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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, February 28, 2019**

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
4. Board Committee Minutes and Reports
5. Consent Agenda
    - A. ACTION: Approval of 1/31/2019 NCCSP Board Meeting Minutes
    - B. Human Services Operations Report
    - C. Nursing Home Operations Report
    - D. ACTION: Annual Review and Approval of Board Policy
        - i. Capital Assets Management Policy
        - ii. Cash Management Policy
        - iii. Contract Review Policy
    - E. ACTION: Approve Medical Staff Appointment Recommendations for Dia Arpon, MD, Sencan Unal, MD; Reappointments for Jean Baribeau-Anaya, PA-C, Laurence Gordon, DO, Bababo Opaneye, MD, and Appointment Amendments for Anne Dibala, MD, Leandrea Lamberton, MD
6. Board Education
    - A. Overview of the Individual Placement and Support Program at NCHC – Christine Seidler
7. Monitoring Reports
    - A. CEO Work Plan Review and Report
    - B. Quality Outcomes Review
        - i. ACTION: Review and Accept the January Quality Dashboard and Executive Summary
    - C. Chief Financial Officer's Report
        - i. ACTION: Review and Accept January Financial Statements
8. Board Discussion and Possible Action
    - A. ACTION: Program Application to the Retained County Authority Committee for a Sober Living Pilot Program in Langlade County
    - B. ACTION: Authorize Board Contingency Funding for the Human Services Research Institute to Perform a Comprehensive Community Environmental Scan and Strategic Plan
    - C. ACTION: Amend the 2019 Capital Budget to Authorize the Purchase of a New Occurrence Reporting System
    - D. Board Educational Priorities for 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

Presiding Officer or Designee

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: 02/22/2019 TIME: 4:00 PM BY: D. Osowski

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

January 31, 2019 | 12:00 Noon | Wausau Board Room

Present:

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

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

Guest: Bill Scholfield

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

2. Public Comment for Matters Appearing on the Agenda
   - None

3. Chairman's Report and Announcements
   - Chairman Zriny announced that the annual performance review for CEO evaluation is due for completion. Loy has completed the self-evaluation which has been submitted to Todd Penske for distribution. NCHC Board members, the RCA, and Executive Team will have two weeks to complete the evaluation. Once all evaluations have been completed a joint meeting of the NCHC Board's Executive Committee and RCA will take place to discuss the evaluation summary prepared by Todd Penske. Once reviewed, the Chairman of the RCA, Lance Leonhard, and Chairman of the Board, Zriny, will meet with the CEO to review the evaluation.

4. Board Committee Reports
   - None

5. Board Committee Minutes
   - **Motion**/second, Breske/Zriny, to approve the 12/20/2018 NCCSP Board Meeting Minutes. Motion carried.

6. Monitoring Reports
   A) CEO Work Plan Review and Report – M. Loy
      - Loy reviewed campus renovation plan. Finalized plans will be signed off next week with the intent to present initial plan for campus renovation to Marathon County Board on February 14, 2019. Total project timeline will be over the course of three years. Ground breaking will begin with the pool and Aquatics program areas in May 2019. Metter asked if NCHC's initial conceptual design for the master facility plan is similar to the plan that is being finalized. Per Loy, the plan is completely different from initial plan. Currently the plan consists of 4 phases, everyone on campus will be moving. Every area will need to move once, two smaller programs will need to move twice.
      - IMS Executive recruitment interviews have been completed. Offer to be presented shortly with hopes of the candidate beginning in March 2019.
      - Discussed space allocation for Langlade County office based on needs of NCHC to accommodate a smaller footprint or to move off the current campus to a more independent area in Langlade County. Langlade County is looking for more space. Loy will be working with NCHC programs and Langlade County over the next 4-6 weeks to assess further and determine action.
      - Discussed closing of Atrium healthcare facility. NCHC Adult Protective Services and Mount View Care Center teams collaborated and were able to place 9 residents at Mount View Care Center. There are currently 6 active nursing home closures in the state of Wisconsin. Loy anticipates that over the next 1-2 years Marathon County may see additional closure of nursing homes. Reported current closures are due to staffing, financing and other issues.
        - Metter gave appreciation to Loy and all NCHC staff on triaging the situation with Atrium and collaboration to offering support and services. Gochanour noted that 6 staff and 2 possible more staff are set to be onboarded with NCHC after Atrium's closing.
        - Wagner noted that he feels the NCHC successes with placing Atrium's staff and patients should be communicated with NCHC's tri-county partners.
      - Loy reviewed 2019 work plan, change noted RCA and NCHC Board budget priorities have been added as updated priorities.

   B) Quality Outcomes Review – M. Loy
      - For fiscal year 2018 the vacancy rate ended above target threshold and retention rate met target. Patient experience ended below target threshold. Nursing home readmission rate ended positively below target threshold whereas psychiatric hospital readmission rate was above. Access to behavioral health services was below threshold. Direct expense/gross patient revenue was negatively above target threshold whereas indirect expense/direct expense was positively below.
      - **Motion**/second, Benson/Metter, to accept the Quality Dashboard and Executive Summary. Motion carried.

   C) Chief Financial Officer's Report – B. Glodowski
      - December 2018 showed an overall gain. 2018 fiscal year ended with gain of $462,000. The numbers presented are preliminary and final totals will be presented in March after the financial audit is complete. Audit begins next week.

- Nursing Home and Hospital were both below targets in December. Year-end settlements from 2017 were allocated in December for CCS. CCS settlement was higher than anticipated. Total amount was just over $600K. Health Insurance was reported to be over $300K for December. We were $1.76M over budget for health insurance for 2018 and $541K total over budget for diversions for 2018. Salaries were under budget by $3M. Salary totals were cut back due to vacancies and leaving vacancies open in a deliberate attempt to overcome deficiencies with health insurance. However, the amount that was saved due to vacancy rate was offset by the cost of contracted staff in some areas. Interest income was $112K higher. Cash flow continues to do well. $500K contingency built in because of cash, investments increased in 2018 by $2.4M. Goal to have cash on hand be at 90 days, meaning if no cash comes in operations can continue for 90 days. At the end of 2017 there was enough cash on hand to operate for 68 days. As of December 31, 2018 there was enough cash on hand to operate for 72 days.
- Zriny asked about the outlook on health insurance for 2019. Glodowski noted that the new broker agent is working on design and the budget was increased by $600K for 2019. Part of the $300K overage in December was that liability needed to be increased by $110K related to 2018 costs. Brokers are optimistic that costs will be cut with new plan design and with increased use of the onsite clinic.
- Leonhard asked if majority of diversions, which resulted in an overage on budget, was due to juvenile or adult population, Scudiere reported that both juvenile and adult contributed. Loy stated that ratio is about 2 juveniles for every 1 adult.
- **Motion**/second, Ashbeck/Balk , to accept the December Financial Statements. Motion carried.

D) Human Services Operations Report – L. Scudiere
- Scudiere announced BHS leadership transition; as of January 7, 2019 Liz Parizo will no longer be the Director of BHS. Pat LuCore will be filling as Interim Director of BHS. If any partners need to speak to a leader in the BHS areas, there is a 24-hour manager call line where a manager can be accessed.
- Discussed Langlade County Sober Living Ad-Hoc Committee. Chris Grant, MCW Student, did an assessment of AODA needs. Assessment was presented to the Ad-Hoc Committee and Langlade County Board. Recommendation was to start with females only based on data collected. Grant will present at Marathon County Board meeting as well. Future for sober living model to be accepted in all counties to further continue effort of full spectrum of treatment services within NCHC.

E) Nursing Home Operations Report – K. Gochanour
- Matrix implementation is ongoing. Financial area has begun. This process is slated to be up and totally functional by April/May 2019. After the Financial area has been completed the clinical can begin.
- Changes in 2019 staffing structure were announced. RT Manager will be added to oversee all RTs on the vent unit. RT Manager is currently being recruited for.
- 1.5 FTE allocation for PM shift for nurses has increased to 2.0 FTE to meet higher clinically complex needs.
- Management structure and social work structure have been realigned. A Resident Transition Coordinator position has been added to assist families and residents during construction.

7. Board Discussion and Possible Action
   A) Authorization to Market and Sell the Property Located at 1115 Hillcrest Avenue Wausau, WI 54401
      - Loy introduced Bill Scholfield, Real Estate Broker who has been working with NCHC on the property. Seeking authorization to market and sell the property located at 1115 Hillcrest Avenue Wausau, WI 54401. Scholfield used an independent appraiser who appraised property at $174,000. Scholfield noted given the competitive market it would be appropriate to list the property higher and recommended listing the property for $199,000. No zoning needed. Can be used for residential purposes.
      - **Motion**/second, Wagner/Seefeldt, to approve the marketing and sale of the property located at 1115 Hillcrest Avenue Wausau, WI 54401. Motion carried.

   B) Authorization to Seek Proposals for Operational Assessment and Strategic Plan for the Inpatient Psychiatric Hospital and Crisis Services
      - Loy overviewed NCHC's past approach to strategic planning and end statements. We continue to have pressure on direction and structure for emergency and crisis services in the community. Recently a firm has been working with Milwaukee County on an assessment for what is needed for an emergency crisis and psychiatric standpoint. Loy asked for authorization to seek proposals for operational assessment and strategic plan for the inpatient psychiatric hospital and crisis services with an estimated timeline of 6-9 months and cost of $150,000. Would like to put together formal proposal for Board to approve this action in February meeting. Benson recommended putting together a RFP to also include AODA and outpatient services. Balk mentioned funding opportunities with community partners so that NCHC would not burden the total cost. Detailed proposal would be presented at February Board meeting.
      - **Motion**/second, Balk/Metter, to approve seeking of proposals for operational assessment and strategic plan for mental health and addiction services. Motion carried.

   C) Decide What to Decide - Priorities for Board Development and Education
      - Reviewed priorities for Board development and education. Zriny reviewed organizational structure, and proposed having a Chief Operating Officer to be more involved with the day-to-day versus the visionary aspect role of CEO. Wagner noted it would be beneficial to work towards focusing on employees and ranking staff for an ongoing plan to succeed in most efficient way by developing a corporate structure and for the Board to be involved with hiring and development. Wagner stated he would like to know how the Board can get people to work and stay at NCHC. Board needs to be involved with management structure and employee relations. Benson mentioned possibly creating a hybrid position between Administration and Legal Consultation as NCHC has struggled to fill the vacant Legal Counsel position. Ashbeck mentioned having a focus of the Board to take priority to better understand meth and addiction as it is on the rise in Wisconsin. Benson mentioned lack of treatment resources in the Central Wisconsin area and asked "how do we meet the needs going forward?" Wagner recommended a monthly discussion from NCHC Board members with media to show step by step changes with renovation to help get the community actively involved and excited for the renovation. Loy will take the feedback and build these discussions into future Board meetings.

8. MOTION TO GO INTO CLOSED SESSION:
   A) **Motion** by Balk 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 related to Corporate Compliance Activities and Significant Events; and for
   B) Consideration of a motion to adjourn into closed session pursuant to §19.85(1)(g) to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved, to wit: Legal Strategy for Leased Property Located at 504 N. 6th Street, Wausau, WI 54403.
   - Second by Wagner. Roll call. All ayes. Motion passed 9-0. Meeting convened in closed session at 1:36 p.m.

9. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
   - **Motion**/second, Wagner/Breske, to reconvene into Open Session. All Ayes. Motion passed 9-0. Meeting convened in Open Session at 2:03 p.m.
   - No action or announcements on the Closed Session Item(s) were made.

10. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
    - None.

11. Assessment of Board Effectiveness
    - None

12. Adjourn
    - **Motion**/second, Benson/Zriny, to adjourn the meeting at 2:15 p.m. Motion carried.

Minutes prepared by Katlyn Coles, Executive Assistant

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MEMORANDUM

DATE: February 19, 2019
TO: North Central Community Services Program Board
FROM: Laura Scudiere, HSO Executive
RE: Monthly HSO Report

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. **The Opioid and Meth Epidemic: What Counties Can Do To Ease Wisconsin's Drug Epidemic:** NCHC had the opportunity on 2/18/19 to participate in a day-long conference presented by the Wisconsin Counties Association. Several jail-based initiatives were discussed including medically-assisted treatment options, prevention activities, and data on the heroine and meth epidemic in our state.

2. **Langlade County Sober Living Ad Hoc Committee:** At the most recent sober living meeting, NCHC staff were invited to present an educational session to assist with the committee's understanding of addiction and treatment. Substance Abuse Counselor Kyla Luther was on hand to provide the group with essential information regarding how addiction impacts brain functioning and different aspects of recovery.

3. **North Central Recovery Coaching Collaborative:** The first meeting of the advisory committee is set for Feb. 21 at 3 pm at Community Corner Clubhouse. Various community partners and recovery coaches will be participating to form an advisory committee to help build this collaborative and structure programming. At that meeting, the group will be forming to establish a vision for the collaborative, the primary goals, and function. Formation of this collaborative will provide the backbone for recovery coaches in our 3-county region.

4. **Individual Placement and Support (IPS):** IPS was recently reviewed by state surveyors to determine the level of fidelity to the program's evidence-based standards. The program was given the highest and hardest to achieve score, which was "exemplary". NCHC has always achieved high scores on this review, but until this last review, had not broken the barrier to the highest available score. IPS promotes the recovery of people who have a mental illness by helping them to find and keep jobs that allow them to utilize their skills.

5. **Marathon County Medical Clearance Discussions:** NCHC is participating in a multi-disciplinary process improvement project focused on medical clearance procedures for individuals who need inpatient psychiatric hospitalization. These sessions, which occur with support from Aspirus, assist the group with developing a work plan with the goal to make the medical clearance procedure more safe, effective, efficient, and trauma informed for all involved in the process. Other participants include the Marathon County Sherriff's Department, Aspirus medical and social work staff, and Wausau Police Department.

6. **Therapy Dog:** NCHC's newest staff member, Alvin the therapy dog, is now working in the BHS unit under the care and supervision of his primary handler, Daniel Shine. Shine is the manager of Lakeside Recovery and recently returned from the two week training on how to become a therapy dog handler and how to incorporate him into our services here at NCHC. Alvin will be living with Daniel and providing therapy dog services in MMT, Crisis CBRF, Crisis Unit, and the Inpatient Unit. Special care will be taken to ensure that Alvin only goes where patients welcome his presence. Alvin has had a very warm reception by patients and staff alike.

7. **Everest Metro Police Department:** NCHC staff met with Chief Schultz to discuss how we could jointly work to improve the crisis experience of those individuals coming from their jurisdiction. It was decided to move forward with a meeting with the school district, to see if the school's mental health needs can be more effectively met. Other ideas are being explored including having a crisis worker work out of their station and the use of a therapy dog in the schools.

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MEMORANDUM

DATE: February 19, 2019
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: February Nursing Home Operations Report

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 Electronic Medical Record (EMR) Implementation:** Staff is busy working on the Matrix EMR implementation and building the program with the help of the Matrix staff. Attached is a timeline to show the steps and pieces to make this transition occur. At this time we are on track to have the system "go live" in April. Last areas to implement will be the C.N.A. charting and the meal tracker program in May.

2) **Quality Assurance Process Improvement (QAPI):** As we prepare for our annual nursing home survey, our quality data specialist has been at work creating the Mount View QAPI Annual Plan and the Facility-Wide Assessment which are required as participants in the Medicare and Medicaid programs. The QAPI Annual Plan is our organization's data driven and proactive approach to quality improvement. The Facility-Wide Assessment determines what resources are necessary to care for our residents both day to day and during emergencies. Both are projects related to the CMS Mega Rule updates that are being phased in.

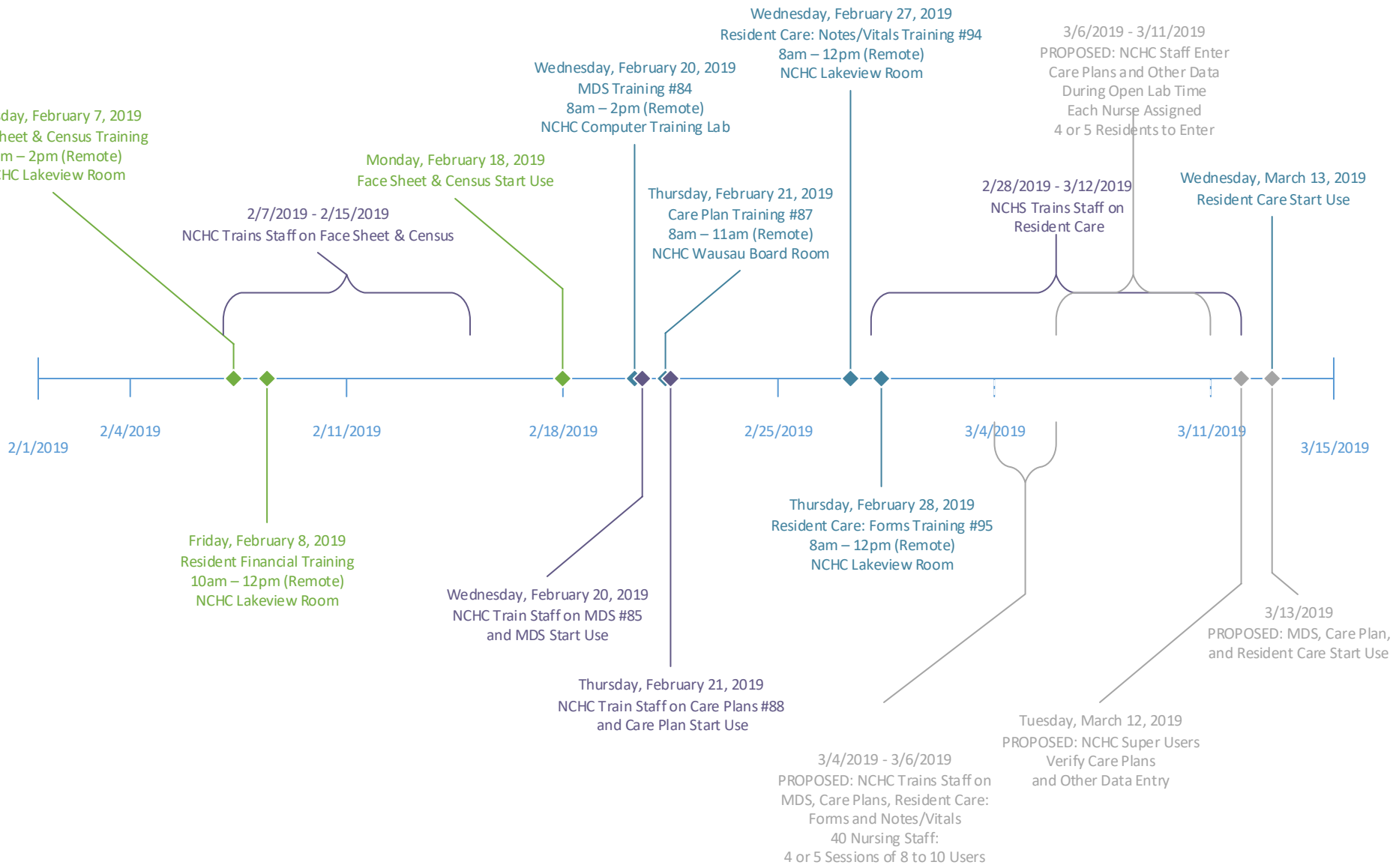
3) **Resident Relocation Specialist Position:** As we prepare for the Campus Renovation and construction, we identified a need to create a contact person for the residents, staff, and families. By reviewing our current Social Services department, we restructured and asked Lindsey King to assist in this position. Her main role will be to keep residents/families informed of the changes, assist and coordinate any resident room changes that will be needed, and work with the facility master plan team to identify areas to communicate and keep all informed. We project that this role will be in place over the span of the renovation. Lindsey assisted us in the past when we made the determination to "right size" our long term care program and was highly successful.

4) **Data trends for 2018:** Below are some overall data trends for Mount View in 2018.

Total Admissions	352
Total Discharges	262 (107 expired)
Average Census	178
Average Medicare Census	20.2
Average Ventilator census	16.7

5) **Employee Engagement:** In January we celebrated our Activity Staff by hosting a program with our residents. One of our unique areas is the variety of life enrichment activities that we provide our residents. This department is made up of 1 music therapist, 1 massage therapist, 3 activity coordinators and 6 life enrichment aides who provide meaningful on a daily basis to our residents and families.

MatrixCare – February 2019 Sessions/Events



Name of Document: **Capital Asset Management** **Policy:** ☒ **X** **Procedure:** ☐	North Central Health Care Person centered. Outcome focused.
Document #: 0105-1	Department: NCCSP Board
Primary Approving Body: CEO	Secondary Approving Body: NCCSP Board

Related Forms:

- None

I. Document Statement

It is the policy of North Central Health Care (NCHC) to establish guidelines that shall be used for funding and managing capital assets. This policy provides for the funding and approval processes for capital asset requests.

II. Purpose

To provide consistency and understanding of the funding and managing capital assets at NCHC. To assure there is adequate funds available for purchasing assets within the approved time frame.

III. Definitions

Capital Asset - Assets that are used in operations and meet the threshold guidelines.

Moveable Equipment - Assets that are not part of the building or rolling stock.

Rolling Stock - Includes vehicles, buses, tractors and mowers.

IV. General Procedure

1) NCHC maintains an account for restricted assets designated for capital purchases. This is a cash account and adequate cash should be in this account to cover approved capital. Once capital is approved, funding will be available for the approved year and for two consecutive years following the approved year. If not purchased within this time frame, the request must be resubmitted through the budget process. Any unused funds roll back into the NCHC general fund. Status of approved capital items will be available and maintained for review at all times.

2) Programs have the opportunity to request capital needs during the budget

process. The CEO and CFO review the requests and submit request to any authorizing body as required. The recommended list of capital requests is presented to the NCHC Board with the annual budget. Upon Board approval, the approved capital for the following calendar year is established.

3) All proposed Building Alterations to County owned property must be submitted to the County's Facilities Department for consideration and funding. If projects are approved and not funded by the County, NCHC may fund the project through its capital budget. All County owned property and improvements will be listed on NCHC's financial statements as NCHC assets regardless of funding source.

4) In the unforeseen event a capital item is needed that has not been budgeted, the CEO will request approval from the NCHC Board if the item is over $30,000 and funding is available. If the item is under $30,000, the CFO may approve. Upon approval, the item will be added to the current approved items.

5) Moveable Equipment of any cost is considered operational and is the responsibility of NCHC for funding. These items will adhere to the NCHC budget policy and approval requirements as stated above.

V. Program-Specific Requirements:

IV. References: None

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Deleted: CEO

Deleted: <#>Marathon County: The memorandum of understanding between North Central Health Care and Marathon County dated January 2016 for Capital Expenditures will be followed for building alterations and rolling stock.¶
¶
<#>Building Alterations: NCHC will adhere to Marathon County's Capital Improvement Plan (CIP) for building alterations over $30,000. Projects $30,000 and under are considered maintenance projects for Marathon County purposes and NCHC will handle those operationally and financially. NCHC projects which are requested to be ranked but are not ranked high enough for CIP funding may be resubmitted for approval using NCHC restricted assets designated for capital purchases.¶
¶
<#>Rolling Stock: Rolling stock, including vehicles, buses, tractors, and mowers, intended for Marathon County programs, shall fall under Marathon County's policy and procedures on rolling stock in determining need and replacement schedule. Purchases over $5,000 shall be eligible for capital improvement funds. Purchases under $5,000 shall be considered operational expenses from Marathon County's perspective and will funded by North Central Health. Any rolling stock that is requested for funding but does not receive funding approval by Marathon County may be funded by NCHC if it is determined the item is needed for a program and receives approval by the NCHC Board as required in this policy.¶

Name of Document: **Cash Management** **Policy: ☒ X Procedure: ☐**	North Central Health Care Person centered. Outcome focused.
Document #: 0105-1	Department: NCCSP Board
Primary Approving Body: CEO	Secondary Approving Body: NCCSP Board

Related Forms:

- None

I. Document Statement

Having adequate cash is essential for the daily operations of North Central Health Care (NCHC) as well as desirable for contributing to achieving overall strategic outcomes. This policy delegates the responsibility to the Chief Financial Officer to assure adequate cash is available to meet the daily operational needs of NCHC, prepare for unforeseen events, and plan for future cash needs.

II. Purpose

The purpose of the Cash Management Policy is to formulate sound cash management practices to ensure operational needs are met, and plan for achievement of strategic outcomes while adhering to proper audit guidelines.

III. Definitions

Capital Expenditures - Includes moveable and fixed equipment, building and building improvements over $2,500.

Contingency - A provision for an unforeseen event or circumstance.

Operating Cash - Cash used for operations, such as payroll and accounts payable.

IV. General Procedure

1) Bank deposits are made daily. Designated petty cash funds are maintained on site, and all other cash and checks are deposited into the NCHC General Account.

2) Internal controls and audit guidelines are established, documented, and followed in the handling of cash.

3) Cash should be maintained in the general account to meet operational needs. The amount should maintained, on average, equal to the anticipated monthly expenditures plus ten percent.

4) Cash shall be designated and encumbered to meet approved capital expenditures.

5) Cash shall be designated and encumbered in an amount approved by the NCHC Board for Contingency.

6) Cash may also be designated as directed and approved by the NCCSP Board for designated purposes as program expansions, or other specified items as defined in a strategic plan.

7) Remaining cash after the above criteria is met should be invested based on the NCHC Investment Policy. Cash may be transferred from investments to meet cash obligations as designated above.

V. Program-Specific Requirements:

References: None

Related Documents:

Name of Document: **Contract Review and Approval Policy** **Policy: ☒ X Procedure: ☐**	North Central Health Care Person centered. Outcome focused.
Document #: 0105-1	Department: NCCSP Board
Primary Approving Body: CEO	Secondary Approving Body: NCCSP Board

Related Forms:

- Contract Review Request Form

I. Document Statement

It is the policy of North Central Health Care ("NCHC") to develop and implement a Contract Review and Approval Policy that applies to all Contracts made on behalf or in the name of NCHC; to commit to writing all Contracts; to assure that a review process is completed that is appropriate to the nature of the Contract; and to assure that all Contracts are properly reviewed and executed by individuals who have proper authority. This Policy applies to all Contracts to which NCHC is a party, regardless of whether they have been drafted by NCHC or a third party.

II. Purpose

The purpose of this Contract Review and Approval Policy ("Policy") is to provide an organized and coordinated process to ensure that any commitment of NCHC resources and all Contracts obligating NCHC are properly reviewed, prepared, approved, and executed by authorized personnel. This Policy is binding upon all NCHC employees. Please consult with the NCHC Contract Specialist if you have any questions about this Policy or the procedures to follow for the review, preparation, approval, and execution of NCHC Contracts.

This Policy establishes guidelines, procedures, and requirements for:

1) An initiating Director or Executive (the "Requester") to request Contract assistance from NCHC's Contract Specialist or legal counsel.

2) The review, preparation, approval, and execution of a Contract to which NCHC is a party.

III. Definitions

Authorized Signatory - Except as otherwise provided herein, only the Chief Executive Officer, Acting Chief Executive Officer, or other expressly designated Executive of NCHC is authorized to execute Contracts on behalf of NCHC. Where

the risks of failing to achieve the purposes of this Policy are low, and the matters are routine, the Authorized Signatory may delegate approval authority for classes of Contracts to the CFO or Compliance Officer who have supervision of the subject of the Contracts. Any such delegation shall be in writing and shall be executed by the Authorized Signatory. The Authorized Signatory may revoke such authority at will.

Compliance Officer - the high ranking member of management that is named by the Board of NCHC to serve as Compliance Officer of NCHC.

Contracts - "Contract(s)" include any and all agreements or understandings between NCHC and any other party, including without limitation, business associate agreements, employment agreements, health care provider agreements, consolidated billing services agreements, insurance provider agreements, maintenance agreements, medical records agreements, purchase agreements, software agreements, transportation agreements, rental agreements, equipment agreements, service agreements, facility use agreements, consulting agreements, licenses, leases, promissory notes, instruments, assignments, powers of attorney, terms and conditions, memoranda of understanding, letters of intent, settlements, releases, waivers, grant applications, other similar documents, and any renewal, amendment, or modification to existing Contracts of the foregoing types. If an employee is not certain whether a communication with another party will form or modify a Contract, the Requester should contact the Contract Specialist for guidance. All Contracts are required to be in writing. Oral agreements are not authorized regardless of whether there is a monetary exchange.

Contract Specialist - the individual designated by NCHC to manage the administrative activities associated with NCHC Contracts and the contracting process.

Health Care Provider - "Health care provider" or "provider" is a state licensed or certified person or state-authorized facility, which delivers diagnostic, treatment, inpatient or ambulatory health care services or any other party that receives payment or reimbursement for the provision of health care services.

Managed Care Contract - contracts with health plans, managed care organizations, governmental reimbursement programs and other organizations that involve reimbursement or other compensation for services performed by NCHC. Managed Care Contracts include, without limitation, Contracts involving:

- participation in Accountable Care Organizations, preferred provider organizations, network provider organizations, clinically integrated provider organizations, and other organizations that contract with payers of health care services;

- any state, federal, or other governmental health care program;
- employee welfare benefit programs whether qualified or not under the Employee Retirement Income Security Act;
- exclusive provider organizations, preferred provider organizations, defined benefit plans, health maintenance organizations, physician/hospital organizations, and indemnity insurance;
- administration of any Managed Care Contract, third party administration;
- utilizations review, quality standards, quality assurance, quality management, incentive compensation, compliance with protocols or standards for providing care, integrated care requirements, and preauthorization or preapproval of services; and
- reimbursement or compensation regardless of the structure including fee-for-service, discounted fee-for-service, bundled payment, capitation, episode of care, and pay for performance.

NCHC Contract Templates - standard contract clauses that are created and approved by legal counsel to provide guidance with respect to areas of contracting. Each NCHC Contract Template shall include a cover sheet indicating the scope of acceptable use and other issues determined by legal counsel and/or the Compliance Officer regarding the use of the applicable NCHC Contract Template. Use of a NCHC Contract Template does not obviate the need to have the applicable Contract properly reviewed, approved, or executed pursuant to this Policy. NCHC Contract Templates are only intended to potentially streamline the review and approval process by developing uniform terms. Each potential contractual arrangement will have its own unique terms and regulatory impact. Reliance on NCHC Contract Templates alone is not sufficient to assure compliance or approval.

Privacy Officer - the individual designated by NCHC to serve as the privacy official responsible for developing and implementing its privacy policies and procedures, serving as a contact person responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices as required under 45 C.F.R. § 164.530(a).

Referral Source Arrangement - an arrangement with a physician or other person or entity that is in a position to make, influence, or recommend a referral, purchasing, leasing, ordering or arranging for any goods, facility, item or service paid for, in whole or in part, by a federal or state healthcare program. The definition should be interpreted broadly for purposes of the NCHC compliance program. A Referral Source Arrangement is any type of Contract or other arrangement with anyone

(including an immediate family member of such person) who could potentially influence the flow of Medicare/Medicaid or other government healthcare programs business to another party including anyone who has referred a patient to NCHC in the past or who is reasonably anticipated to refer a patient to NCHC in the future. This definition includes instances when NCHC or a NCHC provider is the party in a position to refer or influence the referral of federal healthcare program business to a vendor. A Referral Source Arrangement can exist even if the subject matter of the Contract does not involve potential referrals or is otherwise unrelated to healthcare. Any arrangement with a party that is in a position to make or influence referrals is to be considered a Referral Source Arrangement.

IV. General Procedure

1) All employees of NCHC must follow the procedures and comply with the requirements of this Policy with respect to the review, preparation, approval, and execution of any Contract to which NCHC is a party. No person may sign any Contract on behalf of NCHC unless:

    a. the Contract is reviewed, prepared, and approved in accordance with this Policy and its procedures;

    b. the Contract has complied with all other internal approval requirements under other applicable NCHC policies; and

    c. the individual is properly authorized to sign the Contract as an Authorized Signatory.

2) Nature of Review and Approval Process. Depending on a number of factors, the Contract may need approval by a particular department or program, the Compliance Officer, the Privacy Officer, Legal Review (as defined below), Chief Financial Officer, and other NCHC personnel. The procedure for approval of a Contract is set forth in this Policy and depends on:

    a. the type of vendor/contractor, i.e., whether the proposed agreement is a Referral Source Arrangement;

    b. the type of the proposed agreement;

    c. whether the nature of the Contract involves potential regulatory risk;

    d. whether the Contract requires a request for proposal process or other special approval;

e. whether the Contract is with an approved vendor;

f. whether the Contract uses NCHC Contract Templates; and

g. the dollar amount of the proposed Contract.

3) Contract Review or Preparation Process**.**
The contracting process begins when the Requester identifies a need to use outside goods or services or otherwise seeks to establish a relationship between NCHC and a third party or upon the renewal of Contract. The Requester and the Contract Specialist are both responsible for advising the Authorized Signatory and other appropriate NCHC personnel of a potential Contract at the earliest possible time in the contracting process and for keeping the Authorized Signatory up to date on the negotiation and contracting process. The Authorized Signatory may, in the Authorized Signatory's discretion, participate in any part of the contracting process.

4) Preliminary Contract Discussions. The Requester is expected to:

a. be authorized to negotiate in good faith, the specific provisions for which a contract is required;

b. if assistance is needed during preliminary discussions and negotiations of the Contract, including letters of intent, contact the Contract Specialist; and

c. to the extent possible, use NCHC Contract Templates to propose the initial draft Contract for purposes of preliminary discussions and negotiations.

5) NCHC Contract Templates. NCHC Contract Templates are maintained by the Contract Specialist and are available upon request to the Contract Specialist. Use of a NCHC Contract Template does not of itself obviate the need to obtain Legal Review or any other review or approval of a Contract.

6) Prior to Submitting the Contract Review Request. Before submitting a Contract Review Request to the Contract Specialist, the Requester must review the proposed Contract and identify the terms and conditions that are acceptable or unacceptable to NCHC and identify any modifications or deletions. The Requester is also responsible for considering the business implications of the proposed Contract and confirming that the proposal:

a. meets the goals and objectives of the business unit or department;

b. is consistent with NCHC's mission; and

c. is in NCHC's best interests.

7) Requester Responsibilities. The Requester shall work closely with the Contract Specialist and other appropriate NCHC personnel through each stage of the contracting process. Requester's responsibilities include, but are not limited to:

a. properly vetting the counterparty according to NCHC policies and procedures and using any contracting checklists and flow charts adopted by NCHC to provide guidance through the contracting process;

b. assisting in developing Contract specifications;

c. negotiating appropriate business terms. The Authorized Signatory or Compliance Officer shall, in the Authorized Signatory's or Compliance Officer's discretion, seek assistance from outside legal counsel when negotiating the terms of a Contract. Confirming that any business terms proposed by the counterparty are acceptable. Terms may include price, scope of services, or other elements of the engagement or relationship with the counterparty;

d. confirming as follows:

i. the Contract terms and conditions, including the duties of the parties, are clear, consistent, and acceptable to NCHC and the Requester;

ii. NCHC has the necessary funds and resources to enter into and meet NCHC's obligations under the Contract;

iii. the Contract terms and conditions have the support and approval of the Requester and, if applicable, the appropriate Executive; and

iv. the Contract terms and conditions have the support and approval of any other department that will need to provide technical support, facilities, services, and/or personnel to carry out NCHC's obligations under the Contract.

8) Submission for Contract Review. The Requester must submit a Contract Review Request to the Contract Specialist. Requester must comply with the following requirements for each Contract Review Request:

   a. the Requester must complete all applicable sections. Any incomplete Contract Review Request may be returned to the Requester for completion. The Requester should contact the Contract Specialist with any questions about completing the form;

   b. the Requester must submit the Contract Review Request to the Contract Specialist as early as possible during Contract negotiations or discussions;

   c. the Requester must attach a copy of the Contract and all documents referenced in the Contract and any other supporting or relevant documents; and

   d. the Requester must execute the Contract Review Request.

9) Legal Review Requirements. At the discretion of the Authorized Signatory or Compliance Officer, NCHC may request legal counsel to review or prepare a Contract ("Legal Review").

   a. Legal Review. Legal review and approval does not mean that the Contract is authorized for signature. The Contract Specialist and the Requester are responsible for the review and approval of the business terms of the Contract after Legal Review. Business terms include, but are not limited to, services to be provided, goods to be purchased or sold, fees, payment terms, and deliverables. The final decision to enter into a Contract is the responsibility of the Authorized Signatory and should take place only in accordance with this Policy.

      i. No Exemption from Other Requirements. An exemption from Legal Review and approval does not exempt a Contract from any other applicable NCHC requirement for review and approval.

      ii. Circumventing Legal Review. It is a violation of this Policy to divide a Contract into two (2) or more separate Contracts or installments in an attempt to bypass the thresholds for Legal Review and approval under this Policy.

b. Contract Where Legal Review Should be Strongly Considered. NCHC Contracts that may require Legal Review, in the discretion of the Authorized Signatory or Compliance Officer, and approval prior to signing include without limitation:

    i. contracts affecting NCHC's ownership rights that are protectable through copyright, patent, trademark, or trade secret law ("Intellectual Property"), including Contracts under which NCHC: transfers ownership of, or licenses its Intellectual Property to, a third party; or licenses, purchases, or otherwise acquires Intellectual Property from a third party;

    ii. Guaranties by NCHC of any monetary or non-monetary obligation;

    iii. Contracts arranging for credit facilities or the borrowing of funds on behalf of NCHC;

    iv. Contracts with any governmental entity and inter-agency agreements;

    v. Contracts with a duration of longer than twelve (12) months;

    vi. Employment agreements;

    vii. Agreements involving real estate interests including, but not limited to, leases, facility use agreements, land contracts, rental agreements, and easements;

    viii. Agreements subject to public bidding requirements; and

    ix. Amendments to any of the above-referenced types of Contracts.

c. Contracts Requiring Compliance and Legal Review. The following Contracts, if new or are a modification, as determined by the Authorized Signatory, must be submitted for Legal Review and to the Compliance Officer for review as early as possible during negotiations, but no later than before submission to the Authorized Signatory for final signature:

    i. contracts involving Referral Source Arrangements;

    ii. contracts with any Health Care Provider;

iii. contracts with insurance providers;

iv. managed Care Contracts except single patient agreements;

v. contracts with any entity that is in competition with NCHC;

vi. contracts with consultants of any nature including but not limited to accountants, auditors, attorneys, and other medical consultants;

vii. contracts involving the use and/or disclosure of protected health information ("PHI") or treatment records regardless of Contract duration or cost;

viii. contracts related to programs and services that are regulated under state or federal law;

ix. Contracts requesting any significant deviation from NCHC Contract Templates;

x. Contracts having a total commitment value by NCHC in excess of $100,000 annually whether such commitment is financial, goods, or services; and

xi. Amendments to any of the above-referenced types of Contracts.

9) Compliance Officer Review. The Contract Specialist and the Requester shall both be responsible for advising the Compliance Officer of all potential Contracts. The Compliance Officer may review any Contract, request Legal Review, and/or object to any Contract on compliance grounds. The Compliance Officer shall review any Contract that requires Compliance Officer review under this Policy or any other policy of NCHC.

10) Privacy Officer Review. For any agreements with vendors who are providing a service to NCHC and receive PHI through the service, the Agreement shall contain business associate language and security provisions or a data use agreement as required by the Final Privacy Rule and the Final Security Rule described more fully in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Officer shall be authorized to execute business associate agreements on behalf of NCHC.

11) Contract Approval and Execution.

a. Authorized Signatory. The Authorized Signatory is authorized to approve, execute, acknowledge, and deliver to external parties, in the name and on behalf of NCHC, any and all Contracts, documents, or other instruments that the Authorized Signatory determines to be necessary or appropriate to carry out the transactions authorized thereby.

b. Unauthorized Signatures. Only Authorized Signatories may sign Contracts on behalf of NCHC. Any other individual who enters into a Contract, whether oral or written, that purports to bind NCHC is acting without authority and may be held personally liable for the Contract. Individuals who enter into unauthorized Contracts or commitments may also be subject to disciplinary action, up to and including termination.

c. Board Consultation. It is NCHC's policy that material Contracts be entered into with consultation by NCHC's Board of Directors as required in the Board's Policy Governance Manual.

12) Responsibilities of Authorized Signatory. The Authorized Signatory is responsible for:

a. ensuring that he or she has the appropriate authority to approve and execute the Contract;

b. reviewing each Contract Review Request and approving the Contract;

c. verifying that outside legal counsel, if appropriate, has approved the Contract;

d. ensuring that all other reviews and approvals required by any applicable NCHC policies have been obtained prior to Contract execution; and

e. ensuring that NCHC's Board of Directors are consulted regarding material Contracts.

13) Signature Requirements. Each Authorized Signatory approving a Contract must affix his or her own physical signature to a Contract approved for execution.

14) Contract Execution. The Contract Specialist is responsible for providing a Contract to the Authorized Signatory for execution. The Authorized Signatory

signs two (2) copies of the Contract. Copies of the Contract are located in the central Contract files to be maintained by the Contract Specialist. The Contract Specialist will maintain records of all fully executed Contracts in a secure location where they will be kept in accordance with NCHC policy. The Contract Specialist must provide the Authorized Signatory with:

a. the final version of the Contract for execution;

b. A copy of the previous Contract with the changes proposed identified;

c. the completed Contract Review Request; and

d. any other information required for the Authorized Signatory to approve the Contract.

15) Contract Specialist Responsibilities. The Contract Specialist's responsibilities include, but are not limited to:

a. with the assistance of the Compliance Officer and Legal Review where necessary, make an initial assessment of the Contract type and approval process applicable to the subject Contract;

b. routing the Contract to the necessary approvers based on the Contract type;

c. maintaining NCHC Contract Templates;

d. working closely with the Requester, the Authorized Signatory, and, if applicable, the Compliance Officer and outside legal counsel, through each stage of the contracting process;

e. ensuring that each Contract Review Request is complete and accurate;

f. facilitating the review of a Contract by a senior executive if appropriate;

g. working with the Authorized Signatory to determine when engagement of outside legal counsel is appropriate and, if necessary, engaging outside legal counsel;

h. executing each completed and verified Contract Review Request;

i. presenting an executed Contract Review Request to the Authorized Signatory for review and execution;

j. maintaining copies of all executed Contracts and associated documents;

k. auditing current Contracts; and

l. maintaining a log of current Contracts and otherwise performing Contract maintenance ("Contract Matrix").

16) Contract Maintenance. Upon full execution by the parties, the Contract Specialist must retain Contract documentation in accordance with NCHC Policy Document Retention Policy. Contract documentation includes:

a. the original Contract and, to the extent possible, an electronic copy of the Contract;

b. all exhibits, attachments, and documents incorporated by reference in the Contract; and

c. all Contract approvals, namely the Contract Review Request, required under applicable NCHC's policies.

17) Contract Termination. In the event that any Requester wishes to discontinue services under or terminate an existing Contract before the Contract term expires, the Requester must contact the Contract Specialist before taking any steps to end the relationship with the counterparty.

18) Contract Records Management. The NCHC Contract Specialist will provide Contract records management for all Contracts. This management will consist of maintaining the Contract Matrix that contains at least:

a. name of contracting parties;

b. type of service provided;

c. NCHC department/facility/program where service is provided;

d. renewal/termination/rollover dates;

e. critical notification dates; and

f. computerized ability for responsible parties to view current Contract.

A copy of the Contract Matrix will be maintained in an electronic format that is accessible to all administrators and officers. The Contract Specialist will use the Contract Matrix to track expiration, notification, and renegotiation dates and shall notify the appropriate department in the event any notice, review, or renegotiation of a Contract approximately one hundred and twenty days (120) days prior to any such relevant date. During the respective Contract periods, key issues and concerns should be referred to the responsible department head for consideration during negotiation.

19) Compliance with Other Policies.

a. Conflicts of Interest. All NCHC employees are responsible for ensuring that NCHC does not enter into a Contract that presents a real or perceived conflict of interest, and must comply with NCHC's Policy on Conflicts of Interest and Disclosure of Certain Interests when reviewing, approving, or otherwise exercising their authority with respect to such Contract. If a real or perceived conflict of interest does arise, the issue must be resolved prior to entering into such Contract, as required by NCHC's Policy on Conflicts of Interest and Disclosure of Certain Interests. Resolution of any real or perceived conflict should be documented in writing and kept on file by the Contract Specialist. Questions about possible conflicts should be directed to the Contract Specialist who will forward them to an Authorized Signatory or outside legal counsel as appropriate.

b. Other NCHC Policies. The review, approval, and exercise of authority under this Policy must comply with all applicable NCHC policies and procedures including, without limitation:

i. the NCHC Code of Conduct and Ethics and all Compliance Program policies and procedures;

ii. the NCHC Referral Source and Clinical Services Contract Management Policy;

iii. the NCHC Screening of Federal and State Exclusion Lists policy;

iv. the NCHC Vendor Approval Process Policy; and

v. all other qualifications and requirements established by NCHC.

20) Violation of this Policy. Any employee, regardless of position or title, who violates any provision of this Policy will be subject to discipline, up to and including termination of employment.

V. Program-Specific Requirements:

References: None

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Dia L. Arpon, M.D. (Appoint/Reappoint) 02-28-2019 to 10-31-2020
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
__X__ Employee
_____ Locum Locum Agency: _____
_____ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 1-24-19
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
_____ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ _____
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Sencan S. Unal, M.D. (Appoint/Reappoint) 02-28-2019 to 01-31-2021
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
__X__ Employee
_____ Locum
_____ Contract
Locum Agency: _____
Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 2-14-19
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
_____ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ _____
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Jean L. Barbeau-Anaya, PA C Appoint/(Reappoint) 04-01-2019 to 03-31-2021
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
_____ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
_____ Courtesy
_X_ Active

Provider Type
_X_ Employee
_____ Locum
_____ Contract
Locum Agency: _____
Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 1-24-19
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
_____ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ _____
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Laurence R. Gordon, D.O. Appoint/(Reappoint) 0401-2019 to 03-31-2020
Time Period

Requested Privileges
- X Medical (Includes Family Practice, Internal Medicine)
- _____ Psychiatry
- _____ Mid-Level Practitioner
- _____ Medical Director
- _____ BHS Medical Director

Medical Staff Status
- X Courtesy
- _____ Active

Provider Type
- _____ Employee
- _____ Locum — Locum Agency: _____
- X Contract — Contract Name: Aspirus Clinics, Inc.

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 1-24-19
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
- _____ He/she be appointed/reappointed to the Medical Staff as requested
- _____ Action be deferred on the application
- _____ The application be denied

_____ _____
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
- _____ Concur
- _____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Bababo O. Opaneye, M.D. Appoint/Reappoint 04-01-2019 to 03-31-2021
Time Period

Requested Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director
_____ BHS Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
_____ Employee
__X__ Locum
_____ Contract
Locum Agency: Daily Care
Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____ 1-29-19
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
_____ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ _____
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Anne C. Dibala, M.D. Appointment Period 11-1-2018 to 04-30-2020
Time Period

Current Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
__X__ Medical Director
_____ Mid-Level Practitioner

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
__X__ Employee
_____ Locum Locum Agency: _____
_____ Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

__X__ Privilege Reason: Discontinued Medical Director privileges on 01-28-2019. Psychiatry privileges continue

__X__ Status Reason: Change from Active to Courtesy

__X__ Type Reason: Change from NCHC Employee to Contract
Contract Name: Anne Dibala, M.D., PC

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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

_____

_____ _____

(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

_____ The amendment(s) be approved
_____ Action be deferred on the amendment(s)
_____ The amendment(s) be denied

_____ _____

(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: _____ Concur
_____ Recommend further reconsideration

_____ _____

(Governing Board Signature) (Signature Date)

_____ _____

(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Leandrea S. Lamberton, MD. Appointment Period 11-01-2017 to 06-30-2019
Time Period

Current Privileges
_____ Medical (Includes Family Practice, Internal Medicine)
__X__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
_____ Employee
__X__ Locum
_____ Contract
Locum Agency: LocumTenens.com.
Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

_____ Status Reason: _____

__X__ Type Reason: Change from locum tenens to NCHC employee on 01-01-2019.

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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

_____

_____ _____

(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

_____ The amendment(s) be approved
_____ Action be deferred on the amendment(s)
_____ The amendment(s) be denied

_____ _____

(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: _____ Concur
_____ Recommend further reconsideration

_____ _____

(Governing Board Signature) (Signature Date)

_____ _____

(Chief Executive Officer Signature) (Signature Date)

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MEMORANDUM

DATE: February 22, 2019
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: CEO Report

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

1) **Campus Renovation Plan:** The architectural and design firms were back onsite in early February to review another iteration of the campus renovation plans. As part of this visit we held our initial pre-planning meeting with the City and State officials. The project team also presented the initial plan to the Medical Staff and County leadership with a positive reception from both groups. The plan presentation on February 14th to the Marathon County Board was delayed to allow for the team to coordinate some approvals from State and Federal agencies prior to presenting the plan to the public. Additional time will also allow for more detailed renderings for the public to better understand the project.

2) **Langlade County Offices:** During the first week of February we held the space programming needs assessment meetings for our Langlade County Offices. In 2-3 weeks we should receive a preliminary design to reduce our office footprint in Langlade County by approximately 4,000 square feet. After we receive the preliminary design we will meet with Langlade County officials to obtain further direction to pursue a renovation project or identify other community sites for our Langlade County operations.

3) **Information Services Recruitments:** We have hired Tom Boutain as our Information Services Executive. Tom will begin in his role the first week of March. Tom comes with 20 plus years of Information Technology experience with over 15 years of direct management of technical teams. Tom is coming to NCHC from Church Mutual Insurance Company where he has served in roles as a Manager of IT Operations – Project Delivery and as their Networks & Technology Manager. I am confident Tom can provide the vision and execution necessary to deliver on our Information Services strategies outlined in our 5 to 50 Vision.

   We have also hired Ashley Downing as our Information Services & Health Information Director. Ashley will begin in her role at NCHC in March as well. This role expands the scope of the vacant HIM Director position to provide the day to day management of staff in both the Information Services and Health Information programs. Ashley is coming to NCHC from Aspirus where she served in several roles over the last 12 years including key roles as the Health Information Management Supervisor, EPIC Clinic Application Lead, and most recently as a Manager of Information Systems. Ashley is a Registered Health Information Administrator (RHIA) and carries a Six Sigma Green Belt. Ashley will report directly to the Information Services Executive and will have the direct management of both Information Services and Health Information staff.

4) **Human Resources Executive Resignation:** Sue Matis will be leaving NCHC on March 15, 2019. Sue is leaving for an opportunity to fulfill her long-term career goal of not only being a HR Consultant, but also the opportunity to build a company with partial ownership potential. It is a tremendous opportunity for her personally and professionally. On behalf of the entire organization I want to thank Sue for her service here at NCHC.

5) **Restructuring of the Executive Management Team:** With the transition of the HR Executive, it is an opportune time to revisit the composition of the Executive Management Team. Instead of filling the HR Executive position we will be recruiting for an Operational Executive. The HR Executive had four management level direct reports: an HR Manger, Organizational Development Manager, Marketing and Communications Manager and Volunteer Coordinator. The Volunteer Coordinator will now report directly to the Nursing Home Operations Executive. The remaining three will all be given increased responsibility and are being promoted to Director. These three Directors along with other operational areas will report to the new Operations Executive. The recruitment for this positon has commenced. A more detailed overview will be provided at the Board Meeting.

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Develop NCHC into a Learning Organization	NCCSP	Jan-19	Board approved Roadmap for Learning Organization	Senior Management Team continues to meet on this initiative.	Open												
Build Medical Staff Leadership Capacity	NCCSP	Jan-19	All budgeted FTEs are filled. Physician roles defined and development plans in place. MCW PGY3 implemented	Completed recruitment for third year of residents. Recruitments for open Psychiatry positions ongoing. Initial PGY3 rotation is being designed.	Open												
Refresh Information Services Platform	NCCSP	Jan-19	By the end of 2021, have upgraded all of our five core systems.	The Human Resources and Learning platform systems RFP is being reviewed with finalist being scheduled for interviews. Matrix Care is being implemented as a replacment EHR for MVCC (target May 2019 completion). Tier replacement discovery work is ongoing. Hired new IT Executive who is starting March 4.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	Evaluations have been completed and summary report is available. The RCA and NCCSP Executive Committee will need to meet with CEO to deliver review.	Open												
Annual Audit	NCCSP	Jan-19	Acceptance of annual audit by NCCSP Board and RCA	Preliminary audit work is underway. On schedule for March final audit report.	Open												
Policy Governance for the NCCSP Board	NCCSP	Jan-19	Policy Governance Monitoring System Established	The NCCSP Board reviewed the monitoring system for the End Statements. The next action item is a review of the policy monitoring for Executive Limitations.	Open												
Nursing Home Governance	NCCSP	Jan-19	Approved Management Agreement	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-19	Approved Management Agreement	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	Jan-19	Adopted 3 Year Local Plan	The 2020 Budget Document will include a three year forecast for operations and corresponding strategic objectives based on community need.	Open												
Develop Training Plan for Counties	NCCSP	Jan-19	Adopted Annual Training Plan	NCHC staff are working on developing a formal outreach plan in 2019. Efforts to reach out and educate continue.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-19	Fund Balance Presentation	Will be presented at March NCCSP Board meeting.	Open												
Facility Use Agreements	NCCSP	Jan-19	Signed agreements with each of the three Counties	A draft Facility Use Agreement was delivered to the Marathon County Corporation Counsel's office the week of Feburary 25th	Open												
Develop Conflict Resolution Protocol	NCCSP	Jan-19	Board adoption of Conflict Resolution Protocol	Item remains pending RCA approval before going to NCCSP Board.	Pending												
Reserve Policy Review	RCA	Apr-19	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Will occur following audit.	Pending												
Annual Report	NCCSP	Apr-19	Annual Report Released and Presentations made to County Boards	Report will be published and presented at the April NCCSP Board meeting.	Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA in February for prior year and in August for year to date.	Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Open												
Substance Abuse Strategy	NCCSP	Jan-19	A strategic plan for substance use treatment services will be approved by the NCCSP Board	Proposal going to NCCSP Board in February.	Open												

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Develop a Comprehensive Youth Crisis Stabilization Continuum	RCA	Jan-19	A clearly defined and communicated 24/7 Youth Crisis stabilization program.	Working on one-page overview of current resources.	Open												
Clarification and Communication of Services	RCA	Jan-19	A marketing and outreach plan will be approved by the NCCSP Board. Communication mediums will be updated and/or enhanced.	Identifying scope of the plan and resources to support its development.	Open												
Improved Data Sharing	RCA	Jan-19	Essential crisis plan information is shared to improve care coordination while remaining protected.	Disucssions on solutions to achieve success are pending.	Open												
Proposal for County Treatment Housing Needs	RCA	Jan-19	A written proposal for NCHC's service expansion in treatment focused housing.	The Program Application to the RCA and NCCSP Board was submitted in February.	Open												
Annual Budget	RCA	May-19	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.	Open												
CEO Appraisal & Compensation	RCA	Jan-19	Completed Appraisal	See "CEO Appraisal" item above.	Open												
Performance Standards	RCA	Jul-19	Adopted Annual Performance Standards	Will occur in July.	Pending												
Tri-County Contral Annual Review	RCA	Jan-19	Revision Recommendation to County Boards if necessary	This item is pending as needed.	Pending												

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2019									
PRIMARY OUTCOME GOAL	⇧⇩	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2019 YTD	2018
PEOPLE																	
Vacancy Rate	⇩	5 - 7%	10.3%												10.3%	9.5%
Retention Rate	⇧	80 - 82%	98.5%												98.5%	82.0%
SERVICE																	
Patient Experience	⇧	88.3 - 90.5	90.9												90.9	70.3%
CLINICAL																	
Readmission Rate	⇩	8 - 10%	6.7%												6.7%	11.3%
Nursing Home Star Rating	⇧	4+ Stars	★★												★★	/
Adverse Event Rate	⇩	PAT: 0.73 - 0.75	0.65												0.65	/
		EMP: 3.31 - 3.51	8.90												8.90	/
Total Hospital Days	⇩	735 or less per month	770												770	/
COMMUNITY																	
Access Rate	⇧	90 - 95%	92.0%												92.0%	88.3%
FINANCE																	
Direct Expense/Gross Patient Revenue	⇩	60 - 64%	64.9%												64.9%	68.2%
Indirect Expense/Direct Expense	⇩	36 - 38%	33.7%												33.7%	35.5%
Net Income	⇧	2 - 3%	1.3%												1.3%	0.7%

⇧ Higher rates are positive
⇩ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS	
PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Annualized number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience	Mean score of responses to the overall satisfaction rating question on the survey.
CLINICAL	
Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Nursing Home Star Rating	Star rating as determined by CMS Standards.
Adverse Event Rate	Patients: # of actual harm events that reached patients/number of patient days x1000 Employees: #of OSHA Reportables x 200,000/hours worked
Total Hospital Days	Total days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. Diversion days from out of facility will be at a month lag.
COMMUNITY	
Access Rate	• 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 - 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 • Post Acute Care % of eligible referred residents admitted within 48 hours • Long Term Care % of eligible referred residents admitted within 2 weeks • CBRF % of eligible patients admitted within 24 hours • MMT % of eligible patients admitted within 60 days of UPC • Crisis Services % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral • Inpatient Services - within 4 days following discharge for counseling/post-discharge check - 14 days from hospital discharge to psychiatry visit - Ratio of patient days served at NCHC vs. Out of County placements
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.
Net Income	Net earnings after all expenses have been deducted from revenue.

North Central Health Care
Person centered. Outcome focused.

Quality Executive Summary

February 2019

Organizational Outcomes

People

- **Vacancy Rate**

  The Vacancy Rate target range for 2019 is 5-7%. Currently, the rate is 10.3%. In 2019, NCHC will be monitoring closer at the department levels to make appropriate corrections that will impact the overall vacancy target and to close out vacancies quicker.

- **Employee Retention Rate**

  The Employee Retention Rate target range for 2019 is 80-82%. Currently, the rate is annualized to project 82% which is within our target range.

Service

- **Patient Experience**

  NCHC Patient Experience 2019 target is 88.3-90.5. We are measuring patient experience via mean score of responses to the overall satisfaction question on the patient experience surveys. For January, we exceeded our target at 90.9.

Clinical

- **Readmission Rate**

  The Readmission Rate for 2019 is a combined measure consisting of the total number of residents re-hospitalized within 30 days of admission to the Nursing Home/total admissions and includes the percent of patients who are readmitted within 30 days of discharge from the inpatient behavioral hospital for mental health primary diagnosis. Our target for 2019 is 8-10% total readmission rate. For January, we met our target at 6.7%.

- **Nursing Home Star Rating**

  For 2019, we will be measuring the Nursing Home Star Rating as determined by CMS Standards with a target of 4 stars. For January, we did not meet our target and are currently at 2 stars, however this rating is currently a stagnant number. In November 2017, with the changes to the survey process, CMS placed a moratorium on survey rankings and due to that the star ratings are based on the prior two years. In the past it was based on 3 years of survey data. We anticipate in early spring that they will lift this moratorium and we will have the survey history removed and be given credit for our most recent two surveys which had better outcomes. We anticipate this rating moving to at least 3 but possibly 4 stars.

- **Adverse Event Rate**

  For 2019, we will be measuring adverse events for both patients and employees. Our definition of "adverse" is actual harm that reached the patient or the employee. This measure will not include "near misses" or events that could have had the potential for harm, although this data will be collected, measured and analyzed for quality process improvement efforts.

  For 2019, the target range for Patient Adverse Event is .73-.75 per 1,000 patient days. For January, we exceeded our target at .65.

  The target range for Employee Adverse Event s is 3.31-3.51. For January, we did not meet our target at 8.9. This was due to 5 employee adverse events that included a needle stick, arm strain, shoulder injury, blood exposure and a leg injury.

- **Total Hospital Days**

  This measure includes the total number of days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. The data for external diversion days will be at a one month lag. Our target for 2019 is 735 or less total hospital days. For January, we had 770 days. This includes the actual days in January for our inpatient hospital and December's diversion days.

Community

- **Access Rate for Behavioral Health Services**

  The target range for this measure for 2019 is 90-95%. For January, we are within target at 92%.

Finance

- **Direct Expense/Gross Patient Revenue**

  This measure looks at percentage of total direct expense to gross patient revenue. The 2019 target is 60-64%. January's percentage was just outside our target at 64.9%. This is much closer to target compared to the past several months. Personnel costs in the Nursing Home are driving this over target.

- **Indirect Expense/Direct Expense**

  Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2019 target is 36-38%. The rate for January was 33.7% which exceeds our target. The support programs continue to remain below target to assist with direct programs that are exceeding target.

- **Net Income**

  Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2019 is 2-3%. For January, we did not meet our target at 1.3%. This is a new measure, and is a measure that all programs will monitor and have accountability to achieve the target.

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

The following outcomes reported are measures that were not met at the program-specific level. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Human Service Operations

- **Behavioral Health Services (Inpatient, MMT, CBRF, Crisis):**
  Measures not met in this group were:
  - The BHS Vacancy rate was at 19.9% for January. The program target is 5.8-7.8%. There are ongoing recruitment efforts and interviews being conducted and a staffing matrix was created for inpatient to help with vacancy rates. The department is also rolling out a brand new orientation and training program for BHS staff, which is anticipating to assist with retention.
  - Patient Experience: For January, the BHS program had a mean score of 84.2 with an overall organization goal of 88.3-90.5. Efforts are being made surrounding increasing response rates for the survey.
  - Total Number of Hospital Days: For January, BHS had a total of 770 hospital days with an overall target of 735 total days. December had a high number of diversion days. With youth with substance abuse issues that are admitted to an AOD program we typically see higher length of stays to 30 days or greater and there's been a trend to move youth into those programs. There are ongoing collaboration efforts with Winnebago regarding this.
  - Direct Expense/Gross Patient Revenue: For January BHS had 77.3% with a target of 64-69%. Expenses related to staff working over the holidays hit the January numbers. January had a high number of line of sight and 1:1 patient needs and diversions related to acuity. We are aligning providers and staff to meet budgeted census.

- **Community Treatment/Outpatient/Community Corner Clubhouse:**
  Measures not met in this group were:
  - Vacancy: For January these programs had a combined vacancy rate of 7.4% with a target of 3.3-5.3%. There continues to be openings in the community treatment program and those positions are being actively recruited.

- **Community Living (Residential/ADS/PreVoc):**
  - Patient Adverse Event for January was at 1.13 with a target of .73-.75. There were a high number of falls with injury. Falls of patients are addressed with individual plans and a review of causes. The weather did impact the fall rate.
  - Access: 66.7% rate for January. This was impacted by the continued efforts surrounding the transition of prevocational sheltered based members into Community Based PreVoc Services, a measure that continues for 2019. All clients must first graduate from DVR before entering the PreVoc service, and it has caused a delay into our service line.

Nursing Home Operations

- **MVCC Overall:**
  - Vacancy for the month of January was at 13.1% with a target range of 6.4-8.4%. Nursing home has a Vacancy and Retention Committee that meets weekly and is looking into what is affecting this rate.
  - Readmission target for 2019 is 8-10%. In January readmission rate was at 12.5% due to four unavoidable hospitalizations. The four residents spent a total of 26 days in the hospital.

- Adverse event rate for January was 2.6 events per 1,000 patient days. There were 14 injuries from reported occurrences in January. The target for 2019 is a 5% decrease in the number of injuries from 2018 total.
- Access for January was at 23.8%. The short term target for 2019 is for referral to have an admission within 48 hours. This goal may need to be revisited. Hospital discharge planning begins at time of admission, a referral the majority of time is hospitalized longer than 48 hours. Any nursing home admission must have a 3 day hospitalization stay to qualify for Medicare A as a payer source.
- Direct Expense/Gross Patient Revenue for January was at 59.7% with a target of 46-51% and write-offs at 0.19% with a target of 0.16%.

Support Programs

❖ **APS:**

- Patient Experience. For the month of January, APS did not have any survey responses. These surveys are mailed to guardians on a monthly basis. Efforts surrounding increasing response rates and communication about the survey to guardians are being implemented.
- Vacancy rate for January was at 14.7% with a target of 3.7-5.7%. APS continues to recruit for their vacant position.

❖ **Health Information:**

- Vacancy for the month of January was at 15.2% with a target of 3.3-5.3%. There have been successful recruitment efforts made in February which should impact this number positively in the coming months.
- Direct Expense Budget for January was at $40,718.00 with a target of $34,970-36,719 per month.
- The program currently has a consultant filling in the director role. The consultant will be done March 8.

❖ **Information Management Systems:**

- Vacancy for the month of January was at 14.3% with a target range of 3.1-5.1%.

❖ **Organizational Development:**

- Vacancy rate for the month of January was at 33.3% with a target range of 8.3-10.3%. Recruitment has been successful with a position being filled in February which should positively impact this number.

❖ **Patient Access:**

- Vacancy for the month of January was at 9.3% with a target range of 2.1-4.1%. A vacant position was recently filled.
- Write offs is a significant focus for 2019. The overall target is .24% to .29% of Gross Charges. For January this is at .12%, which is better than the target range.

❖ **Patient Financial:**

- Direct Expense Budget for January was at $70,758.00 with a target range of $66,088-$69,393.

❖ **Pharmacy:**

- The Direct Expense/Gross Patient Revenue rate for January was at 45.9% with a target range of 37-41%.

2019 - Primary Dashboard Measure List

⇧ Higher rates are positive

⇩ Lower rates are positive

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD	2018 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	⇩	5 - 7%	10.3%	**9.5%**
		Retention Rate	⇧	80 - 82%	98.5%	**82.0%**
	Service	Patient Experience: % Top Box Rate	⇧	88.3 - 90.5	90.9	**70.3%**
	Clinical	Readmission Rate	⇩	8 - 10%	6.7%	**10.2%**
		Nursing Home Star Rating	⇧	4+ Stars	2	**/**
		Adverse Event Rate	⇩	PAT: 0.73 - 0.75	0.65	**/**
				EMP: 3.31 - 3.51	8.90	**/**
		Total Hospital Days	⇩	735 or less per month	770	**/**
	Community	Access Rate	⇧	90 - 95%	**92.0%**	**88.3%**
	Finance	Direct Expense/Gross Patient Revenue	⇩	60 - 64%	64.9%	**68.2%**
		Indirect Expense/Direct Expense	⇩	36 - 38%	33.7%	**35.5%**
		Net Income	⇧	2 - 3%	1.3%	**0.7%**

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
BHS	People	BHS Vacancy Rate	⇩	5.8 - 7.8%	19.9%
		BHS Retention Rate	⇧	80 - 82%	93.7%
	Service	BHS Patient Experience	⇧	88.3 - 90.5	84.2
	Clinical	BHS Readmission Rate	⇩	8 - 10%	2.3%
		BHS Adverse Event Rate	⇩	PAT: 0.73 - 0.75	0.65
				EMP: 3.31 - 3.51	8.90
		Inpatient Hospital Days	⇩	735 or less per month	770
	Community	BHS Access	⇧	90 - 95%	**TBD**
	Finance	BHS Budgeted Direct Expense/Gross Patient Revenue	⇩	64 - 69%	77.3%
		BHS Write-Offs	⇩	0.69%	0.08%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
BIRTH TO 3	People	Birth To 3 Vacancy Rate	⇩	1.8 - 3.8%	0.0%
		Birth To 3 Retention Rate	⇧	80 - 82%	100.0%
	Service	Birth To 3 Patient Experience	⇧	88.3 - 90.5	93.8
	Clinical	Birth To 3 Adverse Event Rate	⇩	PAT: 0.73 - 0.75	0.00
				EMP: 3.31 - 3.51	8.90
	Community	Birth To 3 Access	⇧	90 - 95%	100.0%
	Finance	Birth To 3 Direct Expense/Gross Patient Revenue	⇩	139 - 144%	114.5%
		Birth To 3 Write-Offs	⇩	0.57%	0.56%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
COMMUNITY LIVING	People	Community Living Vacancy Rate	⇩	4.6 - 6.6%	**6.5%**
		Community Living Retention Rate	⇧	80 - 82%	99.0%
	Service	Community Living Patient Experience	⇧	88.3 - 90.5	91.7
	Clinical	Community Living Adverse Event Rate	⇩	PAT: 0.73 - 0.75	1.13
				EMP: 3.31 - 3.51	8.90
	Community	Community Living Access Rate	⇧	90 - 95%	66.7%
	Finance	Community Living Direct Expense/Gross Patient Revenue	⇩	56 - 61%	**58.0%**
		Community Living Write-Offs	⇩	0.10%	0.00%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
OP/CT/CLUBHOUSE	People	OP/CT/Clubhouse Vacancy Rate	⇩	3.3 - 5.3%	7.4%
		OP/CT/Clubhouse Retention Rate	⇧	80 - 82%	100.0%
	Service	OP/CT/Clubhouse Patient Experience	⇧	88.3 - 90.5	93.8
	Clinical	OP/CT/Clubhouse Adverse Event Rate	⇩	PAT: 0.73 - 0.75	0.07
				EMP: 3.31 - 3.51	8.90
	Community	OP/CT/Clubhouse Access Rate	⇧	90 - 95%	**90.2%**
	Finance	OP/CT/Clubhouse Direct Expense/Gross Patient Revenue	⇩	73 -78%	67.3%
		OP/CT/Clubhouse Write-Offs	⇩	0.45%	0.16%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
AQUATIC	People	Aquatic Vacancy Rate	⇩	3.7 - 5.7%	0.0%
		Aquatic Retention Rate	⇧	80 - 82%	90.9%
	Service	Aquatic Patient Experience	⇧	88.3 - 90.5	100.0
	Clinical	Support Programs Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Community	Aquatic Access	⇧	90 - 95%	97.6%
	Finance	Aquatic Direct Expense/Gross Patient Revenue	⇩	51 - 56%	**55.1%**
		Aquatic Write-Offs	⇩	0.45%	0.09%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
MOUNT VIEW CARE CENTER	People	MVCC Vacancy Rate	⇩	6.4 - 8.4%	13.1%
		MVCC Retention Rate	⇧	80 - 82%	99.0%
	Service	MVCC Patient Experience	⇧	88.3 - 90.5	100.0
	Clinical	MVCC Readmission Rate	⇩	8 - 10%	12.5%
		MVCC Nursing Home 5-Star Rating	⇩	4+ Stars	2
		MVCC Adverse Event Rate	⇩	2.43 - 2.55	2.60
	Community	MVCC Access Rate	⇧	90 - 95%	23.8%
	Finance	MVCC Direct Expense/Gross Patient Revenue	⇩	46 - 51%	59.7%
		MVCC Write-Offs	⇩	0.16%	0.19%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
APS	People	APS Vacancy Rate	⇩	3.7 - 5.7%	14.7%
		APS Retention Rate	⇧	80 - 82%	100.0%
	Service	APS Patient Experience	⇧	88.3 - 90.5	**N/A**
	Clinical	Support Programs Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	APS Direct Expense Budget	⇩	$45,491 - $47,765 per month	$42,443.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
BUSINESS OPERATIONS	People	Business Operations Vacancy Rate	⇩	3.8 - 5.8%	0.0%
		Business Operations Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Business Operations Direct Expense Budget	⇩	$57,205 - $60,065 per month	$55,687.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
HIM	People	HIM Vacancy Rate	⇩	3.3 - 5.3%	15.2%
		HIM Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	HIM Direct Expense Budget	⇩	$34,970 - $36,719 per month	$40,718.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
HUMAN RESOURCES	People	Human Resources Vacancy Rate	⇩	3.6 - 5.6%	0.0%
		Human Resources Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Human Resources Direct Expense Budget	⇩	$74,859 - $78,602 per month	$61,944.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
IMS	People	IMS Vacancy Rate	⇩	3.1 - 5.1%	14.3%
		IMS Retention Rate	⇧	80 - 82%	85.7%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	IMS Direct Expense Budget	⇩	$191,668 - $201,251 per month	$151,282.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
MARKETING AND COMMUNICATION	People	MARCOM Vacancy Rate	⇩	6.3 - 8.3%	0.0%
		MARCOM Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	MARCOM Direct Expense Budget	⇩	$30,931 - $32,477 per month	$26,201.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
ORGANIZATIONAL DEVELOPMENT	People	Org Dev Vacancy Rate	⇩	8.3 - 10.3%	33.3%
		Org Dev Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Org Dev Direct Expense Budget	⇩	$44,077 - $46,280 per month	$15,691.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
PATIENT ACCESS SERVICES	People	Patient Access Services Vacancy Rate	⇩	2.1 - 4.1%	9.3%
		Patient Access Services Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Patient Access Services Direct Expense Budget	⇩	$50,225 - $52,737 per month	$42,814.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
PATIENT FINANCIAL SERVICES	People	Patient Financial Services Vacancy Rate	⇩	1.9 - 3.9%	0.0%
		Patient Financial Services Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Patient Financial Services Direct Expense Budget	⇩	$66,088 - $69,393 per month	$70,758.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
PHARMACY	People	Pharmacy Vacancy Rate	⇩	2.7 - 4.7%	0.0%
		Pharmacy Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Pharmacy Budgeted Direct Expense/Gross Patient Revenue	⇩	37 - 41%	45.9%

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
PURCHASING	People	Purchasing Vacancy Rate	⇩	7.5 - 9.5%	0.0%
		Purchasing Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Purchasing Direct Expense Budget	⇩	$18,643 - $19,575 per month	**$18,795.00**

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
TRANSPORTATION	People	Transportation Vacancy Rate	⇩	3.7 - 5.7%	0.0%
		Transportation Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
		Access: On-Time Arrivals	⇧	90 - 95%	100.0%
	Finance	Transportation Direct Expense Budget	⇩	$32,062 - $33,665 per month	$29,646.00

Department	Domain	Outcome Measure	⇧⇩	Target Level	2019 YTD
VOLUNTEER SERVICES	People	Volunteer Services Vacancy Rate	⇩	16.1 - 18.1%	0.0%
		Volunteer Services Retention Rate	⇧	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	⇧	88.3 - 90.5	90.9
	Clinical	Support Program Overall Adverse Event Rate	⇩	EMP: 3.31 - 3.51	8.90
	Finance	Volunteer Services Direct Expense Budget	⇩	$9,453 - $9,926 per month	$8,648.00

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: February 20, 2019
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: February CFO Report

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 January shows an overall gain of $73,111 compared to the targeted gain of $101,189, resulting in a negative budget variance of ($28,078).

2) **Revenue Key Points:** The nursing home census averaged 177/day compared to the budget target of 185/day. This is an improvement over the prior month. The hospital census averaged just under 12/day, compared to the target of 14. The clinic outpatient revenue and Aquatic revenue were also down. This is due to the inclement weather in January.

3) **Expense Key Points:** Overall expenses for January were below targets. The direct areas, however, were over budget target and the support areas were below targets. The state institutes were over targets as well as health insurance. However, neither item was significantly over. Some salaries were over budget in the service areas requiring coverage due to the holidays. This is normal when there are holidays.

4) **2018 Audit:** The annual financial audit is wrapping up. At this point, there are no adjustments related to the audit. There will be the GASB adjustments, similar to prior years, and a few items on the unadjusted schedule. The audit presentation will be at next month's meeting.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2019

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	1,524,382	2,828,277	4,352,659	5,186,620
Accounts receivable:				
Patient - Net	3,365,732	1,570,814	4,936,546	4,657,251
Outpatient - WIMCR & CCS	2,326,333	0	2,326,333	1,568,750
Nursing home - Supplemental payment program	0	175,000	175,000	182,000
Marathon County	316,244	125,000	441,244	535,018
Appropriations receivable	84,242	0	84,242	84,241
Net state receivable	1,219,833	0	1,219,833	1,372,896
Other	295,045	0	295,045	250,088
Inventory	0	427,687	427,687	342,220
Other	646,620	478,132	1,124,752	1,079,901
Total current assets	9,778,431	5,604,910	15,383,341	15,258,985
Noncurrent Assets:				
Investments	13,644,000	0	13,644,000	11,749,000
Assets limited as to use	694,124	168,064	862,188	1,394,735
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	14,017	22,798	36,815	38,966
Net pension asset	0	0	0	0
Nondepreciable capital assets	668,575	16,853	685,428	747,453
Depreciable capital assets - Net	7,252,828	3,417,200	10,670,028	11,033,928
Total noncurrent assets	22,773,544	4,124,915	26,898,459	25,464,082
Deferred outflows of resources - Related to pensions	6,939,524	5,131,313	12,070,837	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	39,491,499	14,861,138	54,352,637	58,239,787

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2019

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Accounts payable - Trade	446,289	330,001	776,290	857,395
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	1,303,928	964,167	2,268,095	1,874,325
Compensated absences	943,259	697,477	1,640,737	1,398,053
Health and dental insurance	486,940	360,060	847,000	622,000
Other Payables	134,527	99,473	234,000	239,000
Amounts payable to third-party reimbursement programs	220,000	0	220,000	250,118
Unearned revenue	76,873	0	76,873	76,757
Total current liabilities	3,611,816	2,451,178	6,062,994	5,317,648
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	14,017	22,798	36,815	38,866
Total noncurrent liabilities	923,560	695,344	1,618,903	3,166,245
Total liabilities	4,535,376	3,146,522	7,681,898	8,483,893
Deferred inflows of resources - Related to pensions	2,886,978	2,134,726	5,021,704	6,647,040
Net Position:				
Net investment in capital assets	7,921,403	3,434,053	11,355,455	11,781,381
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	694,124	168,064	862,188	1,394,735
Undesignated	22,834,861	5,523,418	28,358,280	29,432,995
Operating Income / (Loss)	118,757	(45,645)	73,112	(257)
Total net position	32,069,145	9,579,890	41,649,035	43,108,854
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	39,491,499	14,861,138	54,352,637	58,239,787

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2019

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$4,258,183	$4,415,970	($157,787)	$4,258,183	$4,415,970	($157,787)
Other Revenue:						
State Match / Addendum	418,151	418,151	0	418,151	418,151	0
Grant Revenue	212,974	210,375	2,599	212,974	210,375	2,599
County Appropriations - Net	525,486	525,486	(0)	525,486	525,486	(0)
Departmental and Other Revenue	361,670	349,219	12,452	361,670	349,219	12,452
Total Other Revenue	1,518,281	1,503,230	15,051	1,518,281	1,503,230	15,051
Total Revenue	5,776,464	5,919,200	(142,736)	5,776,464	5,919,200	(142,736)
Expenses:						
Direct Expenses	4,442,181	4,340,232	101,949	4,442,181	4,340,232	101,949
Indirect Expenses	1,295,552	1,498,612	(203,060)	1,295,552	1,498,612	(203,060)
Total Expenses	5,737,733	5,838,844	(101,111)	5,737,733	5,838,844	(101,111)
Operating Income (Loss)	38,731	80,356	(41,625)	38,731	80,356	(41,625)
Nonoperating Gains (Losses):						
Interest Income	30,583	20,833	9,750	30,583	20,833	9,750
Donations and Gifts	3,797	0	3,797	3,797	0	3,797
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	34,380	20,833	13,547	34,380	20,833	13,547
Income / (Loss)	$73,111	$101,189	($28,078)	$73,111	$101,189	($28,078)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2019

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,558,210	$2,734,477	($176,267)	$2,558,210	$2,734,477	($176,267)
Other Revenue:						
State Match / Addendum	418,151	418,151	0	418,151	418,151	0
Grant Revenue	212,974	210,375	2,599	212,974	210,375	2,599
County Appropriations - Net	400,486	400,486	(0)	400,486	400,486	(0)
Departmental and Other Revenue	249,479	238,277	11,202	249,479	238,277	11,202
Total Other Revenue	1,281,090	1,267,288	13,801	1,281,090	1,267,288	13,801
Total Revenue	3,839,300	4,001,766	(162,466)	3,839,300	4,001,766	(162,466)
Expenses:						
Direct Expenses	3,059,946	3,114,070	(54,124)	3,059,946	3,114,070	(54,124)
Indirect Expenses	694,222	833,783	(139,561)	694,222	833,783	(139,561)
Total Expenses	3,754,168	3,947,853	(193,685)	3,754,168	3,947,853	(193,685)
Operating Income (Loss)	85,132	53,913	31,219	85,132	53,913	31,219
Nonoperating Gains (Losses):						
Interest Income	30,583	20,833	9,750	30,583	20,833	9,750
Donations and Gifts	3,041	0	3,041	3,041	0	3,041
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	33,624	20,833	12,791	33,624	20,833	12,791
Income / (Loss)	$118,757	$74,746	$44,010	$118,757	$74,746	$44,010

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2019

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,699,973	$1,681,492	$18,481	$1,699,973	$1,681,492	$18,481
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	125,000	125,000	0
Departmental and Other Revenue	112,191	110,942	1,250	112,191	110,942	1,250
Total Other Revenue	237,191	235,942	1,250	237,191	235,942	1,250
Total Revenue	1,937,164	1,917,434	19,730	1,937,164	1,917,434	19,730
Expenses:						
Direct Expenses	1,382,235	1,226,162	156,073	1,382,235	1,226,162	156,073
Indirect Expenses	601,330	664,829	(63,499)	601,330	664,829	(63,499)
Total Expenses	1,983,565	1,890,991	92,574	1,983,565	1,890,991	92,574
Operating Income (Loss)	(46,401)	26,443	(72,844)	(46,401)	26,443	(72,844)
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	756	0	756	756	0	756
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	756	0	756	756	0	756
Income / (Loss)	($45,645)	$26,443	($72,088)	($45,645)	$26,443	($72,088)

NORTH CENTRAL HEALTH CARE

REPORT ON AVAILABILITY OF FUNDS

January 31, 2019

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	365 Days	12/5/2019	2.84%	$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	367 Days	1/2/2020	2.80%	$968,000	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
Abby Bank	730 Days	1/6/2021	2.65%	$500,000	X
TOTAL FUNDS AVAILABLE				$13,644,000	
WEIGHTED AVERAGE	570.15 Days		2.105% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of January 31, 2019

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	6,719.78
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	16,561.73
Community Treatment - Adult	785.82
Community Treatment - Youth	7,367.37
Fishing Without Boundries	6,190.80
General Donated Funds	60,136.43
Hope House	5,634.59
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,167.95
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,388.17
Total Legacies by the Lake	5,346.42
Marathon Cty Suicide Prev Task	16,292.07
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,703.44
Outpatient Services - Marathon	401.08
Pool	25,160.28
Prevent Suicide Langlade Co.	2,444.55
Resident Council	521.05
United Way	350.00
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	212,185.41
Total Checking/Savings	212,185.41
Total Current Assets	212,185.41
TOTAL ASSETS	**212,185.41**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	86,757.12
Net Income	1,904.54
Total Equity	212,185.41
TOTAL LIABILITIES & EQUITY	**212,185.41**

North Central Health Care
Budget Revenue/Expense Report

Month Ending January 31, 2019

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	5,776,464	5,919,200	5,776,464	5,919,200	(142,736)
EXPENSES:					
Salaries and Wages	2,802,484	2,866,133	2,802,484	2,866,133	(63,649)
Fringe Benefits	1,082,440	1,063,757	1,082,440	1,063,757	18,683
Departments Supplies	629,520	666,986	629,520	666,986	(37,466)
Purchased Services	487,616	509,254	487,616	509,254	(21,638)
Utilitites/Maintenance Agreements	305,550	259,704	305,550	259,704	45,845
Personal Development/Travel	34,774	44,663	34,774	44,663	(9,889)
Other Operating Expenses	81,564	177,181	81,564	177,181	(95,617)
Insurance	27,139	39,250	27,139	39,250	(12,111)
Depreciation & Amortization	161,646	145,250	161,646	145,250	16,397
Client Purchased Services	125,000	66,667	125,000	66,667	58,333
TOTAL EXPENSES	**5,737,733**	**5,838,844**	**5,737,733**	**5,838,844**	**(101,111)**
Nonoperating Income	34,380	20,833	34,380	20,833	13,547
EXCESS REVENUE (EXPENSE)	**73,111**	**101,189**	**73,111**	**101,189**	**(28,078)**

North Central Health Care
Write-Off Summary
January 2019

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$852	$852	$7,945
Bad Debt	$41	$41	$8,097
Outpatient:			
Administrative Write-Off	$2,802	$2,802	$3,534
Bad Debt	$206	$206	$1,242
Nursing Home:			
Daily Services:			
Administrative Write-Off	$3,960	$3,960	$5,620
Bad Debt	$36	$36	$2,122
Ancillary Services:			
Administrative Write-Off	$15	$15	$120
Bad Debt	$0	$0	$0
Pharmacy:			
Administrative Write-Off	$18	$18	$0
Bad Debt	$14	$14	$0
Total - Administrative Write-Off	$7,648	$7,648	$17,218
Total - Bad Debt	$297	$297	$11,461

North Central Health Care
2019 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
January	Nursing Home	5,735	5,500	(235)	84.09%	80.65%
	Hospital	434	360	(74)	87.50%	72.58%
February	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
March	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
April	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
May	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
				0		
June	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
July	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
August	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
September	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
October	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
November	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
December	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
YTD	Nursing Home	5,735	5,500	(235)	84.09%	80.65%
	Hospital	434	360	(74)	87.50%	72.58%

North Central Health Care
Review of 2019 Services
Langlade County

Direct Services:	2019 January Actual Rev	2019 January Budg Rev	Variance	2019 January Actual Exp	2019 January Budg Exp	Variance	Variance by Program
Outpatient Services	$47,441	$56,499	($9,058)	$52,335	$66,518	$14,183	$5,125
Community Treatment-Adult	$56,252	$49,774	$6,478	$47,864	$50,524	$2,660	$9,138
Community Treatment-Youth	$116,065	$106,459	$9,606	$80,569	$106,459	$25,890	$35,496
Day Services	$23,026	$27,167	($4,141)	$26,512	$27,167	$655	($3,486)
	$242,784	$239,899	$2,885	$207,280	$250,667	$43,387	$46,273
Shared Services:							
Inpatient	$31,595	$38,771	($7,176)	$49,063	$45,379	($3,684)	($10,860)
Hospital Psychiatry	$3,290	$7,735	($4,445)	$18,007	$15,726	($2,281)	($6,726)
CBRF	$12,816	$7,956	$4,860	$7,682	$7,956	$274	$5,134
Crisis	$5,622	$5,184	$438	$26,074	$24,626	($1,448)	($1,010)
MMT (Lakeside Recovery)	$6,082	$4,631	$1,451	$8,664	$7,333	($1,331)	$120
Outpatient Psychiatry	$8,071	$11,515	($3,444)	$29,363	$36,181	$6,818	$3,374
Protective Services	$2,235	$2,152	$84	$6,100	$7,094	$994	$1,078
Birth To Three	$7,653	$8,731	($1,078)	$12,778	$16,089	$3,311	$2,233
Group Homes	$17,802	$16,224	$1,578	$16,651	$16,224	($427)	$1,151
Supported Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$15,153	$8,226	($6,927)	($6,927)
	$95,166	$102,899	($7,733)	$189,535	$184,834	($4,701)	($12,434)
Totals	$337,950	$342,797	($4,847)	$396,815	$435,501	$38,686	$33,839
Base County Allocation	$66,544	$66,544	($0)				($0)
Nonoperating Revenue	$1,888	$1,286	$602				$602
County Appropriation	$24,874	$24,874	$0				$0
Excess Revenue/(Expense)	$431,256	$435,501	($4,245)	$396,815	$435,501	$38,686	$34,441

North Central Health Care
Review of 2019 Services
Lincoln County

Direct Services:	2019 January Actual Rev	2019 January Budget Rev	Variance	2019 January Actual Exp	2019 January Budg Exp	Variance	Variance By Program
Outpatient Services	$25,150	$35,721	($10,571)	$36,277	$54,269	$17,992	$7,421
Community Treatment-Adult	$62,515	$58,273	$4,242	$48,981	$59,023	$10,042	$14,284
Community Treatment-Youth	$134,175	$138,569	($4,394)	$96,309	$138,569	$42,260	$37,866
	$221,840	$232,563	($10,723)	$181,567	$251,861	$70,294	$59,571
Shared Services:							
Inpatient	$43,087	$52,870	($9,783)	$66,903	$61,880	($5,023)	($14,805)
Inpatient Psychiatry	$4,486	$10,548	($6,062)	$24,555	$21,445	($3,110)	($9,172)
CBRF	$17,477	$10,849	$6,628	$10,475	$10,849	$374	$7,002
Crisis	$7,667	$7,070	$598	$35,556	$33,581	($1,975)	($1,378)
Outpatient Psychiatry	$11,006	$15,703	($4,697)	$40,040	$49,338	$9,298	$4,602
MMT (Lakeside Recovery)	$8,293	$6,315	$1,978	$11,815	$9,999	($1,816)	$162
Protective Services	$3,046	$2,934	$112	$8,318	$9,674	$1,356	$1,468
Birth To Three	$11,251	$11,112	$139	$18,788	$20,476	$1,688	$1,828
Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$20,663	$11,218	($9,445)	($9,445)
	$106,313	$117,399	($11,086)	$237,113	$228,460	($8,654)	($19,739)
Totals	$328,153	$349,962	($21,809)	$418,680	$480,321	$61,641	$39,832
Base County Allocation	$69,165	$69,165	$0				$0
Nonoperating Revenue	$2,680	$1,826	$854				$854
County Appropriation	$59,368	$59,368	$0				$0
Excess Revenue (Expense)	$459,366	$480,321	($20,955)	$418,680	$480,321	$61,641	$40,686

North Central Health Care
Review of 2019 Services
Marathon County

Direct Services:	2019 January Actual Rev	2019 January Budget Rev	Variance	2019 January Actual Exp	2019 January Budget Exp	Variance	Variance by Program
Outpatient Services	$124,135	$158,405	($34,270)	$194,757	$187,440	($7,317)	($41,587)
Community Treatment-Adult	$362,757	$325,921	$36,836	$261,350	$332,588	$71,238	$108,074
Community Treatment-Youth	$287,313	$312,141	($24,828)	$199,525	$312,141	$112,616	$87,788
Day Services	$120,736	$124,188	($3,452)	$113,516	$124,188	$10,672	$7,220
Clubhouse	$21,458	$42,008	($20,550)	$40,874	$49,675	$8,801	($11,749)
Demand Transportation	$35,467	$36,520	($1,053)	$31,925	$36,520	$4,595	$3,542
Aquatic Services	$63,284	$66,789	($3,505)	$92,422	$95,317	$2,895	($609)
Pharmacy	$427,870	$427,324	$546	$469,457	$427,324	($42,133)	($41,587)
	$1,443,020	$1,493,296	($50,276)	$1,403,826	$1,565,193	$161,367	$111,091
Shared Services:							
Inpatient	$212,563	$260,824	($48,261)	$330,057	$305,275	($24,782)	($73,042)
Inpatient Psychiatry	$22,132	$52,037	($29,905)	$121,136	$105,794	($15,342)	($45,247)
CBRF	$86,220	$53,520	$32,700	$51,678	$53,520	$1,842	$34,542
Crisis Services	$37,822	$34,876	$2,946	$175,407	$165,665	($9,742)	($6,797)
MMT (Lakeside Recovery)	$40,914	$31,154	$9,761	$58,288	$49,330	($8,958)	$802
Outpatient Psychiatry	$54,295	$77,466	($23,171)	$197,531	$243,402	$45,871	$22,699
Protective Services	$15,029	$14,474	$555	$41,035	$47,723	$6,688	$7,243
Birth To Three	$55,839	$50,796	$5,043	$93,240	$93,607	$367	$5,410
Group Homes	$165,074	$150,443	$14,631	$154,403	$150,443	($3,960)	$10,671
Supported Apartments	$224,695	$198,667	$26,028	$210,133	$198,667	($11,466)	$14,562
Contracted Services	$0	$0	$0	$101,939	$55,341	($46,598)	($46,598)
	$914,583	$924,255	($9,672)	$1,534,847	$1,468,766	($66,082)	($75,754)
Totals	$2,357,603	$2,417,551	($59,948)	$2,938,673	$3,033,959	$95,286	$35,338
Base County Allocation	$282,442	$282,442	$1				$1
Nonoperating Revenue	$26,015	$17,722	$8,293				$8,293
County Appropriation	$316,244	$316,244	($0)				($0)
Excess Revenue/(Expense)	$2,982,304	$3,033,959	($51,655)	$2,938,673	$3,033,959	$95,286	$43,631

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PROGRAM APPLICATION TO THE RETAINED COUNTY AUTHORITY COMMITTEE

DATE: February 11, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
Michael Loy, Chief Executive Officer
RE: Sober Living Environment

Purpose

NCHC is proposing to implement a sober living model that is an extension of our existing treatment services.

Current Situation and Program Overview

Background

Sober living is defined in many ways, but for our purposes will be an extension of existing treatment modalities wherein individuals are provided a structured housing opportunity that supports existing substance use treatment. Individuals who would participate in sober living would be required to be actively engaged in recovery programming as appropriate for them individually. Please note that this proposal makes a distinction between sober living environments and transitional housing. Transitional housing is defined as post-jail housing, used to ensure that individuals have a safe and sober housing environment on release. Sober living is unique in that it acts as an extension of existing substance use treatment.

NCHC has been participating in conversations with Langlade, Lincoln, and Marathon Counties regarding their sober living housing needs. There is only one sober living facility in NCHC's three county region. Hope House, operated by a NCHC program, Community Corner Clubhouse, has 5 beds and the individuals have to be active members of Clubhouse and also case managed by the Community Treatment program. Hope House is operated on an Oxford House model, which is essentially run by the residents. NCHC Clubhouse staff attend to Hope House on business days by visiting and meeting with the residents, running house meetings, and by providing staff support. The Oxford House model generally requires little supervision as the rules and structure are created and managed by the residents themselves. This small house is structured through the requirement for community treatment service. Drawbacks to this model include lack of organizational control over house rules and structure, as these are designed by the house residents.

There are a variety of sober living models beyond the Oxford House model, with varying levels of efficacy and program requirements. Chris Grant, Medical College of Wisconsin Student, was tasked with reviewing several models for Langlade County and reviewed how they provided support to individuals in the program and the surrounding communities. Each model had different requirements and standards for the participants. The model that was recommended by Chris Grant, owned by Apricity (hereby referred to as the "Apricity model") has an evidence-based approach and incorporates Recovery Coaching into the model. Participants are required to have 30 days of sobriety, actively participating in treatment and weekly house meetings, participate in regular drug/alcohol screenings, follow rules including curfews and visitor restrictions, and pay a specified portion of their rent. This model is also structured and overseen by a treatment organization, which has the ability to modify rules of the house, manage house vacancies, organize and approve support groups and events, and evict tenants when applicable. No state licensure is required if licensed substance abuse treatment is not provided on site. However, support groups such as NA, AA, and relapse prevention can occur on site as well as recovery coaching.

Recommendation

The recommendation is to purchase the Apricity Model, which would provide NCHC with evidence-based policy and procedures, consultation, and program experience. Consultation would be with the Apricity CEO, who is nationally recognized for the quality of the model. They would include information on how to set up homes, house rules, tours of the existing homes in Appleton, Recovery Coach training for the Sober Living Coordinator, and onsite training at Apricity. Essentially, the existing success of the model in Appleton would be replicated in Langlade County and then could be copied for Lincoln and Marathon.

NCHC would start a sober living pilot program with one 8-bed women's-only house in Langlade County, slated for implementation in early 2020, but could be sooner depending on funding. The model can then be placed into the other counties in late 2020, based on availability of the homes and contingent on zoning and financial considerations.

As part of the model, a recovery coach mentor stays at the facility rent-free. This individual would be a successful graduate of the program and provide guidance and support for those at the house. In addition, a Sober Living Coordinator would be hired, who would monitor, evaluate, and coordinate the housing, meals, supplies, budgetary considerations, events and group activities, and other program maintenance.

Projected Costs

Revenues

This program would require the tenant to pay a portion of their rent at a rate of $350 per month. Based off of a full 7 bed house (one bed would be the live-in mentor who would provide services in exchange for free rent), the rent would be approximately $2,450 per month of income or $29,400 of rent income per year.

NCHC services would not be billed at the sober living house, as the site itself would not be certified. Residents would be expected to attend treatment activities at NCHC's Antigo office on 1225 Langlade Road. This would provide the benefit of giving the residents a change in scenery each day and a familiarity with the support systems available to them.

Expenses – Personnel
Sober Living Coordinator 1 FTE with a hourly salary of $22.00 for a total annual salary of $45,760. Benefits expenses would be approximately $18,287 for a total cost of $64,000.

Cost of on-call coverage 24 hours a day, 7 days a week would be $2.50 per hour during non-business hours. 128 hours per week is $320 with the total additional cost of $16,640 per year.

Total cost of personnel: $80,640

Other Expenses

Ongoing Yearly Operational Costs

House maintenance (routine)	$5,000
Food	$17,000
Supplies	$5,000
Linens and bedding	$300
Utensils	$100
Program Expenses	$5,000
Electricity	$3,500
Water and Sewer	$1,600
Telephone	$4,300
IT Device Support	$1,650
Travel Expense	$500
Total	$43,950

Start Up Costs

Furniture (desks, beds, couches, TV, tables, chairs, etc)	$5,000
Apricity Sober Living Model and Consultation	$10,000

Year 1
Revenue: $29,400
Expense: ($139,590)
Total: ($110,190)

Year 2
Revenue: $29,400
Expense: ($124,590)
Total: ($95,190)

Financial Implications
Startup costs will need to be funded, as well as a commitment for ongoing expenses. To operate this program NCHC would need Langlade County to purchase the home and providing for necessary modifications. Budget assumes that Langlade County would provide ongoing maintenance, snow removal, and lawn care for the property.

Other Financial Opportunities
Local food pantries may be able to assist with cost of food, subsidizing expenses for the house. A local food pantry in Langlade County has already committed to donating food for the house. Chris Grant, MCW Student, believes that the contributions from the food pantry could save up to $8,400 a year in cost.

There would be efficiencies of scale for the expenses to the program if other houses are added. For example, all houses could benefit from the same coordinator.

Risk Factors
- Marathon and/or Lincoln are unable to identify facilities for sober living housing units.
- Langlade County is unable to support the startup costs and/or the ongoing support of the program.
- Lincoln and/or Marathon County are unable to support the startup costs and/or the ongoing support of the program.
- Neighborhoods around the identified housing units are resistant to having sober living in their community or general vicinity
- Challenges with recruiting qualified staff and mentors

I. **Summary of Other Factors**

Impact on Other NCCSP Programs
Currently, without sober living environments, NCHC programs who assist individuals with substance use issues find it very difficult to find placement for individuals in their care. Having housing during earlier stages of sobriety assists with continued treatment and limits external stressors. Limited housing options have been a frustration of Community Treatment case managers, crisis professionals, social workers, linkage and follow-up workers, and outpatient providers alike. Having options for safe and sober environments would enhance the continuum of care for individuals in the community.

Implementation Milestones
- Approval of model
- Funding secured for Langlade County
- Building purchased/secured
- Model purchased
- Staff hired
- Neighborhood meetings conducted (as needed)
- House opened
- 3 month program evaluation completed

II. **Summary of Impact on Member County Programs and Resources**

Impact on County Programs
In Langlade County, a sober living facility will enhance the newly added treatment options available to people in the community. Criminal justice can continue to move toward its goal of having a drug court, with the knowledge that wrap around services will be available to the individuals who participate.

Marathon and Lincoln Counties will benefit from having a program built off of a pilot in Langlade County. Programming will be tested and will be able to grow easily into the other counties.

On average seven individuals will be entering the workforce during their stay at the sober living environment. Several of these individuals will remain in the jobs well after they leave the treatment program. For instance, after 3 years if we have 2/3rds of the individuals who are successfully treated in the sober living facilities, we can estimate that 37 individuals will maintain employment in industries that are in dire need of workers.

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MEMORANDUM

DATE: February 22, 2019
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Purchase of New Occurrence Reporting System

Issue

Whether NCHC should amend the 2019 Capital Budget to authorize the purchase of a new occurrence reporting system.

Background

Occurrence reporting systems are ubiquitous in health care operations as an essential system to improve quality of care and reduce the risk of adverse events. Our regulatory bodies look for and require organizations such as NCHC to have a robust reporting and quality improvement process for a number of events. An incident is reported at NCHC when any event in the process of providing patient care is inconsistent with desired patient outcomes or routine operations. An adverse or significant event is an unexpected event, incident or condition that could have resulted or did result in harm and did or would have required additional intervention or the risk thereof. At NCHC this could mean such events as a medication error, a poor outcome from treatment, suicide attempt, or a fall. Occurrence reportable events can be events that involve a patient either within or outside the physical walls of our care environment. Employee accidents and injury reports as well as complaints and grievances are also handled in the occurrence reporting system. Any employee can file an occurrence and our organization trains staff to identify and submit reportable events. Management staff routinely review occurrences along with conducting necessary follow-up investigation. Certain significant or sentinel events are also immediately reported to the Administrator On-Call where an individual from the Executive Team is always available to staff for occurrence reporting.

When NCHC implemented the TIER EMR system, a decision was made to incorporate the Occurrence Reporting system electronically into the product. The occurrence reporting form was heavily customized and has been cumbersome for staff to complete. As NCHC looks to upgrade or replace the TIER system in the next 12-18 months, we have been identifying custom technology solutions to reduce the complexity of the core EHR system. Reducing the number of integrated modules within an EMR reduces the needs to customize, opens the door to more potential solutions, and reduces the number of individuals who have access to the EMR for limited non-clinical purposes.

Analysis

Staff participated in demos of several occurrence reporting systems and have determined that the Healthcare SafetyZone product would best meet our needs. The product would increase reporting, follow-up and improve our quality improvement activities. The system would reduce staff time in reporting which has the ability to save labor costs and potentially increase reporting. Staff satisfaction in using the system and trust in an effective occurrence reporting system would be improved. The system will improve reporting and create a stronger link to data for the NCCSP Board in its monthly review of occurrences and significant events and fits in with our journey to Zero Harm as outlined in our Quality and Compliance Plan.

Recommendation

Amend the 2019 Capital Budget to authorize the purchase of a new occurrence reporting system in an amount not to exceed $45,000 (see attached proposal).

Healthcare *SafetyZone*® Pricing Indication

CLARITY

February 7th, 2019

Todd Shnowske
North Central Health Care
1100 Lake View Drive
Wausau, WI 54403

RE: Healthcare *SafetyZone*® Pricing for North Central Health Care

Thank you, Todd, for the opportunity to discuss and show our system. I trust that through the course of our conversation you will be able to see how the Healthcare *SafetyZone*® is a user friendly, yet powerful tool to assist with your event management process, as well as your desire to draw workable information from your organizations day to day activities. Based off of our conversations about your size and scope of services, I have outlined the following pricing indication, which reflects year 1 implementation costs and the yearly ongoing service subscription in subsequent years.

Healthcare *SafetyZone*®

Year 1 Cost: $38,000 ($40,000 discounted 5% due to North Central's status as a Gallagher Client)

This fee includes:

- Full customization event reporting templates on the **Healthcare *SafetyZone*®**
  - Fully customize the Portal for all of your needs including complaint/query reports and organization demographic forms. Customization starts during implementation and continues throughout the life of your contract, adapting to the programmatic and operational needs of North Central Health Care.
  - Fully customize the Portal for your review and follow-up components including Peer Review and Root Cause Analysis capabilities
- Built-in Analysis Wizard to run real time reports on your data, run graphs and export to excel
  - Create templates for repeat use and schedule reports to run automatically
- Unlimited Users (reviewers) for notification, follow-up and analysis capabilities
  - Reviewers can also access a Dashboard for their unique needs
- 3 web based training sessions with materials
- Unlimited access to Clarity's Help Desk for all Portal related questions and needs
- Quarterly enhancements as they become available; including new versions of the Portal
- Typical implementation is 8-12 weeks

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8725 West Higgins Road Suite 810 · Chicago, IL 60631
T: 773.864.8280 · F: 773.864.8281
www.claritygrp.com

Annual Service Starting in Year 2: $7,600 ($8,000 discounted 5% due to North Central's status as a Gallagher Client)

This fee includes:

- Continued Customization of your Portal templates; as new needs arise, forms can be modified or new ones included. Clarity has resources for this to conduct the process
- Additional training as needed for new staff members
- Unlimited access to Clarity's Help Desk for all Portal related questions and needs
- Quarterly enhancements as they become available; including new versions of the Portal
  - Additional training available for these enhancements as needed

OPTIONAL SERVICES (All discounted due to North Central's status as a Gallagher client):

- **Electronic Medical Record Interface**
  - Year 1: $5,000 for initial implementation
  - Annual Service Fee in subsequent years: $1,000

- **VPN Implementation**:
  - Yearly Service Fee of 1,500

- **SAML or LDAP Authentication**
  - $2,400 in Year One, $1,200 in subsequent years

We are confident that the comprehensive features of the **Healthcare *SafetyZone*® Portal** combined with Clarity's unmatched customer service and support will enable you to meet your goals for integration and consistency and enhance patient safety and collaboration among providers. We pride ourselves on working for you and with you through every step during implementation, training and ongoing use.

Sincerely,

Peter Gerharz

Director of Sales

This pricing indication is based on currently available information and is valid for 60 days from date shown above.

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2019 NCCSP BOARD CALENDAR – Next Three Months

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: None due to audit.

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.