

OFFICIAL NOTICE AND AGENDA

**MEETING of the North Central Community Services Program Board to be held at
Northcentral Technical College, 1000 W Campus Drive, Wausau, WI 54401, Timberwolf Conference Room
at 12:00 pm on Thursday, May 30, 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 – J. Zriny
4. Board Committee Minutes and Reports
 - A. Review of the Minutes of the 5/16/19 Executive Committee Meeting – J. Zriny
5. Consent Agenda
 - A. ACTION: Approval of 4/25/2019 NCCSP Board Meeting Minutes
 - B. Human Services Operations Report – L. Scudiere
 - C. Nursing Home Operations Report – K. Gochanour
 - D. CEO Work Plan Review and Report – M. Loy
 - E. Quality Outcomes Review – M. Loy
 - i. ACTION: Review and Accept the April Quality Dashboard and Executive Summary
6. Monitoring Reports
 - A. Chief Financial Officer’s Report – B. Glodowski
 - i. ACTION: Review and Accept April Financial Statements
7. Board Discussion and Possible Action
 - A. ACTION: Consideration Of Contribution Agreement for 529 McClellan Street, Wausau WI
 - B. ACTION: Consideration of Agreement for Transfer of the Birth to 3 Program from NCHC to Marathon County Special Education
8. Board Retreat:
 - A. Review Mission, Vision, Values and End Statements – J. Zriny
 - B. 5 to 50 Vision, External Environment and Operational Assumptions – M. Loy
 - C. 2020 Preliminary Budget Forecast and Timeline – B. Glodowski
 - D. Input from Retained County Authority on Priorities and Guidelines for the 2020 Budget – L. Leonhard
 - E. Define the Process, Outcomes, Timeline and Structure for the Mental Health System Strategic Plan – D. Hughes
 - F. Consideration of Application to Join the Clinically Integrated network for Aspirus Network, Inc. and Authority to Sign the Participating Provider Agreement – J. Fisher
 - G. TIER Replacement-Overview of Project Scope, Timeline, Costs to Replace the Behavioral Health System Electronic Medical Record – T. Boutain
 - H. Corporate Structure-Review Current Administrative and Clinical Leadership Structure and Determine Future State to Achieve Organization’s Vision – T. Penske
9. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 05/24/2019 TIME: 9:00 AM BY: D. Osowski



Presiding Officer or Designee

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

May 16, 2019

11:00 AM

NCHC – Juniper Room

Present:	X	Jeff Zriny	X	Steve Benson
	X	Corrie Norrbom	X	Bob Weaver

Others present: Michael Loy

Call to Order

Meeting was called to order at 11:03 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 10/10/18 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 10/10/18 Executive Committee meeting minutes; motion passed.

CEO Report – M. Loy

- Board Retreat – May 30, Noon – 8 p.m. - Northcentral Technical College Timberwolf Room
 - Todd Penske, PeopleFirst HR Solutions will help facilitate the meeting
 - In addition to the standard agenda items the Board Retreat agenda will also include:
 - Action on a Mediation Agreement, Contribution Agreement, and Consideration of Transfer Agreement of the Birth to Three
 - Review of Mission, Vision, Values and End Statements, 5 to 50 Vision, External Environment, Operational Assumptions, 2020 Preliminary Budget Forecast and Timeline, and the Retained County Authority’s priorities and guidelines for the 2020 budget
 - Michael peer, CLA will lead a discussion on regional skilled nursing strategy
 - A presentation by David Hughes, Human Services Research Institute on a Mental Health Systems Study Kick Off with timeline and structure (white paper will be provided to the board in preparation for the discussion)
 - A presentation by John Fisher, Ruder Ware on Clinically Integrated Network (managed care contracting)
 - Detailed look at the campus renovation plans including discussions with the neighborhood group and City of Wausau and anticipated timeline
 - TIER (electronic medical records system) replacement project overview including timeline and costs will be provided by Tom Boutain
 - Corporate Structure Discussion led by Todd Penske
 - A pre-work survey will be sent to the Board prior to the meeting.
- Financials for April were on a positive level and revenues looking positive for May.

- An agreement was signed for NCHC to provide interim management services for Pinecrest Nursing Home in Merrill (160 bed skilled nursing facility) including the recruitment of an Administrator. This will be a great opportunity to further explore a regional approach. We are also working with the State on being a pilot for county nursing homes as a regional model. The State may provide a grant for participating in the regional model which would help support implementation. Met recently with Portage County to explore how we can work more closely together.
- We have been working with the City of Wausau on the possibility of managing Riverview Towers which is an RCAC (Residential Care Apartment Complex).
- Recruitments are in progress for the following positions:
 - Chief Medical Officer (CMO) With Dr. Immler currently filling an Interim CMO role.
 - Chief Nursing Officer (CNO)
 - Operations Executive
 - Psychiatrists (2 positions) for Inpatient
- Anticipate transition for Adult Protective Services (APS) by 2020.
- Lincoln Industries, a sheltered employment program in Lincoln County, has been having financial struggles due to State funding changes. NCHC has been asked to provide an analysis of that program with the possibility to oversee the program.
- Dr. Espinoza resigned effective 5/8/19. She will maintain privileges on the medical staff and we hope she will return.
- Electronic Medical Records replacement is not budgeted for 2019 but if approved for the 2020 budget, we will be prepared to release an RFP this fall so the purchase and implementation of a new system could begin in early 2020.
- M. Loy is a member of a new committee, Health Advisory Committee for UW Stevens Point. The UW focusing on nursing as well as Masters of Social Worker and Counseling.
- Three psychologists have been hired and will be on board throughout the summer.
- Working with NTC in supporting educational opportunities from post-K-12 through medical school.
- Langlade County Sober Living fundraising is in progress with about \$35,000 committed in addition to the already approved \$260,000 from the City of Antigo and Langlade County.
- Working with Langlade County in their quest for more space and the possibility of renovating the health care facilities in Antigo. Waiting for direction from the county.
- Received an In-home Crisis grant from the State recently with stipulation that the money must be used by the end of Sept. and no guarantee there will be additional funding available after that date. We are using funds for program development of youth behavioral health services which ties nicely into the new youth hospital program.
- The Medically Assisted Treatment (MAT) grant was approved which provides services for those in jail. NCHC will help facilitate the program once an individual leaves the jail. Have applied for a grant to hire full-time staff to manage these services and help develop the program.
- Matrix Care implementation is on schedule with full implementation in June.
- The annual nursing home survey was citation free. A follow-up to a self-report from February was wrapped into the annual survey which we received a citation. We are appealing the citation through the Information Dispute Resolution (IDR) process. As additional information is available an update will be provided.
- J. Zriny provided an update on the CEO evaluation.

Meeting adjourned at 12:10 p.m.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

April 25, 2019

12:00 Noon

Wausau Board Room

Present:

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

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

1. Call to order

- J. Zriny called the meeting to order at 12:05 p.m.

2. Public Comment for Matters Appearing on the Agenda

- None

3. Chairman's Report and Announcements

- J. Zriny thanked the Board for their input in the CEO evaluation process and for 100% participation. The Executive Committee met and provided a summary to the Retained County Authority (RCA) Committee. The RCA will meet 4/29/19 to finalize the evaluation.

4. Board Committee Minutes and Reports

- None

5. Consent Agenda

- M. Loy noted that Dr. Bromley's appointment is being pulled from the Medical Staff recommendations as Dr. Bromley submitted his resignation effective 4/24/19.
- **Motion**/second, Metter/Breske, to approve the Consent Agenda which includes:
 - 3/21/19 NCCSP Board Meeting Minutes
 - Medical Staff Appointments Recommendations for: Jennifer Svencer, PA-C, Gregory Varhely, M.D., and Shae Wheeler, PA-C, Terminate Appointments for Debra Sanfilippo, PA-C and Ruth Nelson-Lau, APNP
 - Motion carried.

6. Board Education

- Update on 2019 Priorities and Operational Plan – M. Loy
There are a total of 75 items of which 6 have been completed, 9 have not been started, and 60 items are in progress. Several items that are behind the timeline are due to the two vacant executive positions. Highlights included:

- 2.1 Community input sessions regarding the campus renovations were held in April and feel we have accommodated concerns from the community. City Planning Commission meets 5/21 followed by a City Council meeting on 5/28. Groundbreaking for the pool is anticipated in June followed by the new Tower later this year.
- 2.3 IT Governance Committee will continue exploration on Point of Access i.e. electronic payment options.
- 3.10 We did not receive the grant last year for In-House Youth Crisis Stabilization services, however, the State has since contacted us indicating they have additional money available if we can meet their Sept. deadline. This is a high need/priority but may also need ongoing financial impact.
- 3.11 Langlade County approved establishing a Sober Living facility in Antigo along with \$130,000, the City of Antigo approved \$130,000 toward the facility, and the community is raising the remaining \$130,000. NCHC will operate the facility with a goal to open in 2020. This is a pilot project for all 3 counties and to be a viable program the cost needs to be spread across multiple homes within the next 5 years.
- 3.13 We are looking at longer term treatment options for MMT (currently use a 21 day treatment model).
- 3.22 Psychiatrists and Psychiatric Nurse Practitioner started earlier this year but are not to the point where we can open their schedules to the community.
- 3.32 The original plan was to transition Birth to 3 by the end of the year however it is being recommended to transition by 7/1/19.
- 3.36 Have been talking with Lincoln and Portage counties to work together to improve costs (food, dietary, etc.) and relationships. Initiative is gaining support in the State legislature.
- 3.37 NCHC has been approached to manage support services (nursing, dietary, direct care staff) for the 36 bed Riverview Terrace complex. We are currently evaluating the request and anticipate providing a proposal for the Board's consideration at the Board Retreat.
- 4.1 Having difficulty getting county to move forward on the data sharing initiative without the appropriate legal resources. It is a complicated issue with a lot of risk for NCHC.
- 4.2 Education on brand and marketing efforts will be provided at the Board Retreat. With the upcoming campus renovation it would be good timing to address an outreach plan.
- 5.14 Contract Management and Review process is challenged due to absence of legal resources. This will be discussed in further depth at the Board Retreat.

7. Monitoring Reports

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

- On the legislative side, Loy has been working with numerous State and Federal representatives. The proposed State budget would be very beneficial to NCHC but how it will be funded is the political battle. One of the main priorities for us would be improving Medicaid reimbursement rate. Medicaid reimburses 65 cents per dollar.
- The annual nursing home survey has been complete and we were citation-free. However, the State chose to wrap a follow-up to a self-reported occurrence from 2 months ago into the annual survey process. The State has indicated that citations will be given in regards to the self-reported occurrence. We agree that a situation occurred however, the scope and severity they have indicated they will cite we strongly disagree with. We are in communication with the State regarding the citation and will keep the Board apprised as it is appealed.

- B. Quality Outcomes Review – M. Loy
- Overall NCHC Dashboard was reviewed. Several items were noted: With two orientations in April the vacancy rate should come down. Data shows that certain months of the year have higher turnover, therefore we are working on a strategy to anticipate and address potential vacancies during these times. Almost all adverse events were weather related.
 - **Motion**/second, Ashbeck/Weaver, to accept the March Quality Dashboard and Executive Summary. Motion carried.
- C. Chief Financial Officer's Report – B. Glodowski
- March was disappointing overall with several items directly relating to the current month's status i.e. there were five weekly withdrawals (rather than the usual 4) for health insurance which had an impact of an additional \$100,000, the vendor was behind in claims payments, as well as the impact from diversions. Other significant areas driving expenses this month are recruiting psychiatrists, onboarding recently hired psychiatrists, high food and drug costs, overlap of hired psychiatrists and contracted physicians, and additional costs for training related to new electronic medical records (EMR) being implemented.
 - Winter months are generally lower for revenue due to weather-related cancellations. Year to date we are exceeding budget for insurance and are already looking at our insurance, plans, etc. as we develop the 2020 budget.
 - We also adjusted for Paid Leave Time (PLT) each month and with summer months approaching employees will begin to use PLT reducing our liability expense.
 - It was noted that we are targeting the opening of the new Youth Crisis Hospital for 2nd quarter 2020 which means youth diversions are still a problem for 2019. It was also noted that the acuity of patients on the inpatient unit has increased.
 - **Motion**/second, Seefeldt/Breske, to accept the March Financial Statements. Motion Carried.
- D. Human Services Operations Report – L. Scudiere
- The written Human Services Operations Report was reviewed with the Board.
 - Question was raised if a grant writing and/or fundraising position should be considered given there is a tremendous amount of CEO time taken up with these items. Fundraising gives great opportunities for Board members to step up and connect with individuals in our communities.
- E. Nursing Home Operations Report – K. Gochanour
- The written Nursing Home Operations report was reviewed with the Board.
8. Board Discussion and Possible Action
- A. Annual Review and Approval of Board Strategic Planning Policy. No changes from prior year.
- B. **Motion**/second, Weaver/Ashbeck, to approve the Board Strategic Planning Policy. Motion carried.
- C. MOTION TO GO INTO CLOSED SESSION:
- **Motion** by Weaver to adjourn into closed session pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events.

- Second by Ashbeck. Roll call. All ayes. Motion passed 10-0. Meeting convened in closed session at 1:15 p.m.
- D. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
- **Motion**/second, Weaver/Seefeldt, to reconvene into Open Session. All Ayes. Motion passed 10-0. Meeting convened in Open Session at 1:25 p.m.
 - No action or announcements on the Closed Session Item(s) were made.
- E. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
- Board Retreat is scheduled for May 30 from Noon until 8 pm and will be held at North Central Technical College in the Timberwolf Room. Additional details with directions will be provided prior to the meeting. Some of the items planned for the day include: strategic items, RCA priorities, litigation briefing, kick-off to the mental health system study, corporate structure, campus renovations, TIER replacement, and capital plan.
 - In June and July we will talk about corporate compliance and insurance.
- F. Assessment of Board Effectiveness
- None
- G. Adjourn
- **Motion**/second, Metter/Ashbeck, to adjourn the meeting at 1:29 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO



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MEMORANDUM

DATE: May 23, 2019
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations 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. **Zero Suicide Grant Funding:** NCHC received a grant to help support efforts in Zero Suicide training. Staff will be attending a training on June 20-21, which will assist with our internal and our community-based efforts to move forward with the evidenced-based Zero Suicide programming.
2. **Youth Crisis In-Home Stabilization Grant:** Since obtaining this grant, a group has been convening weekly to set the vision and operational plan for the program. This project is still in the planning process.
3. **Marathon County Exploration of Jail MAT Program:** NCHC received a grant on behalf of partners Marathon County and Aspirus Hospital to assist with creating a position that will be used to design a comprehensive MAT program in Marathon County, capitalizing on existing resources. A position description has been created and the recruitment process has begun.
4. **Langlade County Sober Living Ad Hoc Committee:** The City of Antigo has given zoning approval to move forward for the use of the identified facility as a sober living home. The Apricity Sober Living Model is being purchased. Community members are very enthusiastic about the project and are already volunteering to renovate the space. Fundraising continues for the project.
5. **North Central Recovery Coaching Collaborative:** The members of the collaborative are exploring the option of joining RecoveryCorp, an extension of Americorp that is funded primarily by the Hope initiatives that were driven by Sen. John Nygren. By joining with this initiative, paid Recovery Coaches would be managed by RecoveryCorp and could provide the necessary training, liability coverage, and ongoing coach support required for our three-county region. Collaborative members are working to see if this would be a beneficial option for members rather than creating a brand-new network.
6. **Birth to 3:** Transition meetings continue to occur on a weekly basis. Staff are aware of the pending transition, and have been engaged in the process. Marathon County Special Education's board voted to move forward with this project as of 5/16/19. Staff will be moving into their newly renovated space at the end of June.

7. **Community Corner Clubhouse:** Clubhouse's Director, Michelle Hazuka, has resigned in order to pursue her dream of operating a private counseling practice. Michelle has been with the agency for over 20 years and has done incredible work with Clubhouse, including helping it grow, adding Hope House (NCHC's first sober living environment), and moving Clubhouse to its current location. Michelle has been a well-known and enthusiastic advocate within our community for individuals with mental illnesses or substance use issues. We wish her all the best in her future endeavors. Michelle's last day is May 31. We are currently evaluating the Clubhouse Director role, and will be posting it after the completion of the evaluation process.

8. **Youth Hospital Implementation Project Group:** An internal group of physicians and NCHC staff has been convening weekly to start developing the philosophy of the unit and to do the preparation for licensing. The 8-bed facility will be used primarily for adolescent psychiatric services and will take kids from our three-county region exclusively when it is opened.



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MEMORANDUM

DATE: May 23, 2019
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: Monthly 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 Implementation:** Matrix is making great strides as we move into the final implementation phase. Clinical documentation has been completely transitioned to our new system. Certified Nursing Assistant charting training occurred through May 18, 2019 and went live on May 21, 2019. The data analysis training has occurred and the final phase is the meal tracker which is currently being implemented. We are on target to be live with all clinical and financial charting and will have meal tracker up by June 30, 2019 with no scheduling issues. At this point we are 95% live. Our next steps will be conducting a review and analysis of the system and fine tuning any areas determined.
- 2) **WACH Conference:** In May I attended the annual Wisconsin Association of County Homes (WACH) conference and legislative visit day. During this time members of county homes met with legislative staff to discuss nursing home funding, concerns with staffing crisis, the underpayment of nursing home funding, and the alarming increase in nursing home facility closures in Wisconsin. As a member of both WACH and Leading Age Wisconsin, we continue to contact legislators to discuss the underfunding of skilled nursing facilities.
- 3) **Annual State Survey:** On April 16-22 we had our annual federal and state certification survey for Mount View. The annual certification was citation free. During this same time, the surveyors included a follow-up on a self-report from February. From this self-report we received several citations. We are currently in the process of appealing this citation and held an Informal Dispute Resolution (IDR) telephone interview on May 20, 2019 and are awaiting the results from this review. As we receive additional information we will report out the final decision.
- 4) **Employee Engagement:** April was a busy month celebrating some important people in our organization. First we had Laundry and Linen Appreciation week. We celebrated by giving them a snack basket from the residents and lunch with the Executive Team. We also celebrated Administrative Professionals day. These wonderful staff members keep us organized and in line. The final group is a large group of unpaid heroes. We celebrated Volunteer week. We are so blessed to have many volunteers who provide endless hours of service to those we serve. This group is led by two individuals, Laural Harder and Kathy DeSantis.

- 5) **Cycling without Aging**: We are excited to share that our Trishaw (bike) for North Central Health Care has been ordered and will be arriving from Denmark sometime this summer. Laural Harder, Volunteer Services Coordinator, has been an instrumental part of this group and serves on the Cycling without Aging Marathon County Board along with Dr. Corrie Norrbom. In May pilot training is being done so that we can start utilizing a Trishaw by mid-June.



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MEMORANDUM

DATE: May 24, 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 general and precise implementation plans were approved by the City Plan Commission on May 21, 2019. The Common Council will vote on May 28, 2019 for final approval. Pre-qualifications for the Phase 1 projects will be released the week of May 27, 2019 and the initial project timeline will be available. Bids for the first phases are slated for release in June.
- 2) **Recruitments:** Recruitments for the Operations Executive, Chief Nursing Officer, Chief Medical Officer Psychiatry, and Behavioral Health Services Director continued in May. We have been unsuccessful in filling these key roles as applicant flow has been down.
- 3) **Mediation:** Mediation for the claim on the Scott Street property did not achieve the results sought. The parties were miles apart and it appears this case will be heading to trial next June.
- 4) **Hillcrest:** The Hillcrest property has received an offer to purchase. We will be preparing for the closing in June. The property is being purchased by a group working on an important community project and will benefit the community.
- 5) **HRSI Study:** The community support and funding requests to support the Mental Health System Study has been positive. David Cline, the project leader, will be onsite on Wednesday, May 29th and available at the Board Retreat to finalize scope and kick-off the study.

2019 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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.	Recruitments for open Psychiatry positions ongoing. Initial PGY3 rotation is being finalized.	Open												
Refresh Information Services Platform	NCCSP	Jan-19	By the end of 2021, have upgraded all of our five core systems.	MatrixCare EMR implementation is on-time and will be fully implemented by the end of June. A new occurrence reporting system contract has been signed and implementation has begun. A proposal for the TIER replacement will be made at the NCCSP Board Retreat for the 2020 Budget. The HR and Learning Platforms will start their implementation in July.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	CEO met with the RCA and NCCSP Board Chair for the Annual Review in May.	Complete												
Annual Audit	NCCSP	Jan-19	Acceptance of annual audit by NCCSP Board and RCA	Audit is complete and will be presented to the Board in March.	Complete												
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	Sent to Marathon County Corporation Counsel for initial review.	Open												
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 Research	Contract has been signed with the Human Services Institute which will deliver a strategic plan for behavioral health programs. The 2020 Budget will present rolling two year forecast.	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	Presented at the March NCCSP Board meeting.	Complete												
Facility Use Agreements	NCCSP	Jan-19	Signed agreements with each of the three Counties	A draft Facility Use Agreement was delivered to members of the RCA and will be discussed at an upcoming meeting.	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	CFO has delivered the reports and is meeting with County Finance Directors.	Open												
Annual Report	NCCSP	Apr-19	Annual Report Released and Presentations made to County Boards	The report is in final development and will be presented in June. It was delayed due to difficulty pulling data.	Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA as soon as it is available (delayed per above) 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	Contract is being finalized, project will begin in May.	Open												

2019 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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.	Discussions 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 Langlade County Board has approved the project along with their one-time commitment funding and ongoing funding. The community fundraising for the remaining \$130,000 in needed funds has begun and so far we have committed approximately \$30,000.	Complete												
Annual Budget	RCA	May-19	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The 2020 Budget schedule and preliminary planning has begun. Holding the Annual Board Retreat on May 30, 2019.	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%	9.0%	9.4%	9.0%									9.4%	9.5%	
Retention Rate	↑	80 - 82%	97.8%	96.5%	95.2%	94.1%									82.3%	82.0%	
SERVICE																	
Patient Experience	↑	88.3 - 90.5	90.9	89.3	90.0	90.8									90.2	N/A	
CLINICAL																	
Readmission Rate	↓	8 - 10%	6.7%	13.0%	8.6%	14.1%									11.1%	11.3%	
Nursing Home Star Rating	↑	4+ Stars	★★	★★	★★	★★★									★★★	★★	
Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.65	0.53	0.39	0.70									0.65	0.75	
		NCHC EMP: 3.31 - 3.51	8.90	11.49	2.52	5.67									6.66	3.77	
Hospital Days	↓	735 or less per month	770	667	816	685									735	N/A	
COMMUNITY																	
Access Rate	↑	90 - 95%	92.0%	86.2%	85.6%	80.1%									86.5%	88.3%	
FINANCE																	
Direct Expense/Gross Patient Revenue	↓	60 - 64%	64.9%	68.0%	73.3%	65.5%									67.8%	68.2%	
Indirect Expense/Direct Expense	↓	36 - 38%	33.7%	37.9%	34.7%	31.9%									34.4%	35.5%	
Net Income	↑	2 - 3%	1.3%	-1.6%	-12.4%	0.2%									-3.4%	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. <i>Benchmark: American Health Care Association/National Center for Assitive Living (AHCA/NCAL) Quality Initiative</i>
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 Hospital days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. The current figure totals the NCHC current month hospital days to out of facility hospital days from the previous month. This lag is due to the processing time of invoices from other facilities.
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

May 2019

Organizational Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2019 is 5.0 - 7.0%. Currently, the rate is 9.0% for April, remaining stagnant from February. The year average is 9.4%. The two orientation sessions held in April welcomed 30 new employees. April started the seasonal increase of retirees, with several retirements in April.

❖ **Employee Retention Rate**

The Employee Retention Rate Yearend target range for 2019 is 80.0 – 82.0%. The rate is 94.1% through the month of April. Currently, the rate is projected to end the year at 82.3%, which is within our target range.

Service

❖ **Patient Experience**

NCHC Patient Experience 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. This month, we are exceeding our range at 90.8.

Clinical

❖ **Readmission Rate**

The Readmission Rate 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. The rate for this month is 14.1%. While the BHS reduced back down within range from last month, the nursing home had an increase from previous months with the highest rate yet this year at 24.1%. This was due to 2 residents with 2 readmissions. We are seeing a trend of clinically complex residents.

❖ **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. The CMS lifted the moratorium in April and Mount View is now at a 3 star. We anticipate that this could change pending recent survey results.

❖ **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 .71-.72 per 1,000 patient days. For April, we remain exceeding our target at 0.70. This was an increase from last month. (See program descriptions below for more information.)

The target range for Employee Adverse Events is 3.31 - 3.51. For April, we did not meet our target at 5.67, with a year to date rate of 6.66. April had 3 employee adverse events due to tripping, needle stick and other muscular skeletal strains.

❖ **Total Hospital Days**

This measure includes the total number of days that all patients spend hospitalized for psychiatric care 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. This April, the total hospital days exceeded our goal, with only 685 hospital days.

Community

❖ **Access Rate for Behavioral Health Services**

The target range for this measure for 2019 is 90-95%. For April, we are below target at 80.1%. The following programs were under target for access in April:

- BHS (Linkage Patients getting linked to CCS)
- Outpatient (Hospital patients getting a post-discharge appointment w/in 4 days of discharge and Day Treatment)
- Community Treatment
- Community Living (Prevocational Services and Residential)
- Mount View Care Center – This showed a slight reduction from March to April. This is being driven by access to our short term rehab beds. Long Term Care (LTC) beds remain at 100%.

(See program descriptions below for more information.)

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%. The percentage for May did improve significantly compared to prior month. The notable items for improvement are employee benefits and gross charges. Employee benefits were back in line with targets and even came in below target. Gross charges have improved; some of this was anticipated with the improvement in weather as there is a decrease in the number of weather related cancellations.

❖ **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 percentage for April is 31.9%, which is better than target. With expenses in the direct areas running over budget, support programs are trying to keep expenses down to help offset some of the direct overages.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2019 is 2-3%. The target for April was not met, as the actual percentage is .20%. This is an improvement compared to the prior month, however, the year to date target remains unfavorable at -3.4%. There are reviews continuing to be done to focus on areas that contribute to improving the monthly results to try and work this target towards more positive results.

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 14.4% for April. The program target is 5.8-7.8%. This is an improvement from last month. The majority of the improvement was experienced in the inpatient hospital, where more efforts were devoted to realistic job previews and pre-job shadowing.
- Patient Adverse Event Rate went up in April. The measure has a target of 0.71 to 0.73 and currently BHS is at 4.69. We had 5 adverse events in Crisis and the Hospital unit in April. Implementation of the NCHC Zero Suicide initiative in Quarter 3, upcoming training on Borderline Personality Disorder, and the implementation of a metal detector in the crisis area have been put into action to reduce this rate of adverse events in the future.
- Direct Expense/Gross Patient Revenue for April BHS had 73.6% with a target of 64-69%. This measure had an improvement from previous months. We have re-evaluated the staffing model to decrease dependency on contracted staff, which is driving unbudgeted expense. New staffing ratios were instituted and should have an impact on future months.
- BHS write offs increased out of range for the first time this year. BHS is exploring purchasing software that will assist with proving medical necessity and decrease write offs in the future.

❖ **Birth to 3**

- Patient Experience decreased in April to just below target for the first time this year. This was the result of one survey, and the total respondents for April were only 6.
- Write offs: Birth to 3 had a few write offs that are being addressed by the interim management staff member.

❖ **Community Living (Residential/ADS/PreVoc):**

- Patient Adverse Event Rate: Falls and medication errors are the most common patient adverse events that are reported in this area. There were five falls, all in separate locations in April. There were two medication errors in April, each occurring in different houses.
- Access Rate decreased to 33 % rate for April. While one driver of this measure is because we are transitioning prevocational sheltered based members into Community Based PreVoc Services, a focus that continues for 2019. All clients must first graduate from DVR before entering the PreVoc service, and has continued to cause a delay into the service line. The main impact on this measure is that NCHC does not have any more beds for CBRF or Supportive Apartments at this time. All living opportunities remain filled and decreases our access for referrals dramatically.

❖ **Outpatient/Community Treatment/Community Corner Clubhouse:**

Measures not met in this group were:

- **Vacancy:** For April these programs had a combined vacancy rate of 5.6% with a target of 3.3-5.3%. This is an improvement on last month. Recruitment for community treatment for qualified clinical staff continues to be a challenge.
- **Access Rate:** The access rate for this service line was impacted by Community Treatment at 39%, which was the lowest result so far this year. This is related to the vacancy rate. We continue to have difficulty recruiting for several case management positions. Managers have been tasked with determining and addressing key factors regarding current vacancies.
- **Direct Expense/Gross Patient Revenue:** April numbers are trending in the right direction. Driving this is our Outpatient service specifically. The department has specific action items focusing on productivity standards, scheduling efficacy, and other related initiatives. Inclement weather impacted patient cancellations and no show rates as well. Due to these initiatives, the cost of this program has been trending down since February.

Nursing Home Operations

❖ **Aquatic Services:**

- **Vacancy Rate** is up due to an open physical therapist position that is being recruited for and a physical therapy assistant that is also currently being recruited for.
- **Direct Expense Budget/Gross Patient Revenue** is 51-56%. April was a better month, at 47.3%, with no pool closures.

❖ **MVCC Overall:**

- **Vacancy Rate** for the month of April was at 13.16% with a target range of 6.4-8.4%. Nursing home has a Vacancy and Retention Committee that meets weekly and is working to impact this outcome. Food service is showing significant vacancies which are driving our vacancy rate. Anticipate this increasing in May with more openings occurring.
- **Readmission Rate** target for 2019 is 8-10%. In April the readmission rate was again out of line at 24.1%. In April we had 14 readmissions with 7 of them being 30 day. All were unavoidable admissions. Of the 7 that met the 30 day measure, 2 residents made up 4 of those readmissions. The team will be doing an RCA to determine how we can reduce this moving forward.
- **Adverse Event Rate** for April was 2.8 events per 1,000 patient days. In April we saw a slight increase. When reviewing the individual program data this is due to medication errors in all programs. In April we went "Live" with our new electronic medical records medication administration. We should see a decrease in the next few months related to medication errors with the new changes in process.
- **Access Rate** for April was at 81.4%. The short term target for 2019 is for a referral to have an admission within 48 hours after acceptance. This goal has been revised to measure when the facility accepts a referral versus actual referral date. This reduction in number is being driven by access to short term rehab beds. Long term care beds access was at 100% for April.
- **Direct Expense/Gross Patient Revenue** for April was at 63.58% with a target of 46-51%. This was a decrease from March. Factors that influenced this are: census was 177 versus budget of 185, payer mix was off in Medicaid vent and Medicare for the month. Expenses were high with training of Matrix system, overtime usage, and equipment rental still are driving factors. Team is working on reduction of overtime, supply management, and payer mix.

Support Programs

❖ APS:

- Patient Experience: APS continues to struggle with survey responses. 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 April was at 14.7% with a target of 3.7-5.7%. APS continues to recruit for their vacant position and will hopefully have all positions filled soon.

❖ Health Information (HIM):

- Vacancy Rate for the month of April was at 13.2% with a target of 3.3-5.3%. This is due to the new Coding and Documentation Specialist position that was added in April. Interviews are complete and offer is being extended with a start date pending.
- Direct Expense Budget target is \$34,970 - \$36,719 per month. April came in under budget at \$30,600.

❖ Patient Financial Services:

- Direct Expense Budget target is \$\$66,088-\$69,393 per month. Expenses for April are at \$69,693, which is just slightly over the target. The overage is due to collection expense being over target. There is revenue associated with this expense. The revenue for this is much more favorable than target.

❖ Pharmacy:

- The Direct Expense/Gross Patient Revenue for April was at 43.9 % with a target range of 37-41%. This year to date is 42% which is a little off target. Factor influencing this is drug costs more than budget. Working on our contract for better drug costs.

❖ Volunteers:

- The Direct Expense budget is \$9453 to \$9926. In April is was out of range due expenses related to the Volunteer Recognition breakfast and purchasing of spring merchandise for the gift shop. This number will be back in line throughout the rest of the year.

2019 - Primary Dashboard Measure List

↑ Higher rates are positive

↓ Lower rates are positive

Department	Domain	Outcome Measure	2018	↑↓	Target Level	2019 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	9.5%	↓	5 - 7%	9.4%
		Retention Rate	82.0%	↑	80 - 82%	82.3%
	Service	Patient Experience: % Top Box Rate	N/A	↑	88.3 - 90.5	90.2
	Clinical	Readmission Rate	11.3%	↓	8 - 10%	11.1%
		Nursing Home Star Rating	★★	↑	4+ Stars	★★★
		Adverse Event Rate	0.75	↓	PAT: 0.71 - 0.73	0.65
			3.77		NCHC EMP: 3.31 - 3.51	6.66
		Hospital Days	N/A	↓	<= 735 / month	735
	Community	Access Rate	88.3%	↑	90 - 95%	86.5%
	Finance	Direct Expense/Gross Patient Revenue	68.2%	↓	60 - 64%	67.8%
		Indirect Expense/Direct Expense	35.5%	↓	36 - 38%	34.4%
		Net Income	0.7%	↑	2 - 3%	-3.4%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BHS	People	BHS Vacancy Rate	↓	5.8 - 7.8%	16.2%
		BHS Retention Rate	↑	80 - 82%	73.3%
	Service	BHS Patient Experience	↑	88.3 - 90.5	86.4
	Clinical	BHS Readmission Rate	↓	8 - 10%	8.9%
		BHS Adverse Event Rate	↓	PAT: 0.71 - 0.73	4.81
				NCHC EMP: 3.31 - 3.51	6.66
		Hospital Days	↓	<= 735 / month	735
	Community	BHS Access	↑	90 - 95%	/
	Finance	BHS Budgeted Direct Expense/Gross Patient Revenue	↓	64 - 69%	77.1%
		BHS Write-Offs	↓	0.69%	0.68%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BIRTH TO 3	People	Birth To 3 Vacancy Rate	↓	1.8 - 3.8%	3.5%
		Birth To 3 Retention Rate	↑	80 - 82%	76.9%
	Service	Birth To 3 Patient Experience	↑	88.3 - 90.5	90.7
	Clinical	Birth To 3 Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.00
				NCHC EMP: 3.31 - 3.51	6.66
	Community	Birth To 3 Access	↑	90 - 95%	100.0%
	Finance	Birth To 3 Direct Expense/Gross Patient Revenue	↓	139 - 144%	131.2%
		Birth To 3 Write-Offs	↓	0.57%	0.27%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
COMMUNITY LIVING	People	Community Living Vacancy Rate	↓	4.6 - 6.6%	6.4%
		Community Living Retention Rate	↑	80 - 82%	81.7%
	Service	Community Living Patient Experience	↑	88.3 - 90.5	94.7
	Clinical	Community Living Adverse Event Rate	↓	PAT: 0.73 - 0.75	1.08
				NCHC EMP: 3.31 - 3.51	6.66
	Community	Community Living Access Rate	↑	90 - 95%	40.0%
	Finance	Community Living Direct Expense/Gross Patient Revenue	↓	56 - 61%	56.0%
		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%	6.5%
		OP/CT/Clubhouse Retention Rate	↑	80 - 82%	90.1%
	Service	OP/CT/Clubhouse Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	OP/CT/Clubhouse Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.06
				NCHC EMP: 3.31 - 3.51	6.66
	Community	OP/CT/Clubhouse Access Rate	↑	90 - 95%	84.0%
	Finance	OP/CT/Clubhouse Direct Expense/Gross Patient Revenue	↓	73 - 78%	84.7%
		OP/CT/Clubhouse Write-Offs	↓	0.45%	0.21%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
AQUATIC	People	Aquatic Vacancy Rate	↓	3.7 - 5.7%	4.0%
		Aquatic Retention Rate	↑	80 - 82%	45.4%
	Service	Aquatic Patient Experience	↑	88.3 - 90.5	95.4
	Clinical	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Community	Aquatic Access	↑	90 - 95%	97.1%
	Finance	Aquatic Direct Expense/Gross Patient Revenue	↓	51 - 56%	62.4%
		Aquatic Write-Offs	↓	0.45%	1.66%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MOUNT VIEW CARE CENTER	People	MVCC Vacancy Rate	↓	6.4 - 8.4%	13.6%
		MVCC Retention Rate	↑	80 - 82%	80.2%
	Service	MVCC Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	MVCC Readmission Rate	↓	8 - 10%	15.0%
		MVCC Nursing Home 5-Star Rating	↑	4+ Stars	★★★
		MVCC Adverse Event Rate	↓	2.43 - 2.55	2.50
	Community	MVCC Access Rate	↑	90 - 95%	76.5%
	Finance	MVCC Direct Expense/Gross Patient Revenue	↓	46 - 51%	59.0%
		MVCC Write-Offs	↓	0.16%	0.08%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
APS	People	APS Vacancy Rate	↓	3.7 - 5.7%	14.7%
		APS Retention Rate	↑	80 - 82%	57.1%
	Service	APS Patient Experience	↑	88.3 - 90.5	100.0
	Clinical	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	APS Direct Expense Budget	↓	\$45,491 - \$47,765 per month	\$43,466.00

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Business Operations Direct Expense Budget	↓	\$57,205 - \$60,065 per month	\$58,530.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HIM	People	HIM Vacancy Rate	↓	3.3 - 5.3%	10.9%
		HIM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	HIM Direct Expense Budget	↓	\$34,970 - \$36,719 per month	\$42,352.00

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%	57.1%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Human Resources Direct Expense Budget	↓	\$74,859 - \$78,602 per month	\$62,048.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
IMS	People	IMS Vacancy Rate	↓	3.1 - 5.1%	3.6%
		IMS Retention Rate	↑	80 - 82%	57.1%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	IMS Direct Expense Budget	↓	\$191,668 - \$201,251 per month	\$170,806.00

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	MARCOM Direct Expense Budget	↓	\$30,931 - \$32,477 per month	\$31,438.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
ORGANIZATIONAL DEVELOPMENT	People	Org Dev Vacancy Rate	↓	8.3 - 10.3%	8.3%
		Org Dev Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Org Dev Direct Expense Budget	↓	\$44,077 - \$46,280 per month	\$29,189.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT ACCESS SERVICES	People	Patient Access Services Vacancy Rate	↓	2.1 - 4.1%	2.3%
		Patient Access Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Patient Access Services Direct Expense Budget	↓	\$50,225 - \$52,737 per month	\$46,606.00

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Patient Financial Services Direct Expense Budget	↓	\$66,088 - \$69,393 per month	\$70,250.00

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Pharmacy Budgeted Direct Expense/Gross Patient Revenue	↓	37 - 41%	42.0%

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Purchasing Direct Expense Budget	↓	\$18,643 - \$19,575 per month	\$18,794.00

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
		Access: On-Time Arrivals	↑	90 - 95%	95.0%
	Finance	Transportation Direct Expense Budget	↓	\$32,062 - \$33,665 per month	\$29,667.00

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	90.2
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	6.66
	Finance	Volunteer Services Direct Expense Budget	↓	\$9,453 - \$9,926 per month	\$10,288.00

MEMORANDUM

DATE: May 22, 2019
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: Monthly 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 April shows a small gain of \$10,926 compared to the targeted gain of \$66,507 resulting in a negative variance of (\$55,581). This is an improvement over the prior month. Year to date, the organization shows a loss of (\$794,193). The year to date loss is still significant, and measures are still being taken to work on bringing this back down over the next several months.
- 2) **Revenue Key Points:**
 - The nursing home census averaged 179/day which is down slightly compared to the prior month. The target is 185/day. The nursing home revenue does include an adjustment in rehab services dues to the review and reconciliation of the Matrix implementation.
 - The hospital census averaged 14/day, which is the target.
 - Revenue in a number of the outpatient areas improved compared to prior months. Some of this is related to the improvement in the weather.
- 3) **Expense Key Points:**
 - Overall expenses for the month are over budget target by \$369,732.
 - The major drivers of the increased expenses are the diversions, contract physicians and contract providers for Community Treatment. There is increased revenue to offset the expense for the Community Treatment contract providers.
 - Employee benefits were below target for the month. Health insurance was slightly below target.
 - The support programs continue to overall remain below budget targets. This continues to help with some of the overages in the direct programs.
- 4) **2020 Budget:** The 2020 budget process has begun. Programs are working on completing their requests, which are due in early June.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
APRIL 2019**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	744,167	1,646,252	2,390,419	5,300,923
Accounts receivable:				
Patient - Net	3,245,391	1,733,060	4,978,451	4,687,500
Outpatient - WIMCR & CCS	2,872,333	0	2,872,333	1,955,000
Nursing home - Supplemental payment program	0	700,000	700,000	728,000
Marathon County	316,244	125,000	441,244	628,188
Appropriations receivable	59,368	0	59,368	59,368
Net state receivable	1,101,235	0	1,101,235	766,875
Other	396,790	0	396,790	284,249
Inventory	398,393	29,294	427,687	342,220
Other	<u>682,038</u>	<u>456,210</u>	<u>1,138,248</u>	<u>891,231</u>
Total current assets	<u>9,815,960</u>	<u>4,689,816</u>	<u>14,505,776</u>	<u>15,643,554</u>
Noncurrent Assets:				
Investments	13,642,000	0	13,642,000	11,726,000
Assets limited as to use	751,949	152,631	904,580	1,326,236
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	15,683	22,822	38,505	40,130
Receivable restricted to pool project	3,213,262		3,213,262	0
Net pension asset	3,331,431	2,228,367	5,559,798	0
Nondepreciable capital assets	673,595	20,513	694,108	1,218,349
Depreciable capital assets - Net	<u>7,426,314</u>	<u>3,308,159</u>	<u>10,734,473</u>	<u>10,678,720</u>
Total noncurrent assets	<u>29,554,234</u>	<u>6,232,492</u>	<u>35,786,726</u>	<u>25,489,435</u>
Deferred outflows of resources - Related to pensions	<u>6,154,191</u>	<u>4,116,489</u>	<u>10,270,680</u>	<u>12,070,837</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>45,524,385</u>	<u>15,038,797</u>	<u>60,563,182</u>	<u>53,203,826</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
APRIL 2019**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of capital lease liability	22,460	6,789	29,249	0
Accounts payable - Trade	669,269	447,669	1,116,938	1,515,286
Appropriations advances	49,747	0	49,747	49,747
Accrued liabilities:				
Salaries and retirement	845,241	565,375	1,410,615	1,120,018
Compensated absences	1,075,793	719,589	1,795,381	1,498,251
Health and dental insurance	507,522	339,478	847,000	622,000
Other Payables	132,260	88,468	220,728	239,000
Amounts payable to third-party reimbursement programs	220,000	0	220,000	250,118
Unearned revenue	<u>41,101</u>	<u>0</u>	<u>41,101</u>	<u>76,786</u>
Total current liabilities	<u>3,563,393</u>	<u>2,167,366</u>	<u>5,730,759</u>	<u>5,371,206</u>
Noncurrent Liabilities:				
Net pension liability	565,969	378,572	944,541	1,582,088
Long-term portion of capital lease liability	70,695	21,368	92,063	0
Related-party liability - Master Facility Plan	263,719	79,710	343,429	0
Patient trust funds	<u>15,683</u>	<u>22,822</u>	<u>38,505</u>	<u>40,130</u>
Total noncurrent liabilities	<u>916,065</u>	<u>502,472</u>	<u>1,418,537</u>	<u>1,622,218</u>
Total liabilities	<u>4,479,459</u>	<u>2,669,838</u>	<u>7,149,296</u>	<u>6,993,424</u>
Deferred inflows of resources - Related to pensions	<u>6,587,067</u>	<u>4,406,036</u>	<u>10,993,103</u>	<u>5,021,704</u>
Net Position:				
Net investment in capital assets	7,727,231	3,328,672	11,055,903	11,897,068
Restricted for capital assets - pool project	3,213,262	0	3,213,262	0
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	751,949	152,631	904,580	1,326,236
Undesignated	22,725,583	4,315,647	27,041,229	27,260,800
Operating Income / (Loss)	<u>(460,167)</u>	<u>(334,026)</u>	<u>(794,193)</u>	<u>204,594</u>
Total net position	<u>34,457,858</u>	<u>7,962,924</u>	<u>42,420,782</u>	<u>41,188,698</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>45,524,385</u>	<u>15,038,797</u>	<u>60,563,182</u>	<u>53,203,826</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2019**

TOTAL	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$4,670,686</u>	<u>\$4,348,343</u>	<u>\$322,343</u>	<u>\$16,807,678</u>	<u>\$17,203,468</u>	<u>(\$395,789)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	1,672,602	1,672,602	0
Grant Revenue	214,316	210,375	3,941	825,542	841,500	(15,958)
County Appropriations - Net	525,486	525,486	(0)	2,101,943	2,101,944	(0)
Departmental and Other Revenue	<u>334,998</u>	<u>349,219</u>	<u>(14,221)</u>	<u>1,359,565</u>	<u>1,396,874</u>	<u>(37,309)</u>
Total Other Revenue	<u>1,492,950</u>	<u>1,503,230</u>	<u>(10,280)</u>	<u>5,959,652</u>	<u>6,012,920</u>	<u>(53,268)</u>
Total Revenue	6,163,636	5,851,573	312,063	22,767,331	23,216,388	(449,057)
Expenses:						
Direct Expenses	4,832,807	4,316,730	516,077	18,240,532	17,110,143	1,130,389
Indirect Expenses	<u>1,342,824</u>	<u>1,489,169</u>	<u>(146,345)</u>	<u>5,452,774</u>	<u>5,950,984</u>	<u>(498,211)</u>
Total Expenses	<u>6,175,631</u>	<u>5,805,899</u>	<u>369,732</u>	<u>23,693,306</u>	<u>23,061,128</u>	<u>632,178</u>
Operating Income (Loss)	<u>(11,995)</u>	<u>45,674</u>	<u>(57,669)</u>	<u>(925,975)</u>	<u>155,260</u>	<u>(1,081,235)</u>
Nonoperating Gains (Losses):						
Interest Income	28,973	20,833	8,140	122,436	83,333	39,103
Donations and Gifts	(6,052)	0	(6,052)	9,346	0	9,346
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>22,921</u>	<u>20,833</u>	<u>2,087</u>	<u>131,782</u>	<u>83,333</u>	<u>48,449</u>
Income / (Loss)	<u>\$10,926</u>	<u>\$66,507</u>	<u>(\$55,581)</u>	<u>(\$794,193)</u>	<u>\$238,593</u>	<u>(\$1,032,786)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2019**

51.42/.437 PROGRAMS	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,076,586</u>	<u>\$2,709,123</u>	<u>\$367,463</u>	<u>\$10,341,712</u>	<u>\$10,646,585</u>	<u>(\$304,873)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	1,672,602	1,672,602	0
Grant Revenue	214,316	210,375	3,941	825,542	841,500	(15,958)
County Appropriations - Net	400,486	400,486	(0)	1,601,943	1,601,944	(0)
Departmental and Other Revenue	<u>221,488</u>	<u>238,277</u>	<u>(16,789)</u>	<u>895,916</u>	<u>953,108</u>	<u>(57,192)</u>
Total Other Revenue	<u>1,254,440</u>	<u>1,267,288</u>	<u>(12,848)</u>	<u>4,996,003</u>	<u>5,069,154</u>	<u>(73,150)</u>
Total Revenue	4,331,026	3,976,412	354,615	15,337,715	15,715,739	(378,024)
Expenses:						
Direct Expenses	3,534,787	3,097,519	437,268	12,914,868	12,283,773	631,095
Indirect Expenses	<u>754,166</u>	<u>828,529</u>	<u>(74,363)</u>	<u>3,012,041</u>	<u>3,310,949</u>	<u>(298,908)</u>
Total Expenses	<u>4,288,953</u>	<u>3,926,048</u>	<u>362,905</u>	<u>15,926,909</u>	<u>15,594,722</u>	<u>332,187</u>
Operating Income (Loss)	<u>42,073</u>	<u>50,364</u>	<u>(8,290)</u>	<u>(589,194)</u>	<u>121,016</u>	<u>(710,210)</u>
Nonoperating Gains (Losses):						
Interest Income	28,973	20,833	8,140	122,436	83,333	39,103
Donations and Gifts	(5,083)	0	(5,083)	6,591	0	6,591
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>23,890</u>	<u>20,833</u>	<u>3,057</u>	<u>129,027</u>	<u>83,333</u>	<u>45,693</u>
Income / (Loss)	<u>\$65,963</u>	<u>\$71,197</u>	<u>(\$5,234)</u>	<u>(\$460,167)</u>	<u>\$204,350</u>	<u>(\$664,517)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2019**

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,594,099</u>	<u>\$1,639,219</u>	<u>(\$45,120)</u>	<u>\$6,465,966</u>	<u>\$6,556,882</u>	<u>(\$90,916)</u>
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	500,000	500,000	0
Departmental and Other Revenue	<u>113,510</u>	<u>110,942</u>	<u>2,568</u>	<u>463,649</u>	<u>443,766</u>	<u>19,883</u>
Total Other Revenue	<u>238,510</u>	<u>235,942</u>	<u>2,568</u>	<u>963,649</u>	<u>943,766</u>	<u>19,883</u>
Total Revenue	1,832,609	1,875,161	(42,551)	7,429,616	7,500,649	(71,033)
Expenses:						
Direct Expenses	1,298,020	1,219,211	78,809	5,325,664	4,826,370	499,294
Indirect Expenses	<u>588,658</u>	<u>660,640</u>	<u>(71,982)</u>	<u>2,440,732</u>	<u>2,640,035</u>	<u>(199,303)</u>
Total Expenses	<u>1,886,678</u>	<u>1,879,851</u>	<u>6,827</u>	<u>7,766,397</u>	<u>7,466,405</u>	<u>299,991</u>
Operating Income (Loss)	<u>(54,068)</u>	<u>(4,690)</u>	<u>(49,378)</u>	<u>(336,781)</u>	<u>34,243</u>	<u>(371,024)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	(969)	0	(969)	2,755	0	2,755
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>(969)</u>	<u>0</u>	<u>(969)</u>	<u>2,755</u>	<u>0</u>	<u>2,755</u>
Income / (Loss)	<u>(\$55,038)</u>	<u>(\$4,690)</u>	<u>(\$50,348)</u>	<u>(\$334,026)</u>	<u>\$34,243</u>	<u>(\$368,269)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
 April 30, 2019

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
People's State Bank	365 Days	3/28/2020	2.10%	\$250,000	X
PFM Investments	365 Days	4/4/2020	2.58%	\$486,000	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
Abby Bank	730 Days	2/25/2021	2.69%	\$500,000	X
CoVantage Credit Union	730 Days	3/8/2021	2.72%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$13,642,000	
WEIGHTED AVERAGE		585.42 Days	2.209% INTEREST		

NCHC-DONATED FUNDS

Balance Sheet

As of April 30, 2019

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	6,524.78
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	16,563.73
Community Treatment - Adult	690.03
Community Treatment - Youth	7,367.37
Fishing Without Boundries	5,215.80
General Donated Funds	61,255.61
Hope House	4,824.59
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	2,922.38
Total Legacies by the Lake	4,880.63
Marathon Cty Suicide Prev Task	12,902.05
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,282.09
Outpatient Services - Marathon	401.08
Pool	30,619.29
Prevent Suicide Langlade Co.	2,444.55
Resident Council	521.05
United Way	706.00
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 212,768.65

Total Checking/Savings 212,768.65

Total Current Assets 212,768.65

TOTAL ASSETS 212,768.65

LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	86,757.12
Net Income	2,487.78

Total Equity 212,768.65

TOTAL LIABILITIES & EQUITY 212,768.65

**North Central Health Care
Budget Revenue/Expense Report**

Month Ending April 30, 2019

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>6,163,636</u>	<u>5,851,573</u>	<u>22,767,331</u>	<u>23,216,388</u>	<u>(449,057)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,689,817	2,844,300	10,641,715	11,238,320	(596,605)
Fringe Benefits	953,560	1,055,657	4,499,550	4,171,121	328,429
Departments Supplies	671,304	666,986	2,538,056	2,667,944	(129,887)
Purchased Services	1,014,801	506,254	2,774,428	2,053,017	721,411
Utilitites/Maintenance Agreements	319,460	259,704	1,290,059	1,038,817	251,242
Personal Development/Travel	50,448	44,663	145,594	178,650	(33,056)
Other Operating Expenses	105,305	177,169	448,354	708,593	(260,239)
Insurance	29,502	39,250	118,856	157,000	(38,144)
Depreciation & Amortization	166,353	145,250	654,468	581,000	73,468
Client Purchased Services	<u>175,080</u>	<u>66,667</u>	<u>582,227</u>	<u>266,667</u>	<u>315,560</u>
TOTAL EXPENSES	6,175,631	5,805,899	23,693,306	23,061,128	632,178
Nonoperating Income	<u>22,921</u>	<u>20,833</u>	<u>131,782</u>	<u>83,333</u>	<u>48,449</u>
EXCESS REVENUE (EXPENSE)	<u>10,926</u>	<u>66,507</u>	<u>(794,193)</u>	<u>238,593</u>	<u>(1,032,786)</u>

**North Central Health Care
Write-Off Summary
April 2019**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$4,108	\$16,174	\$46,691
Bad Debt	\$124	\$230	\$8,412
<i>Outpatient:</i>			
Administrative Write-Off	\$13,161	\$26,809	\$42,083
Bad Debt	\$411	\$1,113	\$1,963
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$0	\$4,966	\$30,580
Bad Debt	\$30	\$1,428	\$7,938
Ancillary Services:			
Administrative Write-Off	\$0	\$449	\$2,126
Bad Debt	\$0	\$0	\$0
Pharmacy:			
Administrative Write-Off	\$39	\$777	\$2,099
Bad Debt	\$0	\$14	\$0
Total - Administrative Write-Off	\$17,309	\$49,175	\$123,579
Total - Bad Debt	\$565	\$2,784	\$18,312

**North Central Health Care
2019 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	5,735	5,491	(244)	92.50%	88.56%
	Hospital	434	360	(74)	87.50%	72.58%
February	Nursing Home	5,180	5,050	(130)	92.50%	90.18%
	Hospital	392	336	(56)	87.50%	75.00%
March	Nursing Home	5,735	5,591	(144)	92.50%	90.18%
	Hospital	434	457	23	87.50%	92.14%
April	Nursing Home	5,550	5,367	(183)	92.50%	89.45%
	Hospital	420	420	0	87.50%	87.50%
May	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
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	22,200	21,499	(701)	92.50%	89.58%
	Hospital	1,680	1,573	(107)	87.50%	81.93%

North Central Health Care
Review of 2019 Services
Langlade County

	2019 April Actual Rev	2019 April Budg Rev	Variance	2019 April Actual Exp	2019 April Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$167,193	\$225,996	(\$58,803)	\$207,350	\$266,071	\$58,721	(\$83)
Community Treatment-Adult	\$239,151	\$199,098	\$40,053	\$190,366	\$202,098	\$11,732	\$51,785
Community Treatment-Youth	\$493,307	\$425,834	\$67,473	\$425,438	\$425,834	\$396	\$67,869
Day Services	\$91,506	\$108,667	(\$17,161)	\$110,914	\$108,667	(\$2,247)	(\$19,408)
	\$991,157	\$959,595	\$31,562	\$934,068	\$1,002,669	\$68,601	\$100,163
Shared Services:							
Inpatient	\$141,823	\$155,084	(\$13,261)	\$184,371	\$181,515	(\$2,856)	(\$16,117)
Hospital Psychiatry	\$12,668	\$30,941	(\$18,273)	\$76,106	\$62,904	(\$13,202)	(\$31,475)
CBRF	\$49,863	\$31,823	\$18,040	\$31,227	\$31,823	\$596	\$18,636
Crisis	\$23,625	\$20,737	\$2,888	\$106,920	\$98,503	(\$8,417)	(\$5,529)
MMT (Lakeside Recovery)	\$18,146	\$18,524	(\$378)	\$34,016	\$29,331	(\$4,685)	(\$5,062)
Outpatient Psychiatry	\$32,075	\$46,061	(\$13,986)	\$149,943	\$144,725	(\$5,218)	(\$19,204)
Protective Services	\$8,875	\$8,606	\$269	\$25,211	\$28,376	\$3,165	\$3,434
Birth To Three	\$31,942	\$34,922	(\$2,980)	\$51,950	\$64,354	\$12,404	\$9,424
Group Homes	\$95,906	\$64,896	\$31,010	\$91,169	\$64,896	(\$26,273)	\$4,737
Supported Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$71,123	\$32,906	(\$38,217)	(\$38,217)
	\$414,923	\$411,594	\$3,329	\$822,036	\$739,334	(\$82,702)	(\$79,373)
Totals	\$1,406,080	\$1,371,189	\$34,891	\$1,756,104	\$1,742,004	(\$14,100)	\$20,791
Base County Allocation	\$266,177	\$266,177	\$0				\$0
Nonoperating Revenue	\$7,915	\$5,143	\$2,772				\$2,772
County Appropriation	\$99,494	\$99,494	(\$0)				(\$0)
Excess Revenue/(Expense)	\$1,779,666	\$1,742,004	\$37,662	\$1,756,104	\$1,742,004	(\$14,100)	\$23,562

North Central Health Care
Review of 2019 Services
Lincoln County

	2019 April Actual Rev	2019 April Budget Rev	Variance	2019 April Actual Exp	2019 April Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$104,791	\$142,886	(\$38,095)	\$123,159	\$217,077	\$93,918	\$55,823
Community Treatment-Adult	\$252,179	\$233,093	\$19,086	\$202,496	\$236,093	\$33,597	\$52,683
Community Treatment-Youth	\$558,370	\$554,274	\$4,096	\$580,441	\$554,274	(\$26,167)	(\$22,071)
	\$915,340	\$930,253	(\$14,913)	\$906,096	\$1,007,444	\$101,348	\$86,435
Shared Services:							
Inpatient	\$193,397	\$211,478	(\$18,081)	\$251,412	\$247,521	(\$3,891)	(\$21,972)
Inpatient Psychiatry	\$17,275	\$42,192	(\$24,917)	\$103,781	\$85,779	(\$18,002)	(\$42,919)
CBRF	\$67,995	\$43,395	\$24,600	\$42,582	\$43,395	\$813	\$25,413
Crisis	\$32,215	\$28,278	\$3,937	\$145,800	\$134,323	(\$11,477)	(\$7,540)
Outpatient Psychiatry	\$43,739	\$62,811	(\$19,072)	\$204,468	\$197,353	(\$7,115)	(\$26,187)
MMT (Lakeside Recovery)	\$24,744	\$25,260	(\$516)	\$46,386	\$39,997	(\$6,389)	(\$6,905)
Protective Services	\$12,102	\$11,736	\$366	\$34,378	\$38,694	\$4,316	\$4,683
Birth To Three	\$40,896	\$44,446	(\$3,550)	\$66,516	\$81,906	\$15,390	\$11,839
Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$96,986	\$44,871	(\$52,115)	(\$52,115)
	\$432,363	\$469,595	(\$37,232)	\$992,309	\$913,838	(\$78,471)	(\$115,703)
Totals	\$1,347,703	\$1,399,848	(\$52,145)	\$1,898,405	\$1,921,282	\$22,877	(\$29,268)
Base County Allocation	\$276,659	\$276,659	\$0				\$0
Nonoperating Revenue	\$11,047	\$7,303	\$3,744				\$3,744
County Appropriation	\$237,472	\$237,472	\$0				\$0
Excess Revenue (Expense)	\$1,872,881	\$1,921,282	(\$48,401)	\$1,898,405	\$1,921,282	\$22,877	(\$25,524)

North Central Health Care
Review of 2019 Services
Marathon County

	2019 April Actual Rev	2019 April Budget Rev	Variance	2019 April Actual Exp	2019 April Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$482,597	\$633,620	(\$151,023)	\$699,363	\$749,761	\$50,398	(\$100,625)
Community Treatment-Adult	\$1,233,382	\$1,303,686	(\$70,304)	\$1,213,422	\$1,330,352	\$116,930	\$46,627
Community Treatment-Youth	\$1,332,130	\$1,248,565	\$83,565	\$1,148,319	\$1,248,565	\$100,246	\$183,811
Day Services	\$437,488	\$496,751	(\$59,263)	\$472,014	\$496,751	\$24,737	(\$34,526)
Clubhouse	\$112,297	\$168,033	(\$55,736)	\$160,248	\$198,700	\$38,452	(\$17,284)
Demand Transportation	\$143,224	\$146,078	(\$2,854)	\$130,882	\$146,078	\$15,196	\$12,342
Aquatic Services	\$228,113	\$267,154	(\$39,041)	\$362,108	\$381,269	\$19,161	(\$19,880)
Pharmacy	\$1,750,314	\$1,709,296	\$41,018	\$1,785,702	\$1,709,296	(\$76,406)	(\$35,388)
	\$5,719,545	\$5,973,183	(\$253,638)	\$5,972,058	\$6,260,772	\$288,714	\$35,076
Shared Services:							
Inpatient	\$954,089	\$1,043,295	(\$89,206)	\$1,240,306	\$1,221,101	(\$19,205)	(\$108,410)
Inpatient Psychiatry	\$85,224	\$208,148	(\$122,924)	\$511,987	\$423,176	(\$88,811)	(\$211,735)
CBRF	\$335,440	\$214,080	\$121,360	\$210,070	\$214,080	\$4,010	\$125,370
Crisis Services	\$158,929	\$139,505	\$19,424	\$719,279	\$662,659	(\$56,620)	(\$37,196)
MMT (Lakeside Recovery)	\$122,071	\$124,614	(\$2,543)	\$228,836	\$197,319	(\$31,517)	(\$34,060)
Outpatient Psychiatry	\$215,777	\$309,865	(\$94,088)	\$1,008,709	\$973,606	(\$35,103)	(\$129,191)
Protective Services	\$59,704	\$57,895	\$1,809	\$169,600	\$190,892	\$21,292	\$23,101
Birth To Three	\$235,381	\$203,183	\$32,198	\$382,831	\$374,426	(\$8,405)	\$23,793
Group Homes	\$588,047	\$601,770	(\$13,723)	\$559,006	\$601,770	\$42,764	\$29,041
Supported Apartments	\$841,770	\$794,667	\$47,103	\$791,256	\$794,667	\$3,411	\$50,514
Contracted Services	\$0	\$0	\$0	\$478,463	\$221,365	(\$257,098)	(\$257,098)
	\$3,596,432	\$3,697,021	(\$100,589)	\$6,300,343	\$5,875,062	(\$425,281)	(\$525,870)
Totals	\$9,315,977	\$9,670,204	(\$354,227)	\$12,272,401	\$12,135,834	(\$136,567)	(\$490,794)
Base County Allocation	\$1,129,766	\$1,129,766	\$0				\$0
Nonoperating Revenue	\$103,474	\$70,887	\$32,587				\$32,587
County Appropriation	\$1,264,977	\$1,264,977	(\$0)				(\$0)
Excess Revenue/(Expense)	\$11,814,194	\$12,135,834	(\$321,640)	\$12,272,401	\$12,135,834	(\$136,567)	(\$458,207)

TRANSFER AGREEMENT

Birth to 3 Programs for Marathon, Langlade and Lincoln Counties

This Agreement of Transfer (hereinafter referred to as the “Agreement”) is,

BETWEEN: North Central Health Care (the “Transferor” or “NCHC”), a multi-county department of community programs constituted by a Joint County Agreement between Langlade, Lincoln and Marathon Counties pursuant to §§ 51.42 and 66.0301, Wis. Stats., (hereinafter referred to as “NCHC”);

AND: Marathon County Special Education, a (hereinafter referred to as the “Transferee” or “MCSE”); and

WHEREAS, NCHC is the current “county administrative agency” as appointed by the board of supervisors of each of Marathon, Langlade and Lincoln Counties, Wisconsin (the “Appointing Counties”) with the responsibility for operation of the Birth to 3 Programs, as defined in DHS 90.03(5) (“Birth to 3 Program”) for each of the above-referenced Counties;

WHEREAS, NCHC and MCSE (collectively the “Parties”) find it mutually beneficial for NCHC to transfer and for MCSE to assume the responsibilities of the “county administrative agency” of the Birth to 3 Program for each of the Counties; and

WHEREAS, NCHC has agreed to transfer to MCSE the operational aspects and dedicated assets of the Birth to 3 Program currently operated by NCHC, and MCSE has agreed to assume responsibility of the “county administrative agency” (as defined under DHS 90) for the Birth to 3 Program of each of the Appointing Counties and to assume all activities currently conducted by NCHC in connection with the Birth to 3 Program; and

WHEREAS, the parties wish to effectuate the transfer of the Birth to 3 Programs to MCSE in a manner that preserves that ability of the program to meet the needs of the Appointing Counties and the residents of the counties who are eligible for and receive services and to maintain revenue sources for the program; and

WHEREAS, the transfer of the Birth to 3 Program will be subject to final approval by the State of Wisconsin and the Appointing Counties as required under DHS 90.

NOW THEREFORE, in consideration of the mutual promises contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged by the parties, the parties agree as follows:

1. **Assumption of Responsibilities by MCSE.** Effective on the Assumption Date (as defined herein), NCHC agrees to transfer and MCSE agrees to accept all responsibility for operation of the Birth to 3 Program as currently operated by NCHC, including the responsibilities set forth in DHS 90 for the “county administrative agency” for the operation of the Birth to 3 Program and early intervention services for eligible children within the Appointing Counties.
2. **Service Responsibility of MCSE.** Following the Assumption Date, MCSE shall provide services to Marathon, Langlade and Lincoln Counties for children in the age group birth to 3 who are significantly delayed developmentally insofar as their cognitive development, physical development, including vision and hearing, communication development, social and emotional development or development of adaptive behavior and self-help skills is concerned, or are

diagnosed as having a physical or mental condition which is likely to result in significantly delayed development. MCSE agrees to provide Birth to Three Services to families and children of Marathon, Langlade and Lincoln County, in their natural environments, in accordance with §§51.44, Wis. Stats. and DHS Chapter 90 requirements to include but not limited to:

- a. Core services defined in DHS 90.01(9);
 - b. Outreach and Referral into Services;
 - c. Screening, Evaluation and Ongoing Assessment;
 - d. Services Coordination;
 - e. Speech Therapy;
 - f. Physical Therapy;
 - g. Occupational Therapy;
 - h. Interpreter Services;
 - i. Special Instruction;
 - j. Family Education; and
 - k. Referral and Transition Support Services.
 - l. Services provided above include the Administration (including state and federal compliance), management, financial and clerical support necessary to properly discharge the duties of the Birth to Three Program.
3. **Assumption Date.** The parties shall use their best efforts to effectuate the transfer and assumption of the Birth to 3 Program by July 1, 2019 (the “Assumption Date”).
4. **Conditions Required to Complete Transfer.** The parties agree that the following shall be conditions that must be satisfied or waived prior to effectuating a transfer of the Birth to 3 Program hereunder:
- a. **Approval and Appointment by Appointing Counties.** Each of the Appointing Counties must approve of the transfer from NCHC to MCSE, must release NCHC from any responsibility regarding the Birth to 3 Program effective on the Assumption Date, and must formally appoint MCSE as the “county administrative agency” as defined in DHS 90.01(10).
 - b. **Medicaid Status.** MCSE must be approved to permit it to bill and receive reimbursement from the Medicaid program as a provider of case management services and for the services of various professional providers whose employment is being transferred to MCSE and whose services are billed to and reimbursed by the Medicaid program.
 - c. **DHS Approval.** Consent and approval by the Wisconsin Department of Health Services to the extent required under applicable law.
 - d. **Grant Identification.** The parties shall identify the various grant programs and process required to transfer existing grants to MCSE. The parties acknowledge and agree that transfer of all applicable grants is a required condition to program transfer. However, the parties will identify the transfer process of applicable grants and identify any potential unexpected difficulties in effectuating such transfers.

- e. **Other Approvals.** To the extent required, consents and approvals under any contract, agreement, lease, or other document required to provide MCSE with availability of contracted services, equipment, office space, or other significant resource that is currently used by NCHC in connection with the Birth to 3 Program and is required by MCSE to assume its responsibilities hereunder.
- f. **Conveyance Documents.** The parties will execute any ancillary documents required by legal counsel to consummate the transfer and assumption such as contract assignments and acceptance, formal assumption acknowledgements, bills of sale and other documents required to convey title to assets, hold harmless agreements, and other reasonably required documents.

5. Services to be performed by NCHC:

- a. **Start-up and Transfer Assistance.** NCHC shall use reasonable efforts to assist MCSE and consult with MCSE regarding startup and operation of the Birth to 3 Program with the mutual objective of providing for a prompt and smooth transition of the program from NCHC to MCSE.
- b. **Initial Training.** NCHC will providing any initial training required for documentation, prior authorization, billing and/or reporting. Initial training sessions provided before January 1, 2020 will be provided by NCHC without charge to MCSE as part of the support services of NCHC to help facilitate the transition of the program.
- c. **Billing and Collection Services.** NCHC shall assist MCSE to bill and collect for services provided by MCSE in connection with the Birth to 3 Program. The parties shall enter into a mutually satisfactory arrangement for NCHC to provide billing and collection services and consultation directed at establishing systems to permit MCSE to bill and collect for its services effective December 31, 2019. Further, as of January 1, 2020, NCHC shall no longer serve as a fiscal agent for the Birth to Three program but agrees to continue to provide billing support services on behalf of MCSE as a contracted service. Billing supports services includes all required billing activity related to Medicaid and Insurance billings including any required collections activity. NCHC shall receive mutually acceptable, industry standard compensation for its billing and consulting services.
- d. **Support for Grant Transfers.** NCHS will assist MCSE to obtain consent and approval permitting transfer of rights under any grant or similar program providing funds for the operation of the Birth to 3 Program. The parties will use reasonable efforts to obtain grant approvals by January 1, 2020.
- e. **Budget Consulting Services.** NCHC agrees to provide MCSE with assistance in the development of the 2020 Budget for the Birth to Three Program. MCSE shall have primary responsibility for the 2020 Budget.

- 6. Right to Receive Program Revenues.** The parties will establish a mutually satisfactory transition plan to transfer employees and service capability to MCSE commencing on the Assumption Date and with the objective that all services will be transitioned to MCSE prior to December 31, 2019. The right to receive program revenues will be transferred from NCHC to MCSE as the employee or service responsibility for which billing is conducted is transferred. NCHC shall retain the right to bill and collect for service components until they are transferred to MCSE. For example, (i) MCSE shall have the right to all revenue related to case management upon transfer of employment of staff performing case management services and NCHC shall have the right to receive revenues up to the effective date of such transfer; (ii) MCSE shall have the right to all revenue related to therapy services upon transfer of the therapy staff to the employment of MCSE. The objective is that all service components related to the Birth to 3 Program will be transferred to MCSE as promptly as possible after the Assumption Date and with complete transition by December 31, 2019. As of January 1, 2020, NCHC will no longer directly receive any revenue related to the Birth to 3 Program, including but not limited to any grants, contracts and each county's required Maintenance of Effort (MOE) payments.
- 7. Transfer of Employees.** As of the Assumption Date, all persons holding positions specified below, who are currently employed by NCHC, shall become employees of MCSE provided that MCSE is able to bill and receive services for the transferred employee. If MCSE cannot legally bill and receive reimbursement from the applicable employee on the Assumption Date, the employee shall remain employed by NCHC and NCHC shall bill and have the right to retain revenues from that employee's services until transfer of employment can be achieved. MCSE will take all steps necessary to obtain the legal right to bill and collect for the services of all of the employees listed below as promptly as possible. Notwithstanding any other factor, all of the employees listed below shall be transferred to MCSE no later than December 31, 2020. NCHC shall assume any employee liabilities through the date of transfer of the applicable employee to MCSE. MCSE assumes all employment responsibilities and liabilities effective on the date of transfer.

Employees to be transferred include:

- 1.0 FTE – Birth to Three Manager
- 1.0 FTE – Administrative Assistant
- 5.0 FTE – Case Manager
- 1.0 FTE – Child Development Specialist
- 1.0 FTE – Physical Therapist
- 1.0 FTE – Occupational Therapist
- 3.0 FTE – Speech & Language Pathologist

- 8. Transfer of Equipment.** NCHC agrees to transfer all computers, cellphones, desks, chairs, file cabinets and Program related inventory currently deployed and allocated for use exclusively to the Birth to 3 Program to MCSE as of the Assumption Date. All transferred equipment shall become the property of MCSE. All transferred assets are accepted by MCSE on an "as is" basis. MCSE assumes all responsibilities and liabilities related to the transferred assets upon

transfer. MCSE shall execute a transfer acknowledgement, in form required by NCHC, which shall include acceptance of the assets in an “as is” conditions and disclaimer of all warranties over such assets.

- 9. Limited Access to Electronic Medical Record System.** NCHC shall provide for continued limited access to its Electronic Medical Record system (hereinafter referred to as “TIER”) for clinical documentation and billing purposes until December 31, 2020. As of January 1, 2020, MCSE shall pay a monthly fee to NCHC to defray the ongoing support and maintenance costs of TIER and clinical document imaging systems essential to the Birth to Three Program. MCSE shall execute an agreement in form required by NCHC regarding continued access to the TIER system. NCHC shall have no obligation to provide TIER access if MCSE fails or refuses to execute the agreement regarding TIER access that is required by NCHC. Access to TIER shall require MCSE, and all staff accessing TIER to follow NCHC policies and procedures regarding such access.
- 10. Transfer of Policies, Procedures and Records.** NCHC agrees to transfer copies of all policies, procedures and records that NCHC maintains as of the Assumption Date that are related solely to the Birth to 3 Program and that are essential to operation of the program.
- 11. County Rights to Determine Methods.** Each Appointing Counties of NCHC retain the right to control and determine the methods and means of the delivery of Birth to 3 Program and shall have sole discretion to determine whether such methods and means satisfactorily accomplish the objective of the county’s obligation to Birth to Three services. Each County will execute its own Agreement with MCSE as to the services, responsibilities, rights, and remuneration for Birth to 3 services. As of the Effective Date, NCHC shall have no obligation to the member counties in any ongoing Birth to Three Program management. MCSE, through this Transfer Agreement, is directly contracting with NCHC for any NCHC defined Services to be performed.
- 12. Disputes.** If a dispute related to this Agreement arises, the disputing party shall notify the other party of such dispute in writing, pursuant to the notice provision set forth below, and with sufficient particularity to fully identify the dispute. If the dispute has resulted from a breach of this Agreement by the party to be notified, such notification should state the alleged breach and the provision of this Agreement which is allegedly breached. All Parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the Parties, a final decision shall be made by the impacted County Board of Supervisors. Unless otherwise agreed, the Parties shall continue to perform according to the terms of and conditions of this Agreement during the pendency of any dispute resolution process.
- 13. Provider Qualifications.** Both NCHC and MCSE shall at all times during the term of this Agreement: (a) be fully qualified, adequately experienced and trained before while performing services; (b) have current and unrestricted license to provide services; and (c) be a participating provider in applicable healthcare programs maintained by governmental payers.
- 14. Licenses and Certifications.** NCHC shall assist MCSE in the application for and transfer of all licenses and certifications required of MCSE in connection with its management of the Birth to Three Program.

15. **Contracts, Leases and Agreements.** NCHC shall cooperate in good faith to secure the transfer and related consents for all contracts, grants and other agreements required in the ordinary course of business for the operation of the Birth to Three Program.
16. **Accounting.** Both NCHC and MCSE shall account for all income and expenses relating to the operation of the Birth to Three Program, inclusive of necessary and proper allocations that are ordinary and customary to general operations, separately from all other operations and in accordance with generally accepted accounting principles and government auditing standards.
17. **Insurance Coverage.** On all policies purchased or maintained by the Parties in accordance with this section, each party shall add the other party as an additional insured and shall provide certificates of insurance showing the coverage called for upon request.
- a. **Workers Compensation.** NCHC shall maintain Workers Compensation Insurance as required by Wisconsin Statutes, for all NCHC employees. MCSE shall maintain Workers Compensation Insurance as required by Wisconsin Statutes, for all MCSE employees working in premises. In case any work is subcontracted, the contracting party shall require the subcontract or similarly to provide statutory Workers Compensation for all of the subcontractor's employees, unless such employees are covered by the protection afforded by either party's policies.
 - b. **Insurance.** NCHC and MCSE shall secure and maintain in force throughout the duration of this agreement Comprehensive General Liability, Professional Liability, Automobile Liability, Business Interruption, Excess Liability Insurance covering its officers, agents, and employees, and including all buildings, parking lots, sidewalks and other common areas subject to this Agreement, and their use. Said insurance shall cover NCHC and MCSE, and any subcontractor, regarding claims for damages for personal injuries, including accidental death, as well as from claims for property damage, which may arise from operations under this agreement. The minimum amount of such insurance shall be as follows:
 - i. **General Liability:** \$3,000,000 per occurrence and \$6,000,000 in aggregate for bodily injury and Property Damage.
 - ii. **Professional Liability Coverage:** \$3,000,000 per occurrence and \$6,000,000 in aggregate.
 - iii. **Automobile Liability:** \$3,000,000 per occurrence and \$6,000,000 in aggregate for bodily injury and property damage.
 - iv. **Business Interruption:** \$5,000,000 per each occurrence.
 - v. **Excess Liability Coverage:** \$6,000,000 over the General Liability and Automobile Liability Coverage.
18. **Mutual Indemnification and Hold Harmless.** NCHC hereby agrees to release, indemnify, defend and hold harmless MCSE from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or

nature whatsoever, which may be sustained or to which they may be exposed, directly or indirectly, which is determined to be directly caused by the negligent or intentional acts or omissions of NCHC or its officers, officials, employees, agent or assigns occurring or sustained prior to the Assumptions Date in connection with operation of the Birth to 3 Program by NCHC. NCHC does not waive, and specifically reserves, its rights to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

MCSE hereby agrees to release, indemnify, defend and hold harmless NCHC, its officials, officers, employees and agents from and against all judgments, damages, penalties, or nature whatsoever, including actual and reasonable attorney's fees, which occurred or were sustained, directly or indirectly, relating to MCSE's operation of the Birth to 3 Program after the Assumptions Date. MCSE does not waive, and specifically reserves, its rights to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

19. **Compliance with Law.** Each party shall comply with all applicable rules, regulations, laws, ordinances, statutes or orders of any governmental authority, federal, state or municipal, lawfully exercising authority over the property subject to this Agreement.
20. **Records.** In accordance with Title XVIII provisions, until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, NCHC will make available, upon written request of the Secretary, United States Department of Health and Human Services, or upon request of the Controller General, or any of their duly authorized representatives, the contract and books, documents, and records of NCHC necessary to certify the nature and extent of such services.

If either party carries out any of the duties of the Agreement through a subcontract, with a value or cost of \$10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of Health and Human Services, or upon request by the Comptroller General of the United States, or any of their duly authorized representatives, the subcontract, and books, documents and records of such organization that are necessary to verify the nature and extent of such costs.

If either party is required to disclose any books, documents and records relevant to this Agreement for the purpose of an audit or investigation, they shall notify the other party of the nature and scope of the request.

All other records related to the services of this Agreement will be maintained subject to NCHC's record retention policies.

21. **Nondiscrimination.** Each party agrees it will not discriminate against any consumer of services provided under this Agreement because of age, race, creed, color, sex or handicap. To the extent required by federal or state law, the Parties agree that in performing work under this Agreement, they will not discriminate against any employee or applicant for employment because of their age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin, or

use or nonuse of lawful products off the employer's premises during nonworking hours. This prohibition shall include, but not be limited to, discrimination in employment promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. Each party agrees to take affirmative action to ensure equal employment opportunities, and to post in a conspicuous place available for employees and applicants for employment notices setting forth these nondiscrimination provisions.

22. **Corporate Compliance.** MCSE acknowledges the commitment of NCHC to carry out the provision of health care and all related activities consistent with the highest ethical, moral and legal standards, as well as the adoption by NCHC of a corporate compliance plan to do so. MCSE will make its employees, agents, directors and officers aware of this commitment and ensure their compliance with it in all respects.
23. **Health Insurance Portability Act (HIPPA) Compliance.** The Parties agree to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") to the extent those regulations apply to the services each party provides or purchases with funds provided under this Agreement. Each party shall comply with all requirements of HIPPA as it applies to the services under this Agreement and NCHC shall execute a Business Associate Agreement with the MCSE.
24. **Confidentiality.** Both Parties agree to maintain the confidentiality of all reports, documents and recommendations provided to them and not to disclose or share such report with any other consultant or any other party not directly employed by them. Additionally, each part will comply with all laws and regulations relating to confidentiality of patient information. Each party will not disclose client-identifying information relating to eligible clients who receive services under this Agreement except with the client's informed written consent or that of the client's legal guardian or agent as authorized under a valid Health Care Power of Attorney, and except to the extent permitted by applicable state and federal confidentiality laws.
25. **Exclusion from Federal Health Care Programs.** Both Parties hereby represents and warrants that it is not and at no time has been excluded from participation in any federally funded health care programs, including Medicare and Medicaid. Each party agrees to immediately notify the other corresponding party of any threatened, proposed or actual exclusion from any federally funded health care program, including Medicare and Medicaid, with respect to it or any of its employees or contractors. In the event that either party is excluded from participation in any federally funded health care program during the term of this Transfer Agreement, or if at any time after the effective date of this Transfer Agreement it is determined that either party is in breach of this requirements, this Transfer Agreement shall, as of the effective date of such exclusion or breach, automatically terminate.
26. **Non-Debarment Clause.** Each party certifies that neither it nor any of its principal officers or officials have ever been suspended or debarred, for any reason whatsoever, from doing business or entering into contractual relationships with any governmental entity. Further, both Parties agree and certify that this clause shall be included in any subcontract of this Agreement.

27. **Non-Appropriation of Funds.** Notwithstanding anything contained in this Agreement to the contrary, no event of default shall be deemed to have occurred under this Agreement if adequate funds are not appropriated during a subsequent fiscal period during the term of this Agreement to enable MCSE to meet its obligations hereunder, and at least thirty (30) days' written notice of the non-appropriation.

28. **Assignment.** Neither party shall not assign this Agreement without the other Parties written consent.

29. **Notices.** Any notice required or permitted under this Agreement shall be deemed sufficiently given or served if sent by registered mail to the following applicable party at the following address:

To NCHC, by addressing to:

North Central Health Care
Attention: Chief Executive Officer
1100 Lake View Dr.
Wausau, WI, 54403-6799

To MCSE, by addressing to:

Marathon County Special Education
Attention: Director of Special Education
1200 Lake View Dr. Suite 350
Wausau, WI 54403-6799

Either party may by notice designate a different address to which notices shall be sent. Notices given in this manner shall be deemed received when mailed.

30. **Waiver and Modification.** This Agreement, and its terms may be waived, altered, amended, modified, cancelled or discharged by the Parties upon specific written agreement, or as otherwise specifically provided in this Agreement.

31. **Automatic Modification.** If any law is enacted by the State of Wisconsin or by the United States of America which affects, modifies, or changes the duties and obligations of the Parties hereunder, each party shall notify the other party of the needed modifications or changes and this Agreement shall be modified or terminated in a manner consistent with law and mutually agreeable to the Parties.

32. **No Joint Venture or Partnership.** Nothing contained in this Agreement shall constitute the relationship of principal and agent, employment relationship or of partnership or of joint venture, or of any association between NCHC and MCSE.

33. **Force Majeure.** Neither party shall be responsible for the non-performance of its obligations under this Agreement if such non-performance is caused directly or indirectly by acts of God, acts of civil or military authority, civil disturbance, war, terrorism, fires, or strikes. The party so affected shall give notice to the other party and shall do everything reasonably possible to resume performance.

34. **Captions.** Captions are used throughout this Agreement for convenience or reference only and shall not be considered in any manner in the construction or interpretation of this Agreement.
35. **Severability.** If any of the terms of this Agreement are declared to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions, or the application of such to persons or circumstances other than those to which it is declared invalid and unenforceable, shall not be affected, and shall remain effective, valid and enforceable to the fullest extent permitted by law.
36. **Construction.** This Agreement shall be construed according to the laws of the State of Wisconsin. This Agreement shall be interpreted and construed in a fair and impartial manner without regard to such factors as which party prepared the instrument or the Parties' relative bargaining powers.
37. **Other Documents.** Each of the Parties agrees to sign any other documents as may be appropriate to carry out the intentions expressed in this Agreement.
38. **Entire Agreement.** This Agreement, and any other instruments or agreements it refers to, constitute the entire agreement between the Parties with respect to the subject matter, and there are no other representations, warranties, or agreements except as provided in this Agreement.
39. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original.
40. **Parties Bound.** Each provision of this Agreement shall extend to and shall, as the case might require, bind and inure to the benefit of the NCHC and MCSE and their respective legal representatives, successors and assigns.

NORTH CENTRAL HEALTH CARE

MARATHON COUNTY SPECIAL
EDUCATION

By: _____
Jeff Zriny, Chair

By: _____
INSERT, Chair

By: _____
Michael Loy, CEO

By: _____
Kelly Kapitz, Director of Special Education



2019 NCCSP Board Retreat Agenda

Thursday May 30, 2018, 12:00 p.m. – 8:00 p.m.

Location: Timberwolf Conference Center, North Central Technical College
1000 W. Campus Drive, Wausau, WI 54401

11:45 Lunch Served

12:00 Call to Order

Board Meeting Agenda Items (see Board Agenda)

12:30

Board Retreat

Purpose and Intended Results for the Retreat:

To offer the NCCSP Board of Directors the opportunity to reconnect with and develop a deeper understanding of the organization's Mission, Vision, Values, End Statements and Strategy.

To provide assumptions and a basis for the development of the 2020 Budget and rolling 3 Year Strategic Plan with corresponding preliminary budget forecasts for 2021 and 2022.

To start to frame out key strategic issues impacting the NCCSP Board's ability to achieve the stated End Statements.

Review of Mission, Vision, Values and End Statements

Jeff Zriny, NCCSP Board Chairman

5 to 50 Vision, External Environment and Operational Assumptions

Michael Loy, Chief Executive Officer NCHC

2020 Preliminary Budget Forecast and Timeline

Brenda Glodowski, Chief Financial Officer

Input from Retained County Authority on Priorities and Guidelines for the 2020 Budget

Lance Leonhard, Retained County Authority Chair

1:30

BREAK (Campus Renovation Plans Available to Review)

- 1:40 Regional Skilled Nursing Strategy - Define North Central Health Care's strategy in becoming a regional skilled nursing organization.
Michael Peer, CLA
- 2:30 BREAK (Campus Renovation Plans Available to Review)
- 2:45 Mental Health System Study Kick-Off – Define the Process, Outcomes, Timeline and Structure for the Mental Health System Strategic Plan
David Hughes, Human Services Research Institute
- 4:45 BREAK (Campus Renovation Plans Available to Review)
- 5:00 Dinner
- 5:30 Clinically Integrated Network – Consideration of Application to Join the Clinically Integrated Network for Aspirus Network, Inc. and Authority to Sign the Participating Provider Agreement
John Fisher, Ruder Ware
- 6:15 BREAK (Campus Renovation Plans Available to Review)
- 6:30 Tier Replacement – Overview of the Project Scope, Timeline and Costs to Replace the Behavioral Health System Electronic Medical Record
Tom Boutain, Information Services Executive
- 7:00 Corporate Structure Discussion – Review the Current Administrative and Clinical Leadership Structure and Determine Future State to Achieve the Organization's Vision.
Todd Penske, PeopleFirst HR Solutions
- 8:00 ADJOURN