considered resolved when the Consumer or Representative is satisfied with the actions taken. If the Consumer or Representative is dissatisfied, the Grievance is considered resolved when the organization has taken all appropriate and reasonable actions on behalf of the Consumer and the Grievance Officials decision is not appealed as outlined below.

## 7. Appeals

- A. If the Consumer or Representative is not satisfied with the response to the Grievance, the Grievance Official will notify the individual of the appeals process. The Chief Executive Officer (CEO) is responsible for handling the appeals process.
- B. The request for appeal should be requested within 10 days, but will be waived for good cause.

- C. The Consumer or Representative is required to provide a written statement requesting an appeal of the Grievance that includes why they are not satisfied with the initial decision by the Grievance Official.
- D. The CEO will review the Grievance and written appeal statement. During the review process, the CEO may conduct further investigation and efforts can be made with the Grievant to resolve the issue during the process through mutual agreement between the parties.
- E. Upon conclusion of the review of the appeal, the CEO will send a letter to the Consumer or Representative and Grievance Official within thirty (30) business days of the receipt of the appeal. The appeal decision shall contain findings of fact, conclusions based upon the findings, and a determination of whether the issues are Founded or Unfounded. If Founded, discussion of corrective action will be detailed to the furthest extent permitted by law or organizational policy. If the Grievance is Unfounded, the decision shall be considered a dismissal of the Grievance.
- F. The Grievance is considered resolved when the organization has taken all appropriate and reasonable actions on behalf of the Consumer, including providing the opportunity to appeal. If the Grievant remains unsatisfied, the Grievance Official will work to refer the Consumer or Representative to an external source, if applicable. If the Grievance is taken up by any outside regulatory body or agency, NCHC will participate in any required review and/or appeal process.

#### 8. Compliance Reporting and Data Trending

- A. Data trending and compliance with this policy will be audited and analyzed by the Director of Quality and Clinical Transformation on an ongoing and regular basis.
- B. Current and closed Complaints and Grievances along with their disposition will be reported monthly to the NCHC Board of Directors.

### V. **Program-Specific Requirements:**



**References:**

Joint Commission: RI.01.07.01, Rights of the Individual

CMS: 42 CFR 482.13(a)(2), Patient's Rights

DHS 94

DHS 51.61

**Related Documents:**

Abuse, Neglect, Misappropriation, Exploitation and Caregiver Misconduct Policy

Affordable Care Act Discrimination Grievance Procedure

Complaint Resolution Procedure, Nursing Home Operations

## **2019 NCCSP BOARD CALENDAR**

### **Thursday January 31, 2018 – 12:00 PM – 2:00 PM**

Educational Presentation: Industry Update – An external resource will present on recent or anticipated changes in the operating environment. This presentation should facilitate the generative topic below.

Board Action: TBD

CEO Performance Review – Initiate review of Chief Executive’s performance, the method and timing of the executive’s performance review

Board Policy to Review: Risk Reserve Policy

Board Policy Discussion Generative Topic: “Decide what to decide” – Identify 5 questions the board should ask itself this year. These 5 questions should be informed through future Board Educational Presentations and/or Discussion Generative Topics.

### **Thursday February 28, 2018 – 12:00 PM – 2:00 PM**

Educational Presentation: Financial Review – Review and discuss the past year’s financial reports and how the organization’s financial performance informs the plans for the current year and beyond.

Board Action: TBD

Board Policy to Review: Capital Assets Management Policy, Cash Management Policy

Board Policy Discussion Generative Topic: TBD

### **Thursday March 21, 2018 – 12:00 PM – 2:00 PM**

Educational Presentation: Audit Presentation

Board Action: Accept Annual Financial Audit

Board Policy to Review: Fund Balance Policy, Write-off Policy

Board Policy Discussion Generative Topic: TBD

## 2019 NCCSP BOARD CALENDAR

### Thursday April 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year. Review and discuss the organization’s major programs and how the organization’s programmatic performance informs the plans for the current year and beyond.

Board Action: TBD

Board Policy to Review: Strategic Planning Policy

Board Policy Discussion Generative Topic: Information Technology Systems and Strategy Review – An overview of key systems and strategy for technology.

### Thursday May 30, 2018 – 12:00 PM – 8:00 PM (BOARD RETREAT)

Board Policy Discussion Generative Topic: Focus on the environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization’s mission, vision, end statements and compare them against its activities, governing documents, and communications.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the Board’s composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Retained County Authority Committee.

Capital Projects – Review capital budget and forecast for the organization.

## **2019 NCCSP BOARD CALENDAR**

### **Thursday June 27, 2018 (Merrill Center) – 12:00 PM – 2:00 PM**

Educational Presentation: Corporate Compliance and Quality Obligations of the NCCSP Board – Emerging Compliance Trends

Board Action: TBD

Board Policy to Review: Business Associate Agreements Policy, Investment Policy

Board Policy Discussion Generative Topic: Risk Management, Legal and Corporate Compliance Review – Evaluate past and potential issues regarding employment practices, internal policy compliance, required licenses and permits, nonprofit and 501(c)(3) compliance, facilities and real property, and intellectual property.

### **Thursday July 25, 2018– 12:00 PM – 2:00 PM**

Educational Presentation: Review Employee Compensation, Recruitment and Retention Strategies – Review current practices and performance around the human capital management of the organization.

Board Action: Performance Expectations – Review and approve the performance expectations in conjunction with the Retained County Authority Committee.

Board Policy to Review: Employee Compensation Policy

Board Policy Discussion Generative Topic: TBD

### **Thursday August 29, 2018– 12:00 PM – 2:00 PM**

Educational Presentation: Budget Presentation

Board Action: Budget – Recommend to Retained County Authority Committee

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic: TBD

## **2019 NCCSP BOARD CALENDAR**

### **Thursday September 26, 2018 (ANTIGO OFFICE) 12:00 PM – 2:00 PM**

Educational Presentation: TBD

Board Action: TBD

Board Policy to Review: Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board's performance and areas for improvement.

### **Thursday October 31, 2018 – 12:00 PM – 2:00 PM**

Educational Presentation: Update on Medical Staff Initiatives Annual Quality Audit – Review the performance of the quality programs and metrics.

Board Action: Approve the Quality Plan for the upcoming year.

Board Policy to Review: Contract Review Policy

Board Policy Discussion Generative Topic: TBD

### **Thursday November 21, 2018 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM**

Educational Presentation: TBD

Board Action: Elections – Election of directors and officers consistent with applicable provisions in the bylaws. Operational Plans – Review and approve proposed Operational Plan. CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. Approve Quality and Corporate Compliance Plan for the upcoming year. Approve Organizational Dashboard. Approve Utilization Review Plan for upcoming year.

Board Policy to Review: Complaints and Grievance Policies

Board Policy Discussion Generative Topic: TBD

## **2019 NCCSP BOARD CALENDAR**

**Thursday December 19, 2018 – 12:00 PM – 2:00 PM**

Educational Presentation: TBD

Board Action: TBD

Board Policy to Review: Purchasing Policy, CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic: Board – CEO Succession Planning