

## **OFFICIAL NOTICE AND AGENDA**

Notice is hereby given that the **Executive Committee** of the **North Central Community Services Program Board** will hold a meeting at the following date, time as noted below:

**Wednesday, June 21, 2023 at 1:00 PM**  
North Central Health Care – Wausau Board Room  
1100 Lake View Drive, Wausau WI 54403

*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:** 2482 030 0931 **Password:** 1234

### **AGENDA**

1. Call to Order
2. Public Comments (15 Minutes)
3. Approval of May 17, 2023 Executive Committee Meeting Minutes
4. Educational Presentations and Committee Discussion
  - a. Update on Managing Director of Community Programs Workplan – V. Tylka
  - b. Update on Executive Director Workplan – G. Olsen
  - c. Executive Director Update – G. Olsen
  - d. Financial Update – J. Hake
  - e. Role of the Board of Directors - G. Olsen
5. Discussion and Possible Action
  - a. ACTION: Recommendation to Reappoint Chet Strebe to the CCITC Commission for a Two (2) Year Term Expiring May 31, 2025 – G. Olsen
  - b. ACTION: Approval of Complaints/Grievance Policy – G. Olsen
  - c. ACTION: Tax Levy Increase Request to the Counties – G. Olsen
7. Next Meeting Date & Time, Location, and Future Agenda Items
  - d. Next Meeting: Thursday, July 27, 2:00 p.m. in the North Central Health Care Wausau Board Room
8. Adjournment

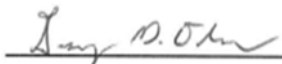
Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**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: 06/15/2023 TIME: 4:00 PM BY: D. Osowski



Presiding Officer or Designee

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

May 17, 2023

1:00 p.m.

NCHC Wausau Board Room

Present: X<sub>(WebEx)</sub> Kurt Gibbs EXC Renee Krueger  
X Lance Leonhard X Robin Stowe

Staff: Gary Olsen, Jason Hake, Jennifer Peaslee<sub>(WebEx)</sub>, Vicki Tylka<sub>(WebEx)</sub>, Nic Lotzer, Bobby Splinter

Others: Dejan Adzic, Marathon County Deputy Corporation Counsel, Kim Heller, Wipfli

### Call to Order

- Meeting was called to order by Chair Gibbs at 1:00 p.m.

### Public Comments

- There were no public comments.

### Approval of Executive Committee Meeting Minutes

- **Motion**/second, Leonhard/Stowe, to approve April 19, 2023 Executive Committee meeting minutes. Motion carried.

### Presentation and Approval of 2022 Audit

- K. Heller provided an overview of the 2022 Audit and thanked staff for their work and cooperation. G. Olsen thanked B. Splinter and staff for the successful audit.
- **Motion**/second, Leonhard/Stowe, to approve the 2022 audit as presented. Motion carried.

### Discussion/Guidance Regarding How the Executive Director Gives Reports to the Committee

- Following discussion, the Committee agreed to keep the agenda item noted as Executive Director Report. Any item requiring action will be identified separately as an actionable item.

### Financial Update

- An overview of the April financial statements was provided. Census has been below the budgeted targets. Admissions depend on staffing and acuity of patients but the goal is to increase the average census. Community living is seeing larger losses mostly due to staffing challenges. We are anticipating cash on hand will level off as the increase in CCS rates takes effect 7/1/2023.
- 2024 budget preparations kick-off tomorrow. Based on what Lincoln County decides for the future of Pine Crest i.e., if they sell, it will put more financial strain on NCHC with increased indirect costs. Will keep the Committee updated as the process continues.

Compensation & Timekeeping Policy – G. Olsen/N. Lotzer

- **Motion**/second, Stowe/Leonhard, to approve the updated Compensation & Timekeeping Policy as presented. Motion carried.

Update and Possible Action Regarding Pine Crest Ad Hoc Committee and Any Action Taken at the May 16, 2023 Lincoln County Board Meeting – G. Olsen

- Lincoln County Board approved their A&L Committee to move forward to do an RFP to find a broker to sell Pine Crest.
- G. Olsen met with Pine Crest staff today to assure them he would keep communication open and we will continue to work with and support staff throughout the process.
- We are also creating a process to keep residents and families updated.
- Lincoln County approved use of ARPA funds to cover the \$1.1 million shortfall.

Recommendations of the Medical Executive Committee – G. Olsen

- **Motion**/second, Leonhard/Stowe, to approve the recommendation for appointment for Sabrina R. Spets, APNP. Motion carried.

Closed Session

- **Motion**/second, Leonhard/Stowe, to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. s. 19.85(1)(e), for the purpose of conducting specified public business where competitive or bargaining reasons require closed session, to wit: Discuss current and future state of certain NCHC program(s) and service offerings that require confidential treatment and that, if discussed in open session, have a reasonable potential to negatively impact NCHC's competitive and bargaining advantage over outside competitors and that may also impact NCHC's competitive and bargaining advantage as it relates to retention and recruitment of qualified staff. Roll call taken. All indicated aye. Committee asked G. Olsen, J. Peaslee, V. Tylka, J. Hake, and D. Adzic to remain in closed session. Motion carried. Meeting convened in closed session at 2:38 p.m.
- **Motion**/second, Stowe/Leonhard, to return to Open Session at 3:10 p.m. Motion carried.

Announcements and Possible Action on Matters Discussed in Closed Session

- No announcement.

Update Regarding Bissell Street Lease – G. Olsen

- The City of Wausau sent us the required 90-day notice to terminate our lease with Bissell Street. This notice will have the lease expiring at the end of July.

Adjourn

- **Motion**/second, Stowe/Leonhard, to adjourn the meeting at 3:11 p.m. Motion carried.

**Managing Director Community Programs  
Work Plan - May 2023**

## **Phase 1 – Strengthen Foundations of Community Programs**

### **All Community Programs**

1. Ensure resources are in place to meet statutory requirements.
  - Gather baseline quality data on performance
  - Decrease staff vacancies especially overnight shifts
  - Increase safety and security measures (physical plant and staff training)

### **Crisis Center**

- Decrease staff vacancies to 10% to increase mobile response and prepare for future expansion.

### **Youth Crisis Stabilization Facility**

- Improve new staff onboarding and orientation.

### **Adult Crisis Stabilization Facility**

- Expansion of beds/increased census – regional approach

### **Inpatient Hospitals**

- Increase overall inpatient census, decreasing reliance on out of county placements.
- Collaboration with medical directors regarding protocols and resources needed.

### **Residential Program:**

- Open Lakeside Recovery – medically monitored treatment (MMT) program.

### **Outpatient Services**

- Strengthen ability to provide Intensive Outpatient and re-open day treatment.

### **Community Treatment**

- Evaluation of quality assurance response and ensure needed capacity.
- Increase staffing to address increased need for services and proper assignment in all counties.
- Fill the Adult Protective Services Manager position.

### **Enhance Revenue:**

- Increase census by ensuring full staffing.
- Increase number of county contracts for crisis and hospitals
- Improve no show rates in outpatient.
- Maximize grant usage and ensure accountability to usage and reporting.

### **Internal Collaboration between programs**

Programs that serve patients with complex needs such as Adult Protective Services guardianship and protective placement and Chapter 51 commitments and inpatient services.





1. Set expectations of Nursing Homes for role in supporting protective placements
2. Create a chartered leadership group for collaboration on those who need residential care to ensure an effective continuum of care in the least restrictive setting.
3. Guardianship vs 51 commitment criterion
4. Contracts with Inclusa
5. Clarity and communication on admission criteria for inpatient and crisis stabilization facilities
6. Revise Dr. Green response protocol

### **Partner Collaboration**










1. Human Services Leadership Team
  - a. Complex Case Reviews
2. Law Enforcement Connections
  - a. Create service-based MOU with jail
3. Criminal Justice Coordination Counsel – Marathon County
4. North Central/Marathon County Collaboration
5. Caring for Kids
6. Langlade and Lincoln County collaboration groups (i.e. TAD)
7. Langlade County service evaluation
  - a. In progress
8. Aspirus, Marshfield Health System, and Bridge Clinic














## **Phase 2 - Future Expansion of programs:**

1. Prioritize unmet needs and partner requests for expansion.
2. Explore pilot and grant opportunities for expanded crisis services.
3. Evaluate expansion for 8 bed CBRF on campus.

Project Complete	
Moderate to Significant Progress	
Minimal to Moderate Progress	
No Progress or Project No Longer Being Pursued	

## Executive Director Work Plan 2023 WORK PLAN – 01/1/23-12/31/23

Activity	Deliverables	Expected Outcomes	Key Dates	Progress	Progress
1. Work with Community Treatment on CCS program	Financial	<ul style="list-style-type: none"> <li>Redo CCS contracts/revenue</li> </ul>	<ul style="list-style-type: none"> <li>First and Second Quarters</li> </ul>		<ul style="list-style-type: none"> <li>This process has begun. Met with La Crosse County, providers, and meeting is scheduled with providers in February.</li> <li>Jason Hake has taken this on and we are moving forward with new contracts in July.</li> <li>My part in this is done now.</li> </ul>
2. Work with Vicki Tylka on Community Programs	Financial	<ul style="list-style-type: none"> <li>Maximize Revenue</li> </ul>	<ul style="list-style-type: none"> <li>First and Second Quarters</li> </ul>		<ul style="list-style-type: none"> <li>I am Talking with Vicki Tylka and Jason Hake and focusing on Trisha's programs.</li> </ul>
3. Financial Statements	Financial	<ul style="list-style-type: none"> <li>Revise</li> </ul>	<ul style="list-style-type: none"> <li>First Quarter</li> </ul>		<ul style="list-style-type: none"> <li>Worked with Bobby to show him how I want this done. He has he health and dental insurance funds set up.</li> <li>The new financial statements showed the areas we wanted to change, specifically the fund balance amounts.</li> </ul>
4. Compensation Plan	Financial	<ul style="list-style-type: none"> <li>Update</li> </ul>	<ul style="list-style-type: none"> <li>First Quarter</li> </ul>		<ul style="list-style-type: none"> <li>Nic &amp; Jennifer have been assisting with this as members of the Compensation Committee.</li> <li>Meetings with Managers have taken place.</li> <li>Plan is close to being ready for Executive Committee approval.</li> <li>This is completed, but there is still work that needs to be done on our compensation plan.</li> </ul>
5. Human Resources	Financial	<ul style="list-style-type: none"> <li>Create a Performance Evaluation Process and Implement Pay for Performance</li> </ul>	<ul style="list-style-type: none"> <li>First and Second Quarters</li> </ul>		<ul style="list-style-type: none"> <li>Draft copy is being reviewed by Senior Leadership.</li> </ul>
6. State Funding for Nursing Homes	Strategies	<ul style="list-style-type: none"> <li>Financial</li> </ul>	<ul style="list-style-type: none"> <li>First and Second Quarters</li> </ul>		<ul style="list-style-type: none"> <li>Letters and memos have been written regarding this issue.</li> <li>Resolution was passed by NCCSP Board and the two counties.</li> <li>There is a budget amendment being authored for this.</li> </ul>
7. Improve connectivity/communication with County Boards	Partners	<ul style="list-style-type: none"> <li>Meeting with each county board twice a year</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>We have been to Lincoln and Langlade County Board meetings.</li> <li>Pine Crest has been an example of working closer with our county partners.</li> </ul>
8. Improve internal connectivity/communication	Organizational	<ul style="list-style-type: none"> <li>Rounding in each program area</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Have started by visiting the residential facilities.</li> <li>I have been rounding with the different programs. My schedule is the only thing that has slowed me down on this. I wanted to be through all the programs by the end of June, but that will probably not happen.</li> </ul>
9. Improve internal connectivity/communication	Organizational	<ul style="list-style-type: none"> <li>Quarterly Employee Meetings</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>First Quarter Employee Meetings were completed.</li> <li>Second Quarter Employees are scheduled.</li> </ul>

Activity	Deliverables	Expected Outcomes	Key Dates	Progress	Progress
10. Improve internal connectivity/ communication	Organizational	<ul style="list-style-type: none"> <li>Attend first day of employee orientation</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Began attending January 30<sup>th</sup>, 2023, and continue to attend each orientation.</li> </ul>
11. Improve internal connectivity/ communication	Organizational	<ul style="list-style-type: none"> <li>Attend monthly Management Team Meetings (all managers)</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>First meeting held on January 26<sup>th</sup>.</li> <li>Monthly meetings are scheduled with meaningful training occurring at each meeting.</li> </ul>
12. Improve internal connectivity/ communication	Organizational	<ul style="list-style-type: none"> <li>Meet with each Director's Team</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>After working with Senior Leaders and attending Team Management meetings, I am changing my thinking on this, but I do want to work towards doing a semi-annual meeting with Directors.</li> </ul>
13. Improve internal connectivity/ communication	Organizational	<ul style="list-style-type: none"> <li>Meet with Senior Leadership Team every other week</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Meetings are scheduled and held regularly.</li> </ul>
14. Improve internal connectivity/ communication	Organizational	<ul style="list-style-type: none"> <li>Meet with Senior Leader individually every other week</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Meetings are scheduled and held regularly.</li> </ul>
15. Improve connectivity/ Communication with partners	Partners	<ul style="list-style-type: none"> <li>Touch base with county DSS and Finance Directors</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly</li> </ul>		<ul style="list-style-type: none"> <li>Met over lunch with new Marathon County DSS Director.</li> <li>Met with Interim Lincoln County DSS Director.</li> </ul>
16. Monitor Performance Indicators	Organizational	<ul style="list-style-type: none"> <li>Create Dashboards from selected relevant performance indicators</li> </ul>	<ul style="list-style-type: none"> <li>First and Second Quarter</li> </ul>		<ul style="list-style-type: none"> <li>Jason Hake and I have discussed this, and we would like to create these dashboards through the budget process.</li> </ul>
17. Program Evaluations	Organizational	<ul style="list-style-type: none"> <li>Evaluate all programs</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>We have not formally utilized the forms that were used in the past, but we have been evaluating programs, specifically the residential programs.</li> </ul>
18. Human Services Leadership Team	Partners	<ul style="list-style-type: none"> <li>Establish Human Services Leadership Team</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Human Services Leadership Team began meeting March 28 and meetings are scheduled regularly.</li> <li>Assist Vicki, as needed, to get this team started and assist in implementing phase one.</li> </ul>
19. WCHSA involvement	Organizational	<ul style="list-style-type: none"> <li>Get NCHC involved in WCHSA</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Vicki assisted in obtaining a membership for NCHC.</li> </ul>
20. Maintain open communication with legislators	Organizational	<ul style="list-style-type: none"> <li>Meet regularly with members of the legislature</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Met with Representative Schneider.</li> </ul>
21. IMS	Organizational	<ul style="list-style-type: none"> <li>Restructure IMS Department</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>Job Descriptions have been updated for department personnel.</li> <li>There will be two vacancies that will not be filled; working with Todd on restructuring the department.</li> </ul>
22. HR	Organizational	<ul style="list-style-type: none"> <li>Work with the HR Director regarding a workplan for the HR Department</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>		<ul style="list-style-type: none"> <li>I met with Nic regarding this and he will be getting me his workplan by the end of June.</li> </ul>

To: Executive Committee  
From: Gary D. Olsen, MPA, Executive Director  
Date: June 16, 2023  
RE: Executive Director's Report and Information for the June 21, 2023 Executive Committee Meeting

### **EXECUTIVE DIRECTOR'S REPORT:**

#### **Construction Update:**

We are entering the final stages of construction for the NCHC side of the campus. They have received substantial completion for the new administrative areas. We are waiting for the furniture for these moves to take place. It is anticipated that some offices will be able to move in early July with the remainder happening before September. Community Treatment, Outpatient, and Northern Reflections should be completed by the end of November.

#### **Lakeside Medically Monitored Treatment (MMT) and Adult Crisis Stabilization:**

We are still waiting for the State to license the MMT program and the change in location of the Adult Crisis Stabilization Facilities (ACSF). Once approved, DHS schedules site visits for final approval. At that time, we are prepared to move the ACSF over to their new location. We are addressing staffing issues within the MMT program. We have been hiring for the positions needed to run this program, but we are still addressing overnight staffing and covering vacancies due to key positions on leave. Our goal is to be ready with staffing upon final approval of DHS to begin operations.

#### **Bissell Street CBRF Update:**

We received a notice from the owner of our Bissell Street CBRF location that they are terminating the lease as of July 30<sup>th</sup>. Our Bissell Street location flooded this spring, requiring us to move the residents to the closed Heather Street location. We were fortunate to have a location to move the residents to and the State gave us a temporary license to be able to move the residents to Heather Street. They allowed us to keep residents there as we worked through the lease being terminated.

Due to the lease termination notice we received for Bissell, we again worked with the State regarding the closure of the Bissell Street location. A few things to be aware of: The State does not allow a CBRF to be transferred – we are required to close the location and allow the residents to select where they want to live. Also, per State regulations, we are not allowed to mention anything regarding this process to the residents or employees until the State approves the relocation plan. The State recently approved the relocation plan and now we are authorized to communicate the plan and must do so at the same



time with all parties. DeAnna Dertz, Director of Outpatient Services, and I have met with the employees and had a meeting with the Managed Care Organizations (MCO) and guardians of the residents to let them know what is happening. Since the CBRF does have to close, we will now be working with the MCO's and guardians to find new housing arrangements for the residents.

**Trisha Stefonek, Director of Acute Care Services in Behavioral Health:**

Trisha Stefonek, the Director of Acute Care Services in Behavioral Health will be leaving NCHC as of 8/4/23. Trisha has pursued her doctoral degree and will be working in a clinic to complete her internship as a clinical psychologist. We are very proud of Trisha for her accomplishments and support her in the pursuit of her goals. At the same time, she has been a major contributor to our behavioral health services overall and she will be missed. Vicki Tylka is gathering input from managers and physicians regarding what the best way to address the leadership structure is in Acute Services and will be submitting a recruitment plan to me in the next few weeks.

**Pine Crest Nursing Home Update:**

The Lincoln County Finance and Legislative (F&L) Committee approved an RFP for the solicitation of a broker related to the possible sale of the Pine Crest Nursing Home. The RFP was released on June 12<sup>th</sup> and proposals are to be received by June 26<sup>th</sup>. The F&L Committee will then review the proposals on June 27<sup>th</sup> and make a final decision on June 28<sup>th</sup>. I continue to meet with staff at Pine Crest. They have requested that I go up there and meet with the staff after each meeting the County holds where Pine Crest is discussed. I will be there again on June 29<sup>th</sup> to update them regarding the RFP process. I have created a document with a list of questions the staff have asked along with my answers and has been shared with the staff. We will hold a meeting with residents and family members once we have more information regarding this process.

**Update Regarding Salary Increase Information:**

During the first quarter of 2023, we gave all hourly employees a COLA increase of 3%. We waited to give any further increases until we knew our financial situation could afford the increases. The Compensation Committee recently agreed to give non-management salaried staff a COLA increase of 3% effective June 11<sup>th</sup>. We will continue to monitor our financial situation as we determine when to give a COLA to management staff.

I also want to keep the Committee updated regarding positions that were re-comped by the Compensation Committee and a change to the pay grade was warranted. The following positions were adjusted:

- Managers of Community Treatment were moved from pay grade 58 to pay grade 60 effective 5/28/23.

- Manager of Inpatient Services was moved from pay grade 62 to pay grade 60 to align with Managers of Community Treatment and Manager of Outpatient Operations effective 5/28/23.
- Supervisor of Crisis Services was adjusted to Manager of Crisis Services and assigned pay grade 60 to align with Manager positions noted above effective 5/28/23. The Supervisor of Crisis Services position was previously assigned pay grade 57.

### ***INFORMATION FOR THE MEETING:***

#### **Financial Update:**

Managing Director of Finance/Administration, Jason Hake, will provide a financial report for the Committee.

#### **Update on Managing Director of Community Programs Workplan:**

A copy of Vicki Tylka, Managing Director of Community Programs, workplan is included in the packet. Vicki will be present at the meeting to review this with the Committee.

#### **Update on Executive Director Workplan:**

A copy of my workplan is included in the packet. I will review this document with the Committee at the meeting.

#### **Role of the Board of Directors:**

Now that the Tri-County Agreement has been in place for a year, I believe we need to review the role of the Board of Directors. I have included in the packet a listing of the policies that were approved and under the control of the Board prior to the new agreement. I worked with our Corporation Counsel, Dejan Adzic, to review these policies and assist me in determining who the oversight should be for each policy. The table details each policy and the proposed oversight recommendations. We will review this in greater detail during the meeting.

#### **Recommendation to Reappoint Chet Strebe to the CCITC Commission for at Two (2) Year Term Expiring May 31, 2025:**

At the last CCITC Commission meeting, the Commission voted to send a recommendation to reappoint Chet Strebe to the Commission for a two-year term. The Executive Committee would need to approve this action.

#### **Approval of Complaints/Grievance Policy:**

A copy of the Complaints/Grievance Policy is included in the Committee packet. Jennifer Peaslee, our Compliance Officer, will be available to review this policy with the Committee.

**Tax Levy Increase Request to the Counties:**

Jason Hake and I would like to discuss with the Committee a request to be taken to the member counties to increase the tax levy request for the 2024 budget. A copy of the request is included in the Committee packet. The request is for a 3% increase in tax levy for each of the three counties.

To: Executive Committee & North Central Community Services Program Board  
From: Jason Hake, MBA, Managing Director of Finance and Administration  
Date: June 21, 2023  
RE: May Financial Statements

Through May our net income from service programs was \$342,739. Revenue was unfavorable \$167,468 with expenses favorable \$510,207.

### **Behavioral Health Services**

Net loss of \$316,048 which was favorable to budget by \$1,098,845. Adult Behavioral Hospital and the Youth Behavioral Hospital were the main drivers.

#### **Adult Behavioral Health Hospital**

YTD net loss of \$136,932 which was favorable to budget by \$465,477. Out of county placements were unfavorable for the month \$109,443 and unfavorable \$299,875 YTD. YTD average daily census is 6.75 compared to budget of 7.

#### **Youth Behavioral Health Hospital**

YTD net loss of \$234,758 which was favorable to budget by \$485,190. Revenue is the main driver and favorable by \$545,165 due to an increase in our Medicaid rates. Out of county placements were favorable for the month and unfavorable \$60,186 YTD. YTD average daily census was 3.94 compared to a budget of 4.

#### **Adult Crisis Stabilization Facility**

In May, we recognized \$202,997 of unbudgeted grant revenue which brings our net income to \$214,130. YTD average daily census was 5.84 compared to a budget of 11.

### **Community Services**

Net income of \$522,324 which was favorable to budget by \$1,145,802. Revenue was the main driver and favorable \$1,256,189.

### **Community Living**

Net loss of \$210,782 which was unfavorable to budget by \$213,688. Expenses were unfavorable \$122,384 driven by high overtime and call time, due to staffing challenges.

#### **Nursing Homes**

Net income of \$442,699 which was unfavorable to budget by \$1,567,440.

#### **Mount View Care Center**

YTD net income of \$534,702 which was unfavorable to budget by \$1,005,143. This was driven by the loss in supplemental and CPE funding and census. YTD average daily census was 112.5 compared to budget of 128.

#### **Pine Crest**

Net loss of \$92,003 which was unfavorable to budget by \$562,296. This was driven by the loss in supplemental and CPE funding and census. YTD average daily census was 83.8 compared to budget of 89.

#### **Pharmacy**

Net loss of \$155,534 which was unfavorable \$134,384.

#### **Self-Funded Health Insurance**

Net income of \$819,039. Health insurance claims are down from prior year helping drive the favorable variance.

#### **Cash on Hand**

Cash on hand was 55 days, down from 59 days in April. Cash on hand is anticipated to level off in future months with the increase in CCS rates effective July 1<sup>st</sup>.

North Central Health Care  
Programs by Service Line  
For the Period Ending May 31, 2023

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	2,816,545	2,143,828	672,717	2,953,477	2,746,237	(207,240)	(136,932)	465,477
Adult Crisis Stabilization Facility	718,545	728,012	(9,468)	504,414	674,856	170,442	214,130	160,974
Lakeside Recovery MMT	28,925	496,170	(467,245)	118,315	424,320	306,005	(89,390)	(161,240)
Youth Behavioral Health Hospital	1,145,151	599,986	545,165	1,379,909	1,319,934	(59,975)	(234,758)	485,190
Youth Crisis Stabilization Facility	429,606	479,162	(49,556)	352,616	447,377	94,761	76,990	45,205
Crisis Services	978,038	1,023,534	(45,496)	1,079,638	1,209,266	129,628	(101,600)	84,133
Psychiatry Residency	397,032	367,617	29,415	441,521	431,212	(10,309)	(44,490)	19,106
	6,513,842	5,838,309	675,533	6,829,890	7,253,203	423,312	(316,048)	1,098,845
COMMUNITY SERVICES								
Outpatient Services (Marathon)	2,093,751	1,849,934	243,818	2,160,513	2,422,680	262,167	(66,762)	505,985
Outpatient Services (Lincoln)	472,032	399,057	72,974	329,891	328,397	(1,494)	142,140	71,480
Outpatient Services (Langlade)	348,746	329,419	19,327	285,031	335,716	50,685	63,715	70,012
Community Treatment Adult (Marathon)	2,087,553	1,991,342	96,211	2,065,653	2,193,637	127,984	21,900	224,195
Community Treatment Adult (Lincoln)	380,416	336,176	44,239	338,402	371,151	32,748	42,013	76,988
Community Treatment Adult (Langlade)	119,293	136,288	(16,995)	218,122	255,616	37,494	(98,829)	20,500
Community Treatment Youth (Marathon)	2,446,860	1,955,265	491,595	2,176,920	1,868,009	(308,911)	269,940	182,684
Community Treatment Youth (Lincoln)	727,982	694,864	33,118	711,088	649,699	(61,389)	16,894	(28,271)
Community Treatment Youth (Langlade)	518,815	594,054	(75,239)	506,708	484,972	(21,736)	12,107	(96,975)
Jail Meals (Marathon)	347,139	-	347,139	227,935	-	(227,935)	119,205	119,205
	9,542,589	8,286,400	1,256,189	9,020,264	8,909,878	(110,386)	522,324	1,145,802
COMMUNITY LIVING								
Adult Day Services (Marathon)	326,600	444,129	(117,529)	335,299	450,330	115,031	(8,699)	(2,498)
Day Services (Langlade)	142,566	162,087	(19,521)	129,209	115,634	(13,575)	13,357	(33,096)
Supportive Employment Program	85,064	67,349	17,715	118,748	106,779	(11,969)	(33,684)	5,746
Andrea St Group Home	246,724	-	246,724	257,256	-	(257,256)	(10,532)	(10,532)
Chadwick Group Home	287,275	222,102	65,173	329,567	235,829	(93,739)	(42,292)	(28,566)
Bissell Street Group Home	162,705	-	162,705	240,521	-	(240,521)	(77,816)	(77,816)
Heather Street Group Home	119,398	194,227	(74,829)	80,498	228,949	148,451	38,900	73,621
Marshall Street Residential	-	451,410	(451,410)	-	454,743	454,743	-	3,332
Jelinek Apartments	406,558	348,455	58,103	379,796	299,218	(80,578)	26,761	(22,476)
River View Apartments	231,684	295,142	(63,458)	272,972	276,140	3,168	(41,288)	(60,290)
Riverview Terrace	91,787	-	91,787	129,902	-	(129,902)	(38,114)	(38,114)
Hope House (Sober Living Marathon)	6,590	8,489	(1,898)	32,181	22,502	(9,679)	(25,591)	(11,577)
Sober Living (Langlade)	20,310	25,175	(4,864)	32,094	25,536	(6,558)	(11,784)	(11,422)
	2,127,261	2,218,565	(91,304)	2,338,043	2,215,660	(122,384)	(210,782)	(213,688)
NURSING HOMES								
Mount View Care Center	8,262,129	9,951,572	(1,689,443)	7,727,428	8,411,728	684,300	534,702	(1,005,143)
Pine Crest Nursing Home	5,243,912	5,632,839	(388,927)	5,335,915	5,162,545	(173,369)	(92,003)	(562,296)
	13,506,041	15,584,411	(2,078,370)	13,063,342	13,574,273	510,931	442,699	(1,567,440)
Pharmacy	3,329,454	3,306,572	22,883	3,484,989	3,327,722	(157,267)	(155,534)	(134,384)
OTHER PROGRAMS								
Aquatic Services	486,966	519,732	(32,766)	435,913	468,032	32,119	51,053	(647)
Birth To Three	134,095	-	134,095	134,095	-	(134,095)	-	-
Adult Protective Services	322,568	360,951	(38,384)	289,927	348,103	58,176	32,641	19,792
Demand Transportation	171,552	186,895	(15,343)	195,166	204,967	9,802	(23,613)	(5,541)
	1,115,181	1,067,579	47,602	1,055,100	1,021,101	(33,999)	60,081	13,604
Total NCHC Service Programs	36,134,368	36,301,836	(167,468)	35,791,629	36,301,836	510,207	342,739	342,739
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	3,875,099	-	3,875,099	3,110,122	-	(3,110,122)	764,976	764,976
Dental Insurance Trust Fund	220,787	-	220,787	166,724	-	(166,724)	54,063	54,063
Total NCHC Self-Funded Insurance Trusts	4,095,885	-	4,095,885	3,276,846	-	(3,276,846)	819,039	819,039

North Central Health Care  
Fund Balance Review  
For the Period Ending May 31, 2023

	Marathon	Langlade	Lincoln	Total
YTD Appropriation (Tax Levy) Revenue	1,992,169	95,911	433,689	2,521,768
Total Revenue at Period End	25,573,968	2,152,228	8,408,173	36,134,369
County Percent of Total Net Position	70.8%	6.0%	23.3%	
Total Operating Expenses, Year-to-Date *	25,142,015	2,295,380	8,354,235	35,791,630
<i>* Excluding Depreciation Expenses to be allocated at the end of the year</i>				
Share of Operating Cash	9,202,267	774,435	3,025,508	13,002,210
Days Cash on Hand	56	51	55	55
Minimum Target - 20%	12,068,167	1,101,782	4,010,033	17,179,982
Over/(Under) Target	(2,865,900)	(327,347)	(984,524)	(4,177,772)
Share of Investments	353,873	29,781	116,346	500,000
Days Invested Cash	2	2	2	2
Days Invested Cash on Hand Target - 90 Days	14,878,563	1,358,362	4,943,876	21,180,800
Current Percentage of Operating Cash	36.6%	33.7%	36.2%	36.3%
Over/(Under) Target	(2,865,900)	(327,347)	(984,524)	(4,177,772)
Share of Investments	353,873	29,781	116,346	500,000
Amount Needed to Fulfill Fund Balance Policy	<u>(2,512,027)</u>	<u>(297,566)</u>	<u>(868,178)</u>	<u>(3,677,772)</u>

North Central Health Care  
Review of Services in Marathon County  
For the Period Ending May 31, 2023

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	2,093,751	1,849,934	243,818	2,160,513	2,422,680	262,167	(66,762)	505,985
Community Treatment-Adult	2,087,553	1,991,342	96,211	2,065,653	2,193,637	127,984	21,900	224,195
Community Treatment-Youth	2,446,860	1,955,265	491,595	2,176,920	1,868,009	(308,911)	269,940	182,684
Residential	1,454,343	1,511,336	(56,993)	1,560,610	1,494,878	(65,732)	(106,267)	(122,726)
Hope House Sober Living	6,590	8,489	(1,898)	32,181	22,502	(9,679)	(25,591)	(11,577)
Riverview Terrace	91,787	-	91,787	129,902	-	(129,902)	(38,114)	(38,114)
Demand Transportation	171,552	186,895	(15,343)	195,166	204,967	9,802	(23,613)	(5,541)
Jail Meals	347,139	-	347,139	227,935	-	(227,935)	119,205	119,205
Adult Day Services	326,600	444,129	(117,529)	335,299	450,330	115,031	(8,699)	(2,498)
Aquatic Services	486,966	519,732	(32,766)	435,913	468,032	32,119	51,053	(647)
Mount View Care Center	8,262,129	9,951,572	(1,689,443)	7,727,428	8,411,728	684,300	534,702	(1,005,143)
	17,775,273	18,418,695	(643,422)	17,047,519	17,536,763	489,244	727,753	(154,179)
Shared Services								
Adult Behavioral Health Hospital	2,105,112	1,605,734	499,377	2,192,451	2,038,610	(153,840)	(87,339)	345,537
Youth Behavioral Health Hospital	850,030	445,338	404,692	1,024,346	979,825	(44,521)	(174,316)	360,171
Residency Program	294,728	272,892	21,836	327,754	320,101	(7,653)	(33,026)	14,183
Supportive Employment Program	63,146	49,995	13,150	88,150	79,265	(8,885)	(25,004)	4,265
Crisis Services	767,330	801,103	(33,773)	801,446	897,673	96,227	(34,116)	62,454
Adult Crisis Stabilization Facility	533,396	540,424	(7,028)	374,441	500,965	126,524	158,955	119,496
Youth Crisis Stabilization Facility	318,909	355,696	(36,787)	261,757	332,101	70,344	57,152	33,557
Pharmacy	2,471,549	2,454,563	16,986	2,587,007	2,470,263	(116,744)	(115,458)	(99,757)
Lakeside Recovery MMT	21,472	368,321	(346,849)	87,828	314,985	227,156	(66,356)	(119,693)
Adult Protective Services	238,928	267,421	(28,493)	215,221	258,407	43,186	23,707	14,693
Birth To Three	134,095	-	134,095	134,095	-	(134,095)	-	-
	7,798,695	7,161,489	637,206	8,094,496	8,192,195	97,699	(295,801)	734,905
Excess Revenue/(Expense)	25,573,968	25,580,184	(6,216)	25,142,015	25,728,958	586,943	431,953	580,727



North Central Health Care  
Review of Services in Lincoln County  
For the Period Ending May 31, 2023

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	472,032	399,057	72,974	329,891	328,397	(1,494)	142,140	71,480
Community Treatment-Adult	380,416	336,176	44,239	338,402	371,151	32,748	42,013	76,988
Community Treatment-Youth	727,982	694,864	33,118	711,088	649,699	(61,389)	16,894	(28,271)
Pine Crest Nursing Home	5,243,912	5,632,839	(388,927)	5,335,915	5,162,545	(173,369)	(92,003)	(562,296)
	6,824,341	7,062,936	(238,596)	6,715,296	6,511,792	(203,504)	109,045	(442,099)
Shared Services								
Adult Behavioral Health Hospital	450,508	347,693	102,815	451,396	419,722	(31,674)	(888)	71,141
Youth Behavioral Health Hospital	174,960	91,640	83,321	210,899	201,733	(9,166)	(35,938)	74,154
Residency Program	60,680	56,185	4,496	67,480	65,904	(1,576)	(6,800)	2,920
Supportive Employment Program	13,001	10,293	2,707	18,149	16,320	(1,829)	(5,148)	878
Crisis Services	147,262	154,216	(6,953)	165,007	184,819	19,812	(17,745)	12,858
Adult Crisis Stabilization Facility	109,819	111,266	(1,447)	77,092	103,142	26,050	32,727	24,603
Youth Crisis Stabilization Facility	65,659	73,233	(7,574)	53,892	68,375	14,483	11,767	6,909
Pharmacy	508,858	505,361	3,497	532,630	508,594	(24,036)	(23,771)	(20,539)
Lakeside Recovery MMT	4,421	75,832	(71,412)	18,083	64,851	46,768	(13,662)	(24,643)
Adult Protective Services	48,663	54,529	(5,866)	44,311	53,202	8,891	4,351	3,025
	1,583,832	1,480,248	103,584	1,638,938	1,686,662	47,723	(55,106)	151,307
Excess Revenue/(Expense)	8,408,173	8,543,185	(135,012)	8,354,235	8,198,454	(155,781)	53,938	(290,792)


North Central Health Care  
Review of Services in Llanglade County  
For the Period Ending May 31, 2023

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	348,746	329,419	19,327	285,031	335,716	50,685	63,715	70,012
Community Treatment-Adult	119,293	136,288	(16,995)	218,122	255,616	37,494	(98,829)	20,500
Community Treatment-Youth	518,815	594,054	(75,239)	506,708	484,972	(21,736)	12,107	(96,975)
Sober Living	20,310	25,175	(4,864)	32,094	25,536	(6,558)	(11,784)	(11,422)
Day Services	142,566	162,087	(19,521)	129,209	115,634	(13,575)	13,357	(33,096)
	1,149,732	1,247,023	(97,292)	1,171,165	1,217,475	46,310	(21,434)	(50,982)
Shared Services								
Adult Behavioral Health Hospital	260,925	190,400	70,525	309,631	287,904	(21,726)	(48,705)	48,799
Youth Behavioral Health Hospital	120,161	63,008	57,153	144,664	138,377	(6,287)	(24,503)	50,865
Residency Program	41,623	38,539	3,084	46,287	45,207	(1,081)	(4,664)	2,003
Supportive Employment Program	8,918	7,061	1,857	12,449	11,194	(1,255)	(3,531)	602
Crisis Services	63,446	68,215	(4,770)	113,185	126,775	13,590	(49,739)	8,820
Adult Crisis Stabilization Facility	75,329	76,322	(993)	52,881	70,749	17,868	22,449	16,876
Youth Crisis Stabilization Facility	45,038	50,233	(5,195)	36,967	46,901	9,934	8,071	4,739
Pharmacy	349,047	346,648	2,399	365,352	348,865	(16,487)	(16,306)	(14,088)
Lakeside Recovery MMT	3,032	52,016	(48,984)	12,404	44,484	32,080	(9,371)	(16,904)
Adult Protective Services	34,977	39,001	(4,024)	30,395	36,494	6,099	4,582	2,075
	1,002,496	931,444	71,052	1,124,214	1,156,950	32,735	(121,718)	103,788
Excess Revenue/(Expense)	2,152,228	2,178,467	(26,239)	2,295,380	2,374,425	79,045	(143,152)	52,806

## **NCCSP Board Policy Index**

June 21, 2023

<b><u>Board Policy</u></b>	<b><u>Proposed Oversight</u></b>
Budget	Executive Committee
Business Associates	Senior Leadership
Capital Asset Management	Executive Committee
Capitalization of Assets	Executive Committee
Cash Management	Executive Committee
Code of Conduct	Executive Committee
Complaints and Grievances	Executive Committee
Contract Review and Approval	Board Assist Executive Final
Contracting with Excluded Individuals and Entities	Board
Corporate Compliance Program	Executive Committee
Employee Compensation	Executive Committee
Employee Grievances	Senior Leadership
Fund Balance	Executive Committee
Investments	Executive Committee
Medical Staff Bylaws	
Occurrence Reporting	Senior Leadership
Physician Compensation	
Quality Safety & Compliance	Executive Committee
Risk Reserve Guidelines	Executive Committee
Strategic Planning	Board Provides Recommendation Executive Committee Final
Utilization Review Plan	Senior Leadership
Write-off of Accounts Receivable	Executive Committee

<b>Policy Title:</b> Complaints and Grievances Policy	 <b>North Central Health Care</b> Person centered. Outcome focused.
<b>Policy #:</b> 105-0019	<b>Program:</b> Quality and Compliance 200
<b>Date Issued:</b> 10/28/2021	<b>Policy Contact:</b> Compliance Officer
<b>Date Revised:</b> 3/1/2023	

#### Related Forms

[Grievance Form](#)

#### 1. Purpose

This policy provides guidance for utilizing NCHC's centralized structure to report and respond to ~~c~~Consumer ~~c~~Complaints, and ~~g~~Grievances ~~for the Community Behavioral Health & Addiction programs~~. The policy prescribes guidelines and requirements for compliance with regulatory requirements related to ~~c~~Consumer rights and the successful resolution of NCHC's Grievance investigation process through this policy and its related policies. Responding to ~~c~~Complaints and ~~g~~Grievances effectively is critical to delivering good customer service and service recovery and a method for identifying opportunities for improvement. This policy outlines the grievance resolution system for all programs providing services to individuals that NCHC serves.

#### 2. Definitions

**Client Rights Specialist/Grievance Official:** means ~~"a person designated by a program or a coalition of programs to facilitate informal resolution of concerns where requested and to conduct program level reviews of grievances and make proposed factual findings, determinations of merit and recommendations for resolution which are provided to the program manager and the client."~~ This person:

- ~~receives and tracks grievances to resolution;~~
- ~~leads any necessary investigations;~~
- ~~maintains the confidentiality of all individuals and information associated with grievances as necessary or requested~~
- ~~issues~~ing grievance decisions
- ~~and coordinat~~ing with state and federal agencies as necessary considering specific allegations.

~~The individual serving in this position is employed in an area that is not directly involved in service delivery. In the event of any conflicts of interest, there will be another person assigned.~~

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**Complaint:** A verbal concern raised by a Consumer, on their own behalf or by a representative, regarding the quality of care or services during or after the episode of care provided by staff, practitioners or contracted agents of the organization that can be

**Policy Title:** Complaints and Grievances Policy

**Author(s):** Jennifer Peaslee

**Owner:** Compliance Officer

**Next Review Date:** ~~December 2022~~4

**Approver:** NCCSP ~~Executive Committee Board~~

immediately resolved by staff present at the time the concern is raised. This can also include information obtained from patient satisfaction surveys, unless written with request for resolution in which cases qualifies as a grievance.

**Consumer:** Any individual patient, client or resident receiving services or care from NCHC.

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

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

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

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

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

**Grievance Committee:** An ad hoc committee whose focus is the resolution of an individual Grievance. The committee consists of individuals pertinent to the Grievance, Community Programming, and/or Quality Committee members. The committee is called to assist ~~created~~ as needed by the Client Rights Specialist/Grievance Official.

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

**Representative:** (could be any of the following)

- An individual chosen by the Consumer to act on behalf of the Consumer to support decision-making; access medical, social, or other personal information; manage financial matters; or receive notifications; or
- A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the Consumer to support the Consumer in decision-making; access medical, social or other personal information; manage

**Policy Title:** Complaints and Grievances Policy

**Author(s):** Jennifer Peaslee

**Owner:** Compliance Officer

**Next Review Date:** December 2024

**Approver:** NCCSP Executive Committee Board

financial matters; or receive notifications. Staff must verify the validity of these types of representatives.

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

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

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

### 3. Policy

North Central Health Care (NCHC) is responsible for protecting the rights of all Consumers utilizing NCHC services. Further, NCHC fully supports a Consumer's right to voice Complaints or Grievances without discrimination or fear of reprisal. Included in these rights is the provision for an effective and timely mechanism to resolve Complaints and Grievances. The NCCSP Board of Directors Executive Committee delegates responsibility for ensuring an effective program for the resolution of Complaints and Grievances to the ~~Corporate~~ Compliance Officer and ~~generally~~ NCHC's Management Team. ~~Responding to Complaints and Grievances effectively is critical to delivering good customer service, service recovery, and a method for identifying opportunities for improvement.~~ The ~~Corporate~~ Compliance Officer is responsible for overseeing an effective and well-organized centralized structure to report and respond to Consumer Complaints and Grievances. This structure includes written policies, a client rights specialist, an informal and formal resolution process, protections for clients and advocates and client instruction and ensures that all employees who have patient contact are aware of the requirements of this policy and corresponding procedures and documents.

### 4. General Procedure

- 4.1. During the admission process all Consumers and/or their Representatives are given a Patient's Rights & Responsibilities brochure and will be informed of NCHC's internal Grievance process including whom to contact, and how to initiate a Complaint.
- 4.2. Staff Present must take reasonable and appropriate steps upon receiving a Complaint or Grievance to mitigate the issue, especially in Emergency situations, to ensure the Consumer's immediate safety and to address it in a timely, reasonable, and consistent manner.

**Policy Title:** Complaints and Grievances Policy  
**Author(s):** Jennifer Peaslee  
**Owner:** Compliance Officer

**Next Review Date:** ~~December 2024~~  
**Approver:** NCCSP Executive Committee Board

4.3. Any individual responding to a Complaint or Grievance must follow the Complaint and Grievances Procedure.

4.4. Data trending and compliance with this policy will be audited and analyzed by the Compliance Officer on an ongoing and regular basis and reported to the Community Programs Quality Committee.~~Any significant current and closed Grievances along with their disposition will be reported monthly to the Compliance Committee and as needed to the NCCSP Board of Directors Executive Committee.~~

~~4.4. Current and closed Complaints and Grievances along with their disposition will be reported monthly to the Corporate Compliance Committee and Bi-Monthly to the NCCSP Board of Directors.~~

## 5. References

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

5.2 **Joint Commission:** RI.01.07.01, Rights of the Individual

5.3 **Other:** DHS 94, DHS 51.61, DHS Civil Rights Plan Compliance, Section 1557 of the Patient Protection and Affordable Care Act of 2010, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Age Discrimination Act of 1975

## Related Policies, Procedures and Documents

- Complaints & Grievance Procedure
- Employee Grievance Policy
- Employee ~~Complaints-Grievance~~ Procedure
- Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercation, Injury of Unknown Origin and Caregiver Misconduct Policy
- Section 1557 Affordable Care Act Discrimination Grievance Procedure
- Complaint Resolution Procedure, Nursing Home Operations
- Civil Rights Service Delivery Discrimination Complaint Instructions & Form #F-00166 (Available in English, Hmong, Spanish)

**Policy Title:** Complaints and Grievances Policy

**Author(s):** Jennifer Peaslee

**Owner:** Compliance Officer

**Next Review Date:** ~~December 2022~~ December 2024

**Approver:** NCCSP Executive Committee Board

## 2023 County Appropriations Requests by County

Program	Langlade	Lincoln	Marathon	Total
Adult Hospital	42,481	230,214	918,892	1,191,587
Crisis	102,895	281,448	1,491,977	1,876,320
Youth Hospital	5,500	7,500	37,000	50,000
Aquatic Services	-	-	342,345	342,345
Mount View	-	-	1,592,000	1,592,000
Pine Crest	-	440,815	-	440,815
Sober Living	20,000	-	-	20,000
Adult Protective Services	59,310	80,876	398,991	539,177
<b>Total</b>	<b>230,186</b>	<b>1,040,853</b>	<b>4,781,205</b>	<b>6,052,244</b>

## 2024 County Appropriations Requests by County - 3% increase

3%

Program	Langlade	Lincoln	Marathon	Total
Adult Hospital	43,755	237,120	946,459	1,227,335
Crisis	105,982	289,891	1,536,736	1,932,610
Youth Hospital	5,665	7,725	38,110	51,500
Aquatic Services	-	-	352,615	352,615
Mount View	-	-	1,639,760	1,639,760
Pine Crest	-	-	-	-
Sober Living	20,000	-	-	20,000
Adult Protective Services	61,089	83,302	410,961	555,352
<b>Total</b>	<b>236,492</b>	<b>618,039</b>	<b>4,924,641</b>	<b>5,779,172</b>
Total tax levy increase	2.7%	-40.6%	3.0%	

Langlade - 3% increase excluding Sober Living. Kept sober living at \$20,000 per 5 year agreement which brought overall tax levy increase to 2.7%

Lincoln - 3% increase. Excludes Pine Crest which brings overall levy request to (40.6%)

Marathon - 3% increase across the board.