

## **OFFICIAL NOTICE AND AGENDA**

Notice is hereby given that the **North Central Community Services Program Board** will hold a meeting at the following date, time, and location shown below.

**Thursday, August 26, 2021 at 3:00 pm**  
Wausau Board Room, 1100 Lake View Drive, Wausau WI 54403

*The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages the public to attend this meeting remotely. To this end, instead of attendance in person, the public may attend this meeting by telephone conference. If Board members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.*

*Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:*

*Meeting number: 1-408-418-9388 Access Code: 146 933 8725*

### **Our Mission**

*Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.*

## **AGENDA**

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
4. CONSENT AGENDA AND MONITORING REPORTS
  - A. Board Minutes and Committee Reports
    - i. ACTION: *Motion to Approve the July 29, 2021 NCCSP Board Minutes*
    - ii. FOR INFORMATION: Minutes of the July 22, 2021 Executive Committee Meetings
  - B. Executive Operational Reports
  - C. Policy Governance Monitoring Reports
    - i. Recent State, Federal, and Accreditation Reports
      1. Joint Commission Survey – J. Peaslee
5. BOARD EDUCATION
  - A. Health Plan Performance and Projections for 2022 (30 Minutes) – Scott Schultz, Gallagher Benefits
  - B. Commitments and Linkage (20 Minutes) – R. Gouthro

6. BOARD DISCUSSION AND ACTION

- A. CEO Report and Board Work Plan (5 Minutes) – J. Nickel
- B. ACTION: *Motion to Accept the Dashboards and Executive Summary* (5 Minutes) – J. Nickel
- C. ACTION: *Motion to Accept the July Financials* (5 Minutes) – J. Nickel
- D. ACTION: *Motion to Approve the Employee Compensation Policy and Administration Manual and Review of Compensation Plan Effectiveness* (30 Minutes) – J. Nickel
- E. ACTION: *Motion to Create Separate Nursing Home Operating Committees for Lincoln and Marathon Counties* – J. Nickel
- F. Review Diversity, Equity, and Inclusion Plan (10 Minutes) – J. Nickel

7. BOARD CALENDAR AND FUTURE AGENDA ITEMS

8. ADJOURN

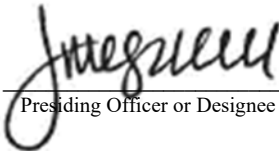
Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**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: 08/20/2021 TIME: 4:30 PM BY: D. Osowski

  
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Presiding Officer or Designee

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

July 29, 2021

3:00 p.m.

North Central Health Care

EXC	Eric Anderson	X <sub>(phone)</sub>	Randy Balk	X	Chad Billeb
X	Ben Bliven	ABS	John Breske	X	Kurt Gibbs
X	Deb Hager	X	Lance Leonhard	ABS	Dave Oberbeck
X	Robin Stowe	X	Gabe Ticho	X	Pat Voermans
ABS	Bob Weaver	X	Cate Wylie		

Staff Present: Jarret Nickel, Tom Boutain, Dr. Rob Gouthro, Jennifer Peaslee

Others Present: Dejan Adzic, Asst. Corp. Counsel, Brian Kowalski, City Pages

### Call to Order

- Meeting was called to order at 3:00 p.m. by Chair Gibbs.

### Chairman's Announcements

- Chair Gibbs thanked all for attending and asked if there was any objection to move 7b out of order as counsel is unavailable later in the meeting and is available at this time. No objections noted.

### Motion To Move into Closed Session

- Motion** by Stowe, pursuant to Wis. Stat. sec. 19.85(1)(c) "considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility," sec. 19.85(1)(e) "deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session," and sec. 19.85(1)(g) "conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved;" to wit, to discuss status of negotiations with certain personnel and allow Board to discuss with legal counsel the terms of resolution, which is required to be maintained in confidence under Wis. Stat. § 19.356. Second by Wylie. Roll call taken; all indicated aye. Meeting convened in closed session at 3:04 p.m.
- Atty. Andrew Phillips joined meeting via conference call.

### Motion To Return to Open Session

- Motion**/second, Stowe/Bliven, to reconvene in Open Session at 3:40 p.m. Motion carried.
- Motion**/second, Leonhard/Stowe, to receive the report from counsel that was modified with M. Loy's rebuttal and to place on file with North Central Health Care as custodian which allows NCHC to officially respond to open records requests. Discussion followed and identified that most of the Board members had not read the beforementioned report and that consideration to vote on the report should be delayed until such time that all had an opportunity to read it. Roll call vote taken with Bliven and Voermans voting against the motion.

- **Motion**/second, Leonhard/Wylie, to withdraw the above motion and move to return to closed session pursuant to Wis. Stat. sec. 19.85(1)(c) “considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility,” sec. 19.85(1)(e) “deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session,” and sec. 19.85(1)(g) “conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved;” to wit, to discuss status of negotiations with certain personnel and allow Board to discuss with legal counsel the terms of resolution, which is required to be maintained in confidence under Wis. Stat. § 19.356. Roll call vote taken; all indicated aye. Meeting convened in closed session at 3:49 p.m.
- Atty. Dejan Adzic, Asst. Corporation Counsel, was asked to remain in closed session.

#### Motion to Return to Open Session

- **Motion**/second, Wylie/Hager, to reconvene in open session at 4:28 p.m. Motion carried.
- **Motion**/second, Wylie/Stowe, to place the report based on review by counsel and resignation agreement on file with North Central Health Care as custodian. Motion carried.

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

- None

#### Consent Agenda and Monitoring Reports

- Executive Team members highlighted the Executive Operational Reports.
- J. Peaslee summarized the Behavioral Health Programs Recertification report.
- **Motion**/second, Leonhard/Billeb, to approve Items 4A, B, and C of the Consent Agenda. Motion carried.
- Board Policies were presented for approval. There are minimal to no changes in the policies.
- **Motion**/second, Leonhard/Ticho, to approve the Policies i.e., items 4D 1, 2, 3, 4 and 5. Motion carried.

#### Board Education

- Corporate Compliance Obligations of the NCCSP Board and Emerging Compliance Trends – J. Peaslee
  - Presentation included Board Fiduciary Duties, Guidelines, Overview of the Compliance Program, and Strategies for Success
- B. Bliven asked J. Peaslee if it would be beneficial for the Board if meetings would be video recorded and archived and made accessible to the public?
  - Typically, organizations will look for minutes and documents of the organization that they receive and act on as commitment to compliance. Recording meetings would be a Board decision.

#### Board Discussion and Action

- CEO Report and Board Work Plan – J. Nickel
  - Highlights include that there are no units at Mount View Care Center and Pine Crest Nursing Home that are on enhanced precautions. We continue to encourage vaccinations.

- Campus renovations are progressing and want to invite the Board for a tour of the new Nursing Tower prior to resident occupancy planned to begin Sept. 13. Construction for D-Wing will begin in August.
- As the Board is aware, a \$5 million grant was approved in the State budget which will help offset construction costs of the new behavioral health space on our campus. Included in the grant is a 10-year commitment to Forest, Oneida, and Vilas Counties to provide certain services. We will have the ability to define access according to the Tri-County Agreement. We are currently identifying the requirements and will then draft agreements before contacting these additional three counties.
- Dashboards and Executive Summary – J. Nickel
  - Vacancy rate continues to improve which can be attributed to the recent wage increase the Board recently approved.
  - Patient Experience YTD is above target and better than 2020. We continue to battle the effects of Covid restrictions which directly relates to life enrichment satisfaction.
  - Hospital Readmission shows 0% for June, however, due to the transition to Cerner in June, the data was not able to be captured accurately, and unfortunately this number is not correct. The June data will be corrected as the July report is completed.
  - Out of County placements saw a slight uptick in June. To date we are exceeding target and are continuing to focus on reducing diversions.
  - Direct Expense/Gross Patient Revenue escalated to 80.5% due to Cerner training and lower productivity. We anticipate July to be closer to target.
  - We had a positive net Income largely attributed to the two nursing homes receiving significant payments that were not anticipated.
  - **Motion**/second, Stowe/Voermans, to approve the June Dashboards and Executive Summary. Motion carried.
- Review Progress on the Strategic Plan – J. Nickel
  - Begins with Building Our Compelling Future.
    - Initiatives are occurring with staff promotions and internships, etc. to get into the workforce sooner.
    - Consumers are being presented with more options.
    - We are seeing State and Federal levels invest in health care and insurance to lessen administrative burdens.
    - Demand for all services is increasing especially on the behavioral health side and anticipate it will continue.
    - We are closer now bringing capital assets online. This year and next year will look to the future in growing some of the programs that were not available in the past.
    - Census has recovered since April in the nursing homes; hospitals in the area are at capacity with many having staffing challenges.
- Accept the 10 Year Financial Forecast – J. Nickel for J. Meschke
  - Target Financial Measures include:
    - Annual gross revenue growth, programs are right sized, reduce direct expense to gross revenue, achieve high productivity, maintain contingency funds, have annual income to invest in facilities, service facilities' debt, grow behavioral health services. We have seen the impact of Covid but are seeing returns come back.

- Gallagher has indicated we will see a positive renewal rate and hope to have the same offerings next year with minor increase.
- We anticipate decreasing the reliance on contracted providers by 40% by bringing on a new psychiatrist.
- Depreciation in 2022/23 will see a big change with Facilities coming online.
- Will be looking at projected annual salary growth and market conditions during Covid recovery. Remote work is competition we haven't had before.
- Our target of 90 days cash on hand is improving which can be attributed to some of the unexpected payment. The way we achieve this is to continue to manage expenses while growing revenue and right-sizing staff to realistic target. In September the Board will receive a request for action on staffing levels for the Tower and Pine Crest.
- We are working to reduce write-off's by verifying insurance information.
- **Motion**/second, Leonhard/Voermans, to accept the June Financials. Motion carried.
- **Motion**/second, Leonhard/Voermans, to accept the 10-Year Forecast. Motion carried.

#### Motion to Move into Closed Session

- **Motion** by Leonhard, 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 Hager. Roll call vote taken; all indicated aye. Meeting convened in Closed Session at 5:30 p.m.

#### Reconvene in Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If any

- **Motion**/second, Billeb/Wylie, to reconvene in Open Session at 6:00 p.m. Motion carried.
- No actions or announcements.

#### Board Calendar and Future Agenda Items

- Contact Chair Gibbs to include future agenda items on the Board agenda.

#### Adjourn

- **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 6:01 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

July 22, 2021

4:00 p.m.

Wausau Board Room

Present:	X	Kurt Gibbs	X	Deb Hager	X	Lance Leonhard
	X	Robin Stowe	X	Cate Wylie		

Staff Present: Jill Meschke, Jarret Nickel

Others Present: Dejan Adzic, Asst. Corp. Counsel

Others Present: Andy Phillips, von Briesen & Roper (via phone during closed session only)

### Call to Order

- Meeting was called to order at 4:00 p.m. by Chair Gibbs.

### Public Comment

- None

### Approval of the June 3, 2021, June 17, 2021, June 24, 2021, and July 2, 2021 Executive Committee Meeting Minutes

- **Motion**/second, Wylie/Stowe, to approve the June 3, 2021, June 17, 2021, June 24, 2021, and July 2, 2021 Executive Committee Meeting Minutes. Motion carried.

### Review of Draft NCCSP Board Agenda for July 29, 2021

- There may be an additional item added after today's meeting.
- Most of the policies due for review have had no revisions.
- At the annual meeting in May the Board talked about the importance of exploring Targeted Case Management and expansion of outpatient services. Staff are currently working on these items with updates to be provided in the 2022 Proposed Budget.

### Educational presentations/Outcome Monitoring Reports

- CEO Report
  - June was a good month with only a couple of Covid symptom cases. Since the report one staff tested positive but did not impact closure of programs and staff is feeling better. We continue with the required testing. June 2021 was the first month in over a year with no nursing home related admission changes due to Covid.
  - We take possession of the nursing tower at the end of this week and are working on transition plans and operations. There will be opportunities for the community to view the new space in the future. Construction is about to begin in the hospital areas

- Organizational and Program Dashboards
  - Have seen positive movement in the retention measure and have far fewer open positions.
  - We also had a positive net income for June.
  - With the implementation of the new Electronic Medical Records (EMR) in June we had 7 days on the old EMR and the remainder of the month on the new EMR. Reporting continues to come on-line and the areas not available at this time will be populated for June.
  - Diversions were below target.
- June Financials
  - Revenues are meeting budget in total, but gross revenue are below plan.
  - We received a higher supplemental payment than anticipated as well as Certified Public Expenditure funds.
  - Implementation of the new EMR has had an impact in billing, we are watching closely to quickly resolve any issues.
  - Expenses are favorable in salaries and benefits.
  - A net profit was made this month.
- Board Work Plan
  - Many of these items are addressed when reviewing the calendar.
- Update on State Grant
  - Senator Petrowski's Chief of Staff has been assisting in understanding the requirements of the State Grant and we met with the Capitol Budget Director. A letter is being drafted asking to receive approval for the funds in compliance with the requirements. We anticipate receiving approval by the Building Commission in Madison in October. Once approved we will provide the expense documentation and receive reimbursement of \$5 million.
  - As a reminder, the \$5 million is allocated for expansion of services with neighboring counties of Forest, Oneida and Vilas.
  - Teams have been working internally to develop a plan and contract for services before reaching out to the counties. We want to be clear with expectations of all counties and cognizant of the messaging to our partnering counties.

#### Consideration of a Motion to Move into Closed Session

A. **Motion** by Leonhard, Pursuant to Wis. Stat. sec. 19.85(1)(c) “considering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility,” sec. 19.85(1)(e) “deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session,” and sec. 19.85(1)(g) “conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved;” to wit, to discuss status of personnel changes and implementation of Board direction regarding legal positions and alternatives. Second by Stowe. Roll call vote taken. All indicated aye. Motion carried. Meeting convened in closed session at 4:24 p.m.



Reconvene to Open Session Immediately Following Closed and Take Action on Matters Discussed in Closed Session, If any

- **Motion**/second, Wylie/Stowe, to move into Open Session at 5:08 p.m. Motion carried.
- Negotiations continue.

Next Meeting Date & Time, Location, Future Agenda Items

- August 19, 2021, at 3:00 p.m., NCHC Wausau Board Room

Announcements

- None

Adjourn

- **Motion**/second, Stowe/Leonhard, to adjourn the meeting at 5:10 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*

## MEMORANDUM

DATE: August 2021  
TO: North Central Community Services Program Board  
FROM: Dr. Robert Gouthro, Chief Medical Officer  
RE: CMO Report

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

1) **Residency & Education:**

- It has been verified that the 2021-2022 residency recruitment season will again occur via video. In person visits will be allowed, but only after the posting of a program's rank list. This is unfortunate given the number of facility changes underway here at our psychiatry program's primary site, however our Chief Resident, Tsarina Van Wieren, is working with the program to develop recruitment videos to convey what Wausau, NCHC, and MCW has to offer here.

2) **Patient Care and Provider Quality (Behavioral Health):**

- Our Assertive Community Treatment Team (ACT) has been approached by the state to participate in a project evaluating ACT treatment, its proximity to fidelity, and finding opportunities to improve such fidelity to improve ACT practice and strategies. The effectiveness of ACT depends on the quality of the particular program delivering this service, and NCHCs participation in this investigation will assist in increasing quality here, and throughout the state.
- Jean Vogel, MD has signed a contract to work with NCHC and has a tentative start date in early January. Dr. Vogel has been in practice for over 20 years, has additional training in psychoanalysis (6 years post residency) and is active in education - holding faculty appointments with both Yale and the Western New England Psychoanalysis Institute and Society.
- NCHC has begun discussions with the Marathon County Jail to provide psychiatric services and greater oversight to the mental health care being provided to their population. Psychiatric service has been limited with their currently contracted health provider and this collaboration will assist in filling this service need as well as assist with continuity of care for the many individuals who often transition from their setting to ours.

- NCHC has begun to set the foundation for assisting Marathon County by performing psychological evaluations to determine a candidate's suitability for positions which may include exposure to difficult and high-pressure situations. If no roadblocks appear, this service may be offered as soon as late September. Potential positions screened will include Corrections Officers, Deputy Sheriff, Medical Examiners, 911 dispatchers, and more.
- With the Marathon County increase in weekly COVID positives moving to greater than 8%, and inching closer to 10% which will put the community in the red, plans for rolling out more in-person groups in September have been put on hold. The outpatient programs will work with the incident command team to determine which high-risk groups (DBT, AODA) may be appropriate to continue in-person given the unknown duration of the ongoing pandemic.
- Susan Brust, APNP, has fully transitioned into her new role in the outpatient department, which includes availability to see hospital discharge clients in transition to their long-term providers. We believe her position and availability will greatly improve our ability to see every adult hospital discharge within the 10-day dashboard mark. With YTD numbers at ~17 days through May, a decrease to below our target measure of 10 days is expected moving forward and a trend in this direction is expected when dashboard reporting on this measure resumes.
- Our no-show policy changes created in late 2020 only addressed established clients. Beginning in mid-September, we will expand the no-show policy to include therapy intake appointments. All clients that miss a therapy intake appointment will need to complete an educational session which will discuss the purpose of therapy, importance of attendance/engagement, and will provide education on the no show policy. We expect this change to lead to a further decrease in our no-show percentage, increase the availability of our providers to care for those that regularly present, and most importantly allow for continued care of those that have difficulty maintaining regular schedules.
- School Based Counseling will be returning to Mosinee, DC Everest, and Antigo School Districts with the upcoming academic year. These services were disrupted through much of last year and limited to teletherapy appointments.
- The Youth Crisis Stabilization Facility will have its state visit next week, and we expect services to be able to begin in early September.
- With Dr. Dileep Borra departing to continue his education via a forensics fellowship in New York, Dr. Marc Varhely has been elected by the Medical Staff Committee to become our Medical Staff Vice President.

## MEMORANDUM

DATE: August 20, 2021  
TO: North Central Community Services Program Board  
FROM: Jaime Bracken, Chief Nursing Officer  
RE: Monthly Nursing Services Report

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

### Program Updates:

#### 1. Nursing Education / Learning and Development

- Although our new hire orientations are not as large as the last few months, we continue to have many new staff join our organization and we anticipate this through September. The training teams are working diligently to ensure that all staff have the orientation and training necessary to occupy the tower as well.
- The new CNA program is going well however, we are seeing a decline in the number of applicants into the program. Similar to what other organizations are feeling in the community, we continue to battle for staff that are qualified and that want to stay. Employees in this wage range have many options now within the community to earn similar wage. We continue our recruitment efforts and will hopefully have another CNA class in September.

#### 2. Infection Control and Lab Services

- The team continues to remain attentive to all of the ever-changing COVID requirements. Mandatory reporting has increased, and we are now in the planning phase to be able to react if Nursing Home staff are required to become vaccinated. We are also planning to be able to give booster vaccines scheduled for the week of September 20<sup>th</sup>.
- The team is working with Cerner to build the lab portion of the medical record. The lab is currently using a manual paper process, so it is important that we get them access to the new EMR timely to avoid any patient safety concerns.

#### 3. Behavioral Health Services (BHS)

- The BHS programs had their Joint Commission (TJC) survey on the week of August 2<sup>nd</sup>. The team did a fantastic job and the TJC team shared many nice compliments for NCHC and how we run our programs and care for our patients. Please see Jennifer's Joint Commission report for more details around our recent survey and next steps.

- Cerner continues to be a focus for the BHS teams. Although the transition went well, there are still areas that we need to focus on to ensure that all staff understand documentation requirements and to work efficiently. We will continue to have user training and Cerner workflow meetings to continue to work towards additional efficiencies that we can gain from our new electronic medical record.

#### **4. Long-Term Care**

- As of August 9<sup>th</sup>, all day-to-day nursing home operations was transitioned from Jarret to me. I already have a lot of involvement with the team from the nursing perspective and Jarret and I overlap in many areas of our work and feel that this will be a good transition for all. Jarret will remain involved with the tower construction and larger operational initiatives such as budgeting and capital requests.
- The tower is coming along nicely! The Mount View team continues to be focused on transition plans for the new tower. Our transition dates have shifted, and the dates are now starting the week of October 11<sup>th</sup>. This will allow the team enough time to ensure all technology and workflows are in place and there is time to vet them to ensure a smooth process. A great deal of work is needed to make this happen and staff and residents are excited about the upcoming changes.
- The nursing home teams continue to look for ways to get the facilities “back to normal” however, I anticipate needing to revert to many of the workflows from late last year regarding the increase in COVID cases. We are also waiting for the final ruling regarding the mandated vaccine for all nursing home staff. This will have a huge impact on our staffing, so we are working on our plan now.

#### **5. Clinical Excellence and Quality**

- The teams are diligently focusing on Joint Commission plan of correction and making necessary changes to practice to ensure compliance and safe patient care.
- The Falls Prevention Program workgroup has implemented the new program to staff in all patient care areas. We continue to see a decline in our falls and will continue in that direction. The work from this team has been great and I look forward to the continued efforts and positive outcomes.

## MEMORANDUM

DATE: August 18, 2021  
TO: North Central Community Services Program Board  
FROM: Thomas Boutain, Information Services Executive  
RE: Monthly IS Report

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

Last month I reported that due to the implementation of Cerner, that we were postponing dashboard reporting on the Behavioral Health metrics due to questioning the accuracy of the data. The team has made progress, but some items are still not accurate. We still have some metrics being blocked out in blue. With the resignation of the staff member responsible for compiling the metric, future reports may be impacted. Cerner will be onsite 8/25 – 8/26 with reporting being a priority for discussion. We are also researching staff augmentation around reporting until we can obtain a replacement for this role.

1. **Cerner Millennium Behavioral Health Electronic Medical Record (EMR) Implementation Update:**

*Through its foundational EMR, Cerner's work with NCHC will help facilitate integrated care across its mental and behavioral health services including psychiatric, emergency, rehabilitation, community treatment, and more.*

- **Post Launch Health Checks**

At 30, 60, and 90 days post Go Live, Cerner and the NCHC team will evaluate/document End User and organizational satisfaction, gather opportunities for improvement based on feedback/usage metrics, and as needed, establish short and long-term action plans.

- *On July 7<sup>th</sup>, Super Users and Directors/Leaders, from programs across the organization, met to share feedback about the Cerner Implementation, in advance of a "30 Day Post Go Live Health Check."*
- *Shortly after our internal meeting, Cerner shared an update to timing of their "Health Check" event, shifting from 30 to 60 days post go live.*
- *Directors/Leaders were asked to mark their calendars and anticipate an onsite Cerner Post Go Live Assessment ("Health Check") event on Wednesday, August 25<sup>th</sup> and Thursday, August 26<sup>th</sup> with additional details/focused meeting invitations to follow.*

- **Post Go Live**

Cerner and IMS teams remain actively engaged in implementation.

- *As time and resources permit, the IMS team investigates workflow questions/enhancement requests both internally and with the Cerner Team to determine what steps can be taken to address them.*
- *IMS Team continues to work Cerner-related break/fix tickets assigned by CCITC Helpdesk.*
- *IMS Team continues to receive requests from Program Directors/Leaders to assist with delivering and/or to deliver Super User/End User refresher training for various programs and workflows.*
- *Cerner Consultants remain engaged with IMS Team in troubleshooting activities and resolving items on Issue Tracking list (e.g., Clinical, Billing, Registration/Scheduling).*
- *IMS continues to create and communicate several easy access resources as part of their implementation/communication plan to support Super User and End Users:*
  - *Tip Sheets – Step-by-steps for individual tasks*
  - *Standard Work – User manuals for each major function*
  - *News Flashes – Important quick informational messages containing late-breaking information that may not yet be incorporated into standard work*
- *IMS Team Members continue to work with Cerner Consultants to better understand and uphold NCHC's role in User Maintenance, as new employees are onboarded post-Go Live and the ownership has transitioned to NCHC.*
- *Until a long-term decision is made, IMS is scheduled to deliver Cerner Essentials training sessions for new hires, that occur on a bi-weekly basis, starting July 8th. Session topics include:*
  - *A general overview of key concepts, terminology, and basic navigation.*
  - *Set up applications preference in preparation for utilizing the system as they enter their program/department.*
- *Discussions are underway to determine the best approach for delivering Cerner Essentials training to Student Nurses who are rotating through the Behavioral Health Inpatient department.*
- *IMS Team continues to seek guidance on how to leverage Cerner's reporting tools.*

2. **Information Management System (IMS) Update:** We are currently transitioning off two members of our team who are leaving to pursue other opportunities. We have positions posted and are in the recruitment and interviewing phase. Cerner will be on-site the last week of August for a 60 day post-go-live review and the focus will be on shadowing workflows and reporting.
3. **Health Information Management (HIM) Update:** We are welcoming a new employee to our team on the 23rd of this month. We also have another posting to fill an HIM Specialist Level 2 role. HIM has been hard at work keeping up with urgent requests and inquiries while short-staffed.





## MEMORANDUM

DATE: 8/19/2021  
TO: North Central Community Services Program Board  
FROM: Jennifer Peaslee, Compliance Officer  
RE: Joint Commission Accreditation Visit Report

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On August 2-5, we welcomed a specially trained team of surveyors from The Joint Commission (TJC) for our required, triennial, unannounced survey. The evaluation assesses our compliance with TJC standards and verifies improvement activities through a process of review that allows our organization to demonstrate our ability to meet regulatory requirements and standards established by TJC. Accreditation also reflects our organization's dedication and commitment to meeting standards that demonstrate a higher level of performance and high-quality patient care. NCHC has been accredited since 2016. All Behavioral Health and Community Living programs are under JC Accreditation and therefore were surveyed.

TJC evaluates compliance with standards related to care, treatment and services provided to patients through tracers which follows the path of a patient through the organization. Tracers included chart review, interviews with staff who cared for the patient and patients receiving care. Several tours were conducted of patient care areas and support areas including our pharmacy and kitchen. The survey team explored high-risk system processes common to healthcare organizations like medication management, suicide prevention, infection prevention, emergency management, data collection, staff competency, medical staff, environment of care, life safety, restraints/seclusions, complaints & grievances, and more through sessions with staff who are the topic experts in these areas.

Every day the surveyors shared multiple observations of excellent and high-quality care provided at NCHC and recognized staff as being knowledgeable, welcoming, passionate, and committed to learning and improvement. In addition, we were recognized for our processes and systems that we have implemented to comply with the highest national standards for safety and quality of care and for our commitment to continually improving patient care.

Survey results are visually represented on a matrix according to likelihood to cause harm to patients/staff/visitors and how widespread the finding is based on a surveyor's observations. The placement determines the level of detail required for follow up in the plan of correction. As a result, our plan of correction includes standards related to treatment planning, policy and procedure, suicide prevention, staff training & validation of competencies, electronic medical record process workflows as well as other miscellaneous items. Environment of Care and Life Safety facility related findings for both existing and new construction accounts for over half of our findings which brought us to conditional level. As a result, we will require a return survey within 45 days of exit to verify correction. Work has already begun on the entire plan of correction which is due 10/17/21. Successful completion of our return survey and acceptance of our plan of correction is expected to result in continuation of accreditation for another three years.



## MEMORANDUM

DATE: August 17, 2021  
TO: North Central Community Services Program Board Executive Committee  
FROM: Jill S. Meschke, Interim Chief Executive Officer  
RE: CEO Report – August 2021

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

### COVID-19 Response

As of August 17, we have 2 staff out with symptoms and 2 staff out with exposures related to COVID-19. There is currently 1 positive case. As COVID-19 rates in the Counties are now above 5 percent we have resumed additional testing in the nursing homes. We are preparing if cases in the area continue to rise, and additional measures will need to be resumed.

We continue to follow CDC guidelines where individuals do not have to quarantine in situations where they have been vaccinated and subsequently exposed to an individual with a known COVID case. There are employees out on leave who did not vaccinate who are still required to quarantine. We continue to require masks of all staff and visitors regardless of their vaccination status.

Currently there are no units at either Mount View or Pine Crest on Enhanced Precautions. Both nursing homes are open for admissions and visitation. Regular testing at Mount View and Pine Crest continues.

### Campus Renovations

The Campus Renovations continue to move forward on schedule. The Nursing Tower is receiving furniture and plans are in motion to begin resident moves. The Southeast Side neighborhood held their monthly meeting in the main meeting space in the Nursing Tower the evening of August 16. Neighborhood residents were able to ask questions of several North Central Health Care employees and see several spaces on the first floor. Additional tours and a ribbon cutting by the Chamber of Commerce are being determined.

### Joint Commission Accreditation Survey

North Central Health Care was visited by surveyors the week of August 2. Overall, the experience was positive. Our visitors commented on the high-quality of care provided by NCHC, the engaged employees and patients, and the knowledgeable leadership of the programs.

2021 Board 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
Establish Facility Use Agreements	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three counties	Legacy agreements are in place. The updated base Lease Agreement for Marathon County is near finalization. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute report completion and community engagement will continue to be on hold into 2021 due to COVID-19.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted Diversity, Equity, and Inclusion Plan	An internal employee directed committee will be formed to develop recommendations and a plan to the Board in 2021.	Open												
Annual Review of Board Policies	Board	Jan-21	Board reviews and approves all Board Policies by December 31	Ongoing, policies are distributed across the 2021 calendar.	Open												
Approve Training Plan for Counties	Board	Jan-21	Conduct quarterly stakeholder meetings with each of the three county partners	CEO is working to setup quarterly stakeholder meetings with each of the three county partners to provide program updates and seek feedback on service needs.	Open												
CEO Appraisal	Executive Committee	Jan-21	Executive Committee reviews appraisal with CEO		Closed												
Annual Report	Board	Mar-21	Annual Report released and presentations made to County Boards		Open												
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April	Completed June 24	Closed												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board	Completed June 24	Closed												
Determine Budget Guidelines and Priorities	Executive Committee	Apr-21	Budget guidelines and priorities of the member Counties are communicated to the Board by June 1st	Completed June 24	Closed												
Nomination and Election of Board Officers	Board	Apr-21	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May	Completed June 24	Closed												
Recommend Annual Budget to Counties	Board	May-21	Budget recommendation to the Counties by October 1st	The draft budget will be presented to the NCHC Board at the October 28 meeting. Recommendations to Counties to occur following that meeting.	Open												
Annual Review of Board End Statements	Board	May-21	Adoption of End Statements with any modifications by June 1st	Completed June 24	Closed												
Selection of Independent Certified Public Accounting Firm	Executive Committee	May-21	Engagement Letter approved by Executive Committee by October 1st		Open												
Evaluate NCCSP Board Effectiveness	Board	Aug-21	Conduct annual review of the effectiveness of Board's Policy Governance Model and provide recommendations to the Board	Scheduled for the October 28 Board meeting	Open												
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September Board meeting	Scheduled for the October 28 Board meeting	Open												
Review and Approve Board Development and Recruitment Plan	Governance Committee	Aug-21	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	Scheduled for the October 28 Board meeting	Open												

2021 Board 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
Review and Approve Performance Standards	Executive Committee	Sep-21	Adopt Annual Performance Standards		Open												
Approve Annual Quality and Safety Plan	Board	Oct-21	Approve plan in December	Scheduled for the December 16 meeting	Open												
Review CEO Succession Plan	Board	Oct-21	Review and update CEO succession plan	Scheduled for the December 16 meeting	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-21	Approve CEO Compensation Plan for the upcoming year by December		Open												
Approve Utilization Review Plan	Board	Nov-21	Approve plan in December	Scheduled for the December 16 meeting	Open												
Board Development Plan and Calendar	Governance Committee	Nov-21	Approve Board Development Plan and Calendar for the upcoming year at the December meeting		Open												

## Dashboard Executive Summary

### August 2021

#### Organizational Dashboard Outcomes

##### People

###### ❖ Vacancy Rate

The Vacancy Rate target range for 2021 is 7.0-9.0%. July marks the third month in a row we met our vacancy target with a rate of 5.3% and a year-to-date average of 7.0%. We anticipate with the recent wage changes that vacancy rate will continue to trend in the right direction as application flow has increased significantly and turnover has slowed down.

###### ❖ Turnover

Our target for 2021 is 20-23% annualized. In July, we experienced a rate of 3.3% which was above target at projected annual rate of 34.4%. We have implemented multiple tools to help managers increase engagement with employees which has resulted in improved turnover rates amongst tenured staff. We are experiencing higher than normal turnover for new hires; data is being gathered to understand why.

###### ❖ Organization Diversity Composite Index

We experienced a score of 0.67 for July which is calculated as a weighted composite of the diversity of NCHC's workforce, management, and Board, relative to the demographics of Marathon County. An index score of 1.0 indicates that our workforce matches the community demographics, an index score below 1.0 indicates that there is a gap. We are working to develop an overall Diversity and Inclusion strategy for our workforce to improve this index rate.

##### Service

###### ❖ Patient Experience (Net Promotor Score)

For 2021, we are measuring patient experience using net promotor score or NPS. Net promotor score is used in the industry to measure and predict customer loyalty based on one survey question, "Likelihood to Recommend." Our target for 2021 is set at 55-61. For the month August, we remain in the target range however this is the lowest month so far this year. All programs have been required to initiate PDSAs and corresponding action plans to correct this trend so that patient experience remains a bright spot on our dashboard.

##### Quality

###### ❖ Hospital Readmission Rate

The Readmission Rate is the percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. We are continuing to refine our data which comes from our new medical record to make sure it is accurate and hope to have this measure updated next month.

❖ **Nursing Home Readmission Rate**

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for July between the two facilities was a readmission rate of 12.5% which is slightly above our target of 10 to 12%. Our annual trending rate is 12.5% which is lower than that of 2019 at 13.5%.

❖ **Nursing Home Star Rating**

We have a target of 4 stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current quality star rating for MVCC is 4 stars and Pine Crest is 3 stars. Both facilities are meeting target for short-term stays at 4 stars but under target for long-term at 3 stars. A direct focus on long-term care residents is occurring with top target areas including psychotropic medications, falls, and readmission rate.

❖ **Zero Harm – Patient**

The Zero Harm indicators are a monitoring measure for the organization meaning that we do not set a target, instead we monitor trending data. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. Due to the transition with Cerner, we are still working to get the data needed for number of patient days to accurately calculate this measure. Despite this, efforts remain focused on reducing adverse events in our organization with targeted actions related to falls and suicide prevention.

❖ **Zero Harm – Employees**

Zero Harm remains a monitoring metric with an experience rate of 1.98 for the month of July. Continued efforts remain for reducing employee injury with the most recent events being related to transferring or individuals served.

## **Community**

❖ **Out of County Placements**

For 2021, the target for this measure is 230-250. For the month of July, we had 109 total days which is exceeding target. Efforts surrounding diversions are continuing to be effective as this number remains favorable.

❖ **Consumer Diversity Composite Index**

The Consumer Diversity Composite Index is a new metric and does not have a target as it is a monitoring metric. We experienced an index of 0.43 for May which is calculated as a weighted composite of the diversity of NCHC's consumers (patients, residents, consumers, and clients, relative to the demographics of Marathon County. A score of 1.0 would mean that the consumers we serve reflect the demographics of our community, a score below 1.0 indicates we have a gap to close to become more diverse.

## **Finance**

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is a productivity/efficiency measure. The 2021 target is 64-67%. This measure for July is 73.7%. This outcome is not within target range. The primary driver for the unfavorable result is gross revenue being under budget further than direct expense which strains how much we capture per each dollar of revenue.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses. The 2021 target is 44-47%. The outcome for July is 44.7%, which is favorable to the target. Support areas are below budget expense targets and are helping to alleviate operating losses.

#### ❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2021 is 2-3%. In July, the result is (15.1%). Net patient revenue unfavorability from budget is driving overall shortfalls from budget.

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

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2021 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

#### **Behavioral Health Services Programs**

##### ❖ **Adult Community Treatment:**

**Patient Experience:** There were no returned surveys for the month of July. There were gaps in survey distribution for various reasons. Surveys have been ordered and review of survey distribution process has been completed.

**Net Income:** The result for July was (\$1,021) with a YTD result of \$70,808. The YTD result continues to exceed target. Expenses remain under budget, but revenue is not meeting target. The transition to Cerner has had an impact on productivity. Also, several employees are taking time off, which negatively impacts productivity.

##### ❖ **Adult Crisis Stabilization CBRF:**

**Patient Experience:** There were no surveys returned in July for the ACSF. As with Crisis, we expect the modification of Linkage and Follow-up services to assist in getting increased survey returns soon.

**Direct Expense/Gross Patient Revenue:** The July imbalance in Direct Expenses vs. Gross Patient Revenue continues to reflect the operations of an 8-bed unit vs. the expected 16-bed creating significantly under budget revenue despite increased staff billing targets being met more consistently. The program expenses were not far off target and were favorable at a \$489 variance in the positive.

**Net Income:** The July program loss of (\$59,673) appears significantly high given billing targets are coming into compliance and census has been strong and so leadership will explore whether this was affected by the documentation/billing process with Cerner and will look closely into personnel costs being over as well.

##### ❖ **Adult Inpatient Psychiatric Hospital:**

**Turnover:** The July turnover rate remained at 2.4%. The Occupational Therapy Assistant resigned due to her husband having to take a job out-of-state. Two RN's have given notice for departures in August/September as well, one is retiring and wishing to stay on as an occasional staff, the other is seeking higher pay/scheduling flexibility. Executive and Director efforts to modify the RN wage scale should assist in recruiting and maintaining more experienced RN's. In addition, staff support and education measures are rolling out that will benefit the unit culture and morale.

**Patient Experience:** The patient experience score was 33.3 in July, an improvement from June, but still not within the target range. There were many positive comments; negative comments included issues with staff members' customer service (will be addressed by appropriate manager), meals, number of groups. We continue to work toward a staffing plan that will assist in ensuring regular group facilitation- recruiting for the open Occupational Therapy Assistant position; looking to add a Behavioral Health Tech to focus on activities/programming.

**Direct Expense/Gross Patient Revenue:** This measure was reported as 83.9% in July, a month during which average census was a bit stronger, but still well below average census projections of 15 for the year. Direct expenses included a \$25,000 bonus listed under Personnel Expenses that was unbudgeted that will be investigated; overtime was \$9,353 over budget due to open positions, but nursing leadership will look into whether there was any unjustified overtime also. Personnel salaries being over budget by \$55,580 will be investigated as well, as there are no hired FTE outside of what was budgeted for the year. Patient gross revenues were under budget significantly once again as the average census of approximately 11 patients daily continues to be well below the target census of 15 for the year, and therefore affecting the targeted revenue.

**Net Income:** Net income was (\$126,306) for the adult hospital in July, which is (\$40,599) beyond the budgeted loss for the hospital. There is an ongoing imbalance between projected revenue, a seemingly “new normal” for the average census, and the professional staff requirements for the hospital creating an imbalance between expense and revenue when the census is below target that floor staff adjustments cannot fully make up. Partnering with the northern counties in the future could assist in maintaining a higher average census, and this is being explored in effort to meet the agreement for NCHC to expand regional support in our service provision.

❖ **Aquatic Services**

**Turnover:** Turnover rate for the month of July was 10.5% with a YTD result of 50%.

**Net Income:** The Net Income result for the month of July was (\$18,823) with YTD results at (\$16,688).

❖ **Clubhouse:**

**Average Attendance Per Work Day:** The result for July was 19 with a YTD result of 19. We continue to provide weekly phone reach out to stay connected with our members and encourage participation. We continue to provide mobile reach out and stay connected with our members.

**Percentage of Members Working 15 or more Hours Per Month:** The result for July was 38.6% with a YTD result of 19.2%. We continue to receive referrals for members that have employment goals and work together with DVR to help secure members employment.

**Active Members per month:** The result for July was 70 with a YTD result of 90. We continue to provide weekly phone reach out to stay connected with our members and encourage participation. We continue to provide mobile reach out and stay connected with our members.

**Direct Expense/Gross Patient Revenue:** The result for July is 141.6% and YTD result is 83.6%. Expenses are being managed and are under budget. Revenue is lower than target. Actions are in place to increase attendance and active members per month.

**Net Income:** The result for July is (\$10,682) and YTD result is (\$5,175). Expenses are being managed and are under budget. Revenue is lower than target. Actions are in place to increase attendance and active members per month.



#### ❖ **Crisis & Emergency Services**

**Vacancy:** June and July were tough months for the Crisis Center team, with the vacancy rate at 12% due to the two terminations in June, the individual who left to attend college in Milwaukee, and the individual who retired. The positive news is that strong applications continue to roll in; we had the two new Crisis Professionals complete their training and become independent in July, we have two accepted offers as of the first week of August, we had another strong interview this past week and another interview set up, and upon extending one more offer the team will once again be full.

**Turnover:** This rate of 8.3% for July reflects the employee who retired, and the employee who left to attend nursing school. The projects geared toward increased staff support through increased clinical training and a structured supervision calendar have rolled out.

**Patient Experience:** The Crisis program had no survey returns in July. As we re-shape Linkage and Follow-Up services, we will look to implement the workers encouraging survey completion.

**Court Liaison: % Eligible Individuals with Commitment and Settlement Agreements who are enrolled in CCS or CSP within 60 days:** The percent of eligible individuals with commitments/settlements enrolled in CCS/CSP within the target of 60 days was reported as one out of 7 referrals meeting this goal in July, putting the measure significantly far below the desired 80%+ rate. We will work with Community Treatment leadership to determine barriers and plan for increasing this measure.

**Direct Expense/Gross Patient Revenue:** Patient Gross Revenue was reported at \$25,875 less than budgeted revenue, and Direct Expenses were \$2272 over expected expenses. It appears there were \$8,868 in write-offs that will be investigated; Direct Expenses included \$1845 in program expenses that appear unbudgeted and that will be explored. Billing and Crisis Managers are in the process of rectifying many Crisis notes entered under wrong encounters since Cerner implementation—which indicates that revenue for Crisis for June and July are likely higher than reported.

**Net Income:** This is reported to (\$59,673) for July, with revenue being significantly under budget, which is looking to be Cerner implementation-related, and the teams are working on this. Billing target compliance will be reviewed, as well the salary line overage in the report. Overtime was significant for July due to 4 open Crisis Professional positions creating schedule gaps.

#### ❖ **Adult Day Services**

**Net Income:** ADS showed a loss of (\$20,311), census continues to be a challenge with continued Covid-19 restrictions. Membership has slowly returned and we anticipate this to continue throughout the remainder of the year with an estimate for Fall to return back to budgeted membership.

#### ❖ **Group Homes: Met all targets for the month of July.**

#### ❖ **MVCC**

**Turnover:** The month of July showed a 2.3% turnover rate with a target of 1.7%-1.9%. We had 2 new CNA's leave in July due to personal issues and one CNA leave because she is going to college out of town. We also had 2 employees in the CNA class that didn't meet the expectations of the class and were involuntary terminations.

**Patient Experience:** Our net promotor score in July was 33.3 with a target of 55-61. We sent out 26 surveys and received 9 back which was a 34.6% response rate. The likelihood to recommend was at 83% for July. The unfavorable comments were related to residents having to share a bathroom, an electric wheelchair being broken and the financial paperwork being difficult to understand upon admission.

**Nursing Home Readmission Rate:** The month of July showed three hospitalizations within 30 days of admission which brought our rate up to a 15.0% with a target goal of 10-12%. One resident had lethargy and low oxygen levels. He developed COVID in the hospital and is still there. Another resident developed a fever and swollen right arm after one day of being admitted to MV. The final hospitalization was related to a resident that has had a lot of medical complications related to past positive COVID. All three hospitalizations were unavoidable.

**Direct Expense/Gross Patient Revenue:** For July, we showed a loss of (182,193) which was driven by payer mix and census not being at budgeted occupancy. In preparation for our upcoming renovation, we have limited the size of our dementia unit and are currently reviewing referrals to this program on an individual basis. Our limited staffing situation has also contributed to not being able to take admissions on the vent unit. Our biggest deficit in direct expenses is related to our personal expenses and our overage in overtime and call time. We should start to see a significant reduction in our overtime and call time in August and September once our new CNAs are orientated and trained.

#### ❖ **Outpatient Services**

**Turnover:** The result for July was 2.7% with the YTD result of 9.3%. We had one physician who left NCHC to pursue Forensic Fellowship. The YTD result continues to exceed the target.

**OVI Recidivism Rate:** The result for July was 17.9% with the YTD result of 13.5%, which is within target. Based on previous data there tends to be an increase in summer months. This measure will continue to be monitored.

**Direct Expense/Gross Patient Revenue:** The result for July was 151.1% with a YTD result of 119.3%. Expenses remain under budget, but revenue is not meeting targets. With the transition to Cerner there are several errors that are being corrected, which is believed to be contributing to the low revenue. Also, a new physician is in the process of onboarding and building a caseload. Another factor is several employees are taking time off, which negatively impacts productivity.

**Net Income:** The result for July was (\$83,050) with a YTD result of (\$11,766). Expenses remain under budget, but revenue is not meeting targets. With the transition to Cerner there are several errors that are being corrected, which is believed to be contributing to the low revenue. Also, a new physician is in the process of onboarding and building a caseload. Another factor is several employees are taking time off, which negatively impacts productivity.

#### ❖ **Pine Crest**

**Turnover:** Experienced turnover for the month was 2.3%, which is slightly over our target of 1.7%-1.9%. Five positions termed: one nurse retired, one C.N.A. was termed for attendance, one C.N.A. found higher paying opportunity with agency, one diet aide took another opportunity, and one cook was termed for inappropriate behavior. Continued progress has been seen with hiring of C.N.A.'s, with open positions continuing to decline.

**Patient Experience:** Ten survey responses were received during the month with a resulting net promoter score of 10 on a target of 55-61. Dining and activities are the two areas with most opportunity for improvement. We are looking to reopen the dining room soon, which we feel will improve food temperature and general atmosphere around meal service. For the month of August, we transitioned back to full calendar outlook of activities versus week to week. We hope doing this, along with reintroducing routine events such as mass, will assist with improving the general perception of activity offerings.

**Nursing Home Quality Star Rating:** The quality star rating remained unchanged month over month, being at a 3 star. Long-term quality measures continue to bring this component of our star rating down. Quality assurance work processes that had been established will continue, to address the metrics not meeting appropriate benchmarks as compared to state and national averages. Next star rating update will occur in late October.

**Net Income:** Revenue for July was strong with census returning to budgeted levels. Expense management continues to be a challenge with agency usage remaining high. We anticipate expenses to drop in August due to onboarding of staff being completed and PLT usage down as many direct care staff took vacation over the first few summer months.

❖ **River View Terrace (RCAC): Met all targets for the month of July.**

❖ **Supported Apartments**

**Turnover:** Turnover was over target but a significant improvement from June. We continue to have challenges retaining staff due to competitive wages and several employers no longer requiring weekends. We are reviewing our scheduling policy to increase flexibility.

**Patient Experience:** Support apartments has a low return rate for surveys and with that fluctuations in patient experience are great. We have action plans in place to increase the return rate as well as address any items that are poorly rated.

**Net Income:** Net income was off target with a loss of (\$53,244), most of this loss occurred at our Forest Jackson location. For Forest Jackson we are reducing our operations to have a stronger financial position in partnership with Community Treatment.

❖ **Youth Community Treatment:**

**Turnover Rate:** The result for July was 8.3% with the YTD result of 30.6%. We had two employees resign to return to school and further their education. One employee resigned early in their employment indicating they were not comfortable working with the population we serve.

**Direct Expense/Gross Patient Revenue:** The result for July was 97.6% with a YTD result of 74.5%. The YTD result continues to exceed target. Expenses remain under budget, but revenue is not meeting target. The transition to Cerner has had an impact on productivity. Also, several employees are taking time off, which negatively impacts productivity.

**Net Income:** The result for July was (\$131,330) with a YTD result of \$40,586. The YTD result continues to exceed target. Expenses remain under budget, but revenue is not meeting target. The transition to Cerner has had an impact on productivity. Also, several employees are taking time off as well as having employees out on FMLA, which negatively impacts productivity.

❖ **Youth Crisis Stabilization Facility:**

Opening of this facility is pending approval and site visit from DHS which is scheduled for August 24.

❖ **Youth Psychiatric Hospital:**

**Vacancy:** Youth Hospital's vacancy rate in July was 10%. This is a result of open nurse and CNA positions. The Youth Acute Care director position is also posted, and recruitment efforts are underway.

**Patient Experience:** Patient experience did not meet target in July as there was 1 survey returned that did not reflect a net promoter score. The challenge continues to be survey volume. Surveys are completed by parents and return rate is very low despite trying a variety of strategies to increase response rate. Most recently, we have been asking parents to arrive 15 minutes before their child's discharge time to complete the survey but almost all decline to complete and submit it during this time saying they will complete and send in later.

**Direct Expense to Gross Patient Revenue and Net Income:** These measures not meeting target are due to insufficient revenue as expenses have been under budget. Youth Hospital needs to maintain a census of 6 kids to generate budgeted revenue. July's average daily census was the lowest to date at 2.55. To increase average census further, we are pursuing two specific actions. We are working towards accepting youth ages 12-17 versus 13-17. We have begun serving 12-year-olds. Secondly, we plan to expand our service area to include additional counties so that we can accept youth from other counties when our census is low. Portage, Forest, Vilas, and Oneida are in the process of signing an agreement for youth from their counties to be served by Youth Hospital.

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2021								
PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2021 YTD	2020
PEOPLE																
Vacancy Rate	↘	7-9%	6.1%	6.1%	8.6%	10.1%	6.9%	5.8%	5.3%						7.0%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%	2.9%	2.3%	3.0%	3.3%						34.4%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66	0.67	0.63	0.65	0.68	0.67						0.66	N/A
SERVICE																
Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8	65.6	59.6	60.4	59.6	56.7						61.8	61.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%	14.4%	9.1%	2.1%	4.8%						10.0%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%	12.5%	10.0%	12.5%						12.5%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★★	★★★★	★★★★	★★★★						★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85	1.19								0.88	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08	3.18	1.21	1.98						2.95	2.84
COMMUNITY																
Out of County Placements	↘	230-250	236	140	169	96	143	192	109						155	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46	0.47	0.45	0.43	0.00							0.45	N/A
FINANCE																
Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%	70.0%	72.0%	73.8%	80.5%	73.7%						73.8%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%	37.2%	40.5%	44.7%						39.0%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%	-7.6%	1.1%	-15.5%						-6.5%	0.4%

↗ Higher rates are positive  
 ↘ Lower rates are positive

## DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

### PEOPLE

Vacancy Rate

Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end.  
YTD calculation: Average of each monthly vacancy rate.

Turnover Rate

The monthly rate is determined by the number of separations divided by the average number of employees multiplied by 100. The YTD is the sum of the monthly percentages.

Diversity Composite Index

Monthly calculation: A weighted composite of the diversity of NCHC's workforce, management and Board, relative to the demographics of Marathon Count  
YTD calculation: Weighted average of each month's Diversity Composite Index rate.

### SERVICE

Patient Experience (Net Promoter Score)

Monthly calculation: A weighted average of Net Promoter Score. YTD calculation: Weighted average of each month's Net Promoter Score.

### QUALITY

Hospital Readmission Rate

Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.  
*Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.  
*Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)*

Nursing Home Star Rating

Star rating as determined by CMS Standards for both Pine Crest and MVCC.

Zero Harm Patients

Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000

Zero Harm Employee

Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month.  
YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.

### COMMUNITY

Out of County Placement

Number of involuntary days that patients spend in out of county placements who have discharged in month of report.

Diversity, Equity, and Inclusion Access Equity Gap

Identify number of consumers served and index their demographics against the demographics of service area. An access equity gap will be established base on the variability in matching the community to our service population.

### 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.

## 2021 - Primary Dashboard Measure List

Higher rates are positive

Lower rates are positive

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD	2020
North Central Health Care	People	Vacancy Rate	↘	7-9%	5.3%	7.0%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.3%	34.4%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.67	0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	56.7	61.8	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	4.8%	10.0%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	12.5%	12.5%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring		0.88	0.74
		Zero Harm - Employees	↘	Monitoring	1.98	2.95	2.84
		Out of County Placements	↘	230-250	109	155	269
	Community	Client Diversity Composite Index	↗	Monitoring		0.45	/
		Direct Expense/Gross Patient Revenue	↘	64-67%	73.7%	73.8%	72.4%
	Finance	Indirect Expense/Direct Expense	↘	44-47%	44.7%	39.0%	39.0%
		Net Income	↗	2-3%	-15.5%	-6.5%	0.4%

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	2.2%	4.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	24.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	70.0
	Quality	Zero Harm - Patients	↘	Monitoring		0.24
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		92.7%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%		54.5%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%		35.6%
		Average Days from Referral to Initial Appointment	↘	55-60 days		69.9 days
		Hospitalization Rate of Active Patients	↘	Monitoring		2.95%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	84.4%	77.9%
		Net Income	↗	\$10,457-\$15,686 Per Month	(\$1,021)	\$70,808

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	0.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	28.4%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	/	49.0
	Quality	Zero Harm - Patients	↘	Monitoring		10.19
		% of Patients who kept their Follow-up Appointment	↗	90-95%		87.1%
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%		100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	55.3%	56.1%
		Net Income	↗	\$1,747-\$2,620 Per Month	(\$19,520)	(\$10,628)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	6.5%	6.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.4%	38.5%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	33.3*	39.8
	Quality	Zero Harm - Patients	↘	Monitoring		3.99
		Hospital Readmission Rate	↘	10-12%	5.9%	9.9%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		24.2 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		16.7 days
		Average Days since previous Detox Admission	↗	330-360 days		571.8 days
	Community	Out of County Placements	↘	150-170	109	128
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	83.9%	92.0%
		Net Income	↗	\$13,382-\$20,073 Per Month	\$116,306	(\$84,522)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%	5.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	10.5%	50.0%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	86.4*	85.9
	Quality	Zero Harm - Patients	↘	Monitoring		7.25
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	66.9%	69.4%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$18,823)	(\$16,688)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	69.2*	82.6
	Quality	Average Attendance Per Work Day	↗	20-25	19	19
		% of Members Working 15 or More Hours Per Month	↗	80-85%	38.6% (27/70)	19.2%
	Community	Active Members Per Month	↗	110-120	70	90
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	141.6%	83.6%
		Net Income	↗	\$536-\$804 Per Month	(\$10,682)	(\$5,175)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	12.0%	7.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	8.3%	40.8%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	22.2
	Quality	Zero Harm - Patients	↘	Monitoring		10.27
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%		59.4%
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	5-10%	0.0%	1.6%
	Community	Out of County Placements Days	↘	230-250	109	163
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%	14.2% (1/7)	47.3%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	231.3%	234.3%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$59,673)	(\$22,008)



Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	3.6%	2.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	12.5%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	78.6*	91.5
	Quality	Zero Harm - Patients	↘	Monitoring		0.68
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	75.3%	99.3%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$20,311)	(\$48,352)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	6.7%	4.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	42.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	82.4
	Quality	Zero Harm - Patients	↘	Monitoring		1.50
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	76.9%	73.9%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$11,747	\$23,231

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	5.5%	11.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.3%	35.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	33.3*	51.6
	Quality	Nursing Home Readmission Rate	↘	10-12%	15.0%	9.4%
		Zero Harm - Residents	↘	Monitoring		2.51
		Nursing Home Quality Star Rating	↗	★★★★	★★★★	★★★★
	Community	Referral Conversion Rate	↗	N/A	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	55.5-57.7%	55.8%	66.1%
		Net Income	↗	\$30,636-\$45,954 Per Month	(\$182,193)	(\$79,969)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	0.0%	2.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.7%	9.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	71.4*	60.9
	Quality	Zero Harm - Patients	↘	Monitoring		1.11
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		21.8 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		16.1 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	17.9%	13.5%
	Community	Same Day Cancellation and No-Show Rate	↘	15-18%		17.3%
		% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%		16.2%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%		19.7%
		Average Number of Days from Referral to Start of Day Treatment	↘	16-20 days	N/A	N/A
		Hospitalization Rate of Active Patients	↘	Monitoring		0.93%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	151.1%	119.3%
		Net Income	↗	\$12,534-\$18,802 Per Month	(\$83,050)	(\$11,766)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	5.9%	11.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.3%	41.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	10.0*	36.4
	Quality	Zero Harm - Residents	↘	Monitoring		3.40
		Nursing Home Readmission Rate	↘	10-12%	10.0%	16.3%
		Nursing Home Quality Star Rating	↗	★★★★	★★★	★★★
	Community	Referral Conversion Rate	↗	N/A	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	57.0-59.3%	62.6%	68.4%
		Net Income	↗	\$20,559-\$30,839 Per Month	(\$219,089)	(\$161,891)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	0.0%	6.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	117.3%
	Quality	Zero Harm - Patients	↘	Monitoring		0.00
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	0.0%	0.0%
		Net Income	↗	\$582-\$873 Per Month	\$5,341	\$5,556

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	8.1%	7.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.9%	23.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	50.0*	75.0
	Quality	Zero Harm - Patients	↘	Monitoring		1.07
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	49.7%	44.1%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$53,244)	(\$39,726)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	5.6%	8.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	8.3%	30.6%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	66.7*	88.9
	Quality	Zero Harm - Patients	↘	Monitoring		0.06
		% of Treatment Plans Completed within Required Timelines	↗	96-98%		96.3%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%		27.4%
		Average Days from Referral to Initial Appointment	↘	55-60 days		97.6 days
		Hospitalization Rate of Active Patients	↘	Monitoring		0.13%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	97.6%	74.5%
		Net Income	↗	\$14,139-\$21,208 Per Month	(\$131,330)	\$40,586

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	5-7%	N/A	N/A
		Turnover Rate	↘	20-23% (1.7%-1.9%)	N/A	N/A
	Service	Patient Experience (Net Promoter Score)	↗	42-47	N/A	N/A
	Quality	Zero Harm - Patients	↘	Monitoring	N/A	N/A
		% of Patients who kept their Follow-up Outpatient Appointment	↗	90-95%	N/A	N/A
		% of Patients Admitted within 24 hours of Referral	↗	90-95%	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	127-130%	N/A	N/A
		Net Income	↗	\$1,692-\$2,538 Per Month	N/A	N/A

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	10.0%	5.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	26.4%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	70.0
	Quality	Zero Harm - Patients	↘	Monitoring		8.32
		Hospital Readmission Rate	↘	10-12%	0.0%	10.3%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days		16.2 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days		12.9 days
	Community	Out of County Placements	↘	50-60	0	27
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	137.3%	88.2%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$138,376)	(\$76,247)

## MEMORANDUM

DATE: August 19, 2021  
TO: North Central Community Services Program Board  
FROM: Jill S. Meschke, Chief Financial Officer  
RE: Monthly CFO Report

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

**1) Financial Results:**

The financials show a loss for July of (\$987,012). Year-to-date, NCHC has experienced a loss of (\$3,035,062) compared to a targeted gain of \$208,111 resulting in a negative variance to budget of (\$3,243,173).

**2) Revenue Key Points:**

- Overall revenue was below budgeted target by (\$1,179,780) in July. Net patient revenue was unfavorable to plan by (\$1,184,233). Year-to-date, revenue is short of plan by (\$5,580,569).
- MVCC averaged a census of 125 per day compared for July compared to a target of 145. This census is down two from June. The Medicare census averaged 10 per day in July compared to a target of 19. The Medicaid Vent census has averaged 9 per day in July. Revenue shortfalls from plan are a mix of volume and rate by missing targets in both overall census and Medicare.
- Mount View, with a (\$1,310,559) year-to-date net patient revenue unfavorable variance represents 20 percent of the overall year-to-date net patient revenue unfavorable variance and 3 percent of the total revenue year-to-date variance.
- Pine Crest averaged a census of 92 per day in July respectively compared to a target of 100. This is consistent with the last two months. The Medicare census averaged 8 per day in July compared to a target of 16. Revenue shortfalls from plan are a mix of volume and rate by missing targets in both overall census and Medicare.
- Pine Crest, with a (\$245,518) year-to-date net patient revenue unfavorable variance represents 4 percent of the overall year-to-date net patient revenue unfavorable variance. Pine Crest has a year-to-date favorable revenue variance of \$235,589.

- The Adult Acute Care Hospital census averaged 11 in July to a budget of 14, which is a decrease of 2 compared to prior month. The adult hospital combined with the Adult Crisis Stabilization Facility and Crisis Services have a net revenue shortfall from budget of (\$664,911) year-to-date and represent 10 percent of the overall year-to-date net patient revenue unfavorable variance and 13 percent of the total revenue year-to-date variance.
- The Youth Acute Care Hospital census averaged 3 in July compared to a target census of 6 resulting in a negative net patient revenue variance of (\$327,551) year-to-date and represents 5 percent of the overall year-to-date net patient revenue unfavorable variance and 6 percent of the total revenue year-to-date variance.
- The inability to open the Youth Crisis Stabilization Facility contributed (\$195,707), or 3 percent, to the net patient revenue shortfall from budget.
- Outpatient Services, with a (\$593,653) year-to-date net patient revenue variance represents 9 percent of the overall year-to-date net patient revenue unfavorable variance and 11 percent of the total revenue year-to-date variance.
- Community Treatment, with a (\$1,258,196) year-to-date net patient revenue variance represents 19 percent of the overall year-to-date net patient revenue unfavorable variance and 27 percent of the total revenue year-to-date variance.
- Administrative and bad debt write offs totaled (\$44,119) for July and (\$225,307) year-to-date.

### 3) **Expense Key Points:**

- Overall expenses were favorable to plan \$197,710 in July and \$2,434,645 year-to-date.
- Salaries are \$256,795 favorable to budget in July and \$1,333,216 favorable year-to-date. Benefits expenses are favorable to plan by \$962,378 year-to-date driven by health insurance favorability of \$903,795.
- Contracted services of providers and staff are favorable to plan by \$453,271 year-to-date. This is expected to continue to be favorable as newly hired physicians onboard.
- Diversion expense is \$36,670 favorable to plan in July and (\$295,222) unfavorable to plan year-to-date.

North Central Health Care  
Income Statement  
For the Period Ending July 31, 2021

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Direct Revenues</b>								
Patient Gross Revenues	6,896,297	8,311,275	(1,414,978)	-17.0%	48,851,308	57,863,248	(9,011,940)	-15.6%
Patient Contractual Adjustments	(2,682,934)	(2,913,679)	230,745	-7.9%	(17,778,926)	(20,303,499)	2,524,573	-12.4%
Net Patient Revenue	4,213,363	5,397,596	(1,184,233)	-21.9%	31,072,382	37,559,749	(6,487,366)	-17.3%
County Revenue	427,764	427,764	-	0.0%	2,994,349	2,994,349	-	0.0%
Contracted Service Revenue	93,761	103,248	(9,487)	-9.2%	716,770	719,446	(2,677)	-0.4%
Grant Revenues and Contractuals	436,741	334,369	102,373	30.6%	2,139,169	2,336,914	(197,745)	-8.5%
Appropriations	502,687	502,687	-	0.0%	3,518,809	3,518,809	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	488,263	552,481	(64,218)	-11.6%	5,035,476	3,868,870	1,166,606	30.2%
Total Direct Revenue	6,162,580	7,318,145	(1,155,565)	-15.8%	45,503,705	50,998,137	(5,494,432)	-10.8%
<b>Indirect Revenues</b>								
County Revenue	170,209	171,802	(1,593)	-0.9%	1,191,461	1,202,613	(11,153)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	15,750	21,000	(5,250)	-25.0%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	17,223	36,577	(19,354)	-52.9%	221,723	306,997	(85,274)	-27.8%
Allocated Revenue	(455)	-	(455)	0.0%	-	-	-	0.0%
Total Indirect Revenue	187,164	211,379	(24,215)	-11.5%	1,444,472	1,530,610	(86,138)	-5.6%
Total Operating Revenue	6,349,744	7,529,524	(1,179,780)	-15.7%	46,948,177	52,528,747	(5,580,569)	-10.6%
<b>Direct Expenses</b>								
Personnel Expenses	3,443,545	3,507,060	63,515	1.8%	22,902,729	24,064,144	1,161,414	4.8%
Contracted Services Expenses	567,702	853,374	285,672	33.5%	5,706,303	6,241,957	535,654	8.6%
Supplies Expenses	95,159	55,786	(39,373)	-70.6%	510,447	403,722	(106,726)	-26.4%
Drugs Expenses	597,720	517,889	(79,830)	-15.4%	3,647,576	3,632,271	(15,305)	-0.4%
Program Expenses	59,912	76,047	16,135	21.2%	468,968	512,644	43,677	8.5%
Land & Facility Expenses	62,434	70,408	7,974	11.3%	464,919	492,103	27,184	5.5%
Equipment & Vehicle Expenses	28,856	67,042	38,186	57.0%	334,289	477,321	143,032	30.0%
Diversions Expenses	42,830	79,500	36,670	46.1%	851,722	556,500	(295,222)	-53.0%
Other Operating Expenses	186,331	168,556	(17,775)	-10.5%	1,157,140	1,212,199	55,059	4.5%
Total Direct Expenses	5,084,488	5,395,662	311,173	5.8%	36,044,094	37,592,861	1,548,768	4.1%
<b>Indirect Expenses</b>								
Personnel Expenses	1,182,893	1,156,138	(26,755)	-2.3%	7,723,726	8,000,922	277,196	3.5%
Contracted Services Expenses	7,168	3,500	(3,668)	-104.8%	63,396	24,500	(38,896)	-158.8%
Supplies Expenses	78,152	71,040	(7,112)	-10.0%	503,107	582,782	79,675	13.7%
Drugs Expenses	1,356	-	(1,356)	0.0%	3,653	-	(3,653)	0.0%
Program Expenses	27,228	21,271	(5,957)	-28.0%	166,835	149,527	(17,308)	-11.6%
Land & Facility Expenses	312,388	351,179	38,791	11.0%	2,291,222	1,974,310	(316,912)	-16.1%
Equipment & Vehicle Expenses	114,576	85,079	(29,497)	-34.7%	751,342	635,775	(115,566)	-18.2%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	550,062	471,698	(78,364)	-16.6%	2,554,450	3,575,792	1,021,342	28.6%
Allocated Expense	(455)	-	455	0.0%	-	-	-	0.0%
Total Indirect Expenses	2,273,369	2,159,905	(113,464)	-5.3%	14,057,731	14,943,608	885,877	5.9%
Total Operating Expenses	7,357,857	7,555,567	197,710	2.6%	50,101,824	52,536,469	2,434,645	4.6%
<b>Metrics</b>								
Indirect Expenses/Direct Expenses	44.7%	40.0%			39.0%	39.8%		
Direct Expense/Gross Patient Revenue	73.7%	64.9%			73.8%	65.0%		
<b>Non-Operating Income/Expense</b>								
Interest Income/Expense	4,113	(30,833)	34,946	-113.3%	(44,982)	(215,833)	170,851	-79.2%
Donations Income	(25,214)	-	(25,214)	0.0%	(53,512)	-	(53,512)	0.0%
Other Non-Operating	-	-	-	0.0%	(20,091)	-	(20,091)	0.0%
Total Non-Operating	(21,101)	(30,833)	9,732	-31.6%	(118,585)	(215,833)	97,249	-45.1%
Net Income (Loss)	(987,012)	4,790	(991,802)	-20703.7%	(3,035,062)	208,111	(3,243,173)	-1558.4%
Net Income	-15.5%	0.1%			-6.5%	0.4%		

North Central Health Care  
Balance Sheet  
For the Period Ending July 31, 2021

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	4,112,384	4,349,075
Accounts Receivable		
Net Patient Receivable	5,214,785	5,599,710
Outpatient WIMCR & CCS	3,451,699	4,076,250
Nursing Home Supplemental Payment	(561,210)	(82,590)
County Appropriations Receivable	435,141	420,035
Net State Receivable	242,101	428,749
Other Accounts Receivable	480,968	711,499
Inventory	429,330	446,283
Prepaid Expenses	797,925	972,688
Total Current Assets	<u>14,603,123</u>	<u>16,921,699</u>
Noncurrent Assets		
Investments	8,292,192	12,084,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	72,774	91,690
Pool Project Receivable	-	1,732,590
Net Pension Assets	7,280,177	-
Nondepreciable Capital Assets	33,286,341	15,390,262
Net Depreciable Capital Assets	<u>29,062,759</u>	<u>20,699,163</u>
Total Noncurrent Assets	<u>78,994,244</u>	<u>50,997,705</u>
Deferred Outflows of Resources (Pensions)	<u>18,262,408</u>	<u>22,152,585</u>
TOTAL ASSETS	<u><u>111,859,775</u></u>	<u><u>90,071,990</u></u>

	Current YTD	Prior YTD
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	27,987	29,249
Trade Accounts Payable	261,505	756,023
Accrued Liabilities		
Salaries and Retirement	1,951,415	2,302,652
Compensated Absences	2,445,974	2,857,188
Health and Dental Insurance	503,000	670,000
Bonds	-	360,000
Interest Payable	43,675	163,538
Other Payables and Accruals	1,120,321	1,599,917
Payable to Reimbursement Programs	100,000	220,000
Unearned Revenue	(2,673,650)	(325,189)
Total Current Liabilities	3,780,226	8,633,378
Noncurrent Liabilities		
Net Pension Liability	2,506,809	9,445,451
Long-Term Portion of Capital Lease Liability	33,994	58,140
Long-Term Projects in Progress	38,176,739	13,321,306
Long-Term Debt and Bond Premiums	9,120,164	9,153,235
Patient Trust Funds	51,034	61,972
Total Noncurrent Liabilities	49,888,739	32,040,105
Deferred Inflows of Resources (Pensions)	22,225,906	11,508,078
TOTAL LIABILITIES	75,894,871	52,181,560
NET POSITION		
Net Investment in Capital Assets	62,349,100	36,070,146
Pool Project Restricted Capital Assets	-	1,732,590
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	-	1,571,207
Undesignated	(24,349,134)	(2,611,395)
Net Income / (Loss)	(3,035,062)	127,881
TOTAL NET POSITION	35,964,904	37,890,429
TOTAL LIABILITIES AND NET POSITION	111,859,775	90,071,990



North Central Health Care  
Statement of Cash Flows  
For Month Ending July 31, 2021

Cash, Beginning of Period (June 30)		5,123,576
Operating Activities		
Net Income (Loss)	(987,012)	
Adjustments to Reconcile Net Income		
Depreciation	254,537	
Interest Expense	19,294	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	392,921	
Prepaid Expenses	(19,397)	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	24,023	
Accrued Current Liabilities	(270,538)	
Net Change in Patient Trust Funds	(6,615)	
Unearned Revenue	<u>(404,066)</u>	
Net Cash from Operating Activities		(996,852)
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	34,594	
Disposal of Assets	-	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	-	
Net Change in Undesignated Equity	<u>(68,611)</u>	
Net Cash from Investing Activities		(34,017)
Financing Activities		
Bonds and Interest	19,294	
Net Change in Purchase/Sale of Investments	<u>383</u>	
Net Cash from Financing Activities		<u>19,677</u>
Net Increase (Decrease) in Cash During Period		<u>(1,011,192)</u>
Cash, End of Period (July 31)		4,112,383

North Central Health Care  
Programs by Service Line  
For the Period Ending July 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	3,699,757	4,006,633	(306,876)	4,524,237	4,739,971	215,734	(824,480)	(91,142)
Adult Crisis Stabilization Facility	582,173	862,945	(280,771)	656,571	610,497	(46,075)	(74,398)	(326,846)
Lakeside Recovery MMT	64,556	592,756	(528,200)	71,992	619,562	547,570	(7,436)	19,370
Youth Behavioral Health Hospital	918,530	1,256,717	(338,187)	1,452,617	1,751,014	298,396	(534,087)	(39,791)
Youth Crisis Stabilization Facility	283,168	445,015	(161,846)	310,198	590,038	279,840	(27,030)	117,994
Crisis Services	1,656,631	1,777,719	(121,088)	1,810,685	1,878,695	68,009	(154,054)	(53,079)
Psychiatry Residency	162,568	264,780	(102,212)	245,075	163,398	(81,677)	(82,507)	(183,889)
	7,367,383	9,206,564	(1,839,181)	9,071,375	10,353,174	1,281,799	(1,703,992)	(557,383)
COMMUNITY SERVICES								
Outpatient Services (Marathon)	2,584,019	2,479,660	104,358	2,899,855	2,748,854	(151,001)	(315,836)	(46,642)
Outpatient Services (Lincoln)	625,345	769,372	(144,028)	462,915	768,791	305,877	162,430	161,849
Outpatient Services (Langlade)	480,019	1,077,878	(597,859)	408,973	893,224	484,251	71,046	(113,607)
Community Treatment Adult (Marathon)	2,776,711	3,081,123	(304,412)	2,513,538	2,847,976	334,438	263,174	30,026
Community Treatment Adult (Lincoln)	593,528	603,340	(9,813)	451,155	474,249	23,095	142,373	13,282
Community Treatment Adult (Langlade)	355,429	394,173	(38,744)	265,316	329,776	64,460	90,113	25,716
Community Treatment Youth (Marathon)	2,959,242	3,307,000	(347,758)	2,935,987	3,046,413	110,426	23,255	(237,332)
Community Treatment Youth (Lincoln)	956,121	1,523,013	(566,892)	816,551	1,096,028	279,477	139,570	(287,415)
Community Treatment Youth (Langlade)	804,732	1,026,558	(221,826)	683,455	805,748	122,293	121,277	(99,533)
Community Corner Clubhouse	132,629	174,204	(41,576)	168,854	187,352	18,498	(36,225)	(23,077)
	12,267,773	14,436,321	(2,168,548)	11,606,597	13,198,411	1,591,814	661,176	(576,734)
COMMUNITY LIVING								
Adult Day Services (Marathon)	353,810	466,647	(112,837)	325,189	348,099	22,910	28,621	(89,927)
Prevocational Services (Marathon)	277,742	311,085	(33,343)	367,072	471,672	104,600	(89,330)	71,257
Lincoln Industries	355,102	743,401	(388,299)	573,725	781,509	207,783	(218,623)	(180,515)
Day Services (Langlade)	145,765	173,313	(27,549)	204,897	183,670	(21,226)	(59,132)	(48,775)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	298,106	304,523	(6,417)	263,225	240,060	(23,164)	34,881	(29,581)
Chadwick Group Home	323,399	373,670	(50,271)	277,324	281,609	4,285	46,075	(45,987)
Bissell Street Group Home	335,435	329,579	5,856	239,383	265,336	25,953	96,052	31,809
Heather Street Group Home	250,597	266,535	(15,938)	264,988	241,893	(23,095)	(14,391)	(39,033)
Jelinek Apartments	409,252	457,466	(48,214)	412,074	415,552	3,478	(2,822)	(44,736)
River View Apartments	388,155	386,803	1,352	362,648	318,865	(43,782)	25,507	(42,430)
Forest Street Apartments	72,862	205,195	(132,333)	273,187	276,040	2,854	(200,324)	(129,480)
Fulton Street Apartments	128,913	147,081	(18,168)	229,358	166,496	(62,862)	(100,444)	(81,030)
Riverview Terrace	207,787	209,146	(1,359)	168,885	203,009	34,124	38,902	32,764
Hope House (Sober Living Marathon)	3,361	3,673	(312)	40,255	33,182	(7,073)	(36,895)	(7,386)
Homelessness Initiative	10,254	311	9,943	13,609	3,870	(9,739)	(3,355)	204
Sober Living (Langlade)	32,405	30,137	2,268	54,458	75,016	20,558	(22,053)	22,827
	3,592,944	4,408,565	(815,621)	4,070,276	4,305,879	235,603	(477,332)	(580,018)
NURSING HOMES								
Mount View Care Center	10,824,439	11,010,612	(186,174)	11,384,223	10,611,703	(772,520)	(559,784)	(958,694)
Pine Crest Nursing Home	6,757,243	6,521,513	235,731	7,890,393	7,178,439	(711,954)	(1,133,150)	(476,224)
	17,581,682	17,532,125	49,557	19,274,616	17,790,142	1,484,474	(1,692,934)	1,534,032
Pharmacy	4,527,089	5,080,773	(553,683)	4,278,058	4,897,386	619,328	249,031	65,645
OTHER PROGRAMS								
Aquatic Services	603,054	882,978	(279,924)	719,873	729,184	9,311	(116,819)	(270,613)
Birth To Three	433,713	448,842	(15,129)	391,803	448,842	57,039	41,910	41,910
Adult Protective Services	461,489	470,344	(8,855)	502,783	589,425	86,642	(41,294)	77,787
Demand Transportation	211,543	278,067	(66,525)	166,351	224,027	57,675	45,191	(8,849)
	1,709,799	2,080,231	(370,432)	1,780,811	1,991,478	210,667	(71,012)	(159,766)
Total NCHC Service Programs	47,046,671	52,744,580	(5,697,909)	50,081,733	52,536,469	2,454,736	(3,035,062)	(3,243,173)

North Central Health Care  
Fund Balance Review  
For the Period Ending July 31, 2021

	Marathon	Langlade	Lincoln	Total
Total Operating Expenses, Year-to-Date	35,614,877	2,777,013	11,689,844	50,081,733
General Fund Balance Targets				
Minimum (20% Operating Expenses)	7,122,975	555,403	2,337,969	10,016,347
Maximum (35% Operating Expenses)	12,465,207	971,955	4,091,445	17,528,607
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	7,372,975	805,403	2,587,969	10,766,347
Maximum Target	12,715,207	1,221,955	4,341,445	18,278,607
Total Net Position at Period End	33,814,091	2,675,174	10,556,933	47,046,198
Fund Balance Above/(Below)				
Minimum Target	26,441,116	1,869,771	7,968,964	36,279,852
Maximum Target	21,098,884	1,453,219	6,215,488	28,767,592
<i>County Percent of Total Net Position</i>	<i>71.9%</i>	<i>5.7%</i>	<i>22.4%</i>	
Share of Cash Reserves and Investments	9,634,435	762,220	3,007,920	13,404,576
<i>Days Invested Cash on Hand</i>	<i>58</i>	<i>58</i>	<i>55</i>	<i>57</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	15,054,429	1,173,845	4,941,304	21,169,578
Invested Cash Reserves Above/(Below) Target	(5,419,994)	(411,625)	(1,933,384)	(7,765,002)

North Central Health Care  
Review of Services in Marathon County  
For the Period Ending July 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,174,144	1,069,816	104,328	2,899,855	2,748,854	(151,001)	(1,725,711)	(46,673)
Community Treatment-Adult	2,730,030	3,034,456	(304,426)	2,513,538	2,847,976	334,438	216,493	30,012
Community Treatment-Youth	2,959,226	3,307,000	(347,773)	2,935,987	3,046,413	110,426	23,239	(237,347)
Day Services	631,549	777,732	(146,183)	692,261	819,771	127,510	(60,711)	(18,673)
Clubhouse	78,960	120,538	(41,577)	168,854	187,352	18,498	(89,894)	(23,079)
Homelessness Initiative	10,254	311	9,943	13,609	3,870	(9,739)	(3,355)	204
Hope House Sober Living	3,360	3,673	(313)	40,255	33,182	(7,073)	(36,895)	(7,386)
Riverview Terrace	207,785	209,146	(1,361)	168,885	203,009	34,124	38,900	32,763
Demand Transportation	211,542	278,067	(66,525)	166,351	224,027	57,675	45,191	(8,850)
Aquatic Services	403,334	683,277	(279,943)	719,873	729,184	9,311	(316,539)	(270,632)
Pharmacy	4,527,077	5,080,773	(553,696)	4,278,058	4,897,386	619,328	249,019	65,632
	12,937,262	14,564,788	(1,627,527)	14,597,526	15,741,023	1,143,497	(1,660,264)	(484,030)
Shared Services								
Adult Behavioral Health Hospital	1,626,069	1,853,212	(227,143)	3,347,935	3,507,578	159,643	(1,721,866)	(67,500)
Youth Behavioral Health Hospital	658,108	908,387	(250,280)	1,074,937	1,295,750	220,813	(416,829)	(29,466)
Residency Program	327,730	195,937	131,793	181,355	120,914	(60,441)	146,374	71,352
Crisis Services	348,985	438,624	(89,639)	1,339,907	1,390,234	50,327	(990,922)	(39,312)
Adult Crisis Stabilization Facility	430,801	638,579	(207,778)	485,863	451,768	(34,095)	(55,062)	(241,873)
Youth Crisis Stabilization Facility	2,111	329,311	(327,200)	229,547	436,628	207,082	(227,436)	(120,118)
Lakeside Recovery MMT	47,771	438,640	(390,868)	53,274	458,476	405,202	(5,503)	14,334
Residential	2,143,378	2,399,942	(256,564)	2,255,542	2,142,547	(112,995)	(112,164)	(369,559)
Adult Protective Services	108,754	115,310	(6,556)	372,059	436,174	64,115	(263,305)	57,559
Birth To Three	324,018	335,320	(11,303)	292,708	335,320	42,613	31,310	31,310
	6,017,725	7,653,262	(1,635,538)	9,633,127	10,575,391	942,264	(3,615,403)	(693,274)
Total NCHC Programming	18,954,987	22,218,051	(3,263,064)	24,230,654	26,316,414	2,085,760	(5,275,667)	(1,177,304)
Base County Allocation	2,120,782	2,120,782	-				2,120,782	-
County Appropriation	1,914,036	1,914,036	-				1,914,036	-
Excess Revenue/(Expense)	22,989,804	26,252,869	(3,263,064)	24,230,654	26,316,414	2,085,760	(1,240,849)	(1,177,304)

North Central Health Care  
Review of Services in Lincoln County  
For the Period Ending July 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	255,135	399,167	(144,031)	462,915	768,791	305,877	(207,779)	161,845
Community Treatment-Adult	588,275	598,090	(9,816)	451,155	474,249	23,095	137,120	13,279
Community Treatment-Youth	956,116	1,523,013	(566,897)	816,551	1,096,028	279,477	139,565	(287,420)
Lincoln Industries	355,099	743,401	(388,302)	573,725	781,509	207,783	(218,626)	(180,518)
	<u>2,154,625</u>	<u>3,263,671</u>	<u>(1,109,046)</u>	<u>2,304,346</u>	<u>3,120,577</u>	<u>816,232</u>	<u>(149,721)</u>	<u>(292,815)</u>
Shared Services								
Adult Behavioral Health Hospital	329,609	375,651	(46,043)	678,636	710,996	32,360	(349,027)	(13,682)
Youth Behavioral Health Hospital	133,400	184,133	(50,732)	217,893	262,652	44,759	(84,492)	(5,973)
Residency Program	66,432	39,717	26,715	36,761	24,510	(12,252)	29,670	14,463
Crisis Services	70,740	88,910	(18,170)	271,603	281,804	10,201	(200,863)	(7,969)
Adult Crisis Stabilization Facility	87,325	129,442	(42,117)	98,486	91,575	(6,911)	(11,161)	(49,028)
Youth Crisis Stabilization Facility	428	66,752	(66,324)	46,530	88,506	41,976	(46,102)	(24,348)
Lakeside Recovery MMT	9,683	88,913	(79,230)	10,799	92,934	82,136	(1,115)	2,905
Residential	-	-	-	-	-	-	-	-
Adult Protective Services	22,045	23,374	(1,329)	75,417	88,414	12,996	(53,373)	11,667
Birth To Three	65,290	67,568	(2,277)	58,981	67,568	8,587	6,309	6,309
	<u>784,951</u>	<u>1,064,460</u>	<u>(279,508)</u>	<u>1,495,105</u>	<u>1,708,958</u>	<u>213,853</u>	<u>(710,154)</u>	<u>(65,656)</u>
Total NCHC Programming	2,939,576	4,328,131	(1,388,555)	3,799,451	4,829,535	1,030,084	(859,875)	(358,470)
Base County Allocation	510,105	510,105	-			-	510,105	-
County Appropriation	<u>350,022</u>	<u>350,022</u>	<u>-</u>			<u>-</u>	<u>350,022</u>	<u>-</u>
Excess Revenue/(Expense)	<u>3,799,704</u>	<u>5,188,258</u>	<u>(1,388,555)</u>	<u>3,799,451</u>	<u>4,829,535</u>	<u>1,030,084</u>	<u>253</u>	<u>(358,470)</u>

North Central Health Care  
Review of Services in Langle County  
For the Period Ending July 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	232,213	830,075	(597,862)	408,973	893,224	484,251	(176,759)	(774,621)
Community Treatment-Adult	350,177	388,923	(38,746)	265,316	329,776	64,460	84,860	46,114
Community Treatment-Youth	804,727	1,026,558	(221,831)	683,455	805,748	122,293	121,272	(100,558)
Sober Living	20,738	18,470	2,268	54,458	75,016	20,558	(33,720)	(31,452)
Day Services	145,763	173,313	(27,551)	204,897	183,670	(21,226)	(59,134)	(86,685)
	1,553,618	2,437,340	(883,722)	1,617,098	2,287,434	670,336	(63,480)	(947,202)
Shared Services								
Adult Behavioral Health Hospital	241,713	275,478	(33,765)	497,666	521,397	23,731	(255,953)	(289,718)
Youth Behavioral Health Hospital	97,827	135,031	(37,204)	159,788	192,611	32,824	(61,961)	(99,165)
Residency Program	48,717	29,126	19,591	26,958	17,974	(8,984)	21,758	41,349
Crisis Services	51,876	65,201	(13,325)	199,175	206,656	7,481	(147,299)	(160,624)
Adult Crisis Stabilization Facility	64,038	94,924	(30,886)	72,223	67,155	(5,068)	(8,185)	(39,071)
Youth Crisis Stabilization Facility	314	48,952	(48,638)	34,122	64,904	30,782	(33,808)	(82,446)
Lakeside Recovery MMT	7,101	65,203	(58,102)	7,919	68,152	60,233	(818)	(58,920)
Residential	63,329	70,909	(7,581)	66,643	63,304	(3,339)	(3,314)	(10,895)
Adult Protective Services	16,166	17,141	(974)	55,306	64,837	9,531	(39,140)	(40,114)
Birth To Three	44,405	45,954	(1,549)	40,115	45,954	5,840	4,291	2,742
	635,486	847,918	(212,432)	1,159,915	1,312,945	153,030	(524,429)	(736,861)
Total NCHC Programming	2,189,103	3,285,257	(1,096,154)	2,777,013	3,600,379	823,366	(587,909)	(1,684,063)
Base County Allocation	363,462	363,462	-				363,462	363,462
County Appropriation	122,609	122,609	-				122,609	122,609
Excess Revenue/(Expense)	2,675,174	3,771,328	(1,096,154)	2,777,013	3,600,379	823,366	(101,839)	(1,197,993)

North Central Health Care  
Review of Services in Mount View Care Center  
For the Period Ending July 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Post-Acute Care	1,476,609	1,394,356	82,252	1,549,713	1,519,567	(30,146)	(73,105)	52,106
Long-Term Care	1,574,573	1,853,865	(279,293)	2,548,527	2,315,487	(233,040)	(973,954)	(512,333)
Memory Care	4,003,375	3,351,363	652,012	3,928,592	3,608,427	(320,165)	74,783	331,848
Vent Unit	2,220,113	2,321,722	(101,610)	2,338,429	2,543,374	204,945	(118,316)	103,336
Nursing Home Ancillary	125,576	33,115	92,461	430,336	21,204	(409,132)	(304,760)	(316,671)
Rehab Services	549,042	1,181,191	(632,149)	588,627	603,645	15,018	(39,585)	(617,131)
Total NCHC Programming	9,949,287	10,135,612	(186,325)	11,384,223	10,611,703	(772,520)	(1,434,936)	(958,845)
County Appropriation	875,000	875,000	-				875,000	-
Excess Revenue/(Expense)	10,824,287	11,010,612	(186,325)	11,384,223	10,611,703	(772,520)	(559,936)	(958,845)

North Central Health Care  
Review of Services in Pine Crest Nursing Home  
For the Period Ending July 31, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Post-Acute Care	668,578	1,008,186	(339,607)	1,358,967	1,588,891	229,924	(690,389)	(109,683)
Long-Term Care	4,164,110	3,887,370	276,740	4,714,269	4,428,238	(286,031)	(550,159)	(9,291)
Special Care	921,962	959,075	(37,114)	1,054,586	1,158,416	103,829	(132,625)	66,716
Nursing Home Ancillary	227,498	-	227,498	347,982	-	(347,982)	(120,484)	(120,484)
Rehab Services	517,940	409,739	108,200	414,589	2,894	(411,695)	103,351	(303,495)
Total NCHC Programming	6,500,087	6,264,371	235,717	7,890,393	7,178,439	(711,954)	(1,390,306)	(476,237)
County Appropriation	257,142	257,142	-				257,142	-
Excess Revenue/(Expense)	6,757,230	6,521,513	235,717	7,890,393	7,178,439	(711,954)	(1,133,164)	(476,237)




North Central Health Care  
Report on the Availability of Invested Funds  
For the Period Ending July 31, 2021

Bank	Length	Maturity Date	Interest Rate	Amount
People's State Bank	365 Days	8/21/2021	0.45%	500,000
Abby Bank	365 Days	8/29/2021	0.60%	500,000
PFM Investments	270 Days	8/31/2021	0.20%	248,000
BMO Harris	273 Days	10/26/2021	0.05%	500,000
Abby Bank	365 Days	11/1/2021	0.40%	500,000
PFM Investments	367 Days	12/6/2021	0.20%	248,000
CoVantage Credit Union	365 Days	12/9/2021	0.80%	500,000
PFM Investments	365 Days	12/30/2021	0.20%	248,000
PFM Investments	365 Days	12/30/2021	0.30%	248,000
Abby Bank	365 Days	1/6/2022	0.30%	500,000
CoVantage Credit Union	365 Days	1/29/2022	0.50%	308,192
PFM Investments	365 Days	2/18/2022	0.25%	248,000
PFM Investments	365 Days	2/18/2022	0.18%	248,000
CoVantage Credit Union	365 Days	2/19/2022	0.50%	500,000
Abby Bank	546 Days	3/1/2022	0.65%	500,000
CoVantage Credit Union	365 Days	3/3/2022	0.50%	500,000
PFM Investments	365 Days	4/5/2022	0.20%	248,000
PFM Investments	365 Days	7/13/2022	0.25%	248,000
Abby Bank	730 Days	2/25/2023	0.40%	500,000
CoVantage Credit Union	730 Days	3/8/2023	0.60%	500,000
Abby Bank	730 Days	7/20/2023	0.25%	500,000
Invested Funds				8,292,192
Weighted Average	397 Days		0.53%	

North Central Health Care  
Summary of Revenue Write-Offs  
For the Period Ending July 31, 2021

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Administrative Write-Off	14,470	79,137
Bad Debt	-	1,197
Outpatient & Community Treatment		
Administrative Write-Off	29,472	56,393
Bad Debt	(3)	1,430
Nursing Home Services		
Administrative Write-Off	-	44,462
Bad Debt	2,490	32,911
Aquatic Services		
Administrative Write-Off	-	11,862
Bad Debt	75	182
Pharmacy		
Administrative Write-Off	39	1,563
Bad Debt	-	-
Other Services		
Administrative Write-Off	66	8,556
Bad Debt	(203)	(88)
Grand Total		
Administrative Write-Off	44,047	201,973
Bad Debt	2,359	35,633

<b>Policy Title:</b> Employee Compensation Policy	 <b>North Central Health Care</b> Person centered. Outcome focused.
<b>Policy #:</b> 205-1100	<b>Program:</b> Human Resources 205
<b>Date Issued:</b> <del>12/14/2017</del> <u>10/01/2021</u>	<b>Policy Contact:</b> HR Director

## Related Forms

Fair Labor Standards Act; Wis. Stats. 272.12 Interpretation of Hours Worked

## 1. Purpose

This policy is applicable to all ~~direct care providers and staff working at~~ employees of NCHC, ~~including students, interns~~ and contracted staff. The standards of this policy are to be complied with by staff while they are employed in any NCHC facility during regularly scheduled work times unless another agreement such as a contract supersedes this policy.

North Central Health Care's Employee Compensation Policy ensures that pay is established and administered according to competitive, equitable, effective and compliant principles.

## 2. Definitions

### **Exempt:**

An employee, based on duties performed and manner of compensation is exempt from the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions. Exempt employees are paid on a salary basis and must work full-time.

### **Non-Exempt:**

All other employees who are subject to FLSA minimum wage and overtime provisions or work part-time are paid on an hourly basis.

### **Full-Time Equivalent:**

A full 1.0 FTE is equal to 2,080 hours worked in a year.

### **Regular Full-time:**

An employee who works a regular schedule and is expected to normally work at least thirty hours (0.75 FTE) up to forty hours (1.0 FTE) per work week.

**Policy Title:** Employee Compensation Policy

**Author(s):** ~~Senior Leadership~~ Jarret Nickel **Next Review Date:** ~~06/25/2020~~ 06/01/2022

**Owner:** HR Director

**Approver:** NCCSP Board

**Regular Part-time:**

An employee who works a regular schedule and is expected to normally work at least twenty hours (0.50 FTE) but not more than thirty hours (0.75 FTE) per work week.

**Limited Part-time:**

An employee who works a regular schedule and is expected to normally work up to twenty hours per week (Less than 0.50 FTE).

**Occasional:**

An employee who works irregular hours on an as-needed basis not to exceed 1,000 hours worked in any 12-month period with a minimum of one shift in a 60 day period.

**Seasonal:**

An employee who is either a student that will be limited to work hours during their off-school periods and/or weekends or individuals who only work specific periods in the course of a year.

**Professional Staff:**

Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience, licensure and other training which provides comparable knowledge.

**Paraprofessional Staff:**

Occupations in which workers perform some of the duties of a professional in a supportive role, which usually require less formal training and/or experience normally required for professional status.

### **3. Policy**

**General Procedure**

Employee compensation is objectively administered and non-discriminatory in theory, application, and practice.

**Time Keeping**

Accurately recording hours worked is the responsibility of every employee. Hours worked is all time spent performing assigned duties and does not include paid leave. All non-exempt employees must accurately record time worked on a time card for payroll purposes and are required to record their own time at the beginning and end of each work period, and the start and end of any unpaid break. No work shall be performed by employees prior to their clocking in at the start of their work day, during lunch, other unpaid breaks, or after clocking out at the end of the day. No one at NCHC has the authority to ask, encourage, or insinuate that an employee perform work off the clock. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

## **Payroll**

Employees of NCHC are paid on a bi-weekly basis by direct deposit on alternating Fridays. In the event that a regularly scheduled payday falls on a bank holiday, employees will be paid the day prior to the bank holiday. Each workweek begins on Sunday at 12:00 am (midnight) and ends the following Saturday at 11:59 pm. Each paycheck will include earnings for all hours through the end of the previous payroll period.

## **Payroll Deductions**

North Central Health Care reserves the right to make deductions and/or withhold compensation from an employee's paycheck as long as such action complies with applicable state and federal law. In addition, it may be possible for you to authorize NCHC to make additional deductions from your paycheck for extra income taxes, contributions to retirement savings programs or insurance benefits (if eligible). These deductions will be itemized on your payroll statement. The amount of the deductions may depend on your earnings and the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name, address, telephone number, marital status or number of exemptions must be reported to Human Resources immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, will be explained whenever NCHC is ordered to make such deductions.

Every effort is made to avoid errors in an employee's paycheck. If you believe an error has been made or you have a question about your pay, notify your supervisor immediately. North Central Health Care will take the necessary steps to research the problem and to assure that any necessary correction is made properly and promptly.

## **Breaks**

Employees scheduled to work more than four hours may take reasonable time to rest, however, breaks are not guaranteed. Breaks must be approved by an employee's immediate supervisor. ~~Non-exempt~~ ~~E~~employees who leave NCHC property must punch out for a minimum of 30 minutes. Breaks, including lunch periods, exceeding thirty (30) minutes are unpaid unless specifically authorized by management.

Lunch breaks, which are unpaid, are thirty (30) minutes after six (6) hours worked and an additional thirty (30) minutes after twelve (12) hours worked. Prior approval must be given by an employee's supervisor to exceed a thirty (30) minute unpaid lunch period or to work through lunch. Employees under age 18 may not work more than six (6) hours without a duty free thirty (30) minute break.

## **Base Pay**

Base compensation is an employee's hourly rate without any differential, overtime, or additional pay factored in. Base compensation is designed to provide competitive and fair compensation to employees for fulfilling the full scope of responsibilities and accountabilities as outlined in the job description. Base compensation salary ranges and market rates for each position are established by researching industry and local salary survey data on an annual basis. Base compensation levels within the established range for the position are determined on the basis of an employee's ability to execute the responsibilities of the position.

**Policy Title:** Employee Compensation Policy

**Author(s):** ~~Senior Leadership~~ Jarret Nickel **Next Review Date:** ~~06/25/2020~~ 06/01/2022

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## **Merit Pay**

North Central Health Care may award annual pay increases in the form of merit increases. Merit pay is used to reward successful performance and is based on the amount of funding available, the relative position of an individual's current pay to the market rate, and annual performance evaluation factors. Annual merit increases are considered in February as a part of the budget process of each year. communication for any merit adjustments will be shared with employees as appropriate. with any merit adjustment applied in March.

## **Step- Scale Review & Adjustment**

North Central Health Care has identified several positions as step-scale positions. These positions have an identified scale with step increases based on years of experience in the role or licensing. Review for step-scale increase will occur at least annually. Years of experience will be based on the first day of the pay period in the month noted for annual review. An example of this would be if the review occurred in January and an employee was at 1 year 11 months experience as of the first date of the pay period they would not move to the next step until the following review period.

## **Overtime**

North Central Health Care will comply with the provisions of the Fair Labor Standard Act and provide for systematic review of exemption status for all employees. All exempt positions will have a documented analysis establishing the basis for the exemption designation of the position. Overtime shall be compensated for non-exempt employees at one and one half (1 ½) times the employee's hourly rate of pay. Overtime is defined as any hours worked in excess of 40 hours per week.

Overtime work is to be held to a minimum consistent with the needs of the program. Prior approval by management must be obtained for all overtime hours worked. It is the responsibility of each department to explore all possible alternatives before a decision is made to require employees to work on an overtime basis. Further, it is the responsibility of each department to ensure that the provisions of overtime pay are administered in the best interest of NCHC services. Each department should develop internal controls that provide a means of reviewing and evaluating the use of overtime.

## **Shift Differential**

North Central Health Care pays shift differentials to non-exempt staff for hours worked on:

- Evenings (Monday – Sunday, 2 p.m. until 10 p.m.);
- Nights (Monday – Sunday, 10 p.m. until 6 a.m.)

Employees working in programs with established shifts (i.e., Mount View Care Center, Pine Crest Nursing Home, Residential Services, Inpatient Hospital<sup>s</sup>, Food Services, etc.) are eligible and will be paid shift differentials for any time worked in the shift. All other employees are not eligible for shift differential.

Paraprofessional non-exempt employees will be paid shift differential of \$1.00 per hour for PM shifts, \$1.00 per hour for night shifts. Professional non-exempt employees will be paid shift differential of \$1.50 per hour for PM shifts, \$2.50 per hour for night shifts.

### **On-Call Pay**

On-call pay is for an employee who ~~must~~is scheduled and required to remain available to be called back to work on short notice if the need arises. Employees required to be in official on-call status will be paid \$2.50 per hour served on-call. Employees are not eligible to receive payment for both hours worked and on-call pay for the same hours. If an employee reports to work during on-call status, on-call pay ends when the employee reports to work. If an employee must remain on NCHC property or so near that time cannot be used freely, it is not considered on-call time but is to be recorded as work time. Note: If you are called in you will be paid the greater of two hours of work or actual time worked.

### **Pick Up Pay**

North Central Health Care (NCHC) programs with established shifts have an identified need to incentivize staff to pick up shifts in order to provide cares or meet the needs of the patients served.

- 1.) Pick Up Pay amounts which are outlined below can only be received by eligible programs and employees within 3 weeks or 21 calendar days of the shift being worked, any shifts picked up prior to 3 weeks or 21 calendar days will not be eligible for Pick Up Pay.

#### **Amounts of Pick Up Pay:**

##### **Hours Picked Up:**

3 to 6.75 Hours

7 to 11.75 Hours

12 to 16 Hours

##### **Pick Up Pay Received:**

1 Hour at Employee's Base Rate of Pay

2 Hours at Employee's Base Rate of Pay

3 Hours at Employee's Base Rate of Pay

#### **Ineligibility for Pick Up Pay:**

- 1.) Programs without established shifts including but not limited to Human Resources, HIM, Business Operations, Patient Financial Services, Outpatient, Community Treatment, Transportation and Aquatics.
- 2.) Employees who are below a 0.5 FTE in ~~UltiPro~~UKG do not qualify for Pick Up Pay
- 3.) Only shifts beyond an employee's FTE status are eligible for Pick Up Pay within the pay period; scheduled PLT is counted towards FTE status for the pay period in which the PLT is taken.
- 4.) Employees who are in an "on-call shift" status

**Policy Title:** Employee Compensation Policy

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- 5.) Scheduling up shifts or assigned shifts are not eligible for Pick Up Pay
- 6.) Flex hours or shifts are not eligible for Pick Up Pay
- 7.) Fill in/Swap hours or shifts are not eligible for Pick Up Pay
- 8.) Employees on approved PLT that pick up their own scheduled shift are not eligible for Pick Up Pay

### **Temporary Appointment Pay**

Employees temporarily appointed to positions of a higher classification may be eligible for a pay increase during the temporary appointment period. The supervisor in coordination with Human Resources will review temporary appointment pay rates annually based on approved compensation administration guidelines. ~~If the temporary appointment has a difference of one salary range, the pay differential will generally be two-thirds the difference of the old and new market midpoints. If a difference of two or more pay ranges occurs, the pay differential will generally be one-half the difference between the old and new market midpoints.~~

### **Holiday Pay**

Regular full-time and part-time employees receive the following paid holidays:

New Year's Day	_____	Thanksgiving Day
Memorial Day	_____	Christmas Eve Day
Independence Day		Christmas Day
Labor Day		New Year's Eve Day

For holiday pay purposes, employees subject to seven (7) day a week scheduling are paid on the actual holiday. For employees working a Monday – Friday schedule, when any of these holidays fall on a Saturday or Sunday, the preceding Friday or following Monday are considered the holiday for scheduling purposes. Holiday pay is paid based on an employee's status. Regular full-time employees will be paid eight (8) hours for each holiday; regular part-time employees will be paid six (6) hours).

### **Holiday Premium**

Any non-exempt employee who works during any paid holiday will be paid at the overtime rate for all hours worked on the actual holiday (12:00 a.m. until 11:59 p.m.) in addition to any holiday pay received. Hours worked on a holiday that may be eligible for overtime are not eligible for holiday premium.

An employee, who fails to work a scheduled holiday, including the scheduled day immediately prior to or following the paid holiday, will forfeit any holiday pay and holiday premium, unless that employee is off of work due to a Worker's Compensation incident or approved Family Medical Leave.

### **Funeral Pay**

**Policy Title:** Employee Compensation Policy

**Author(s):** ~~Senior Leadership~~ Jarret Nickel **Next Review Date:** ~~06/25/2020~~ 06/01/2022

**Owner:** HR Director

**Approver:** NCCSP Board



Funeral pay recognizes that employees need time to make arrangements, handle family matters and attend funerals when a death occurs with an immediate member of their family without suffering short-term financial burdens from loss of income. Therefore, in the event of a death in the immediate family of an employee, full-time and regular part-time employees (0.5 FTE and greater) will upon request to their supervisor, be granted up to three (3) days of paid funeral leave. Exceptions for additional days in extraordinary situations may be approved at the sole discretion of the Operations Executive. Funeral leave must be used within ~~fourteen (14) days~~ a reasonable time of the death with employees solely being eligible to be paid for those days that are scheduled workdays.

Immediate family includes an employee's spouse, child, father, mother, brother, sister, grandparent, grandchild, or counterpart step relatives, in-laws or any person who had resided with the employee immediately preceding the person's death.

If an employee wants to attend a funeral of a person not meeting the requirements of funeral pay, they may, upon supervisor approval, request PLT or make arrangements to trade shifts.

### **Jury Duty**

Employees must report to NCHC when they are notified for jury duty. Upon receipt of appropriate documentation, employees who serve on a jury or are subpoenaed to appear as a witness before a court or administrative tribunal shall be paid their regular earnings for hours served during regular scheduled hours. However, employees will be required to submit payments received for jury duty including mileage reimbursement to NCHC to offset this benefit. When released from jury or witness duties employees shall immediately return to their job and complete the scheduled work day. Employees shall not be entitled to overtime or shift differential under this provision.

## **4. References**

Fair Labor Standards Act; Wis. Stats. 272.12 Interpretation of Hours Worked

## **Related Policies, Procedures and Documents**

- *Compensation Administration Manual*

**Policy Title:** Employee Compensation Policy

**Author(s):** ~~Senior Leadership~~ Jarret Nickel **Next Review Date:** ~~06/25/2020~~ 06/01/2022

**Owner:** HR Director

**Approver:** NCCSP Board



North Central Health Care  
Person centered. Outcome focused.

# **COMPENSATION ADMINISTRATION MANUAL**

Effective  
~~August 1~~October 1, 2020~~2021~~

**NORTH CENTRAL HEALTH CARE**  
**Compensation Administration Manual**

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## PHILOSOPHY

The purpose of the North Central Health Care (NCHC) Compensation Program is to ensure that pay is established and administered according to competitive, equitable, and effective principles. Established policies and procedures provide manager/supervisors with guidelines for the day-to-day administration of compensation for North Central Health Care employees.

The principles of our compensation philosophy are as follows:

- Our pay programs will be competitive with the external labor markets in which we compete for employees, while maintaining internal equity across jobs and for our employees within those jobs.
- We strive to offer a strong 'total rewards' package made up of competitive base pay relative to market, insurance benefits (health, dental, life, disability), a very good retirement savings plan, and a respectful, modern, and open work environment.
- We target the market percentile which is being utilized by competitors for base pay in the markets in which we need to attract and retain employees.
- ~~For non-step scale positions, individual performance~~ individual performance has an impact on individual pay in relation to the market midpoint; ~~however~~ ~~however~~ is not the only factor.
- Management strives to make fiscally responsible decisions in the long-term best interests of NCHC, and recognizes that employees may differ in their opinions on exactly how this is accomplished.
- We establish and maintain equitable compensation administration guidelines and set financially responsible compensation budgets annually, and expect our manager/supervisors to manage these accordingly.
- North Central Health Care will not make compensation decisions based upon race, color, gender, religion, creed, age, disability, national origin, lifestyle, or any other basis prohibited by state or federal law.

The effective administration of compensation at NCHC is a shared responsibility. Employees have the responsibility to understand our compensation policies and generally how the administrative guidelines work. It is the responsibility of the manager/supervisors of NCHC to believe in and ensure the consistent application of the compensation philosophy in all of their compensation decisions, while responsibly observing their annual salary budget, which is established by senior management and approved by the Board of Directors. Our manager/supervisors are responsible for accurately evaluating performance and recognizing performance differentiations with appropriate pay decisions. It is the Compensation Committee's responsibility to administer the Organization's compensation policies and procedures consistently and impartially, and to ensure that equal employment opportunity principles are followed for each employee at NCHC, or candidate for employment, regarding compensation.

The compensation philosophy and related administration guidelines outlined in this manual are regularly reviewed and evaluated by ~~the Executive Management Team who serves as~~ the Compensation Committee. Modifications will be made as necessary and communicated appropriately to all employees of NCHC.

Questions concerning the policies and procedures contained in this program should be referred to the Human Resources Department.

## JOB DOCUMENTATION

### **Definition**

Job documentation refers to the collection and maintenance of job content information. Formal job descriptions are used to describe duties and responsibilities required for each job at the Organization.

The description focuses on the job, not the person assigned to the job. Evaluation of the individual's performance is a separate issue covered under our Performance Evaluation process.

Job descriptions reflect the organization level, as well as the type and scope of the work required.

### **Purpose**

A job description is used to describe every job. It is intended to document the minimum requirements to be fully functional in the job, as it exists at the present time.

Written job descriptions are used as the basis for assigning jobs to a job grade and pay range. Accurate and complete job descriptions must be prepared and maintained. The importance of job descriptions is stressed to all manager/supervisors and employees at NCHC.

Salary adjustments for current employees or hiring rates for new employees are authorized only with a current job description.

As a job changes, the job description will be updated to reflect such changes.

### **Responsibilities**

Current job documentation for all jobs reporting to a manager/supervisor (direct and indirect) is the responsibility of that manager/supervisor. Usually in conjunction with the performance evaluation process (or other annual time determined by the manager/supervisor), individual job descriptions are reviewed with the person/employees in the job and updated. Revisions are forwarded promptly to the Human Resource Department. The Human Resources Department is responsible for ensuring the consistency and accuracy of the information, and to keep formal copies and background information on file for all jobs.

A copy of each job's description is available to employees through their manager/supervisor or the Human Resource Department.

Job descriptions are kept current and up-to-date through periodic reviews by manager/supervisor and employees in the job.

- **New jobs** – To hire for a new job, a job description will need to be developed in partnership with Human Resources along with an assignment of job and salary grade. Once the job description is complete it will need to be submitted with a position review form must be completed by the which is the responsibility of the requesting manager/supervisor listing the minimum requirements and responsibilities for the job. A job description will then be developed in coordination with the Human Resource Department, who will then assign a salary range for the job. If necessary, the Executive Operations Team Compensation Committee may be involved.
- **Revised jobs** – As a job changes, a revised job description may be needed. Job descriptions will be reviewed on at least an annual basis, usually in conjunction with the performance evaluation process. If changes are minor, the manager/supervisor notes the changes on the current job description and forwards it to the Human Resources Department who will make the changes to the controlled job description.

If there are major changes in the duties and responsibilities of a job, a new position review form must be completed. The position review form must be forwarded to the Human Resources Department, who will assist in developing a new job description and determine the appropriate job group and pay range. If there is a question on how the new position will be evaluated internally, the Human Resources Director will recommend and confer with the Compensation Committee to determine if the new job should be placed in a different job group and salary range. The manager/supervisor will be notified regarding the new job description and salary range change, if any, and will in turn inform the affected person/employees.

- **Vacant jobs** – If a job becomes vacant, a review of the current job description shall be completed by the manager/supervisor and the Human Resources Department to determine if there should be any changes prior to an individual being hired to fill the position. Revisions should be made before any action is taken to fill the position.

## JOB PRICING AND SALARY RANGE STRUCTURE

### **Definition**

Job pricing is the process of comparing compensation for our jobs at NCHC to that of the external market. Job groups are determined through a process of evaluating jobs based upon internal and external conditions and grouping similarly valued jobs together. The market value/demand for jobs within a job group is a primary (though not exclusive) factor when determining the pay ranges in the salary structure.

The salary range structure consists of a series of overlapping salary ranges two major classifications, step scale and non-step scale. For positions within NCHC's step scale an employee will be hired at the appropriate step based on years of experience when beginning employment. Employees in step scale positions will be reviewed the first pay period in January and July for eligibility to move to the next step. For employees in non-step scale positions hourly/salary ranges have been identified based on the market rate with a minimum on 90% and a maximum of 110%. Each salary range has a minimum and market midpoint salary amount. These All ranges step scale and non-step scale are normally adjusted annually.

### **Purpose**

North Central Health Care is committed to providing a salary range structure that is responsive to the external market and is internally equitable. Data will be collected from a variety of reputable sources and analyzed on a regular basis to determine market movement of jobs and current salary trends.

### **Responsibilities**

The Human Resources Director is responsible for gathering, analyzing, and recommending changes to the salary range structure based on market data and salary trend information. This information will then be presented to the Compensation Committee for their input, then to the CEO for incorporation into the annual operating budget as approved by the Board of Directors.

### **Process**

On an annual basis, the Human Resources Director gathers information regarding trends in general pay movement (i.e., estimates of salary adjustments in our recruiting areas, anticipated annual adjustments, local market conditions, etc.). The Human Resources Director discusses the results with the Compensation Committee, who then makes a recommendation to the CEO for changes to the salary range structure consistent with the overall operating budget for the year.

For non-step scale positions ~~The~~ Human Resources Director ~~also~~ conducts a salary range analysis on an annual basis. A salary range analysis identifies where each person falls relative to his or her current salary range. For step scale positions a review of the scale is completed on an annual basis to identify if market rates have changed. Any outstanding issues are reported to the Compensation Committee for recommendations and action planning. The Human Resources Director communicates these decisions to the appropriate manager/supervisor for consideration when conducting annual salary planning.

A full review of market data for NCHC's jobs will be conducted at least once every two-three years. The Compensation Committee reviews market data and develops a comparison to current market and actual salaries. If warranted, changes in salary range structure will be recommended to the CEO.

### **Salary Range Structure Step Scale**

The Salary Range Structure for step scale positions consists of a series of overlapping salary ranges steps based on years of experience or licensure. Each salary range is identified through a minimum and market midpoint salary amount. Positions have a set number of steps depending on position complexity and each employee is reviewed at least annually for appropriate position within step scale.

- **Minimum** — Normally the lowest amount NCHC will pay an individual for a job assigned to the salary range. Step 1- First step in all step scale positions, this is the lowest wage an employee would be hired at if all qualifications are met for the position.
- **Minimum to market area** Steps 2-10 (Max could be less) - Intended for employees who: A progressive scale that an employee moves through or is hired into based on years' experience at date of hire or time of review. An example would be an employee at 1 year 11 months experience the first pay period in January would not be eligible to move to the next step until the next review in July.
  - Are continuing to learn job responsibilities while meeting performance standards; or
  - Are fully trained but perform at a level which is less than fully satisfactory; or
- **Market area (generally 95 — 105% of range midpoint)** Top of Range — Normally represents the salary level for employees who are fully qualified and performing at a fully proficient level, over a period of time (represents approximate Market Rate). Most employee compensation at NCHC is targeted to be in this market area, as it represents equitable market value for our jobs. Individual base compensation will not exceed this amount, this is reserved for employees with tenure at NCHC and is earned through annual merit increases past max of scale.
- **Market area to 120% of market midpoint** — Intended for employees whose performance is clearly outstanding and consistently exceeds performance objectives over a period of time.
- **Greater than 120% of market midpoint** — Individual base compensation will not exceed this amount.

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### Salary Range Structure Non-Step Scale

The salary range structure for non-step scale positions consists of a series of pay grades either on an hourly basis (non-exempt) or annual basis (exempt). The salary range structure has a minimum, mid, and max for each position.

- Minimum – This is the lowest wage a qualified candidate or employee would be hired at or move to for the position. The minimum is 90% of the mid-rate.
- Mid – This is the mid-point for wage and in most cases the market rate point for the pay grade and position. The mid-point is usually reserved for candidates or employees that meet preferred experience or qualifications.
- Max - This is the maximum amount an individual can make in the defined position and pay grade. The maximum is usually reserved for candidates exceeding preferred experience or with longevity at NCHC.

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## PAY ADJUSTMENTS

### **Definition**

Pay adjustment refers to policies and procedures that support the administration of compensation within an assigned salary range and result in the delivery of actual compensation dollars to employees of NCHC. Pay adjustments change the actual compensation dollars paid to a person within an assigned salary range. The various types of adjustments are included in this section.

### **Purpose**

To ensure credibility and achievement of NCHC compensation objectives, an effective pay adjustment system must be developed and maintained with guidelines and procedures communicated to manager/supervisor and employees of NCHC on a timely basis. The guidelines and procedures of the compensation system are intended to ensure that our **annual budget, market value for each job, step scale, and demonstrated individual performance** are the primary (though not exclusive) considerations when recommending wage adjustments.

### **Responsibilities**

Each manager/supervisor is responsible in partnership with the Human Resources Department for initiating pay adjustments for the employees reporting to them, ~~and involving the Human Resources Department in the process.~~ Pay adjustment recommendations are forwarded to their Executive, who reviews/edit/approves them. These are then forwarded to the Human Resources Department for payroll processing.

The Human Resources Department is responsible for:

- Administering appropriate pay adjustments as budgeted and within established salary ranges.
- Resolving and coordinating pay adjustment recommendations not consistent with Organization guidelines (may involve Compensation Committee if necessary).
- Preparing timely recommendations for annual pay adjustment guidelines.
- Ensuring that a formal performance evaluation precedes all annual pay adjustments.
- Monitoring the day-to-day administration of salaries and compensation decisions for consistency with the compensation program's objectives.
- Maintaining this Compensation Administration Manual and communicating all compensation program changes as authorized by the Compensation Committee.

### General Guidelines

The specific process for each type of pay adjustment is detailed in the next section; however, the following are general guidelines for all types of adjustments:

- ~~ALL All non-step scale position~~ pay adjustment recommendations ~~outside of NCHC annual pay increase~~ must be submitted on ~~an appropriate wage review form~~ and submitted to the ~~Human Resources Director, according to established procedures.~~
- Pay adjustment recommendations shall not be written on performance evaluation forms.
- Pay adjustment recommendations shall take into account the internal equity of the proposed salary compared to that of other employees assigned to that same job and in the same salary range. Pay adjustments should conform to the guidelines outlined in this guidebook and ranges established each year by the Compensation Committee.
- Performance evaluations must be completed for all annual pay adjustments prior to the actual delivery of an increase on a person's paycheck. If a manager/supervisor does not complete this process timely, their own eligibility for a pay adjustment will be prospectively deferred until the first full pay period after they are completed (no retroactive pay increases).
- Employees not at work at the time of a pay adjustment (i.e. due to leave of absence, etc.), but not due to normal vacation or paid time off, will receive their pay adjustment effective the date the employee would have received if they had been working.
- Pay adjustments should be submitted at least one week prior to the pay period effective date.
- Pay adjustments of any kind shall not be communicated to a person prior to the manager/supervisor receiving approval of that action from the Human Resources Director.

### New Hires

~~The hiring rate is normally the minimum of the salary range for entry-level individuals. If an individual with prior experience is hired, the hiring rate will normally be between the minimum and 95% of the market rate. is identified through the annual NCHC pay scale with employees hired based on appropriate level of experience noted in the above sections in this manual.~~ The proposed rate should not create inequities within NCHC. It is extremely important to maintain a careful balance between the needs of the Organization, market competitiveness, and the desires and expectations of the job applicant. New hires are approved by the hiring manager/supervisor's Executive, ~~especially for.~~ Additions to staff that are not included in the department's annual budget for employees need to be approved by submitting a reclassification request form by the hiring manager.

### Steps in Hiring Process:

1. The hiring manager/supervisor completes a Hiring Requisition form and seeks appropriate approvals as needed. The job description is reviewed and updated as needed by the hiring manager/supervisor. The Hiring Requisition and updated job description are then forwarded to the Human Resources Department for processing.
2. If the job is not in a salary range, the hiring manager/supervisor will confer with the Human Resources Director to place it in a job grade and pay range. The Compensation Committee ~~may be will provide final approval for the new pay range, involved if needed.~~
3. Individuals are interviewed and a candidate is selected by the hiring manager/supervisor and a Human Resources Department representative.
4. ~~Proposed rates greater than 95% of the market rate are reviewed by the Human Resources Director to ensure internal equity. Any disagreements on hiring rates will be adjudicated by the hiring manager/supervisor's Executive as needed. Proposed rates must be within the wage scale and follow~~

the step scale if appropriate. If the position is a non-step scale position the offer will need compensation committee approval if above 100%. Due to circumstances requiring a quick response if the compensation committee is unable to meet in one week from proposed offer date, the Operations Executive & CFO will approve the offer.

5. After approval of the hiring rate, Human Resources extends an offer to the candidate and proceeds with the hiring process. Offer letters shall indicate when the new person's pay will be reviewed, and when they will be placed on the annual compensation schedule.

#### **Annual Pay Adjustments**

Annual pay increases are intended to ensure that job performance which meets or exceeds expectations is recognized and rewarded, within the salary range established for each job. Generally, these adjustments are usually made mid-March in Q1 of fiscal year. Some adjustments to this date may be warranted based on date of hire, transfer, promotion, demotion, or other employment action that may affect timing.

#### **Steps:**

1. Annual pay increase guidelines are approved by the CEO Compensation Committee with final approval coming from the CEO. These plans are communicated to the Compensation Committee, the Human Resources Director, and then to manager/supervisors with compensation adjustment responsibility.
2. Annual pay adjustments are generally based on a matrix which takes into account the annual operating budget approved each year, an employee's position within the pay range, and individual performance evaluation results. Step scale positions are handled outside of annual pay adjustments unless the individual is at or past the last step in which case an annual adjustment will take place.
3. Although pay adjustments are based primarily on the items listed above, there are other factors that may influence the timing and amount of a pay increase such as the value of the position in the marketplace, economic conditions, leaves of absence, etc. There may be times where pay increases are suspended for some individuals, jobs, departments, or the entire organization.
4. An annual pay increase shall not move a person past the maximum or top of the pay range.
5. Manager/supervisors with compensation responsibility prepare recommendations on annual pay increases according to the established guidelines for the year utilizing the procedures developed by the Human Resources Department. These are then completed and forwarded to the manager/supervisor's Executive for review and approval, and then to the Human Resources Director, who compiles the data organization-wide to ensure that internal equity and consistency have been appropriately considered. The results are then forwarded to the CEO and Compensation Committee for oversight review and approval. Adjustments that exceed the annual guidelines, or are otherwise exceptions to policy or procedure, will be discussed and resolved with the CEO Compensation Committee if needed. Finalized annual pay adjustments are then forwarded to the Human Resources Director.
6. Following approval, the Human Resources Department distributes approved increases to each manager/supervisor for them to discuss with their employees individually on a timely basis.

## Promotion

A promotion is the reassignment of a person from one job to another job that is at least one grade higher than the former job. A promotion is generally accompanied by an increase in pay.

Promotional increases are provided to recognize an increase in the scope and responsibility of an individual person's job and are usually given at the time the new responsibilities are assumed. Promotional increases generally are not given at the same time as an annual pay increase. The amount of the increase should:

- Be consistent with the objectives of the Compensation Program ~~AND~~ and be within the ~~Organization's~~ operating budget for the year,
- Result in a pay level that is at or above the minimum of the new pay range for the job, and not to exceed ~~10~~ 100% of the new market midpoint,
- Take into consideration the degree of increase in scope and responsibility of the new job,
- Take into consideration the person's pay level prior to the promotion,
- Meet the hiring rate that would be paid to a new hire of equivalent qualifications, and experience.
- Consider internal equity issues.

### Steps:

1. The hiring manager/supervisor recommends an individual for promotion and a pay adjustment rate to their immediate supervisor, who ensures that salary budget guidelines and Compensation Program objectives are met. ~~The amount of the increase will generally be based on the following criteria:~~

- ~~In a one salary range change, the increase amount is generally two-thirds the difference of the old and new market midpoints:~~

~~Example: — Pay range 4 market midpoint — \$10.00  
Pay range 5 market midpoint — \$11.00  
Difference — \$ 1.00  
2/3 difference — 67¢ hour~~

~~An employee being promoted from range 4 to range 5 would likely receive a pay adjustment of 67¢ per hour.~~

- ~~In a two or more pay range change, the increase amount is generally one-half the difference of the old and new midpoints:~~

~~Example: —  
Pay range 4 market midpoint — \$10.00  
Pay range 6 market midpoint — \$12.10  
Difference — \$ 2.10  
1/2 difference — \$ 1.05~~

~~An employee promoted from range 4 to range 6 will likely receive a pay adjustment of \$1.05/hr.~~

2.1 The Human Resources Department reviews the pay adjustment recommendation to ensure that no internal inequities will result. However unlikely, it is possible that no increase would be given in a promotion situation, depending on internal equity considerations with other employees currently performing the same job.

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3.2. If there are issues with the promotional adjustment, the Operations Executive will be involved. Issues not resolved at this level will be referred to the Compensation Committee.

4.3. Following appropriate approval, the hiring manager/supervisor will notify the employee of the promotion and promotional pay increase on a timely basis.

#### **Equity and Administrative Adjustments**

An equity adjustment is made to correct inequities due to internal or external conditions and may also be used to bring compensation to the minimum of the range or up to the level of other employees with the same experience, job, and work performance.

An administrative adjustment is used to correct unique situations which require a change in pay that is outside the normal guidelines, such as a significant increase in market pay rates.

Equity and administrative adjustments are considered exceptions and should be discussed with the Executive prior to the preparation of any recommendation.

#### **Steps:**

1. The manager/supervisor proposes an increase and forwards the recommendation to the Human Resources Director.
2. The Operations Executive reviews the request for internal equity and market value issues, as well as salary budget issues. The Compensation Committee may be involved if necessary.
3. The Human Resources Director communicates any pay adjustments to the appropriate manager/supervisor who will discuss it with the affected employee(s) on a timely basis.

#### **Job Reclassification**

As jobs change, there may be a need to classify them in a different job group, and therefore salary range. In most circumstances, no change in the compensation of the incumbent(s) will occur.

#### **Steps:**

1. The manager/supervisor completes a position review form indicating the new duties and responsibilities of the job and discusses it with their immediate supervisor and the Human Resources Department, taking into consideration their department's operating budget. The recommendation for a new job is forwarded to Human Resources Director to review and to approve the new job description.
2. The Human Resources Director assigns the job to a job group and salary range. If there are any questions about the job's placement, it may be referred to the Compensation Committee for a decision.
3. If the job is placed in a different salary range, the following pay adjustments may occur:
  - If the job is classified into a higher salary range and the incumbent(s) current pay is less than the minimum of the new salary range, a pay adjustment to bring the incumbent(s) to the minimum of the new salary range may be made but not to exceed 100% or midpoint.
  - If the job is within the new range, no adjustment will occur until the person's next scheduled performance evaluation. Exceptions to this may occur if equity becomes an issue.
  - If the job is classified into a lower salary range, the employee's pay may be adjusted accordingly not to be less than 100% of midpoint but not to exceed 110% using the following methodology:

In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

Example:	Pay range 5 market midpoint	\$11.00
	Pay range 4 market midpoint	\$10.00
	Difference	\$ 1.00
	2/3 difference	67¢ hour

An employee moving from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

Example:	Pay range 6 market midpoint	\$12.10
	Pay range 4 market midpoint	\$10.00
	Difference	\$ 2.10
	1/2 difference	\$ 1.05

Exceptions can be made and approved by the Operations Executive.

### **Lateral Transfer**

A lateral transfer is the reassignment of an employee from one job to another job in the same salary range, and normally does not involve a change in pay.

Lateral transfers provide employees with the opportunity to acquire new work experience and generally be exposed to a different work environment.

### **Demotion**

Demotion is the reassignment of an employee from one job to another job in a lower salary range with a resulting decrease in the scope and responsibility of an individual's job.

Demotions may occur for the following reasons:

- Unsatisfactory job performance,
- Individually initiated (e.g., an individual that wishes to move from a supervisory position to a nonsupervisory position),
- Organization initiated (e.g., reorganization, reassignments, etc.).

These demotions may or may not be accompanied by a decrease in pay. We are most concerned when a demoted person's pay creates inequities with peers. Requests for demotions should be submitted to the Human Resources Director, who will, if necessary, discuss it with the Compensation Committee for a determination. If it is determined a decrease in pay is necessary, the following guidelines will be considered: the new wage should not fall below 100% or midpoint of the new salary range.

• In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

Example:	Pay range 5 market midpoint	\$11.00
	Pay range 4 market midpoint	\$10.00
	Difference	\$ 1.00
	2/3 difference	67¢ hour

An employee being demoted from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

- In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 6 market midpoint	\$12.10
	Pay range 4 market midpoint	\$10.00
	Difference	\$ 2.10
	1/2 difference	\$ 1.05

An employee demoted from range 6 to range 4 will likely receive a pay decrease of \$1.05/hr.

### **Exceptions**

Although unlikely, there may be circumstances where exceptions to the compensation guidelines are warranted. Exceptions to policy should be discussed with your immediate supervisor first, then your Executive, then the Operations Executive and/or Compensation Committee prior to the preparation of any recommendation.

Examples of exceptions are:

- Increases or decreases over 10%,
- Promotions granted before experience requirements are met or which exceed the guidelines,
- Demotions for performance which do not result in a decrease in pay,
- Annual pay adjustments outside the annual pay adjustment guidelines for the year,



## 2021 NCCSP BOARD CALENDAR

**Thursday, September 30, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Annual Report from the Medical Staff

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- Medical Staff Bylaws
- Purchasing Policy

Program Review: Mount View Care Center and Aquatic Therapy Center

Board Policy Discussion Generative Topic: Effectiveness of the Medical Staff's oversight of the organization's quality of care.

**Thursday, October 28, 2021 – 3:00 PM – 5:00 PM (MEETING IN MERRILL)**

Educational Presentation: Budget Presentation

Agenda Items

- Annual Board Self-Evaluation of Governance and Competency
- Review of Bylaws
- Review Policy Governance Manual

Program Review: Pine Crest

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

## 2021 NCCSP BOARD CALENDAR

**Thursday, December 16, 2021 – 3:00 PM – 5:00 PM**

Educational Presentation: Adopted Budget and Operational Plan for the upcoming year and Annual Quality Audit – Update on the Status of the Quality, Compliance, and Safety Plan

### Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- Quality, Compliance and Safety Plan
- Utilization Review Plan
- 2022 Code of Conduct
- Organizational and Program Dashboards
- CEO Work Plan
- CEO Performance Expectations and Compensation Plan
- Stakeholder Engagement Plan
- 2022 Board Work Plan and Calendar
- Proposed Budget Recommendations to County Boards

### Board Policy to Review

- Complaint and Grievance Policy
- Employee Grievance Policy
- Occurrence Reporting Policy
- CEO Recruitment, Retention, and Removal Policy

Program Review: Community Living

Board Policy Discussion Generative Topic: Effectiveness of organization's reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization and Annual CEO Succession Planning Exercise