

## **OFFICIAL NOTICE AND AMENDED 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, January 27, 2022 at 3:00 pm**

North Central Health Care, 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: 2491 727 3243*

### **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.*

## **AMENDED AGENDA**

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
  - A. **Executive Committee's Discussion and Next Steps for Recruitment of Chief Executive Officer and Chief Financial Officer**
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 December 16, 2021, NCCSP Board Minutes*
    - ii. FOR INFORMATION: *Minutes of the December 7, 2021, December 20, 2021, and January 10, 2022 Executive Committee Meetings*
  - B. Executive Operational Reports
  - C. ACTION: *Motion to Approve the Recommendations of the Medical Executive Committee for Initial Appointments for Jean Vogel, MD and Hannah Wenzlick, PA-C, and Reappointments for Gabriella Hangiandreou, MD, Kimberly Hoenecke, DO, Tiffany Pluger, APNP*

5. BOARD DISCUSSION AND ACTION

A. CEO Report (5 Minutes) – J. Meschke

B. ACTION: *Motion to Accept Dashboards* (5 Minutes) – J. Meschke

C. ACTION: *Motion to Accept the December Financials* (5 Minutes) – J. Meschke

D. Motion to Reconsider Compensation Administration Manual and Pay Grades

- i. If the Motion to Reconsider is passed, the Board will consider action on the Compensation Administration Manual and Pay Grades item originally considered at the Board's December 2021 meeting

6. MOTION TO MOVE INTO CLOSED SESSION

A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* (20 Minutes) – J. Peaslee

7. FUTURE AGENDA ITEMS

8. ADJOURN

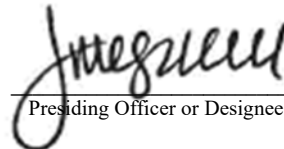
Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**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: 01/27/2022 TIME: 12:30 PM BY: D. Osowski



\_\_\_\_\_  
Presiding Officer or Designee

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
BOARD MEETING MINUTES**

**December 16, 2021**

**3:00 p.m.**

**North Central Health Care**

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

Staff Present: Jill Meschke, Jarret Nickel, Dr. Rob Gouthro, Tom Boutain, Marne Schroeder, Tammy Buchberger, Bobby Splinter

Others Present: Dejan Adzic, Deputy Corp. Counsel

Call to Order

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

Chairman's Announcements

- Thanks to the Board and Staff for their commitment to North Central Health Care and serving the community.

Public Comment for Matters Appearing on the Agenda

- None

Consent Agenda and Monitoring Reports

- **Motion**/second, Wylie/Stowe, to approve the October 28, 2021 NCCSP Board Minutes. Motion carried.
- **Motion**/second, Leonhard/Oberbeck, to approve the recommendations of the Medical Executive Committee for a status change for David Tange, M.D., to add Adolescent and Child (ages 11+) and for a status change for Heidi Heise, APNP, to remove provisional status. Motion carried.
- NCHC received the reaccreditation letter from Joint Commission.

## Board Discussion and Action

- CEO Report – J. Meschke
  - Continue to monitor CMS guidance on the vaccine mandate. NCHC was prepared to move forward on the vaccine mandate but paused the process after the courts placed a hold on the mandate. The result for us was not having to term approximately two dozen employees, most of whom are casuals and not actively working, but this allows them to work over the holidays which in turn helps our staffing challenges.
  - At the time the report was prepared, 45 employees were out due to Covid of which 30 had positive test results. Numbers are now down to 20-25 out.
- Dashboards – J. Meschke
  - Dashboards reflect a strong patient experience score, 4 Star Quality Rating for both Pine Crest and Mount View, and a positive net income. Direct Expense to Gross Revenue was discussed. More discussion would be beneficial as to what is needed from the three counties when the financial environment is not positive. Will be working on 2022 targets to make sure they are achievable yet challenging. Contact J. Meschke with any recommendations or changes for the 2022 Dashboards.
  - **Motion**/second, Leonhard/Wylie, to accept the Dashboards as presented. Motion carried.
- October and November Financials – J. Meschke
  - Several notable items include the cash position significantly improved in October and continued to improve in November. Pine Crest received their rate increase which was from July 1 through October. We received ARPA Funds in the amount of \$1.2 million and today received \$312,000 of Provider Relief Funds.
  - Staffing continues to be challenging in the adult hospital which recently caused us to cap our census and divert individuals for a short time.
  - Progress continues to be made in Outpatient and Community Treatment with improved productivity. Have seen a slight increase in referrals for Adult Day Services and PreVoc.
  - Have had good performance related to supplemental payments and net revenue as well as rehab referrals for Mount View. Experiencing high drug costs with several residents. Staffing is challenging but is showing improvement.
  - Pine Crest has had good revenue performance. Have seen more overtime and less agency staff.
  - **Motion**/second, Balk/Leonhard, to accept the October and November financials. Motion carried.

- 2022 Budget Proposal – J. Meschke
  - Highlights of the additional information provided on the 2022 Budget included an increase in rates across the organization (average of 7.5%). Rates had not been raised in a number of years; moving forward, a review will occur annually.
  - New assets coming online equates to depreciation; we are also working with Marathon County on the timing of the debt service for next year.
  - A 3% merit increase has been budgeted as well as making market and pay scale adjustments. The WRS 2022 contribution will decrease slightly to 6.5%.
  - Overall focus for 2022 is on performance, quality, and that staff have what they need to be successful and want to stay with us.
  - Historical financial performance was reviewed including a decrease in tax levy contributions and an increase in revenue growth. Noted is that NCHC is not set up to be financially consistent, as payments are in waves while expenses are consistent. Currently investments are just under \$8 million (reduced significantly over the last 1-2 years due to Covid pandemic).
  - IT concerns with Cerner have been improving. Will be implementing Multi-factor Authentication by year end.
  - Several needs are to replace a small bus in transportation and 1/3 of the resident beds at Mount View in each of the next 3 years.
  - Included are proposed pay ranges which is important in retaining staff. Staff to patient ratio fluctuates based on the behaviors of those being cared for. We must adhere to the minimum staffing requirements by the State, as well as the safety of our staff. If staff don't feel safe, they won't work here.
  - The Board expressed Targeted Case Management as a priority, however, without additional county support, we have added just 4 positions for Marathon County and removed the other two positions for Langlade and Lincoln Counties.
  - 2022 budget projection is a \$2.1 million loss which means use of reserves of the 3 counties. Fund balance breakdown of each county is provided in the budget document and shows the loss for each county. Anderson asked if staff are comfortable with the projections and assumptions which correlates to the anticipated \$2.1 million loss. Staff stressed that with the trend in productivity changes in outpatient and with performance at the nursing homes, they are very comfortable with the projections. Every effort has been made to carefully estimate productivity, payor mix, census, etc. Leonhard noted that having a balance sheet broken down by county is helpful and there needs to be a conversation about replenishing the reserves.
  - **Motion**/second, Leonhard/Billeb, to approve the 2022 budget as proposed. Motion carried.

- Board Policy:
  - Physician Compensation Policy – R. Gouthro/D. Adzic
    - Policy change is for the Board to approve a compensation package only if outside the 90<sup>th</sup> percentile parameters. Currently, two providers are over the 90<sup>th</sup> percentile with total compensation package.
    - A compensation analysis was done using 16 data sources. We also considered the offers that physicians have shared which come with a mix of relocation and student loan reimbursement as well as a signing bonus.
    - Our current desire is to replace locum providers with staff physicians as we expect turnover in 2-3 contract providers next year. Our primary need is outpatient child psychiatry and would like to expand with an addiction specialist.
    - **Motion**/second, Wylie/Anderson, to approve the Physician Compensation Policy as presented. Motion carried.
  - Compensation Administration Manual and Pay Grades – J. Nickel
    - No changes to the policy. The step scale program is based on years of experience to allow for longevity and to move up the scale.
    - Non-step scale is based on type of position and grading.
    - The Board is being asked to approve the pay ranges as recommended by the Compensation Committee. Any adjustments to the pay grades would need Board approval.
    - **Motion**/second, Leonhard/Balk, to approve the Compensation Administration Manual and Pay Grades as presented. Motion carried.
  - Code of Conduct – J. Meschke
    - No significant changes from prior year. This is a very inclusive document that explains about concerns addressed, compliance, HIPPA, etc. Document is posted on our web page and accessible by all.
    - **Motion**/second, Wylie/Stowe, to approve the Code of Conduct. Motion carried.

#### Board Calendar and Future Agenda Items

- Gibbs noted that after discussions with L. Leonhard and the Executive Committee, he provided an update on the review of the Tri-County Agreement:
  - The Executive Committee has been meeting to discuss information and recommendations provided by Atty. Andy Phillips who was trying to frame the agreement using 51.42 and 59 State Statutes to bridge the gaps and identify how we organize ourselves.

- One item discussed, that the Committee felt valuable, is getting outside assistance from an individual familiar with the environment and who has direct experience with a health & human services organization, to help identify what areas of potential information are needed to be addressed in bringing an individual on for the operations side and considering NCHC doesn't have insight into the county operations side.
- There is no plan yet for recruiting but will sit down with J. Meschke on what we are looking for. C. Wylie has offered to draft a job description as the committee has not made headway in putting one together. J. Meschke noted that she does not know what is in the draft agreement, and encouraged the Committee not to draft a job description until the agreement is finalized.
- The Committee is still working through comments from Atty. Phillips in the draft Tri-County Agreement with another Executive Committee meeting scheduled for Monday, Dec. 20, 2021 for further review of the agreement.
- L. Leonhard noted that the Committee continues to look at what level and form of oversight is appropriate and to find a consultant, or liaison, to help get that piece right is important. Leonhard doesn't view the draft Tri-County Agreement as fundamentally different just simply fleshing out in greater detail what are the spheres for Executive Committee and Board. Questions of Executive Committee on articulating it and having someone who has lived in this place is what the job description is for and to help us understand what we don't know. NCHC is unique in providing many services where others are mostly contracting.
- Direct questions to Chair Gibbs.

### Adjourn

- **Motion**/second, Anderson/Wylie, to adjourn the meeting. Motion carried. Meeting adjourned at 4:47 p.m.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

December 7, 2021

2:00 p.m.

Wausau Board Room

Present: X<sup>(WebEx)</sup> Kurt Gibbs      EXC Deb Hager      X Lance Leonhard  
X Robin Stowe      X Cate Wylie

Staff Present: Jill Meschke, Dr. Rob Gouthro, Tom Boutain

Others Present: Dejan Adzic, Deputy Corporation Counsel; Stacey Morache<sup>(WebEx)</sup>

### Call to Order

- Meeting was called to order at 2:08 p.m. by L. Leonhard. Chair Gibbs was unable to attend in person and asked Leonhard to chair meeting.

### Public Comment

- None

### Approval of November 17, 2021 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Wylie, to approve the November 17, 2021 Executive Committee meeting minutes. Motion carried.

### Operational Functions Required by Statute, Ordinance, or Resolution

- None

### Educational Presentations/Outcome Monitoring Reports

- CEO Report – J. Meschke
  - Information was not available for this meeting due to meeting early this month but will be presented at the Board meeting Dec. 16.
  - With the hold on the vaccine mandate due to the pending lawsuits, two dozen employees did not have to be termed. Most of these employees are considered casual employees or students. Employees out with Covid or Covid-related symptoms has risen to 45 this week. Approximately half of these staff are vaccinated.
  - The Board will be asked for input for any additional dashboard measures for 2022.
  - Financial highlights include receipt of phase 4 Provider Relief Funds and July 1 through October Medicaid increase back payment for Pine Crest. We anticipate receipt of an ARPA Rural payment as well as the Medicaid back payment for Mount View in December.
- Organizational and Program Dashboards – J. Meschke
  - The Board will be asked for input for additional data/information they would like included with the 2022 Dashboards.

- Temporary Program Closures – J. Meschke
  - Clarification sought on the level of involvement of the Committee regarding temporary closure of programs i.e., staffing issues{
    - Committee should be notified if a program needs to be temporarily closed.
    - Committee needs to be involved in the decision to close a program permanently.
- November Financials – J. Meschke
  - With the current review of the Tri-County Agreement along with the sustained losses over the last couple of years at NCHC, a mechanism should be considered to include in the Agreement to set trigger points between the partners.
  - The Board should discuss utilization of the American Rescue Funds that Marathon County received and discuss what the operational plans are for the counties.
- Community Partners Campus – J. Meschke
  - Many conversations are occurring about NCHC's involvement with Community Partners Campus. This is a great opportunity for the community to provide services where a gap exists, however it is not a space where NCHC can provide care due to privacy and security reasons, and the expense to staff a psychiatrist and other appropriate individuals. NCHC can help engage clients with the campus, work to involve residents of the Medical College of Wisconsin, and possibly provide intermittent assistance.
  - Marathon County could partner with ADRC, NCHC, and City of Wausau to share space and rent once it is identified what service(s) will be provided. We can better determine support once we understand the clientele of the other groups involved.

#### Discussions of Potential Revisions to Tri-County Agreement

- a. **Motion** by Stowe to go into closed session, pursuant to Wis. Stat. Sections 19.85 (c), (e) and (f), for the purpose of considering performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, for conducting other specified public business, whenever competitive or bargaining reasons require a closed session, and for preliminary consideration of specific personnel problems which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person involved in such problems, to wit: consideration of specific NCHC employees and personnel data in the context of potential revisions to the Tri-County Agreement. Second by Wylie. Roll call vote taken; all indicated aye. D. Adzic was asked to remain in closed session. Motion Carried. Meeting convened in closed session at 2:40 p.m.
- b. **Motion**/second, Wylie/Stowe, to return to open session. Motion Carried. Returned to open session at 4:40 p.m.
- c. Announcements from Closed Session
  - i. Leonhard indicated that discussions continue relative to the revisions to the Tri-County Agreement.

#### Announcements

- Members indicate that in light of their continued efforts to revise the Tri-County Agreement, they will hold a meeting on December 20, 2021 at 2:00 p.m.

#### Adjournment

- **Motion**/second, Wylie/Stowe, to adjourn the meeting. Motion carried. Meeting adjourned at 4:51 p.m.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES – CLOSED MEETING

December 20, 2021

2:00 p.m.

Wausau Board Room

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

Others: Dejan Adzic, Deputy Corporation Counsel

### Call to Order

- Meeting was called to order at 2:00 p.m. by Chair Gibbs.

### Discussions of Potential Revisions to Tri County Agreement

- **Motion** by Leonhard, to move into closed session, pursuant to Wis. Stat. Sections 19.85 (c), (e) and (f), for the purpose of considering performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, for conducting other specified public business, whenever competitive or bargaining reasons require a closed session, and for preliminary consideration of specific personnel problems which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person involved in such problems, to wit: consideration of specific NCHC employees and personnel data in the context of potential revisions to the Tri-County Agreement. Second by Stowe. Roll call taken. Motion carried unanimously.
- **Motion/second**, Stowe/Wylie, to return to open session at 5:25 p.m. Motion carried.

### Announcements

- Work will continue at the next meeting scheduled for Monday, January 10, 2022, at 2:00 p.m.

### Adjournment

- **Motion/second**, Stowe/Wylie, to adjourn the meeting. Motion carried. Meeting adjourned at 5:26 p.m.

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES – CLOSED MEETING

January 10, 2022

2:00 p.m.

Wausau Board Room

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

Others: Dejan Adzic, Deputy Corporation Counsel

### Call to Order

- Meeting was called to order at 2:00 p.m. by Chair Gibbs.

### Discussions of Potential Revisions to Tri County Agreement

- **Motion** by Leonhard, to move into closed session, pursuant to Wis. Stat. Sections 19.85 (c), (e) and (f), for the purpose of considering performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, for conducting other specified public business, whenever competitive or bargaining reasons require a closed session, and for preliminary consideration of specific personnel problems which, if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person involved in such problems, to wit: consideration of specific NCHC employees and personnel data in the context of potential revisions to the Tri-County Agreement. Second by Stowe. Roll call taken. Motion carried unanimously.
- **Motion/second**, Stowe/Leonhard, to return to open session at 4:47 p.m. Motion carried unanimously.

### Announcements

- Work continues by the Committee. The next meeting is scheduled for Wednesday, January 26, 2022, at 2:00 p.m.

### Adjournment

- **Motion/second**, Stowe/Wylie, to adjourn the meeting. Motion carried. Meeting adjourned at 4:48 p.m.

## MEMORANDUM

DATE: January 2022  
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:**

- 2022-23 academic year recruitment is ongoing. 5 of 6 interview days are complete. Just shy of 700 applications were received this year. Match Day will occur March 18<sup>th</sup>.
- The Medical College of Wisconsin (MCW) Central Wisconsin Psychiatry Program will be transitioning its Sponsoring Institution and Designated Institutional Official from the Medical College of Wisconsin Affiliated Hospitals (MCWAH) to the recently created Wisconsin North Central Graduate Medical Education Consortium (WiNC). The residency will remain an MCW program, but the back-end operations will be supported by the new local organization. This move will lead to increased collaboration with local WiNC partners including the Aspirus Health System and others.

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

- COVID:
  - The increase in COVID positivity ratings in the area (>30% in our three counties) has led to continued stress on program staffing and greater contact with COVID Positive clients in need of care. NCHC Incident Command continues to monitor regulations and mandates to maintain compliance, and to take advantage of the new CDC recommendations and testing options to manage workforce availability as effectively as possible.
  - WMHI, one of the Mental health facilities we interact with most to assist with combative patients, long term placements, specialty treatments, and diversions remains significantly understaffed. This continues to limit their availability to assist in the care of COVID positive patients in crisis, which has led to an increase in the provision of local care. We do not expect access to increase at WMHI for some time.
- Preliminary data has shown last year's attempts at reducing the no-show rate have led to gains. 2021 data shows a cumulative no-show rate of ~16% which is a decrease from 2020 rate of ~20%. This is especially promising as a large portion of 2020 encounters occurred via phone contacts, which in and of itself led to a decrease in no-show appointments. Further gains are expected moving into 2022 as our new intake no-show policy updates have only been in place for a few weeks, and gains from its implementation are expected.

- The Youth Crisis Stabilization Facility grant has been renewed for a third year.
- Dr. Jean Vogel has officially started in her role as outpatient psychiatrist. She is a welcomed addition to the NCHC provider team.
- NCHC Community Outreach:
  - The pandemic has caused additional stress and mental health concerns for people of all ages, especially our youth. News 9 WAOW spoke with Psychiatrist Dr. Jessica Dotson about how we can all take steps to openly communicate about our mental health needs. For the full video and story, please visit [WAOW TV 9](#).
  - Dr. Gouthro, and members of the CART team, including Jaqueline White, Stacy Rozelle, Eric Lemerand, Chuck Kerstell, and Alvin, presented at the annual Marathon County Martin Luther King Jr. “Day-on” staff development event on Monday January 17<sup>th</sup>. The presentation entitled CART & NCHC: Past, Present, & Future discussed the importance of NCHC CART services, current NCHC services, Future NCHC service, and a historical overview of mental health care in the Tri-County area.
  - Dr. Joshua Shupe and Dr. Anton Akulov will be discussing anxiety as the keynote speakers at the Mosinee High School Mental Health Community Night on January 27<sup>th</sup>. Their presentation is geared for teens, families, and school staff and will focus on understanding and managing anxiety.
  - Two NCHC Therapists, Carrie Paisar and Cassie Graveen participated during the recent NTC Alternative High School's Health Education Week and assisted in processing difficult topics with teens including Sexual Assault and Consent, Trafficking, Mental Health, Diversity, and Inclusion



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: January 19, 2022  
TO: North Central Community Services Program Board  
FROM: Thomas Boutain, Chief Information Officer  
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:

### 1. **Information Management System (IMS) Update:**

- The IMS Team continues to balance both break/fix issues across Cerner Millennium's core functional areas (e.g., Clinical, Registration/Scheduling, and Billing), as well as whittling away at the list of complex issues compiled during pre- and post-go live implementation activities.
- We successfully submitted the Inpatient data for Q3 to the WHA website. The IMS Team continues to drive towards completing and validation of the remaining state reporting tools (e.g., PPS, WHA, and HBIPS), so our submissions are made before set deadlines. Submission deadlines started mid-December and flow into 2022 for the various reporting tools.
- We have scheduled demos for our two nursing home EHR's to prepare for consolidation to a single nursing home EHR in 2023. We will utilize this decision to support the transition of the remaining programs that are still utilizing Tier.
- The IMS team assisted CCITC with the implementation of Multi Factor Authentication project within NCHC.

### 2. **Health Information Management (HIM) Update:**

- HIM Department is actively interviewing candidates to fill a Health Information Specialist Level II role.
- The team is working on optimizing Cerner to the best of its ability (requests, reporting, analyzing, scanning) while maintaining their other responsibilities.
- HIM is working diligently to establish metrics, expectations, and a department handbook.

- December HIM Metrics
  - Scanning:
    - Month of December: 157.50 inches of paper scanned into Electronic Health Records
    - Catching up on back log scanning,
      - 1<sup>st</sup> and 3<sup>rd</sup> Friday of every month is dedicated to a full day of scanning
  - Destruction:
    - Temporary Employees: 2 temp employees – working 40-48 hours combined/week
    - Approximately 89,000 more paper charts to destroy.
      - 2<sup>nd</sup> and 4<sup>th</sup> Friday of every month is dedicated to a full day of destruction
  - Requests:
    - 293 completed requests.
      - Continuation of Care, Government Audit, Attorney, Disability, Insurance, etc.
  - Analyzing:
    - All staff are cross trained and can analyze all types of charts
      - Adult Inpatient, Youth Inpatient, ACSF, YCSF, Nursing Home



# North Central Health Care

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## MEMORANDUM

DATE: January 27, 2022  
TO: North Central Community Services Program Board  
FROM: Jennifer Peaslee, Compliance Officer  
RE: Monthly Quality & Compliance 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.

### **Regulatory Updates**

Since last report, we've been working diligently to prepare for and respond to regulatory changes that impact our organization. With the Supreme Court's decision to uphold the CMS Vaccine Mandate, we have continued forward to come into full compliance with the regulations by the deadlines; with Phase 1 implementation completion by January 27<sup>th</sup> and Phase 2 to be completed by February 28<sup>th</sup>. In addition, we have taken steps to further prepare our impacted program areas such as our Nursing Homes and Hospitals using a newly created audit tool that will assist in an event of a survey. We'll pilot this first with Pine Crest Nursing Home who is currently awaiting their recertification survey through CMS.

Also in December, CMS updated their Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. This was in response to concerns about increased transmissibility of the Omicron variant with the goal of further protecting healthcare workers but also to address concerns about staffing impacts because of rising infections. We've updated our policies and procedures to reflect these updated guidelines and are adjusting processes to allow for more flexibility in how we address infections and exposures.

### **Policy Governance Updates**

On December 6 & 7 we welcomed two surveyors from the Division of Quality Assurance (DQA) for our required recertification survey of the Comprehensive Community Services (CCS) and Community Support Program (CSP). Both programs are part of our Community Treatment Program.

For the CCS portion of the survey 10 total staff records and 9 client records were reviewed. Per Wis. Admin Code 36.11(4), "clinical supervision and clinical collaboration records shall be dated and documented with a signature of the person providing the supervision." In review, surveyors found that we were not in compliance as evidenced by the lack of documentation and corresponding signature for 3 of 4 contracted staff records reviewed. Our plan of correction,

which was submitted on January 20, includes written notification to our contracted providers of the deficiency and requirements. A sample supervision log that meets all requirements was provided. In addition, beginning in February, we will be requesting a random sample of clinical supervision records for purposes of auditing for compliance.

For the CSP portion of the survey, surveyors sampled a total of 8 staff records and 6 client records. Three total deficiencies were issued. The first deficiency was in regard to out of state background checks which are required for any person who is not a resident of WI at time of the check or at any time within the 3 years preceding. We had one out of state background check that was not completed which was promptly obtained with no findings. Moving forward, our credential specialist will request the out of state background check through our contractor vendor at the time the Wisconsin background check is completed. Upon completion, the vendor will send the report containing both required checks to NCHC.

Secondly, surveyors found that documented supervision did not meet the minimum requirements relative to number of hours required. Regulation states that for every 20 clients or every 40 hours of direct service in the CSP program, the clinical supervisor shall spend at least 4 hours a week providing supervision. The Plan of Correction includes scheduling of increased supervision and documentation to include both individual and team supervision received.

Lastly, a plan of correction was submitted to ensure that when a mental status exam (MSE) is conducted, that it is completed by both the psychiatrist and clinical coordinator. Information derived from this evaluation is used to make a psychiatric diagnosis and required by regulations.









**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Kimberly Hoenecke, D.O. Appoint/Reappoint 03-01-2022 to 02-28-2024  
Time Period

Requested Privileges  Medical  Mid-Level Practitioner  
 Psychiatry  Medical Director

Medical Staff Category  Courtesy  Active  
 Provisional  Consulting

Staff Type  Employee  Locum  Contract  
Locum Agency: Jackson + Coker  
Contract Name: \_\_\_\_\_

**CMO PRIVILEGE RECOMMENDATION**

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

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
[Signature] 1-7-22  
(Chief Medical Officer or Designee Signature) (Signature Date)

**MEC ACTION**

MEC recommends that:

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

\_\_\_\_\_  
[Signature] 1.20.22  
(MEC Committee or Designee Signature) (Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature) (Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature) (Signature Date)





# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: January 21, 2021  
TO: North Central Community Services Program Board Executive Committee  
FROM: Jill S. Meschke, Interim Chief Executive Officer, Chief Financial Officer  
RE: CEO Report – January 2022

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Below are updates since our last meeting.

### Industry News

Medicaid rate increase notifications included in the State of Wisconsin budget are being received from DHS partners. These new rates were anticipated and are incorporated into the 2022 budget.

The CMS vaccination mandate is moving forward. NCHC is well prepared and will comply without difficulty.

### Financial Highlights

In the month of December, NCHC experienced a preliminary net loss of (\$754,841) and a year-to-date loss of (\$4,825,356). Largest contributing factors for the 2021 net loss are net patient revenue shortages from plan and staffing costs exceeding plan due to Covid-19, unplanned market adjustments during the year, and other staffing shortages. Additionally, hospital diversions exceeded plan by (\$678,831).

Offsetting losses, areas of favorable performance include higher than planned one-time revenue sources of \$1,509,037 from Covid-relief funding and \$3,009,265 of nursing home supplemental payments. Also, expense favorability including \$1,215,874 of provider contracted expenses due to onboarding of new providers and \$1,611,184 of support costs also offset revenue shortages.

By service line, Acute Behavioral Health Services is experiencing a preliminary loss of (\$3,859,046) driven by unpredictable census in the hospitals. Community Behavioral Health Services has a net income of \$1,073,803. Favorable outpatient performance against plan is offset by unfavorable performance from plan by youth community treatment programs. Community Living programs generally approximated plan with a net loss of (\$191,584). Losses from Lincoln Industries and the Forest Jackson apartments drove the reason for the service line missing budget targets. The nursing homes have a joint loss of (\$2,697,730). Both exceeded annual revenue targets but cost overages for staffing exceeded revenue gains.

Financial information presented is preliminary and will be revised through the closing of the fiscal year and audit.

### Current Challenges

Liquid cash flow remains an operating challenge. While cash only decreased by (\$170,127) from November, large outlays of cash in January including funding HSA accounts will decrease balances. Additionally, investment balances have decreased by nearly \$5 million from prior year.

### Considerations and Decisions

I ask that the NCCSP Board of Directors consider what educational topics are of interest and other key decision areas should be incorporated into the 2022 Board calendar.

### Conclusion

Progress continues for a variety of initiatives at NCHC. We appreciate the time and commitment of the Board of Directors. Thank you.

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
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PEOPLE

Vacancy Rate	↘	7-9%	6.1%	6.1%	8.6%	10.1%	6.9%	5.8%	5.3%	6.1%	6.5%	7.0%	8.3%	10.6%	7.3%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%	2.9%	2.3%	3.0%	3.3%	1.4%	2.5%	2.6%	2.1%	3.2%	31.8%	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	61.2	57.0	71.9	71.1	60.5	64.4	61.0
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QUALITY

Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%	14.4%	9.1%	2.1%	4.8%	9.1%	5.0%	13.2%	17.7%	8.5%	10.3%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%	12.5%	10.0%	12.5%	12.0%	7.7%	10.4%	16.7%	18.8%	12.7%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★★	★★★★	★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85	1.19			0.62	0.57	0.73	0.68	0.67	0.80	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08	3.18	1.21	1.98	1.14	6.97	0.00	3.69	4.43	3.07	2.84

COMMUNITY

Out of County Placements	↘	230-250	236	140	169	96	143	192	109	126	127	256	42	175	151	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%	82.1%	81.0%	83.5%	86.2%	90.1%	78.2%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%	37.2%	40.5%	44.7%	31.0%	34.6%	36.4%	41.4%	36.2%	37.6%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%	-7.6%	1.1%	-15.5%	-4.0%	-11.0%	-5.4%	5.1%	-10.5%	-5.7%	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 County. 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.
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### 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. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/Centers for Medicare &amp; Medicaid Services (AHCA/CMS)</i>
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. Or YTD is average of all months

### 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 based 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%	10.6%	7.3%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.2%	31.8%	N/A
		Organization Diversity Composite Index	↗	Monitoring		0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	60.5	64.4	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	8.5%	10.3%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	18.8%	12.7%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.67	0.80	0.74
		Zero Harm - Employees	↘	Monitoring	4.43	3.07	2.84
	Community	Out of County Placements	↘	230-250	175	151	269
		Client Diversity Composite Index	↗	Monitoring		0.45	/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	90.1%	78.2%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	36.2%	38%	39.0%
Net Income		↗	2-3%	-10.5%	-5.7%	0.4%	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	4.4%	3.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.3%	20.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	38.5*	65.7%
	Quality	Zero Harm - Patients	↘	Monitoring	0.09	0.18
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	56.25%(27/48)	81.5%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%	61.3%(49/80)	57.4%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	8%(1/13)	29.4%
		Average Days from Referral to Initial Appointment	↘	55-60 days	50 days(50/1)	71.014 days
		Hospitalization Rate of Active Patients	↘	Monitoring	2.62%	2.89%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	90.8%	100.0%
Net Income		↗	\$10,457-\$15,686 Per Month	\$30,319	\$54,842	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	0.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	16.6%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	46.5%
	Quality	Zero Harm - Patients	↘	Monitoring	4.17	8.70
		% of Patients who kept their Follow-up Appointment	↗	90-95%	100.0%(0/0)	96.4%
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%	100%(18/18)	100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	61.4%	80.4%
		Net Income	↗	\$1,747-\$2,620 Per Month	(\$56,392)	(\$18,734)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	8.9%	7.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	34.1%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	40.5%
	Quality	Zero Harm - Patients	↘	Monitoring	0.50	3.90
		Hospital Readmission Rate	↘	10-12%	11.5%	10.8%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	18.6 days	22.53 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	15.0 days	16.81 days
		Average Days since previous Detox Admission	↗	330-360 days	837 days	538.69 days
	Community	Out of County Placements	↘	150-170	137	114
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	156.4%	131.1%
Net Income		↗	\$13,382-\$20,073 Per Month	(\$281,522)	(\$157,311)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	10.0%	6.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	39.7%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	83.3*	86.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	4.35
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	116.5%	100.8%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$27,684)	(\$14,297)

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	81.3*	79.7%
	Quality	Average Attendance Per Work Day	↗	20-25	15	18
		% of Members Working 15 or More Hours Per Month	↗	80-85%	40% (23/58)	28.5%
	Community	Active Members Per Month	↗	110-120	58	83
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	157.1%	91.0%
		Net Income	↗	\$536-\$804 Per Month	(\$28,039.00)	(\$13,776)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	9.7%	5.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.4%	34.2%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	25.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	6.61
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%	57.1%	64.9%
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	5-10%	0.0%	4.4%
	Community	Out of County Placements Days	↘	230-250	175	151
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%		47.3%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	580.3%	447.1%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$94,768)	(\$26,908)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.0%	2.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	15.1%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	50.0*	89.6%
	Quality	Zero Harm - Patients	↘	Monitoring	1.82	0.79
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	69.7%	75.7%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$3,534)	(\$21,906)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	18.8%	7.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	10.9%	53.3%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	84.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.05	1.54
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	93.7%	104.0%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$83,810	\$28,651

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	10.4%	10.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.7%	32.6%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	66.7*	51.1%
	Quality	Nursing Home Readmission Rate	↘	10-12%	10.5%	11.2%
		Zero Harm - Residents	↘	Monitoring	3.96	3.32
		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%	151.3%	123.1%
Net Income		↗	\$30,636-\$45,954 Per Month	(\$884,552)	(\$139,679)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	7.9%	4.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	11.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	54.5*	60.2%
	Quality	Zero Harm - Patients	↘	Monitoring	3.25	1.25
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	17.2 days	20.7 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	16.4 days	15.43 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	0.0%	13.0%
		Same Day Cancellation and No-Show Rate	↘	15-18%	12.5%	16.3%
	Community	% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%	11.1%	20.5%
		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	0.68%	1.01%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	145.7%	165.2%
		Net Income	↗	\$12,534-\$18,802 Per Month	\$342,925	\$4,188

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	13.9%	10.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.1%	36.4%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	41.7*	43.6%
	Quality	Zero Harm - Residents	↘	Monitoring	0.72	2.91
		Nursing Home Readmission Rate	↘	10-12%	30.8%	14.9%
		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%	135.0%	119.8%
Net Income		↗	\$20,559-\$30,839 Per Month	\$412,762	(\$85,132)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	0.0%	3.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	68.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.00
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	0.0%	0.0%
		Net Income	↗	\$582-\$873 Per Month	\$2,969	\$5,459

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	17.6%	9.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.4%	29.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	80.6%
	Quality	Zero Harm - Patients	↘	Monitoring	1.08	0.92
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	160.4%	171.7%
		Net Income	↗	\$3,364-\$5,046 Per Month	\$74,977	(\$17,688)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	7.9%	5.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	32.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	0.0*	86.8%
	Quality	Zero Harm - Patients	↘	Monitoring	0.19	0.05
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	23.3%(7/30)	81.6%
		% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	16%(4/25)	27.4%
	Community	Average Days from Referral to Initial Appointment	↘	55-60 days	95days(1142/12)	105.6 days
		Hospitalization Rate of Active Patients	↘	Monitoring	1.14%	0.81%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	106.0%	94.3%
		Net Income	↗	\$14,139-\$21,208 Per Month	\$145,510	\$37,849

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	5-7%	10.0%	5.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	11.1%	30.7%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	N/A	N/A
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	5.10
		% of Patients who kept their Follow-up Outpatient Appointment	↗	90-95%		
	Community	% of Patients Admitted within 24 hours of Referral	↗	90-95%	100%(15/15)	100.0%
	Finance	Direct Expense/Gross Patient Revenue	↘	127-130%	136.8%	293.8%
		Net Income	↗	\$1,692-\$2,538 Per Month	(\$99,725)	\$39,152

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	19.0%	9.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	5.9%	34.2%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	100.0*	82.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	6.44
		Hospital Readmission Rate	↘	10-12%	0.0%	8.6%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	14.3 days	11.89 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	18.3 days	21.77 days
	Community	Out of County Placements	↘	50-60	38	37
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	385.4%	136.6%
		Net Income	↗	\$4,973-\$7,459 Per Month	(\$365,208)	(\$112,531)

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

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
<b>Direct Revenues</b>								
Patient Gross Revenues	6,480,195	8,311,276	(1,831,081)	-22.0%	83,077,025	99,042,288	(15,965,263)	-16.1%
Patient Contractual Adjustments	(2,359,239)	(2,913,679)	554,440	-19.0%	(28,795,406)	(34,739,649)	5,944,243	-17.1%
Net Patient Revenue	4,120,957	5,397,597	(1,276,641)	-23.7%	54,281,619	64,302,640	(10,021,020)	-15.6%
County Revenue	409,215	427,764	(18,549)	-4.3%	5,058,974	5,133,169	(74,195)	-1.4%
Contracted Service Revenue	72,764	106,286	(33,522)	-31.5%	1,075,724	1,261,163	(185,439)	-14.7%
Grant Revenues and Contractuals	757,351	334,369	422,982	126.5%	4,242,045	4,007,290	234,754	5.9%
Appropriations	510,045	502,687	7,358	1.5%	6,120,541	6,032,244	88,297	1.5%
COVID-19 Relief Funding	312,164	-	312,164	0.0%	1,509,037	-	1,509,037	0.0%
Other Revenue	781,991	576,323	205,668	35.7%	9,550,116	6,655,119	2,894,997	43.5%
Total Direct Revenue	6,964,487	7,345,027	(380,540)	-5.2%	81,838,056	87,391,625	(5,553,569)	-6.4%
<b>Indirect Revenues</b>								
County Revenue	170,209	171,802	(1,593)	-0.9%	2,042,504	2,061,623	(19,119)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	27,040	36,000	(8,960)	-24.9%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	60,887	124,767	(63,880)	-51.2%	446,341	613,240	(166,899)	-27.2%
Allocated Revenue	-	-	-	0.0%	-	(1)	1	-100.0%
Total Indirect Revenue	216,980	299,569	(82,588)	-27.6%	2,523,724	2,710,862	(187,138)	-6.9%
Total Operating Revenue	7,181,467	7,644,596	(463,129)	-6.1%	84,361,780	90,102,487	(5,740,707)	-6.4%
<b>Direct Expenses</b>								
Personnel Expenses	3,903,713	3,337,514	(566,200)	-17.0%	41,693,385	41,687,136	(6,248)	0.0%
Contracted Services Expenses	706,560	796,536	89,976	11.3%	9,753,650	10,336,642	582,991	5.6%
Supplies Expenses	73,830	59,272	(14,557)	-24.6%	940,061	677,726	(262,335)	-38.7%
Drugs Expenses	562,295	548,543	(13,752)	-2.5%	6,369,635	6,237,565	(132,069)	-2.1%
Program Expenses	128,289	71,347	(56,942)	-79.8%	1,014,964	868,279	(146,685)	-16.9%
Land & Facility Expenses	69,409	69,436	27	0.0%	803,138	838,592	35,454	4.2%
Equipment & Vehicle Expenses	52,081	63,238	11,157	17.6%	586,174	789,153	202,979	25.7%
Diversions Expenses	67,443	79,500	12,057	15.2%	1,632,831	954,000	(678,831)	-71.2%
Other Operating Expenses	272,996	177,138	(95,857)	-54.1%	2,148,013	2,068,010	(80,003)	-3.9%
Total Direct Expenses	5,836,616	5,202,524	(634,092)	-12.2%	64,941,851	64,457,104	(484,747)	-0.8%
<b>Indirect Expenses</b>								
Personnel Expenses	1,278,339	1,092,144	(186,195)	-17.0%	13,448,588	13,769,227	320,639	2.3%
Contracted Services Expenses	19,234	3,500	(15,734)	-449.5%	110,046	42,000	(68,046)	-162.0%
Supplies Expenses	96,599	71,815	(24,784)	-34.5%	942,874	982,833	39,959	4.1%
Drugs Expenses	492	-	(492)	0.0%	37,135	35,000	(2,135)	-6.1%
Program Expenses	22,768	20,654	(2,114)	-10.2%	256,102	232,907	(23,195)	-10.0%
Land & Facility Expenses	285,606	351,097	65,491	18.7%	3,728,006	3,729,821	1,815	0.0%
Equipment & Vehicle Expenses	89,157	81,417	(7,740)	-9.5%	1,239,613	1,057,369	(182,244)	-17.2%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	321,748	604,335	282,587	46.8%	4,641,837	6,166,229	1,524,391	24.7%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	2,113,945	2,224,963	111,018	5.0%	24,404,201	26,015,385	1,611,184	6.2%
Total Operating Expenses	7,950,561	7,427,487	(523,074)	-7.0%	89,346,052	90,472,489	1,126,437	1.2%
<b>Metrics</b>								
Indirect Expenses/Direct Expenses	36.2%	42.8%			37.6%	40.4%		
Direct Expense/Gross Patient Revenue	90.1%	62.6%			78.2%	65.1%		
<b>Non-Operating Income/Expense</b>								
Interest Income	9,631	30,833	(21,202)	-68.8%	69,722	370,000	(300,278)	-81.2%
Donations Income	4,621	-	4,621	0.0%	76,964	-	76,964	0.0%
Other Non-Operating	-	-	-	0.0%	12,230	-	12,230	0.0%
Total Non-Operating	14,253	30,833	(16,580)	-53.8%	158,916	370,000	(211,084)	-57.0%
Net Income (Loss)	(754,841)	247,942	(1,002,783)	-404.4%	(4,825,356)	(2)	(4,825,354)	100.0%
Net Income	-10.5%	3.2%			-5.7%	0.0%		

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

	<u>Current YTD</u>	<u>Prior YTD</u>
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and Cash Equivalents	1,811,753	6,049,671
Contingency Funds	1,000,000	1,000,000
Accounts Receivable		
Net Patient Receivable	9,753,278	5,079,623
Outpatient WIMCR & CCS	2,257,449	2,118,899
Nursing Home Supplemental Payment	2,194,700	-
County Appropriations Receivable	(10,396)	-
Net State Receivable	308,690	306,890
Other Accounts Receivable	407,658	1,095,476
Inventory	431,280	429,333
Prepaid Expenses	250,612	264,970
<b>Total Current Assets</b>	<u>17,405,023</u>	<u>15,344,861</u>
<b>Noncurrent Assets</b>		
Investments	6,301,062	11,125,550
Patient Trust Funds	84,576	105,263
Pool Project Receivable	-	-
Net Pension Assets	7,280,177	7,280,177
Nondepreciable Capital Assets	42,714,424	22,905,352
Net Depreciable Capital Assets	27,674,857	30,986,232
<b>Total Noncurrent Assets</b>	<u>85,055,097</u>	<u>73,402,573</u>
Deferred Outflows of Resources (Pensions)	18,262,408	18,262,408
<b>TOTAL ASSETS</b>	<u><u>120,722,528</u></u>	<u><u>107,009,843</u></u>

	<u>Current YTD</u>	<u>Prior YTD</u>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Current Portion of Capital Lease Liability	27,987	27,987
Trade Accounts Payable	688,516	865,433
<b>Accrued Liabilities</b>		
Salaries and Retirement	2,171,472	1,960,121
Compensated Absences	2,081,888	2,274,965
Health and Dental Insurance	503,000	503,000
Bonds	-	-
Interest Payable	97,059	21,838
Other Payables and Accruals	3,300,419	1,568,675
Payable to Reimbursement Programs	100,000	100,000
Unearned Revenue	(2,305,460)	(1,582,248)
<b>Total Current Liabilities</b>	<u>6,664,880</u>	<u>5,739,769</u>
<b>Noncurrent Liabilities</b>		
Net Pension Liability	2,506,809	2,506,809
Long-Term Portion of Capital Lease Liability	19,919	47,905
Long-Term Projects in Progress	46,647,484	28,137,786
Long-Term Debt and Bond Premiums	8,738,742	9,137,972
Patient Trust Funds	27,795	62,994
<b>Total Noncurrent Liabilities</b>	<u>57,940,748</u>	<u>39,893,466</u>
Deferred Inflows of Resources (Pensions)	<u>22,225,906</u>	<u>22,225,906</u>
<b>TOTAL LIABILITIES</b>	<b>86,831,534</b>	<b>67,859,141</b>
<b>NET POSITION</b>		
Net Investment in Capital Assets	70,389,281	53,891,583
Pool Project Restricted Capital Assets	-	-
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	-	990,604
Undesignated	(32,672,931)	(12,778,550)
Net Income / (Loss)	(4,825,356)	(3,952,936)
<b>TOTAL NET POSITION</b>	<b>33,890,994</b>	<b>39,150,702</b>
<b>TOTAL LIABILITIES AND NET POSITION</b>	<u><u>120,722,528</u></u>	<u><u>107,009,843</u></u>

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

Cash, Beginning of Period (November 30)		1,981,880
Operating Activities		
Net Income (Loss)	(754,841)	
Adjustments to Reconcile Net Income		
Depreciation	236,972	
Interest Expense	96,412	
(Increase) or Decrease in Current Assets		
Inventories	(1,947)	
Accounts Receivable	(1,111,823)	
Prepaid Expenses	(9,582)	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	(303,440)	
Accrued Current Liabilities	2,083,607	
Net Change in Patient Trust Funds	(23,114)	
Unearned Revenue	<u>(188,164)</u>	
Net Cash from Operating Activities		24,081
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	2,815,896	
Disposal of Assets	-	
Net Change in Undesignated Equity	<u>(2,363,301)</u>	
Net Cash from Investing Activities		452,594
Financing Activities		
Bonds and Interest	96,328	
Net Change in Purchase/Sale of Investments	<u>(743,130)</u>	
Net Cash from Financing Activities		<u>(646,802)</u>
Net Increase (Decrease) in Cash During Period		<u>(170,127)</u>
Cash, End of Period (December 31)		1,811,752

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

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
<b>BEHAVIORAL HEALTH SERVICES</b>								
Adult Behavioral Health Hospital	6,039,210	6,888,377	(849,167)	7,926,937	8,068,999	142,063	(1,887,727)	(707,104)
Adult Crisis Stabilization Facility	939,246	1,486,260	(547,015)	1,164,049	1,050,002	(114,047)	(224,804)	(661,062)
Lakeside Recovery MMT	169,801	1,019,805	(850,004)	177,892	1,065,993	888,101	(8,091)	38,097
Youth Behavioral Health Hospital	1,476,101	2,168,888	(692,788)	2,826,837	3,014,068	187,231	(1,350,736)	(505,556)
Youth Crisis Stabilization Facility	643,656	764,552	(120,896)	582,259	1,017,025	434,766	61,396	313,870
Crisis Services	2,944,018	3,050,671	(106,653)	3,334,771	3,232,267	(102,504)	(390,753)	(209,157)
Psychiatry Residency	296,613	453,964	(157,351)	354,945	280,135	(74,810)	(58,332)	(232,161)
	12,508,645	15,832,517	(3,323,872)	16,367,691	17,728,490	1,360,799	(3,859,046)	(1,963,073)
<b>COMMUNITY SERVICES</b>								
Outpatient Services (Marathon)	4,547,839	4,256,639	291,199	4,931,790	4,750,720	(181,070)	(383,951)	110,130
Outpatient Services (Lincoln)	1,076,449	1,343,670	(267,221)	764,729	1,327,842	563,113	311,719	295,891
Outpatient Services (Langlade)	843,529	1,853,883	(1,010,355)	721,045	1,544,900	823,854	122,483	(186,500)
Community Treatment Adult (Marathon)	5,075,175	5,303,679	(228,504)	4,817,234	4,897,752	80,518	257,941	(147,986)
Community Treatment Adult (Lincoln)	1,057,345	1,036,877	20,468	835,136	816,430	(18,706)	222,209	1,762
Community Treatment Adult (Langlade)	617,120	677,219	(60,100)	439,171	568,394	129,223	177,949	69,124
Community Treatment Youth (Marathon)	5,221,129	5,705,945	(484,816)	5,306,675	5,231,986	(74,690)	(85,547)	(559,506)
Community Treatment Youth (Lincoln)	1,720,408	2,614,596	(894,188)	1,449,606	1,882,601	432,995	270,803	(461,193)
Community Treatment Youth (Langlade)	1,550,189	1,762,201	(212,012)	1,204,674	1,383,985	179,311	345,515	(32,701)
Community Corner Clubhouse	126,307	299,541	(173,234)	291,624	322,254	30,630	(165,317)	(142,605)
	21,835,487	24,854,251	(3,018,763)	20,761,684	22,726,863	1,965,179	1,073,803	(1,053,584)
<b>COMMUNITY LIVING</b>								
Adult Day Services (Marathon)	715,325	803,346	(88,021)	498,955	597,705	98,750	216,370	10,729
Prevocational Services (Marathon)	527,403	536,314	(8,911)	619,987	810,056	190,069	(92,584)	181,158
Lincoln Industries	805,872	1,276,937	(471,065)	1,157,382	1,340,236	182,854	(351,510)	(288,211)
Day Services (Langlade)	345,284	298,350	46,934	380,434	315,892	(64,542)	(35,149)	(17,608)
Andrea St Group Home	551,510	524,391	27,120	493,696	411,555	(82,141)	57,814	(55,022)
Chadwick Group Home	634,188	643,433	(9,246)	499,908	482,141	(17,767)	134,279	(27,013)
Bissell Street Group Home	575,518	567,539	7,978	440,107	456,426	16,320	135,411	24,298
Heather Street Group Home	507,752	458,980	48,771	491,443	413,877	(77,566)	16,309	(28,794)
Jelinek Apartments	814,520	787,874	26,646	738,075	713,005	(25,071)	76,444	1,575
River View Apartments	771,355	666,203	105,151	670,965	546,199	(124,766)	100,390	(19,614)
Forest Street Apartments	137,797	353,546	(215,749)	388,037	473,529	85,492	(250,240)	(130,257)
Fulton Street Apartments	259,425	253,499	5,927	398,273	285,880	(112,394)	(138,848)	(106,467)
Riverview Terrace	351,441	358,657	(7,216)	285,923	349,273	63,350	65,517	56,134
Hope House (Sober Living Marathon)	6,289	6,300	(11)	68,236	43,481	(24,756)	(61,947)	(24,766)
Homelessness Initiative	10,115	646	9,470	25,022	6,660	(18,362)	(14,907)	(8,893)
Sober Living (Langlade)	42,314	51,947	(9,633)	91,247	129,164	37,917	(48,933)	28,284
	7,056,108	7,587,962	(531,854)	7,247,692	7,375,080	127,389	(191,584)	(404,466)
<b>NURSING HOMES</b>								
Mount View Care Center	19,025,449	18,650,127	375,321	20,701,598	18,407,952	(2,293,646)	(1,676,149)	(1,918,324)
Pine Crest Nursing Home	12,690,850	11,234,201	1,456,649	13,712,431	12,335,612	(1,376,820)	(1,021,581)	79,830
	31,716,299	29,884,328	1,831,971	34,414,029	30,743,564	3,670,465	(2,697,730)	5,502,436
Pharmacy	8,535,534	8,739,662	(204,128)	7,614,713	8,421,304	806,591	920,821	602,463
<b>OTHER PROGRAMS</b>								
Aquatic Services	1,088,390	1,518,806	(430,417)	1,259,953	1,307,684	47,730	(171,564)	(382,686)
Birth To Three	538,271	770,597	(232,326)	538,271	770,597	232,326	-	-
Adult Protective Services	854,886	806,491	48,395	822,679	1,013,784	191,105	32,207	239,500
Demand Transportation	395,939	477,874	(81,935)	328,202	385,124	56,922	67,737	(25,013)
	2,877,485	3,573,768	(696,283)	2,949,105	3,477,188	528,083	(71,620)	(168,200)
<b>Total NCHC Service Programs</b>	<b>84,520,696</b>	<b>90,472,487</b>	<b>(5,951,791)</b>	<b>89,358,282</b>	<b>90,472,489</b>	<b>1,114,207</b>	<b>(4,837,586)</b>	<b>(4,837,584)</b>

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

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Net Position at Period End	60,145,187	4,882,384	19,501,986	84,529,557
County Percent of Total Net Position	71.2%	5.8%	23.1%	
Total Operating Expenses, Year-to-Date	63,915,199	4,812,102	20,627,612	89,354,913
Share of Operating Cash	2,000,642	162,405	648,705	2,811,753
Days Cash on Hand	11	12	11	11
Share of Investments	4,483,385	363,946	1,453,731	6,301,062
Days Invested Cash	26	28	26	26

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

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	4,547,839	4,256,639	291,199	4,931,790	4,750,720	(181,070)	(383,951)	110,130
Community Treatment-Adult	5,075,175	5,303,679	(228,504)	4,817,234	4,897,752	80,518	257,941	(147,986)
Community Treatment-Youth	5,221,129	5,705,945	(484,816)	5,306,675	5,231,986	(74,690)	(85,547)	(559,506)
Day Services	1,242,728	1,339,660	(96,932)	1,118,942	1,407,761	288,819	123,786	191,887
Clubhouse	126,307	299,541	(173,234)	291,624	322,254	30,630	(165,317)	(142,605)
Homelessness Initiative	10,115	646	9,470	25,022	6,660	(18,362)	(14,907)	(8,893)
Hope House Sober Living	6,289	6,300	(11)	68,236	43,481	(24,756)	(61,947)	(24,766)
Riverview Terrace	351,441	358,657	(7,216)	285,923	349,273	63,350	65,517	56,134
Demand Transportation	395,939	477,874	(81,935)	328,202	385,124	56,922	67,737	(25,013)
Aquatic Services	1,088,390	1,518,806	(430,417)	1,259,953	1,307,684	47,730	(171,564)	(382,686)
Pharmacy	8,535,534	8,739,662	(204,128)	7,614,713	8,421,304	806,591	920,821	602,463
Mount View Care Center	19,025,449	18,650,127	375,321	20,701,598	18,407,952	(2,293,646)	(1,676,149)	(1,918,324)
	45,626,332	46,657,536	(1,031,204)	46,749,912	45,531,950	(1,217,962)	(1,123,581)	(2,249,167)
Shared Services								
Adult Behavioral Health Hospital	4,517,421	5,147,782	(630,361)	5,884,392	5,989,849	105,457	(1,366,971)	(524,904)
Youth Behavioral Health Hospital	1,095,635	1,609,912	(514,276)	2,098,442	2,237,429	138,987	(1,002,807)	(375,289)
Residency Program	220,184	336,990	(116,806)	263,486	207,952	(55,534)	(43,302)	(172,340)
Crisis Services	2,219,015	2,363,732	(144,717)	2,475,496	2,399,405	(76,091)	(256,481)	(220,808)
Adult Crisis Stabilization Facility	697,229	1,103,293	(406,065)	864,107	779,447	(84,661)	(166,878)	(490,725)
Youth Crisis Stabilization Facility	477,804	567,549	(89,744)	432,228	754,967	322,739	45,576	232,994
Lakeside Recovery MMT	126,048	757,030	(630,982)	132,055	791,317	659,263	(6,006)	28,281
Residential	4,130,037	4,133,341	(3,304)	4,002,253	3,674,058	(328,195)	127,784	(331,499)
Adult Protective Services	633,351	597,426	35,925	610,698	752,561	141,863	22,653	177,788
Birth To Three	402,130	575,696	(173,566)	402,130	575,696	173,566	-	-
	14,518,855	17,192,751	(2,673,896)	17,165,287	18,162,680	997,393	(2,646,432)	(1,676,503)
Excess Revenue/(Expense)	60,145,187	63,850,287	(3,705,100)	63,915,199	63,694,630	(220,569)	(3,770,012)	(3,925,669)

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

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,076,449	1,343,670	(267,221)	764,729	1,327,842	563,113	311,719	295,891
Community Treatment-Adult	1,057,345	1,036,877	20,468	835,136	816,430	(18,706)	222,209	1,762
Community Treatment-Youth	1,720,408	2,614,596	(894,188)	1,449,606	1,882,601	432,995	270,803	(461,193)
Lincoln Industries	805,872	1,276,937	(471,065)	1,157,382	1,340,236	182,854	(351,510)	(288,211)
Pine Crest Nursing Home	12,690,850	11,234,201	1,456,649	13,712,431	12,335,612	(1,376,820)	(1,021,581)	79,830
	<u>17,350,924</u>	<u>17,506,281</u>	<u>(155,356)</u>	<u>17,919,285</u>	<u>17,702,721</u>	<u>(216,564)</u>	<u>(568,361)</u>	<u>(371,920)</u>
Shared Services								
Adult Behavioral Health Hospital	971,102	1,100,885	(129,783)	1,211,516	1,233,229	21,712	(240,414)	(108,071)
Youth Behavioral Health Hospital	225,459	331,341	(105,882)	432,041	460,656	28,616	(206,582)	(77,267)
Residency Program	45,333	69,382	(24,049)	54,248	42,815	(11,434)	(8,915)	(35,482)
Crisis Services	431,135	460,930	(29,795)	509,671	494,005	(15,666)	(78,536)	(45,461)
Adult Crisis Stabilization Facility	143,550	227,153	(83,603)	177,908	160,477	(17,430)	(34,358)	(101,034)
Youth Crisis Stabilization Facility	98,373	116,851	(18,477)	88,990	155,437	66,448	9,384	47,970
Lakeside Recovery MMT	25,952	155,862	(129,911)	27,188	162,921	135,733	(1,237)	5,823
Residential	-	-	-	-	-	-	-	-
Adult Protective Services	129,128	121,731	7,396	125,734	154,942	29,208	3,393	36,604
Birth To Three	81,030	116,004	(34,974)	81,030	116,004	34,974	-	-
	<u>2,151,061</u>	<u>2,700,139</u>	<u>(549,078)</u>	<u>2,708,327</u>	<u>2,980,486</u>	<u>272,160</u>	<u>(557,265)</u>	<u>(276,918)</u>
Excess Revenue/(Expense)	<u>19,501,986</u>	<u>20,206,420</u>	<u>(704,434)</u>	<u>20,627,612</u>	<u>20,683,208</u>	<u>55,596</u>	<u>(1,125,626)</u>	<u>(648,838)</u>

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

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	843,529	1,853,883	(1,010,355)	721,045	1,544,900	823,854	122,483	(887,871)
Community Treatment-Adult	617,120	677,219	(60,100)	439,171	568,394	129,223	177,949	117,849
Community Treatment-Youth	1,550,189	1,762,201	(212,012)	1,204,674	1,383,985	179,311	345,515	133,503
Sober Living	42,314	51,947	(9,633)	91,247	129,164	37,917	(48,933)	(58,566)
Day Services	345,284	298,350	46,934	380,434	315,892	(64,542)	(35,149)	11,785
	<u>3,398,435</u>	<u>4,643,600</u>	<u>(1,245,165)</u>	<u>2,836,571</u>	<u>3,942,335</u>	<u>1,105,764</u>	<u>561,865</u>	<u>(683,300)</u>
Shared Services								
Adult Behavioral Health Hospital	550,686	639,710	(89,023)	831,028	845,921	14,893	(280,342)	(369,365)
Youth Behavioral Health Hospital	155,007	227,636	(72,629)	296,354	315,983	19,629	(141,348)	(213,977)
Residency Program	31,096	47,592	(16,496)	37,211	29,368	(7,843)	(6,115)	(22,611)
Crisis Services	293,868	226,009	67,859	349,604	338,858	(10,746)	(55,736)	12,124
Adult Crisis Stabilization Facility	98,467	155,814	(57,347)	122,034	110,078	(11,956)	(23,568)	(80,914)
Youth Crisis Stabilization Facility	67,478	80,153	(12,674)	61,042	106,621	45,579	6,437	(6,238)
Lakeside Recovery MMT	17,801	106,912	(89,111)	18,650	111,754	93,105	(848)	(89,959)
Residential	122,027	122,125	(98)	118,252	108,555	(9,697)	3,776	3,678
Adult Protective Services	92,408	87,334	5,074	86,246	106,281	20,035	6,161	11,235
Birth To Three	55,110	78,897	(23,787)	55,110	78,897	23,787	-	(23,787)
	<u>1,483,949</u>	<u>1,772,181</u>	<u>(288,232)</u>	<u>1,975,532</u>	<u>2,152,316</u>	<u>176,785</u>	<u>(491,583)</u>	<u>(779,814)</u>
Excess Revenue/(Expense)	<u>4,882,384</u>	<u>6,415,781</u>	<u>(1,533,397)</u>	<u>4,812,102</u>	<u>6,094,651</u>	<u>1,282,549</u>	<u>70,282</u>	<u>(1,463,115)</u>

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

Bank	Length	Maturity Date	Interest Rate	Amount
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
People's State Bank	365 Days	8/21/2022	0.40%	500,000
Abby Bank	365 Days	8/29/2022	0.30%	500,000
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	7/19/2023	0.40%	500,000
PFM Investments	365 Days	7/19/2023	0.40%	500,870
Invested Funds				6,301,062
Weighted Average	397 Days		0.53%	

PRELIMINARY

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

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Administrative Write-Off	(5,132)	207,100
Bad Debt	3,029	4,226
Outpatient & Community Treatment		
Administrative Write-Off	62,709	104,009
Bad Debt	-	1,504
Nursing Home Services		
Administrative Write-Off	20,074	64,536
Bad Debt	23,321	56,448
Aquatic Services		
Administrative Write-Off	3,035	19,033
Bad Debt	-	149
Pharmacy		
Administrative Write-Off	10	1,785
Bad Debt	-	-
Other Services		
Administrative Write-Off	5,129	15,465
Bad Debt	(203)	(146)
Grand Total		
Administrative Write-Off	85,825	411,929
Bad Debt	26,147	62,180

Effective: November 16th, 2021

Job Code	Title	Hourly Min	Hourly Max	Grade	Step 1 (0-1.9)	Step 2 (2-3.9)	Step 3 (4-4.9)	Step 4 (5-5.9)	Step 5 (6-7.9)	Step 6 (8-9.9)	Step 7 (10+)	Top of Range
0735	Club House Generalist	\$12.00	\$14.00	1	\$ 12.00	\$ 12.50	\$ 13.00	\$ 14.00				\$ 16.00
1206	Hospitality Assistant	\$12.00	\$14.00	1	\$ 12.00	\$ 12.50	\$ 13.00	\$ 14.00				\$ 16.00
0701	Lifeguard	\$12.00	\$14.00	1	\$ 12.00	\$ 12.50	\$ 13.00	\$ 14.00				\$ 16.00
1007	Switchboard Operator	\$12.00	\$14.00	1	\$ 12.00	\$ 12.50	\$ 13.00	\$ 14.00				\$ 16.00
1203	Dietary Aide	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
0752	Logistics Worker	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
0761	Peer Specialist	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
0794	Personal Care Worker	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
0733	Program Aide	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
0755	Resid. Life Enrich. Aide	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
0790	Residential Care Assistants	\$14.00	\$16.00	3	\$ 14.00	\$ 14.50	\$ 15.00	\$ 16.00				\$ 18.00
1265	Dietary Lead	\$15.00	\$17.00	4	\$ 15.00	\$ 15.50	\$ 16.00	\$ 17.00				\$ 19.00
1251	Housekeeping Aide	\$15.00	\$17.00	4	\$ 15.00	\$ 15.50	\$ 16.00	\$ 17.00				\$ 19.00
1262	Laundry Worker	\$15.00	\$17.00	4	\$ 15.00	\$ 15.50	\$ 16.00	\$ 17.00				\$ 19.00
0908	Life Enrichment Aide	\$15.00	\$17.00	4	\$ 15.00	\$ 15.50	\$ 16.00	\$ 17.00				\$ 19.00
0746	Medical Scribe	\$15.00	\$17.00	4	\$ 15.00	\$ 15.50	\$ 16.00	\$ 17.00				\$ 19.00
1174	Safety & Security Officer	\$15.00	\$17.00	4	\$ 15.00	\$ 15.50	\$ 16.00	\$ 17.00				\$ 19.00
1210	Central Supply Clerk/Coordinator	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
0792	Community Treatment Technician	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
1202	Cook	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
0721	Crisis Tech	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
1010	Health Info Specialist I	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
1171	Health Unit Coordinator	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
0906	Phlebotomist	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
0639	Registration Specialist	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
0222	Transportation Coordinator	\$16.00	\$18.00	5	\$ 16.00	\$ 16.50	\$ 17.00	\$ 18.00				\$ 20.00
1003	Administrative Assistant	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0720	Behavioral Health Tech	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0791	Care Coordinator I	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
1170	Central Scheduler	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0766	Certified Medical Assistant	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0905	CNA	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0352	Environmental Services Coordinator	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
1011	Health Info Specialist II	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
1127	OWI Intake Coordinator	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0713	Physical Therapy Aide	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0648	Quality Assurance Specialist	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0621	Referral Coordinator	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0909	Restorative Assistant	\$18.00	\$20.00	7	\$ 18.00	\$ 18.50	\$ 19.00	\$ 20.00				\$ 22.00
0796	Care Coordinator II	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
0750	Life Enrichment Coordinator	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
0907	Medication Technician	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
1121	Patient Accounts Representative	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
1123	Prior Authorization Representative	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
0732	Production Lead	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
0723	Recovery Technician	\$19.00	\$21.00	8	\$ 19.00	\$ 19.50	\$ 20.00	\$ 21.00				\$ 23.00
1140	Benefit Counselor	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
0630	Employment Specialist	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
1136	Enrollment Benefits Specialist	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
1030	HR Coordinator	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
1173	MDS Assistant	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
0658	Patient Care Professional	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
0760	Vocational Consultant	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
0795	Youth Care Professional	\$20.00	\$22.00	9	\$ 20.00	\$ 20.50	\$ 21.00	\$ 22.00				\$ 24.00
0836	Graduate Nurse	\$21.00	\$25.00	10	\$ 21.00	\$ 21.50	\$ 22.00	\$ 23.00	\$ 24.00	\$ 25.00		\$ 27.00
0821	Licensed Practical Nurse (LPN)	\$21.00	\$25.00	10	\$ 21.00	\$ 21.50	\$ 22.00	\$ 23.00	\$ 24.00	\$ 25.00		\$ 27.00
0731	Program Case Worker	\$21.00	\$25.00	10	\$ 21.00	\$ 21.50	\$ 22.00	\$ 23.00	\$ 24.00	\$ 25.00		\$ 27.00
0640	Crisis Professional-Bachelors	\$23.00	\$27.00	12	\$ 23.00	\$ 23.50	\$ 24.00	\$ 25.00	\$ 26.00	\$ 27.00		\$ 29.00
0711	Physical Therapy Assistant	\$23.00	\$27.00	12	\$ 23.00	\$ 23.50	\$ 24.00	\$ 25.00	\$ 26.00	\$ 27.00		\$ 29.00
0623	Substance Abuse Counselor	\$23.00	\$27.00	12	\$ 23.00	\$ 23.50	\$ 24.00	\$ 25.00	\$ 26.00	\$ 27.00		\$ 29.00
0637	Case Manager I (Bachelors)	\$24.00	\$28.00	13	\$ 24.00	\$ 24.50	\$ 25.00	\$ 26.00	\$ 27.00	\$ 28.00		\$ 30.00
0627	Protective Services Rep	\$24.00	\$28.00	13	\$ 24.00	\$ 24.50	\$ 25.00	\$ 26.00	\$ 27.00	\$ 28.00		\$ 30.00
0615	Social Worker (BSW)	\$24.00	\$28.00	13	\$ 24.00	\$ 24.50	\$ 25.00	\$ 26.00	\$ 27.00	\$ 28.00		\$ 30.00
0661	Crisis Professional-Masters	\$26.00	\$30.00	15	\$ 26.00	\$ 26.50	\$ 27.00	\$ 28.00	\$ 29.00	\$ 30.00		\$ 32.00
0624	Intoxicated Driver Assessor	\$26.00	\$30.00	15	\$ 26.00	\$ 26.50	\$ 27.00	\$ 28.00	\$ 29.00	\$ 30.00		\$ 32.00
0657	Case Manager II (Masters)	\$27.00	\$31.00	16	\$ 27.00	\$ 27.50	\$ 28.00	\$ 29.00	\$ 30.00	\$ 31.00		\$ 33.00
0611	Respiratory Therapist	\$27.00	\$31.00	16	\$ 27.00	\$ 27.50	\$ 28.00	\$ 29.00	\$ 30.00	\$ 31.00		\$ 33.00
0616	Social Worker (MSW)	\$27.00	\$31.00	16	\$ 27.00	\$ 27.50	\$ 28.00	\$ 29.00	\$ 30.00	\$ 31.00		\$ 33.00
0829	Outpatient RN	\$28.00	\$35.00	17	\$ 28.00	\$ 30.00	\$ 31.00	\$ 32.00	\$ 33.00	\$ 34.00	\$ 35.00	\$ 37.00
0830	Community Treatment/Community Living RN	\$29.00	\$36.00	18	\$ 29.00	\$ 31.00	\$ 32.00	\$ 33.00	\$ 34.00	\$ 35.00	\$ 36.00	\$ 38.00
0831	Nursing Home RN	\$30.00	\$37.00	19	\$ 30.00	\$ 32.00	\$ 33.00	\$ 34.00	\$ 35.00	\$ 36.00	\$ 37.00	\$ 39.00
0832	Hospital RN	\$31.00	\$38.00	20	\$ 31.00	\$ 33.00	\$ 34.00	\$ 35.00	\$ 36.00	\$ 37.00	\$ 38.00	\$ 40.00
0834	Charge Nurse	\$32.00	\$40.00	21	\$ 32.00	\$ 34.00	\$ 35.00	\$ 36.00	\$ 38.00	\$ 39.00	\$ 40.00	\$ 42.00

Effective: October 28th, 2021

Job Code	Job Title	Pay Grade	Hourly Min (90%)	Hourly Mid (100%)	Hourly Max (110%)	Annual Min (90%)	Annual Mid (100%)	Annual Max (110%)
0833	Central Supply Coordinator	30	\$17.10	\$19.00	\$20.90			
1012	Discharge Planning Coordinator	30	\$17.10	\$19.00	\$20.90			
0775	Pharmacy Tech	30	\$17.10	\$19.00	\$20.90			
1020	Accounting Assistant	31	\$18.90	\$21.00	\$23.10			
1100	Accounts Payable Representative	31	\$18.90	\$21.00	\$23.10			
1120	Billing Account Specialist	31	\$18.90	\$21.00	\$23.10			
1141	Enrollment Specialist Lead	31	\$18.90	\$21.00	\$23.10			
0714	Supervisor of Safety & Security Services	31	\$18.90	\$21.00	\$23.10			
0649	Billing Analyst	32	\$20.70	\$23.00	\$25.30			
0642	Court Liaison	32	\$20.70	\$23.00	\$25.30			
0745	Credentialing Specialist	32	\$20.70	\$23.00	\$25.30			
0660	HIM Team Lead	32	\$20.70	\$23.00	\$25.30			
0651	Linkage Coordinator	32	\$20.70	\$23.00	\$25.30			
0659	Outpatient Coordinator	32	\$20.70	\$23.00	\$25.30			
0628	Pharmacy Billing Specialist	32	\$20.70	\$23.00	\$25.30			
0762	Vocational Services Coordinator	32	\$20.70	\$23.00	\$25.30			
0240	Volunteer Services Coordinator	32	\$20.70	\$23.00	\$25.30			
0650	Communications Specialist	33	\$22.50	\$25.00	\$27.50			
0609	Payroll Specialist	33	\$22.50	\$25.00	\$27.50			
0656	Admissions Coordinator	34	\$24.30	\$27.00	\$29.70			
0654	Coding & Documentation Specialist	34	\$24.30	\$27.00	\$29.70			
0645	Community Treatment Lead	34	\$24.30	\$27.00	\$29.70			
0655	Compliance Auditor	34	\$24.30	\$27.00	\$29.70			
0605	Dietitian	35	\$26.10	\$29.00	\$31.90			
0837	Admissions Coordinator - RN	36	\$27.90	\$31.00	\$34.10			
0314	Employee Health Specialist	37	\$29.70	\$33.00	\$36.30			
0823	Utilization Review Case Manager	37	\$29.70	\$33.00	\$36.30			
0507	Physical Therapist	43	\$40.50	\$45.00	\$49.50			
0390	ADS/Pre-Vocational Manager	51				\$42,750.00	\$47,500.00	\$52,250.00
0300	Supervisor of Community Employment Services	52				\$45,000.00	\$50,000.00	\$55,000.00
0322	Supervisor of Dietary Services	52				\$45,000.00	\$50,000.00	\$55,000.00
0230	Manager of Clubhouse Operations	53				\$47,250.00	\$52,500.00	\$57,750.00
0620	Staff Development Specialist - CNA	53				\$47,250.00	\$52,500.00	\$57,750.00
0316	Supervisor of Life Enrichment	53				\$47,250.00	\$52,500.00	\$57,750.00
0215	Manager of Purchasing Services	54				\$49,500.00	\$55,000.00	\$60,500.00
0311	Manager of Residential Services	54				\$49,500.00	\$55,000.00	\$60,500.00
0261	AGDA Coordinator	55				\$51,750.00	\$57,500.00	\$63,250.00
1000	Executive Assistant	55				\$51,750.00	\$57,500.00	\$63,250.00
0515	In-Training Therapist	55				\$51,750.00	\$57,500.00	\$63,250.00
0653	L&D Instructional Designer	55				\$51,750.00	\$57,500.00	\$63,250.00
0890	Manager of Health Information	55				\$51,750.00	\$57,500.00	\$63,250.00
0370	Manager of Transportation Services	55				\$51,750.00	\$57,500.00	\$63,250.00
1022	Accountant	56				\$54,000.00	\$60,000.00	\$66,000.00
0636	HR Business Partner	56				\$54,000.00	\$60,000.00	\$66,000.00
0323	Manager of Dietary Services	56				\$54,000.00	\$60,000.00	\$66,000.00
0351	Manager of Environmental Services	56				\$54,000.00	\$60,000.00	\$66,000.00
0633	Recruiter	56				\$54,000.00	\$60,000.00	\$66,000.00
0200	Manager of Aquatic Services	57				\$56,250.00	\$62,500.00	\$68,750.00
0231	Manager of Community Treatment	57				\$56,250.00	\$62,500.00	\$68,750.00
0850	Manager of Safety & Security Services	58				\$58,500.00	\$65,000.00	\$71,500.00
1023	Senior Accountant	58				\$58,500.00	\$65,000.00	\$71,500.00
0644	Compensation and Benefits Analyst	59				\$60,750.00	\$67,500.00	\$74,250.00
1006	Executive to CEO	59				\$60,750.00	\$67,500.00	\$74,250.00
0512	MH Therapist	59				\$60,750.00	\$67,500.00	\$74,250.00
0500	Clinical Coordinator	60				\$63,000.00	\$70,000.00	\$77,000.00
0634	Informatics Analyst I	60				\$63,000.00	\$70,000.00	\$77,000.00
0220	Manager of Adult Protective Services	60				\$63,000.00	\$70,000.00	\$77,000.00
0243	Manager of Crisis Operations	60				\$63,000.00	\$70,000.00	\$77,000.00
0245	Manager of Learning & Development	61				\$65,250.00	\$72,500.00	\$79,750.00
0256	Manager of Respiratory Services	61				\$65,250.00	\$72,500.00	\$79,750.00
0263	Assistant Director Community Treatment	62				\$67,500.00	\$75,000.00	\$82,500.00
0641	Informatics Analyst II	62				\$67,500.00	\$75,000.00	\$82,500.00
0211	Manager of Crisis Clinical Services	62				\$67,500.00	\$75,000.00	\$82,500.00
0260	Manager of Youth Behavioral Health Services	62				\$67,500.00	\$75,000.00	\$82,500.00
0810	MDS Coordinator	62				\$67,500.00	\$75,000.00	\$82,500.00
0239	House Supervisor	64				\$72,000.00	\$80,000.00	\$88,000.00
0255	Infection Preventionist	64				\$72,000.00	\$80,000.00	\$88,000.00
0635	Informatics Analyst III	64				\$72,000.00	\$80,000.00	\$88,000.00
0643	Information Services Lead	64				\$72,000.00	\$80,000.00	\$88,000.00
0835	RN-Nurse Educator	64				\$72,000.00	\$80,000.00	\$88,000.00
0851	Supervisor of Infection Control & Laboratory Services	64				\$72,000.00	\$80,000.00	\$88,000.00
0238	Supervisor of Nursing Services - RN	64				\$72,000.00	\$80,000.00	\$88,000.00
0247	Manager of Human Resources	66				\$76,500.00	\$85,000.00	\$93,500.00
0242	Manager of Nursing Services	66				\$76,500.00	\$85,000.00	\$93,500.00
0253	Project Manager	66				\$76,500.00	\$85,000.00	\$93,500.00
0235	Director of Dietary Services	67				\$78,750.00	\$87,500.00	\$96,250.00
0259	Director of Marketing & Communications	67				\$78,750.00	\$87,500.00	\$96,250.00
0254	Director of Medical Staff Relations	67				\$78,750.00	\$87,500.00	\$96,250.00
0257	Director of Patient Access	67				\$78,750.00	\$87,500.00	\$96,250.00
0218	Director of Patient Accounts	67				\$78,750.00	\$87,500.00	\$96,250.00
0234	Director of Community Living	73				\$92,250.00	\$102,500.00	\$112,750.00
0258	Director of Information Services	73				\$92,250.00	\$102,500.00	\$112,750.00
0209	Director of Nursing	73				\$92,250.00	\$102,500.00	\$112,750.00
0233	Director of Accounting	77				\$101,250.00	\$112,500.00	\$123,750.00
0202	Director of Behavioral Health & Crisis Services	77				\$101,250.00	\$112,500.00	\$123,750.00
0204	Director of Community Treatment	77				\$101,250.00	\$112,500.00	\$123,750.00
0111	Director of Nursing Home Operations	77				\$101,250.00	\$112,500.00	\$123,750.00
0249	Director of Quality	73				\$92,250.00	\$102,500.00	\$112,750.00
0401	Physician Assistant	80				\$108,000.00	\$120,000.00	\$132,000.00
0264	Director of Clinical Outpatient Services	82				\$112,500.00	\$125,000.00	\$137,500.00
0501	Pharmacist	82				\$112,500.00	\$125,000.00	\$137,500.00
	Compliance Officer	80				\$108,000.00	\$120,000.00	\$132,000.00
0406	Nurse Practitioner	90				\$130,500.00	\$145,000.00	\$159,500.00
0402	Psychologist	90				\$130,500.00	\$145,000.00	\$159,500.00
0219	Director of Pharmacy Services	94				\$139,500.00	\$155,000.00	\$170,500.00
	Chief Information Officer	94				\$139,500.00	\$155,000.00	\$170,500.00
	Chief Operating Officer	106				\$166,500.00	\$185,000.00	\$203,500.00
	Chief Financial Officer	106				\$166,500.00	\$185,000.00	\$203,500.00
	Chief Executive Officer	111				\$177,750.00	\$197,500.00	\$217,250.00
	Chief Medical Officer	200				\$224,000.00	\$280,000.00	\$336,000.00
	Psychiatrist	200				\$224,000.00	\$280,000.00	\$336,000.00

Pay Grade	Hourly Min	Hourly Mid	Hourly Max
1	\$12.00	\$13.00	\$16.00
2	\$13.00	\$14.00	\$17.00
3	\$14.00	\$15.00	\$18.00
4	\$15.00	\$16.00	\$19.00
5	\$16.00	\$17.00	\$20.00
6	\$17.00	\$18.00	\$21.00
7	\$18.00	\$19.00	\$22.00
8	\$19.00	\$20.00	\$23.00
9	\$20.00	\$21.00	\$24.00
10	\$21.00	\$23.00	\$27.00
11	\$22.00	\$24.00	\$28.00
12	\$23.00	\$25.00	\$29.00
13	\$24.00	\$26.00	\$30.00
14	\$25.00	\$27.00	\$31.00
15	\$26.00	\$28.00	\$32.00
16	\$27.00	\$29.00	\$33.00
17	\$28.00	\$30.00	\$34.00
18	\$29.00	\$31.00	\$35.00
19	\$30.00	\$33.50	\$39.00
20	\$31.00	\$34.50	\$40.00
21	\$32.00	\$36.00	\$42.00

Pay Grade	Hourly Min	Hourly Mid	Hourly Max
30	\$17.10	\$19.00	\$20.90
31	\$18.90	\$21.00	\$23.10
32	\$20.70	\$23.00	\$25.30
33	\$22.50	\$25.00	\$27.50
34	\$24.30	\$27.00	\$29.70
35	\$26.10	\$29.00	\$31.90
36	\$27.90	\$31.00	\$34.10
37	\$29.70	\$33.00	\$36.30
38	\$31.50	\$35.00	\$38.50
39	\$33.30	\$37.00	\$40.70
40	\$35.10	\$39.00	\$42.90
41	\$36.90	\$41.00	\$45.10
42	\$38.70	\$43.00	\$47.30
43	\$40.50	\$45.00	\$49.50
44	\$42.30	\$47.00	\$51.70
45	\$44.10	\$49.00	\$53.90

Pay Grade	Annual Min	Annual Mid	Annual Max
50	\$40,500.00	\$45,000.00	\$49,500.00
51	\$42,750.00	\$47,500.00	\$52,250.00
52	\$45,000.00	\$50,000.00	\$55,000.00
53	\$47,250.00	\$52,500.00	\$57,750.00
54	\$49,500.00	\$55,000.00	\$60,500.00
55	\$51,750.00	\$57,500.00	\$63,250.00
56	\$54,000.00	\$60,000.00	\$66,000.00
57	\$56,250.00	\$62,500.00	\$68,750.00
58	\$58,500.00	\$65,000.00	\$71,500.00
59	\$60,750.00	\$67,500.00	\$74,250.00
60	\$63,000.00	\$70,000.00	\$77,000.00
61	\$65,250.00	\$72,500.00	\$79,750.00
62	\$67,500.00	\$75,000.00	\$82,500.00
63	\$69,750.00	\$77,500.00	\$85,250.00
64	\$72,000.00	\$80,000.00	\$88,000.00
65	\$74,250.00	\$82,500.00	\$90,750.00
66	\$76,500.00	\$85,000.00	\$93,500.00
67	\$78,750.00	\$87,500.00	\$96,250.00
68	\$81,000.00	\$90,000.00	\$99,000.00
69	\$83,250.00	\$92,500.00	\$101,750.00
70	\$85,500.00	\$95,000.00	\$104,500.00
71	\$87,750.00	\$97,500.00	\$107,250.00
72	\$90,000.00	\$100,000.00	\$110,000.00
73	\$92,250.00	\$102,500.00	\$112,750.00
74	\$94,500.00	\$105,000.00	\$115,500.00
75	\$96,750.00	\$107,500.00	\$118,250.00
76	\$99,000.00	\$110,000.00	\$121,000.00
77	\$101,250.00	\$112,500.00	\$123,750.00
78	\$103,500.00	\$115,000.00	\$126,500.00
79	\$105,750.00	\$117,500.00	\$129,250.00
80	\$108,000.00	\$120,000.00	\$132,000.00
81	\$110,250.00	\$122,500.00	\$134,750.00
82	\$112,500.00	\$125,000.00	\$137,500.00
83	\$114,750.00	\$127,500.00	\$140,250.00
84	\$117,000.00	\$130,000.00	\$143,000.00
85	\$119,250.00	\$132,500.00	\$145,750.00
86	\$121,500.00	\$135,000.00	\$148,500.00
87	\$123,750.00	\$137,500.00	\$151,250.00
88	\$126,000.00	\$140,000.00	\$154,000.00
89	\$128,250.00	\$142,500.00	\$156,750.00
90	\$130,500.00	\$145,000.00	\$159,500.00
91	\$132,750.00	\$147,500.00	\$162,250.00
92	\$135,000.00	\$150,000.00	\$165,000.00
93	\$137,250.00	\$152,500.00	\$167,750.00
94	\$139,500.00	\$155,000.00	\$170,500.00
95	\$141,750.00	\$157,500.00	\$173,250.00
96	\$144,000.00	\$160,000.00	\$176,000.00
97	\$146,250.00	\$162,500.00	\$178,750.00
98	\$148,500.00	\$165,000.00	\$181,500.00
99	\$150,750.00	\$167,500.00	\$184,250.00
100	\$153,000.00	\$170,000.00	\$187,000.00
101	\$155,250.00	\$172,500.00	\$189,750.00
102	\$157,500.00	\$175,000.00	\$192,500.00
103	\$159,750.00	\$177,500.00	\$195,250.00
104	\$162,000.00	\$180,000.00	\$198,000.00
105	\$164,250.00	\$182,500.00	\$200,750.00
106	\$166,500.00	\$185,000.00	\$203,500.00
107	\$168,750.00	\$187,500.00	\$206,250.00
108	\$171,000.00	\$190,000.00	\$209,000.00
109	\$173,250.00	\$192,500.00	\$211,750.00
110	\$175,500.00	\$195,000.00	\$214,500.00
111	\$177,750.00	\$197,500.00	\$217,250.00
112	\$180,000.00	\$200,000.00	\$220,000.00
200	\$224,000.00	\$280,000.00	\$336,000.00

Job Code	Job Title	New Hire	Hourly	Hourly	Hourly	Annual	Annual
		Start	Rate	Rate	Rate	Min	Max
0701	Unskilled	1	3	10.93	11.87	16,401	26,429
0715	Club House Generalist	2	4	11.48	12.35	17,221	23,881
0724	Community Treatment Technician	2	4	11.48	12.35	17,221	23,881
0726	Clinic Tech	2	4	11.48	12.35	17,221	23,881
1001	Dietary Aide	2	4	11.48	12.35	17,221	23,881
1006	Housekeeping Assistant	2	4	11.48	12.35	17,221	23,881
1011	Housekeeping Aide	2	4	11.48	12.35	17,221	23,881
1022	Laundry Worker	2	4	11.48	12.35	17,221	23,881
0704	Personal Care Worker	2	4	11.48	12.35	17,221	23,881
0713	Program Aide	2	4	11.48	12.35	17,221	23,881
0716	Resid. Life Enrich. Aide	2	4	11.48	12.35	17,221	23,881
0700	Residential Care Assistant	2	4	11.48	12.35	17,221	23,881
1200	Housekeeping Aide II	3	5	12.07	13.00	18,101	25,171
0705	Case Specialist	3	5	12.07	13.00	18,101	25,171
1007	Southbound Operator	3	5	12.07	13.00	18,101	25,171
1024	Housekeeping Lead	6	6	12.66	13.58	18,921	26,006
0723	Logistics Worker	4	6	12.66	13.58	18,921	26,006
0904	Medical Social Worker	4	6	12.66	13.58	18,921	26,006
0906	Phlebotomist	4	6	12.66	13.58	18,921	26,006
0903	CNA	5	7	13.28	14.19	19,931	27,432
1008	Cook	5	7	13.28	14.19	19,931	27,432
0302	Environmental Services Coordinator	5	7	13.28	14.19	19,931	27,432
1004	Laundry Team Coordinator	5	7	13.28	14.19	19,931	27,432
0908	Life Enrichment Aide-CNA	5	7	13.28	14.19	19,931	27,432
0909	Behavioral Assessment	5	7	13.28	14.19	19,931	27,432
1011	Choreographer	5	7	13.28	14.19	19,931	27,432
0720	Behavioral Health Tech	6	8	14.08	15.11	21,131	29,291
1010	Central Scheduler	6	8	14.08	15.11	21,131	29,291
1020	Central Supply Clerk	6	8	14.08	15.11	21,131	29,291
1026	Dietary Lead	6	8	14.08	15.11	21,131	29,291
1000	Health Info Specialist I	6	8	14.08	15.11	21,131	29,291
1017	Health Unit Coordinator	6	8	14.08	15.11	21,131	29,291
1013	WCS Assessment/Case Mgr	6	8	14.08	15.11	21,131	29,291
0907	Medication Technician	6	8	14.08	15.11	21,131	29,291
0711	Physical Therapy Aide	6	8	14.08	15.11	21,131	29,291
0519	Registration Specialist	6	8	14.08	15.11	21,131	29,291
0514	Senior Security Officer	6	8	14.08	15.11	21,131	29,291
0222	Information Coordinator	6	8	14.08	15.11	21,131	29,291
0706	Certified Medical Assistant	6	8	14.08	15.11	21,131	29,291
1001	Administration Assistant	7	9	14.93	16.07	22,401	30,621
1011	Health Info Specialist II	7	9	14.93	16.07	22,401	30,621
1010	Information Systems Assistant	7	9	14.93	16.07	22,401	30,621
0714	Lead Physical Therapy Aide	7	9	14.93	16.07	22,401	30,621
0715	Pharmacy Tech	7	9	14.93	16.07	22,401	30,621
0716	Case Coordinator I	7	9	14.93	16.07	22,401	30,621
1009	Accounting Assistant	8	10	16.00	17.23	24,011	32,741
1000	Accounts Payable Representative	8	10	16.00	17.23	24,011	32,741
1005	Administrative Assistant	8	10	16.00	17.23	24,011	32,741
0811	Central Supply Coordinator	8	10	16.00	17.23	24,011	32,741
1002	Discharge Planning Coordinator	8	10	16.00	17.23	24,011	32,741
0905	HMA Team Lead	8	10	16.00	17.23	24,011	32,741
0708	Life Enrichment Coordinator	8	10	16.00	17.23	24,011	32,741
1012	Manager Therapist	8	10	16.00	17.23	24,011	32,741
1011	Patient Accounts Representative	8	10	16.00	17.23	24,011	32,741
1012	Prior Authorization Representative	8	10	16.00	17.23	24,011	32,741
1013	Production Lead	8	10	16.00	17.23	24,011	32,741
0644	Quality Assurance Specialist	8	10	16.00	17.23	24,011	32,741
0723	Recovery Technician	8	10	16.00	17.23	24,011	32,741
0621	Referral Coordinator	8	10	16.00	17.23	24,011	32,741
0703	Senior Living Outreach Program Manager	10	12	17.44	18.93	26,161	35,601
1000	Benefit Counselor	9	11	17.90	19.38	26,661	36,331
0600	Employment Specialist	9	11	17.90	19.38	26,661	36,331
1016	Employment Benefits Specialist	9	11	17.90	19.38	26,661	36,331
0604	Patient Care Professional	9	11	17.90	19.38	26,661	36,331
0706	Physical Therapist	9	11	17.90	19.38	26,661	36,331
0708	Youth Care Professional	9	11	17.90	19.38	26,661	36,331
0300	Community Services Employment Supervisor	10	12	18.47	20.09	27,711	37,421
0744	Contracting Specialist	10	12	18.47	20.09	27,711	37,421
1041	Employment Specialist Level	10	12	18.47	20.09	27,711	37,421
1030	HR Coordinator	10	12	18.47	20.09	27,711	37,421
0811	Licensed Practical Nurse (LPN)	10	12	18.47	20.09	27,711	37,421
0718	Person Care Manager	10	12	18.47	20.09	27,711	37,421
0762	Vocational Services Coordinator	10	12	18.47	20.09	27,711	37,421
0344	Volunteer Services Coordinator	10	12	18.47	20.09	27,711	37,421
0300	AD/CS Vocational Manager	10	12	18.47	20.09	27,711	37,421
1020	Billing Account Specialist	10	13	18.47	20.09	27,711	37,421
1010	Case & Documentation Specialist	10	13	18.47	20.09	27,711	37,421
0841	Contract & Credentialing Specialist	10	13	18.47	20.09	27,711	37,421
1011	Director-Operations	11	13	19.95	21.94	29,311	41,071
1000	Executive Assistant	11	13	19.95	21.94	29,311	41,071
0706	Life Enrichment Supervisor	11	13	19.95	21.94	29,311	41,071
0600	Facilities Specialist	11	13	19.95	21.94	29,311	41,071
0624	Pharmacy Billing Supervisor	11	13	19.95	21.94	29,311	41,071
0311	Residential Manager	11	13	19.95	21.94	29,311	41,071
0601	ADA Coordinator	12	14	21.54	23.93	32,111	44,001
0601	Care Manager (Behavioral)	12	14	21.54	23.93	32,111	44,001
0602	Communications Specialist	12	14	21.54	23.93	32,111	44,001
0644	Court Liaison	12	14	21.54	23.93	32,111	44,001
0644	Care Professional-Behaviors	12	14	21.54	23.93	32,111	44,001
0644	Functional Designer	12	14	21.54	23.93	32,111	44,001
0601	Linkage Coordinator	12	14	21.54	23.93	32,111	44,001
0701	Occupational Therapy Assistant (OTA)	12	14	21.54	23.93	32,111	44,001
0711	Physical Therapy Assistant	12	14	21.54	23.93	32,111	44,001
0601	Case Worker (PSW)	12	14	21.54	23.93	32,111	44,001
0621	Substance Abuse Coordinator	12	14	21.54	23.93	32,111	44,001
0600	Academic Services Manager	15	17	23.26	26.08	34,901	48,481
0601	Care Manager II (Mental)	13	15	23.26	26.08	34,901	48,481
0300	Childcare Manager	13	15	23.26	26.08	34,901	48,481
0645	Community Treatment Lead	13	15	23.26	26.08	34,901	48,481
0601	Compliance Auditor	13	15	23.26	26.08	34,901	48,481
0241	Clinic Operations Manager	15	17	23.26	26.08	34,901	48,481
0641	Clinic Professional Services	13	15	23.26	26.08	34,901	48,481
0601	Director	15	17	23.26	26.08	34,901	48,481
0311	Environmental Services Manager	15	17	23.26	26.08	34,901	48,481
0604	HR Business Partner	15	17	23.26	26.08	34,901	48,481
0624	Intervention Case Assistant	13	15	23.26	26.08	34,901	48,481
0515	Int. Transition Therapist	13	15	23.26	26.08	34,901	48,481
0215	Materials Manager	15	17	23.26	26.08	34,901	48,481
0252	NMT Manager	15	17	23.26	26.08	34,901	48,481
0601	Outpatient Coordinator	15	17	23.26	26.08	34,901	48,481
0220	Preventive Services Manager	14	15	25.4	31.43	37,711	52,291
0627	Preventive Services Rep	13	15	23.26	26.08	34,901	48,481
0601	Recovery	13	15	23.26	26.08	34,901	48,481
0601	Recovery Therapist	13	15	23.26	26.08	34,901	48,481
0600	Social Services Supervisor	15	17	23.26	26.08	34,901	48,481
0620	Staff Development Specialist - CHS	13	15	23.26	26.08	34,901	48,481
0701	Therapist/Case Manager	13	15	23.26	26.08	34,901	48,481
1022	Assessment	14	16	25.4	31.43	37,711	52,291
0211	Community Treatment Manager	14	16	25.4	31.43	37,711	52,291
0644	Information Analyst	16	18	27.4	33.43	40,711	55,561
0324	Safety & Security Supervisor	8	16	16.00	20.02	24,011	32,741
0906	Social Worker (MSW)	14	16	25.4	31.43	37,711	52,291
0644	Compensation and Benefits Analyst	15	17	27.4	33.43	40,711	55,561
1004	Executive to CEO	15	17	27.4	33.43	40,711	55,561
0641	Executive to CEO 2	15	17	27.4	33.43	40,711	55,561
0512	MI Therapist	15	17	27.4	33.43	40,711	55,561
0311	Community Coordinator - PS	16	18	29.31	36.44	43,971	60,061
0601	Clinical Manager	16	18	29.31	36.44	43,971	60,061
0211	Clinic Clinical Manager	16	18	29.31	36.44	43,971	60,061
0245	Liaison & Development Manager	16	18	29.31	36.44	43,971	60,061
0314	Employee Health Specialist	16	18	29.31	36.44	43,971	60,061
0601	Facilities Manager	16	18	29.31	36.44	43,971	60,061
0810	MDS Coordinator	16	18	29.31	36.44	43,971	60,061
0811	Registered Nurse	16	18	29.31	36.44	43,971	60,061
0256	Respiratory Therapy Manager	16	18	29.31	36.44	43,971	60,061
0624	Respiratory Therapist	16	18	29.31	36.44	43,971	60,061
0601	Respiratory Therapist - Case Manager	16	18	29.31	36.44	43,971	60,061
0500	Clinical Coordinator	17	19	31.66	39.58	47,491	65,841
0225	Director of Dietary Services	20	19	40.21	50.32	60,381	83,721
0641	Information Systems						



North Central Health Care  
Person centered. Outcome focused.

**COMPENSATION  
ADMINISTRATION  
MANUAL**

**Effective  
October 1, 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 has an impact on individual pay in relation to the market midpoint; 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 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 which is the responsibility of the requesting manager/supervisor. If necessary, the 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 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%.. 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 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 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 steps based on years of experience or licensure. 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.

- **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.**
  
- **Steps 2-10 (Max could be less)** - 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.
  
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- **Top of Range** – 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.

### ***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.

# 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. 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 non-step scale position pay adjustment recommendations outside of NCHC annual pay increase must be submitted on a wage review form and submitted to the Human Resources Director.
- 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 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. 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 will provide final approval for the new pay range.
3. Individuals are interviewed and a candidate is selected by the hiring manager/supervisor and a Human Resources Department representative.
4. 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.

### **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 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 Compensation Committee with final approval coming from the CEO. These plans are communicated to 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 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 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 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 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:**

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.

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.
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.
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%.

### **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 new wage should not fall below 100% or midpoint of the new salary range.

### **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,