North Central Health Care
Person centered. Outcome focused.

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, October 29, 2025 at 1:00 PM
North Central Health Care – **NCHC Eagle Board Room**
2400 Marshall Street, Suite A, 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 Link: ***https://ccitc.webex.com/ccitc/j.php?MTID=m55e78b570e2e699fcf350bf34d5e2857***
Meeting number: 1-408-418-9388 ***Access Code:*** 2498 449 1044 ***Password:*** 1234

AGENDA

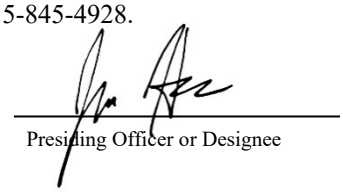
1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (Limited to 15 Minutes)
3. Approval of September 24, 2025 and September 30, 2025 Executive Committee Meeting Minutes
4. Educational Presentations, Committee Discussion, and Organizational Updates
    a. Introduction of Steven St. Louis – J. Hake
    b. Financial Update – J. Hake
    c. Evaluation of Service Levels Across Tri-County Region – J. Hake
5. Discussion and Possible Action
    a. ACTION: Approval of Compensation Administration Guide – M. Bredlau
    b. ACTION: Nursing Home Operations Committee – J. Hake
    c. ACTION: Approval of Recommendations of Medical Staff: Susan Brust, APNP, Trisa Danz, MD, Richard Immler, MD, Susan Tran, MD
6. Closed Session
    a. Motion to go into Closed Session (Roll Call Vote Suggested) Pursuant to Wis. Stat. ss. 19.85(1)(c),(f) and (g), for the purpose of "[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility", "considering medical data of specific persons", "preliminary consideration of specific personnel problems or investigation of charges against specific persons," and "conferring with counsel" with respect to litigation NCHC could become, or is likely to be, involved in to wit: Update on Investigative Matters Concerning NCHC Employees and Survey Results and Discuss Program Specific Personnel Issues and Concerns, Discuss Medical Data of Certain Individuals, and Update From Legal Counsel Regarding Potential Claims Associated with Employee Actions
    b. Motion to return to Open Session (Roll Call Vote Unnecessary) and possible announcements and/or action regarding Closed Session items

7. Next Meeting Date & Time, Location and Future Agenda Items
    a. Tuesday, December 2, 2025, 1:00 p.m., NCHC Eagle 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



Presiding Officer or Designee

DATE: 10/23/2025 TIME: 3:00 PM BY: D. Osowski

North Central Health Care
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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
EXECUTIVE COMMITTEE MEETING MINUTES

September 24, 2025 **1:00 p.m.** **North Central Health Care**

Present:	X	Kurt Gibbs	X	Renee Krueger
	X	Lance Leonhard	X	Robin Stowe

Staff Present: Gary Olsen, Jason Hake, Marnie Bredlau, Vicki Tylka, Ben Peterson, Kristin Woller

Others Present: Mike Puerner, Corporation Counsel

Call to Order
- The meeting was called to order by Chair Gibbs at 1:00 p.m.

Public Comment for Matters Appearing on the Agenda
- None

Approval of August 27, 2025 Executive Committee Meeting Minutes
- **Motion**/second, Stowe/Krueger, to approve August 27, 2025 Executive Committee meeting minutes. Motion carried.

Financial Update
- Mr. Hake provided an overview of financials through the month of August noting that overall the organization is currently in a strong position.

2026 Budget Presentation
- A review of the 2026 budget was provided by Mr. Hake.

Executive Director Work Plan Update
- The updated Executive Director Work Plan was included in the meeting packet for the committee's review.

Approval of 2026 Budget
- **Motion**/second, Leonhard/Stowe, to approve the 2026 Budget as presented. Motion carried.

Respiratory Therapist Grade Placement
- Ms. Bredlau reviewed the memo included in the packet requesting a change in the Respiratory Therapist grade placement.
- **Motion**/second, Leonhard/Krueger, to approve the request to increase the Respiratory Therapist position from Grade 11 to Grade 12 resulting in a projected annual financial impact of $38,021. Motion carried.

New Position Request

- Mr. Hake provided an overview of the purpose in requesting a new position for Manager of Procurement.
- **Motion**/second, Krueger/Leonhard, to approve the new position of Manager of Procurement resulting in a budget impact of $42,423 annually. Motion carried.

Compensation Administration Guide

- Approval of Compensation Administration Guide was tabled and will be placed on the October 2025 Executive Committee meeting agenda for action.

Employee Grievance Policy

- The updated Employee Grievance Policy was presented.
- **Motion**/second, Krueger/Stowe, to approve the revised policy as presented. Motion carried.

Nursing Home Operations Committee

- Mr. Olsen provided an overview of the memo in the packet on the purpose and structure of the Nursing Home Operations Committee. The memo included information provided by corporation counsel on both state and federal regulations.
- **Motion**/second, Leonhard/Stowe, to postpone the discussion on the Nursing Home Operations Committee until next month and have staff review the current Mount View Nursing Home agreement.

Formal Acceptance of the Executive Director Retirement Notice and Designation of an Acting Executive Director

- Mr. Leonhard drafted a memo consistent with the discussion from last month outlining what the transition would look like and will be discussed in the closed session. Therefore, action was postponed until the Committee comes out of closed session, agenda item 5g.

Closed Session

- Mr. Puerner explained the purpose for a closed session is due to the discussion of the data and information that had been gathered about specific personnel employed by or working with the North Central Health Care facility, so disclosure of that information would be contrary to the interests of those individuals as well as the organization. Additionally, the Committee will be conferring with council about the potential of claims and progress of claims related to incidents that occurred both at the ACSF and nursing home under the jurisdiction of North Central Health Care. Therefore, discussion of that legal advising both sessions is appropriate to ensure that attorney client privilege is protected.
- **Motion**/second, Stowe/Leonhard, to go into Closed Session (Roll Call Vote Suggested) pursuant to Wis. Stat. ss. 19.85(1)(c),(f) and (g), for the purpose of "[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility", "considering medical data of specific persons", "preliminary consideration of specific personnel problems or investigation of charges against specific persons," and "conferring with counsel" with respect to litigation NCHC could become, or is likely to be, involved

in to wit: Update on Investigative Matters Concerning NCHC Employees and Survey Results and Discuss Program Specific Personnel Issues and Concerns, Discuss Medical Data of Certain Individuals, and Update From Legal Counsel Regarding Potential Claims Associated with Employee Actions. Roll call vote taken; all indicating aye. Staff remained in closed session. Motion carried. Meeting convened in closed session at 2:28 p.m.

- **Motion**/second, Stowe/Leonhard, to Return to Open Session at 4:02 p.m. Motion carried.
- Possible Announcements and/or Action Regarding Closed Session items
    - None
- Mr. Puerner explained that the next closed session is to discuss and consider information provided by a departing attorney in the corporation counsel office with one of the committee members that includes specific information and should be discussed in closed session because it relates to specific personnel issues for the organization. The other item is for discussion and transition planning for the Executive Director position that is one of the employees over which the Committee has direct oversight and, is the employee that the Committee has the ability to make those decisions about so those decisions are entitled to a closed session.
- **Motion**/second, Stowe/Leonhard , to go into Closed Session (Roll Call Vote Suggested) pursuant to Wis. Stat. ss. 19.85(1)(c) and (f), for the purpose of "[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility", and "preliminary consideration of specific personnel problems, to wit: discussion of data gathered from exit interview of departing partner agency employee and transition planning for Executive Director position. Roll call vote taken; all indicated aye. All staff were excused. Motion carried. Meeting convened in closed session at 4:04 p.m.
- **Motion**/second, Krueger/Stowe, to return to open session at 5:02 p.m. Motion carried.
- Possible Announcements and/or Action Regarding Closed Session items
    - **Motion**/second, Leonhard/Stowe, that the Executive Committee formally accept the resignation and retirement and release of all claims to the current Executive Director, and concurrently appoint Jason Hake as Acting Executive Director effective September 28 of this year, consistent with the transition plan that the Committee discussed and the memo, and that the chair of this committee be formally empowered to execute all necessary documents consistent with the motion. To provide clarification, it is not part of the motion but as laid out in the memo, the idea is to have the current executive director transition to an advisory role through January 2. Motion carried.

Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, October 29, 2025 at 1:00 p.m. in the NCHC Eagle Board Room.

Adjournment

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

Minutes prepared by Debbie Osowski, Senior Executive Assistant

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
EXECUTIVE COMMITTEE MEETING MINUTES

September 30, 2025 **9:45 a.m.** **North Central Health Care**

Present:	X	Kurt Gibbs	X(WebEx)	Renee Krueger
	X(WebEx)	Lance Leonhard	X(WebEx)	Robin Stowe

Staff Present: Gary Olsen, Jason Hake

Call to Order

- The meeting was called to order by Chair Gibbs at 9:45 a.m.

Recommendation of Medical Staff

- **Motion**/second, Leonhard/Stowe, to approve the recommendations of Medical Staff for Bennett E. Harris, D.O. Motion carried.

Adjournment

- **Motion**/second, Stowe/Leonhard, to adjourn the meeting at 9:45 a.m. Motion carried.

Minutes prepared by Debbie Osowski, Senior Executive Assistant

North Central Health Care
Programs by Service Line - Current Month
September-25

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	832,602	667,513	165,089	561,519	492,385	(69,135)	271,083	95,955
Adult Crisis Stabilization Facility	375,644	203,299	172,345	169,516	164,136	(5,380)	206,128	166,965
Lakeside Recovery MMT	132,181	127,935	4,246	161,188	131,311	(29,877)	(29,007)	(25,630)
Youth Behavioral Health Hospital	288,618	273,930	14,688	326,655	314,065	(12,590)	(38,037)	2,098
Youth Crisis Stabilization Facility	294,895	126,847	168,048	237,113	109,340	(127,773)	57,782	40,275
Contracted Services (Out of County Placements)	-	-	-	324,258	153,778	(170,480)	(324,258)	(170,480)
Crisis Services	254,548	250,205	4,344	215,530	242,262	26,731	39,018	31,075
Psychiatry Residency	7,934	20,171	(12,236)	97,989	43,310	(54,679)	(90,055)	(66,915)
	2,186,423	1,669,899	516,524	2,093,769	1,650,587	(443,182)	92,654	73,342
COMMUNITY SERVICES								
Outpatient Services (Marathon)	438,041	493,727	(55,686)	554,025	532,739	(21,286)	(115,984)	(76,972)
Outpatient Services (Lincoln)	91,558	89,548	2,011	73,495	79,192	5,697	18,063	7,707
Outpatient Services (Langlade)	81,272	79,577	1,695	68,134	65,655	(2,479)	13,137	(784)
Community Treatment Adult (Marathon)	655,213	491,794	163,419	620,448	581,271	(39,177)	34,765	124,242
Community Treatment Adult (Lincoln)	78,166	74,794	3,372	67,503	82,177	14,675	10,663	18,047
Community Treatment Adult (Langlade)	40,702	28,560	12,142	56,058	40,522	(15,535)	(15,356)	(3,393)
Community Treatment Youth (Marathon)	721,583	549,475	172,108	735,233	593,617	(141,616)	(13,650)	30,492
Community Treatment Youth (Lincoln)	255,384	157,638	97,746	224,944	169,227	(55,718)	30,440	42,028
Community Treatment Youth (Langlade)	221,709	113,267	108,441	193,246	127,926	(65,320)	28,462	43,121
Hope House (Sober Living Marathon)	5,044	6,559	(1,514)	8,953	8,895	(58)	(3,909)	(1,573)
Sober Living (Langlade)	6,342	3,231	3,111	12,947	6,125	(6,822)	(6,605)	(3,711)
Adult Protective Services	57,396	69,680	(12,284)	85,990	73,408	(12,582)	(28,594)	(24,865)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	2,652,410	2,157,850	494,560	2,700,976	2,360,754	(340,222)	(48,566)	154,338
COMMUNITY LIVING								
Day Services (Langlade)	19,903	25,254	(5,351)	24,090	25,034	944	(4,187)	(4,407)
Supportive Employment Program	7,159	22,926	(15,767)	6,566	26,417	19,852	593	4,085
	27,062	48,180	(21,118)	30,655	51,451	20,796	(3,593)	(322)
NURSING HOMES								
Mount View Care Center	2,197,712	2,080,135	117,577	2,056,205	1,876,327	(179,878)	141,507	(62,301)
Pine Crest Nursing Home	36,735	1,245,062	(1,208,327)	129,208	1,202,118	1,072,910	(92,473)	(135,417)
	2,234,447	3,325,197	(1,090,750)	2,185,413	3,078,445	893,032	49,034	(197,718)
Pharmacy	565,178	597,490	(32,312)	551,732	630,146	78,414	13,446	46,103
OTHER PROGRAMS								
Aquatic Services	103,611	98,301	5,309	87,855	111,584	23,729	15,756	29,038
Birth To Three	-	-	-	-	-	-	-	-
Demand Transportation	35,377	34,982	395	45,104	48,931	3,827	(9,727)	4,222
	138,987	133,284	5,704	132,959	160,515	27,556	6,028	33,260
Total NCHC Service Programs	7,804,507	7,931,899	(208,797)	7,695,505	7,931,898	326,238	109,003	117,442
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	594,900	754,739	(159,839)	525,783	754,739	228,955	69,117	69,117
Dental Insurance Trust Fund	30,490	34,459	(3,969)	24,528	34,459	9,932	5,962	5,962
Total NCHC Self-Funded Insurance Trusts	625,389	789,198	(163,808)	550,311	789,198	238,887	75,079	75,079

North Central Health Care
Programs by Service Line - Year to Date
For the Period Ending September 30, 2025

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	7,278,655	6,007,617	1,271,037	4,909,038	4,431,463	(477,575)	2,369,617	793,462
Adult Crisis Stabilization Facility	3,104,189	1,829,694	1,274,495	1,546,030	1,477,227	(68,804)	1,558,159	1,205,692
Lakeside Recovery MMT	1,127,751	1,151,415	(23,664)	1,261,914	1,181,803	(80,111)	(134,163)	(103,775)
Youth Behavioral Health Hospital	2,961,651	2,465,372	496,279	2,672,132	2,826,584	154,452	289,519	650,731
Youth Crisis Stabilization Facility	1,425,654	1,141,620	284,034	1,249,857	984,062	(265,795)	175,797	18,239
Contracted Services (Out of County Placements)	-	-	-	1,546,765	1,384,002	(162,763)	(1,546,765)	(162,763)
Crisis Services	2,338,766	2,251,841	86,926	1,904,617	2,180,356	275,738	434,149	362,664
Psychiatry Residency	87,307	181,535	(94,228)	250,801	389,787	138,986	(163,494)	44,758
	18,323,973	15,029,093	3,294,880	15,341,155	14,855,282	(485,873)	2,982,818	2,809,008
COMMUNITY SERVICES								
Outpatient Services (Marathon)	4,073,017	4,443,544	(370,526)	4,432,465	4,794,655	362,190	(359,448)	(8,336)
Outpatient Services (Lincoln)	872,982	805,929	67,053	624,717	712,725	88,008	248,264	155,060
Outpatient Services (Langlade)	824,204	716,191	108,014	633,242	590,896	(42,347)	190,962	65,667
Community Treatment Adult (Marathon)	5,291,792	4,426,145	865,647	5,065,561	5,231,435	165,874	226,231	1,031,522
Community Treatment Adult (Lincoln)	683,017	673,146	9,870	775,859	739,595	(36,264)	(92,843)	(26,394)
Community Treatment Adult (Langlade)	311,808	257,040	54,768	390,398	364,702	(25,697)	(78,590)	29,072
Community Treatment Youth (Marathon)	5,993,861	4,945,278	1,048,583	5,728,428	5,342,552	(385,876)	265,433	662,707
Community Treatment Youth (Lincoln)	1,827,950	1,418,740	409,210	1,740,465	1,523,040	(217,425)	87,485	191,785
Community Treatment Youth (Langlade)	1,542,181	1,019,405	522,776	1,395,648	1,151,336	(244,311)	146,533	278,464
Hope House (Sober Living Marathon)	45,574	59,031	(13,457)	78,915	80,055	1,139	(33,341)	(12,317)
Sober Living (Langlade)	50,232	29,082	21,150	82,440	55,123	(27,317)	(32,208)	(6,168)
Adult Protective Services	616,455	627,119	(10,664)	1,007,095	660,675	(346,421)	(390,640)	(357,085)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	22,133,073	19,420,649	2,712,424	21,955,235	21,246,788	(708,447)	177,838	2,003,977
COMMUNITY LIVING								
Day Services (Langlade)	202,644	227,286	(24,642)	198,373	225,306	26,932	4,270	2,290
Supportive Employment Program	96,310	206,332	(110,022)	144,863	237,757	92,894	(48,553)	(17,128)
	298,954	433,618	(134,664)	343,237	463,063	119,827	(44,282)	(14,838)
NURSING HOMES								
Mount View Care Center	21,755,722	18,721,216	3,034,506	18,187,961	16,886,944	(1,301,017)	3,567,761	1,733,489
Pine Crest Nursing Home	8,321,449	11,205,554	(2,884,105)	8,626,420	10,819,059	2,192,638	(304,971)	(691,467)
	30,077,171	29,926,771	150,400	26,814,381	27,706,003	891,622	3,262,790	1,042,022
Pharmacy	5,158,842	5,377,406	(218,564)	5,190,128	5,671,318	481,190	(31,285)	262,627
OTHER PROGRAMS								
Aquatic Services	846,849	884,713	(37,864)	760,034	1,004,258	244,223	86,815	206,360
Birth To Three	389,580	-	389,580	389,580	-	(389,580)	-	-
Demand Transportation	364,585	314,839	49,746	370,986	440,379	69,392	(6,402)	119,138
	1,601,014	1,199,552	401,462	1,520,601	1,444,636	(75,964)	80,413	325,498
Total NCHC Service Programs	77,593,028	71,387,090	6,117,581	71,164,737	71,387,092	908,895	6,428,291	7,026,476
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	5,909,190	6,792,647	(883,456)	4,651,067	6,792,647	2,141,579	1,258,123	1,258,123
Dental Insurance Trust Fund	304,477	310,133	(5,656)	273,434	310,132	36,699	31,043	31,043
Total NCHC Self-Funded Insurance Trusts	6,213,667	7,102,779	(889,112)	4,924,501	7,102,779	2,178,278	1,289,166	1,289,166

North Central Health Care
Fund Balance Review
For the Period Ending September 30, 2025

	Marathon	Langlade	Lincoln	Total
YTD Appropriation (Tax Levy) Revenue	4,395,764	169,868	794,140	5,359,772
Total Revenue at Period End	56,915,521	5,292,190	15,385,317	77,593,028
County Percent of Total Net Position	73.4%	6.8%	19.8%	
Total Operating Expenses, Year-to-Date *	51,009,639	5,014,128	15,140,970	71,164,737
** Excluding Depreciation Expenses to be allocated at the end of the year*				
Share of Operating Cash	23,693,301	2,203,080	6,404,737	32,301,118
Days Cash on Hand	127	120	116	124
Minimum Target - 20%	13,602,570	1,337,101	4,037,592	18,977,263
Over/(Under) Target	10,090,731	865,979	2,367,145	13,323,855
Maximum Target - 35%	23,804,498	2,339,926	7,065,786	33,210,210
Over/(Under) Target	(111,197)	(136,846)	(661,049)	(909,092)
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 150 Days	27,950,487	2,747,467	8,296,422	38,994,376
Current Percentage of Operating Cash	46.4%	43.9%	42.3%	45.4%
Over/(Under) Minimum Target	10,090,731	865,979	2,367,145	13,323,855
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	10,090,731	865,979	2,367,145	13,323,855

North Central Health Care
Review of Services in Marathon County
For the Period Ending September 30, 2025

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
Direct Services								
Outpatient Services	4,073,017	4,443,544	(370,526)	4,432,465	4,794,655	362,190	(359,448)	(8,336)
Community Treatment-Adult	5,291,792	4,426,145	865,647	5,065,561	5,231,435	165,874	226,231	1,031,522
Community Treatment-Youth	5,993,861	4,945,278	1,048,583	5,728,428	5,342,552	(385,876)	265,433	662,707
Hope House Sober Living	45,574	59,031	(13,457)	78,915	80,055	1,139	(33,341)	(12,317)
Demand Transportation	364,585	314,839	49,746	370,986	440,379	69,392	(6,402)	119,138
Jail Meals	-	-	-	-	-	-	-	-
Aquatic Services	846,849	884,713	(37,864)	760,034	1,004,258	244,223	86,815	206,360
Mount View Care Center	21,755,722	18,721,216	3,034,506	18,187,961	16,886,944	(1,301,017)	3,567,761	1,733,489
	38,371,400	33,794,765	4,576,635	34,624,351	33,780,278	(844,073)	3,747,049	3,732,562
Shared Services								
Adult Behavioral Health Hospital	5,470,508	4,526,980	943,527	3,644,120	3,289,602	(354,518)	1,826,388	589,010
Youth Behavioral Health Hospital	2,200,072	1,831,670	368,402	1,983,600	2,098,254	114,654	216,472	483,056
Residency Program	64,810	134,758	(69,948)	186,177	289,350	103,173	(121,366)	33,225
Supportive Employment Program	71,494	153,166	(81,672)	107,536	176,494	68,958	(36,042)	(12,714)
Crisis Services	1,925,518	1,860,990	64,527	1,413,852	1,618,540	204,688	511,666	269,216
Adult Crisis Stabilization Facility	2,304,329	1,358,234	946,094	1,147,663	1,096,588	(51,075)	1,156,666	895,019
Youth Crisis Stabilization Facility	1,058,304	847,457	210,847	927,805	730,497	(197,308)	130,499	13,539
Pharmacy	3,829,557	3,991,803	(162,246)	3,852,781	4,209,982	357,201	(23,224)	194,955
Lakeside Recovery MMT	868,123	885,689	(17,566)	936,755	877,286	(59,469)	(68,632)	(77,035)
Adult Protective Services	462,210	470,127	(7,916)	747,596	490,438	(257,158)	(285,385)	(265,074)
Birth To Three	289,196	-	289,196	289,196	-	(289,196)	-	-
Contracted Services (Out of County Placements)	-	-	-	1,148,208	1,027,384	(120,824)	(1,148,208)	(120,824)
	18,544,121	16,060,875	2,483,246	16,385,288	15,904,416	(480,872)	2,158,833	2,002,374
Excess Revenue/(Expense)	56,915,521	49,855,640	7,059,881	51,009,639	49,684,693	(1,324,946)	5,905,882	5,734,936

North Central Health Care
Review of Services in Lincoln County
For the Period Ending September 30, 2025

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
Direct Services								
Outpatient Services	872,982	805,929	67,053	624,717	712,725	88,008	248,264	155,060
Community Treatment-Adult	683,017	673,146	9,870	775,859	739,595	(36,264)	(92,843)	(26,394)
Community Treatment-Youth	1,827,950	1,418,740	409,210	1,740,465	1,523,040	(217,425)	87,485	191,785
Pine Crest Nursing Home	8,321,449	11,205,554	(2,884,105)	8,626,420	10,819,059	2,192,638	(304,971)	(691,467)
	11,705,398	14,103,370	(2,397,972)	11,767,462	13,794,419	2,026,956	(62,065)	(371,016)
Shared Services								
Adult Behavioral Health Hospital	1,125,377	931,117	194,259	750,275	677,284	(72,990)	375,102	121,269
Youth Behavioral Health Hospital	451,560	375,711	75,849	408,396	432,002	23,606	43,164	99,455
Residency Program	13,344	27,745	(14,401)	38,331	59,573	21,242	(24,988)	6,841
Supportive Employment Program	14,720	31,535	(16,815)	22,140	36,338	14,198	(7,421)	(2,618)
Crisis Services	286,427	273,141	13,285	291,093	333,235	42,143	(4,666)	55,428
Adult Crisis Stabilization Facility	474,430	279,642	194,788	236,288	225,772	(10,516)	238,142	184,272
Youth Crisis Stabilization Facility	217,890	174,480	43,410	191,022	150,399	(40,623)	26,868	2,787
Pharmacy	788,454	821,858	(33,404)	793,235	866,778	73,543	(4,782)	40,139
Lakeside Recovery MMT	153,996	157,613	(3,617)	192,865	180,621	(12,244)	(38,869)	(15,861)
Adult Protective Services	94,181	95,811	(1,630)	153,920	100,974	(52,945)	(59,739)	(54,575)
Birth To Three	59,542	-	59,542	59,542	-	(59,542)	-	-
Contracted Services (Out of County Placements)	-	-	-	236,400	211,524	(24,876)	(236,400)	(24,876)
	3,679,919	3,168,653	511,267	3,373,508	3,274,503	(99,005)	306,412	412,262
Excess Revenue/(Expense)	15,385,317	17,272,023	(1,886,706)	15,140,970	17,068,921	1,927,951	244,347	41,246

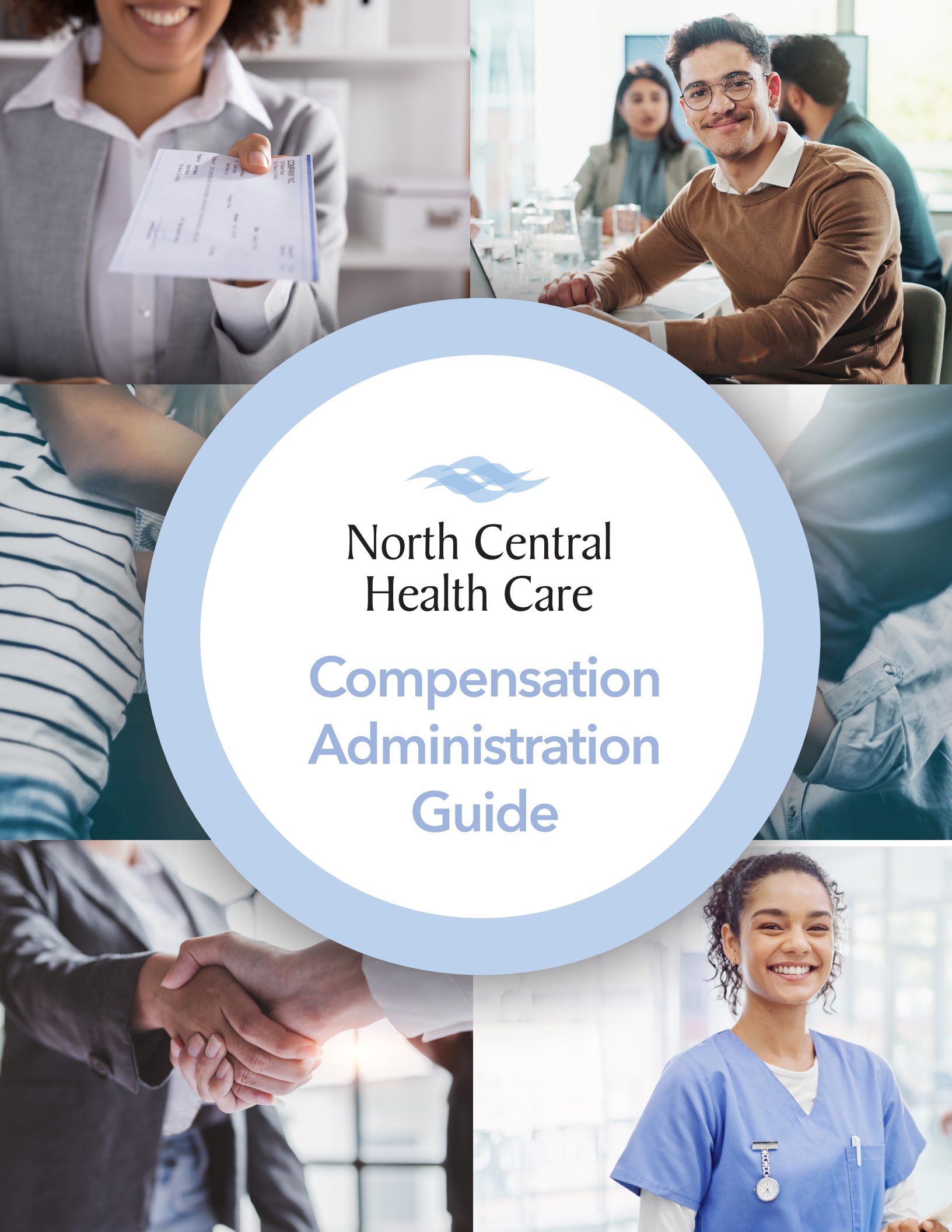
North Central Health Care
Review of Services in Langlade County
For the Period Ending September 30, 2025

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
Direct Services								
Outpatient Services	824,204	716,191	108,014	633,242	590,896	(42,347)	190,962	65,667
Community Treatment-Adult	311,808	257,040	54,768	390,398	364,702	(25,697)	(78,590)	29,072
Community Treatment-Youth	1,542,181	1,019,405	522,776	1,395,648	1,151,336	(244,311)	146,533	278,464
Sober Living	50,232	29,082	21,150	82,440	55,123	(27,317)	(32,208)	(6,168)
Adult Day Services	202,644	227,286	(24,642)	198,373	225,306	26,932	4,270	2,290
	2,931,069	2,249,004	682,065	2,700,102	2,387,362	(312,740)	230,967	369,325
Shared Services								
Adult Behavioral Health Hospital	682,770	549,520	133,250	514,644	464,577	(50,067)	168,126	83,183
Youth Behavioral Health Hospital	310,018	257,990	52,028	280,136	296,328	16,192	29,883	68,220
Residency Program	9,153	19,031	(9,878)	26,293	40,864	14,571	(17,140)	4,692
Supportive Employment Program	10,097	21,631	(11,534)	15,187	24,926	9,739	(5,090)	(1,796)
Crisis Services	126,822	117,709	9,113	199,672	228,580	28,907	(72,850)	38,020
Adult Crisis Stabilization Facility	325,431	191,818	133,613	162,080	154,866	(7,213)	163,351	126,400
Youth Crisis Stabilization Facility	149,460	119,683	29,777	131,030	103,165	(27,865)	18,430	1,912
Pharmacy	540,832	563,746	(22,913)	544,112	594,558	50,446	(3,280)	27,533
Lakeside Recovery MMT	105,632	108,113	(2,481)	132,294	123,895	(8,399)	(26,662)	(10,879)
Adult Protective Services	60,064	61,182	(1,118)	105,580	69,262	(36,317)	(45,516)	(37,435)
Birth To Three	40,842	-	40,842	40,842	-	(40,842)	-	-
Contracted Services (Out of County Placements)	-	-	-	162,157	145,093	(17,063)	(162,157)	(17,063)
	2,361,121	2,010,423	350,698	2,314,026	2,246,114	(67,912)	47,095	282,787
Excess Revenue/(Expense)	5,292,190	4,259,427	1,032,763	5,014,128	4,633,477	(380,651)	278,062	652,112

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending September 30, 2025

	MTD	YTD
Behavioral Health Hospitals		
Charity Care	$ 36,731	$ 449,098
Administrative Write-Off	$ 10,240	$ 349,820
Bad Debt	$ -	$ 422,894
Outpatient & Community Treatment		
Charity Care	$ 7,939	$ 175,901
Administrative Write-Off	$ 3,296	$ 52,570
Bad Debt	$ -	$ 94,780
Nursing Home Services		
Charity Care	$ -	$ -
Administrative Write-Off	$ -	$ 115,783
Bad Debt	$ -	$ 24,225
Aquatic Services		
Charity Care	$ -	$ -
Administrative Write-Off	$ -	$ -
Bad Debt	$ -	$ -
Pharmacy		
Charity Care	$ -	$ -
Administrative Write-Off	$ -	$ 164
Bad Debt	$ -	$ -
Other Services		
Charity Care	$ -	$ 7,735
Administrative Write-Off	$ (68)	$ 1,372
Bad Debt	$ -	$ 372
Grand Total		
Charity Care	$ 44,670	$ 632,734
Administrative Write-Off	$ 13,467	$ 519,709
Bad Debt	$ -	$ 542,271

FINANCIAL DASHBOARD								FISCAL YEAR: 2025								
DEPARTMENT	Metric	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2025 YTD	2024
BEHAVIORAL HEALTH SERVICES																
Adult Hospital	Average Daily Census	9.00	11.19	10.73	10.38	10.30	7.78	11.43	13.35	11.55	13.70				11.16	8.8
Adult Crisis Stabilization Facility	Average Daily Census	9.00	14.35	13.96	13.48	12.53	9.68	9.17	14.03	15.74	14.60				13.06	9.0
Lakeside Recovery MMT	Average Daily Census	13.00	11.32	12.00	10.26	8.53	9.97	12.43	11.19	14.03	13.80				11.50	9.0
Youth Hospital	Average Daily Census	4.50	4.35	5.07	4.23	4.90	4.55	5.33	4.84	5.97	4.80				4.89	4.4
Youth Crisis Stabilization Facility	Billable Units	5,840	3,784	2,946	4,251	5,606	5,210	5,769	4,124	6,140	4037				4,652	5514
Youth Out of County Placements (WMHI/MMHI)	Days	150 Annual 37 Monthly	4	6	1	10	15	27	4	28	75				170	129
Adult Out of County Placements (WMHI/MMHI)	Days	547 Annual 45 Monthly	95	49	67	70	75	98	111	37	63				665	817
Out of County Placements (Trempealeau)	Days	538 Annual 44 Monthly	93	84	93	97	113	75	62	124	62				803	837
Out of County Placements (Group Home)	Days	1919 Annual 160 Monthly	168	140	155	150	124	151	124	124	155				1,291	2100
COMMUNITY SERVICES																
Hope House - Marathon	Average Daily Census	**7.00**	5.20	4.90	4.00	6.10	5.50	5.00	4.2	5.0	3.7				4.84	6.8
Hope House - Langlade	Average Daily Census	**3.00**	2.70	1.90	1.20	2.50	2.48	4.20	7.0	4.8	2.3				3.23	5.1
NURSING HOMES																
Mount View Care Center	Average Daily Census	128.00	126.35	126.71	126.45	124.17	124.00	124.97	119.61	119.77	123.37				123.93	123
Pine Crest	Average Daily Census	82.00	78.00	75.80	77.2	76.2	74.2	77.2	76.2	0.0	0.0				59.42	81



North Central Health Care

Compensation Administration Guide

CONTENTS

OVERVIEW

The purpose of this guide is to provide rationale and direction in the establishment and administration of the Classification & Compensation Program at North Central Health Care.

As an overview, North Central Health Care has implemented a new 16-step pay structure to remain competitive in both the private and public health care sectors. Following a thorough analysis of the total rewards package, including compensation, benefits, and cross-industry competition, the step structure was designed to be competitive at the 60th percentile of the market. The pay system has the minimum set at 90% of the control point and the maximum set to 115% of the control point. These pay ranges and structures were developed through an objective process by a professional compensation consulting firm and subsequently adopted by North Central Health Care.

Compensation system design determines pay ranges based on combining principles of objective job evaluation and accurate market measurement.

Job Evaluation

The objective job evaluation process involved the application of a Point Factor Job Evaluation System using current job documentation and leadership input. Job Evaluation is a systematic method of determining the internal relationships of positions within an organization. This process involves detailed analysis of a position to determine its requirements, assigned responsibilities and influence on the organization's operations. Evaluation factors are:

- Formal Preparation and Experience
- Decision Making (Impact)
- Thinking Challenges/Problem Solving
- Interactions and Communications
- Work Environment

Market Analysis

Market analysis was inclusive of compensation practices for similar positions at comparable organizations, as well as organizations in the competitive geographic market. This market analysis was completed using published compensation surveys and sources where the market data is provided by employers matching their information. In addition, a custom survey was utilized through the consultant's survey. The survey sources utilized through the consultant's survey library provide data that is administered on a recurring basis which ensures we can repeat the study using consistent methodology in the future.

PROGRAM OBJECTIVES

1) Develop and maintain a pay structure that will enable North Central Health Care to **attract and retain qualified personnel**.

2) Have a flexible Compensation Program that continually **reflects changing economic and competitive conditions.**

3) Maintain pay relationships among positions that are **internally consistent** and by recognizing important relative differences in position responsibilities and requirements.

4) Establish and maintain pay levels that will **compare favorably with salaries paid by other employers in North Central Health Care's employment area**, for positions of similar responsibility.

5) **Follow the principles of equal employment opportunity (EEO)**, basing differentials in pay solely on qualifications, position responsibilities and meeting performance expectations without regard to non-position related attributes such as race, color, religion, sex, age, national origin, marital status or any disability which does not preclude the effective performance of position accountabilities.

The Guide is not a contract and is subject to periodic revision and update as organizational circumstances dictate.

PAY STRUCTURE: Design & Maintenance

Pay Structure

To facilitate effective administration of the Program, a pay structure has been established for all employees including the Executive Director.

Grade Levels

The pay structure consists of a set of levels of responsibility, or grades. A sufficient number of grades have been established to recognize important relative differences in position responsibilities and requirements, from the lowest to the highest-level position in the structure.

Assignment of positions to grades is accomplished through the evaluation of each position and the matching of certain positions to applicable employment market rates. The placement of positions to grades is consistent across exempt and non-exempt roles.

Step Structure Ranges

Each pay grade is assigned an appropriate Step Range, based upon market pay data for the positions in that grade. The control points for these step ranges are derived from the 60th percentile market measurement.

In the step structure, the percentage spread within the step range reflects the increasing complexity and autonomy of the roles assigned to each structure. Additionally, the range width is designed to represent a reasonable progression, with steps calculated at 2% of the control point up to the control point, and a 1.5% step progression thereafter. The pay grades have a minimum of 90% and a maximum of 115% of the control point. All pay ranges consist of 16 step increments, with step 6 representing the control point.

Structure Maintenance

The salary structures should be measured against market data approximately every three years and adjusted as necessary to ensure that competitive salary ranges are maintained. This process will also allow North Central Health Care to respond to individual benchmark positions that may be moving in the market at a faster pace than other roles. North Central Health Care may contract this review out to a professionally qualified external compensation consultant.

PAY ADMINISTRATION:
Step Structure System

In terms of pay delivery for all staff, North Central Health Care has adopted a 16-step pay structure design. The steps are intended to provide a consistent pathway for employees to progress through the structure. This system ensures transparency and fairness in compensation, aligning with market standards and rewarding employees for their experience and performance. Each step increment is designed to reflect the increasing complexity and autonomy of roles, with a structured progression from the minimum to the control point and beyond.

Determining Pay for New Hires

North Central Health Care (NCHC) aims to offer competitive and equitable pay to new hires while maintaining internal consistency.

The following guidelines outline how step placement should be determined at time of hire:

General Step Placement Philosophy

For individuals who demonstrate full qualifications but have little or no on-the-job experience in the role, near the minimum is an appropriate hiring target (typically Step 1 to Step 3). Those with demonstrated experience in a "substantially comparable" role, either externally or internally, may be offered a higher step, potentially at or beyond the Control Point of Step 6 or Control Point for a tiered position, if justified and approved by Human Resources and Executive Director. Note a tiered position (I, II or III) is position within the same job grade that reflects education or certification differences.

All offers must consider internal equity. New hires with education and experience similar to existing staff should not be brought in at a higher step than those similarly situated. If a higher wage is required to secure a candidate, equity adjustments for current staff should be considered through the annual employee evaluation process.

> *"North Central Health Care aims to offer competitive and equitable pay to new hires while maintaining internal consistency."*

Pay Structure and Employee Annual Pay Increases

On an annual basis, Human Resources will share with the leadership team and Executive Committee evidence of how comparable employers are adjusting their pay structures for the same period to maintain their competitive postion. Human Resources will also annually present the Executive Committee with a recommendation for a total annual increase to be applied to employees' base compensation. This increase will be in the form of a step adjustment. The combined increase of structural adjustment and step increase will be the number that is measured and assessed each year by Human Resources through this process.

The amount of the annual pay structure increases and base compensation adjustments will be determined by a review of what comparable institutions and other competitive employers are granting as total annual increases for the same period. North Central Health Care may contract out this review to a professional qualified external compensation consultant.

Some sources of information to be utilized in making this determination may include:

- Annual published surveys (e.g., "World-at-Work"; formerly American Compensation Association, Total Rewards Consulting, Mercer, Willis Towers Watson)
- Established economic indicators, such as the Consumer Price Index (CPI)
- The financial condition of North Central Health Care and the organization's ability to fund increases in pay for the coming year.

The Executive Committee shall consider this information in determining what, if any, pay increase adjustment is necessary so North Central Health Care may maintain its competitive market position and progress employees through their pay ranges. The pay structure will be adjusted each year if the market dictates a need to adjust the pay structure. The annual increase amount for the salary structure shall be applied to the range control points. Adjustments to steps will be calculated from the new range control points. This process is to keep pace with the external target market. The structure adjustments and the employee increase typically occur simultaneously. When approved, staff on steps will move to the next step, provided they meet performance expectations.

Employees are not to progress beyond the maximum rate of pay for their pay range. An employee at the maximum is typically eligible for any structural adjustment, maintaining their position at the range maximum. Employees paid above the maximum range may be eligible for a one-time lump sum payment at the beginning of the fiscal year equivalent to the rate of the structure adjustment as approved by the Executive Committee.

Annually, per Section IV.C.6 of the Amended and Restated Intergovernmental Agreement Establishing a Multicounty Department of Community Programs (Tri-County Agreement) "The Executive Committee shall approve all pay ranges within the organization on an annual basis" during the process described above.

Procedure for Recommending Pay Adjustments

Pay Adjustments beyond the annual step increases, but not to exceed step increases 2 steps above employees' current step, must be recommended by the Employee's Supervisor and approved through a consensus review with the Senior Leadership Team and Human Resources. HR is responsible for ensuring that all adjustments are in compliance with this policy. Employees should be promptly informed of their pay increases. Retroactive pay adjustment recommendations will not be considered except under highly extenuating circumstances and with the approval of HR and Senior Leadership.

Market Adjustments

North Central Health Care's Compensation Program has provided a methodology for determining pay rates that recognize not only the worth of positions in the market, but also the worth of positions within the organization. **Market adjustments should generally be considered in the future under only one or more of the following circumstances:**

- North Central Health Care has documented problems recruiting and/or selecting employees within the assigned pay range (for example, a position is advertised several times resulting in few or no qualified applicants) and the hiring manager/HR has exhausted all proactive avenues for recruitment.
- North Central Health Care has an unacceptable rate of turnover in a position and exit interview information indicates pay is a significant issue.
- An ad-hoc market measurement conducted by a third-party compensation consultant shows the control point of the pay range is more than 10% lower than the market target rate of pay shown for the position in the market analysis.

In situations where the market demands higher pay rates, at North Central Health Care's discretion, one of two actions will be available:

- Adjust the employee's pay upward in the existing pay range (move to a higher step)
- Move the position into a higher pay range (grade adjustment), temporarily, and only while market conditions are still causing the problem. Consider an individual adjustment to current incumbents in the new pay range.

North Central Health Care will utilize the first option whenever possible. However, when North Central Health Care utilizes the second option, the appropriate pay range will be determined by Human Resources (with consultation from a compensation expert, if possible), and the position will be placed in a higher range. Further, all documents and communications are retained to reflect the temporary assignment of these positions to a higher pay range. Human Resources will check market conditions annually, and if conditions change, these positions will move back into their initially assigned pay range.

North Central Health Care recognizes that the allowance of market adjustments does disrupt some of the internal equity in its Compensation Program because there are positions that are of higher internal value that may be paid less than a position of lower internal value. This is why North Central Health Care intends to utilize market adjustments sparingly.

All market adjustments must receive approval from the Executive Committee. If a position under a market adjustment is reclassified to a lower pay range, the procedure for Compensation upon Involuntary Demotion (see later section) will apply in regard to pay for the affected employee.

COMPENSATION
Policies & Procedures

Responsibility for Administration

The North Central Health Care Classification & Compensation Program will be coordinated under the direction of Human Resources with the approval of the Executive Director.

Requests for Compensation Review of Current Positions

Requests for a compensation and pay grade assignment review of a current position whose main responsibilities and functionality have gradually evolved with time may be made once per year with approval from the appropriate leadership team member. A current job description with redline updates and written input from the manager will be needed to conduct the review. The updated documentation must be submitted through the annual budget process. HR, in collaboration with an external compensation consultant, will review the changes in job documentation to determine if a grade change is warranted. If a change in grade is necessary, HR and external consultants will recommend an individual adjustment for the current incumbent to be applied with the annual increases at the start of the following fiscal year.

Off-cycle requests may be made by a leadership team member with approval from Human Resources and the Executive Director, based on business demand but should be limited. Proactive, planned reviews will prevent frequent off-cycle requests.

Pay Grade Assignment for New Positions or Positions Impacted by Significant Organizational Change

When new positions are created or existing positions undergo substantial change which can be due to addition or reduction of job duties due to employee attrition, or significant process/job change, North Central Health Care has established a process to review and assign the new/changed position to the pay structures. In these situations, with the input and analysis of the compensation consultant, the organization will utilize the Job Evaluation and/or Market Analysis process to add the new/changed position to the Compensation Plan and assign it to a pay range contained in the Plan. Considerations for range placement will include internal consistency and market considerations.

The Executive Committee shall approve the addition of all new or additional positions within the organization and shall approve any reclassification of an existing position only if the reclassification results in the allocation of FTEs to other departments and involves a substantial change in job duties or places the position in a higher pay grade per Section IV.C.7 of the Tri-County Agreement.

Compensation Upon Promotion

A promotion is defined as a movement to a position that has a higher pay grade than the present grade assigned to an employee. A pay adjustment may be made in connection with promotion, even though the promoted employee may already be at or above the minimum rate of the new pay range. Such an adjustment would normally be made at the time of promotion or, under very rare circumstances, within a reasonable period (six months, for example) if there is a question as to the new incumbent's qualification for the position. **The amount of the adjustment should consider:**

- The pay range for the new position.
- The time elapsed since the employees' last increase.
- The employee's qualifications and experience relative to those required for the new position.
- The employee's current pay relative to the salaries of other incumbents in the new position.
- Salaries of employees to be supervised, if any.

Wage adjustments will be determined on a case-by-case basis upon a thorough review of the specific circumstances. In no case will a promotional increase allow the employee to earn a pay rate above the established maximum of the new pay range. Promotional increases are separate from the annual pay increase cycle.

Consideration must be given to the current compensation of other employees in the same classification (if this is applicable) to maintain internal pay equity.

Promotional increases that exceed these guidelines will need the approval of Human Resources and the Executive Director.

Compensation upon Lateral Transfer

Employees who transfer to a new position with the same pay grade as their old position will typically not receive a base pay adjustment.

Compensation upon Involuntary Demotion

An employee who is demoted for involuntary reasons unrelated to performance will retain his/her present base compensation even if his/her base compensation exceeds the new range maximum. If an employee's base compensation exceeds the new range maximum, the employee will not be eligible for further base-accumulating pay increases until his/her base compensation is again within the pay range for the new position. During the annual increase process, the employee will not be eligible for a lump-sum payment.

Compensation Upon Voluntary Demotion

An employee who requests and is granted a voluntary demotion will receive a decrease in pay, the amount of which is to be determined given the facts and individual circumstances. In no case shall the employee compensation ratio in their new pay range assignment exceed that of the old pay range. Compensation ratio is defined as the percentage figure determined by dividing the employee's current base pay by the pay range control point.

Temporary Pay

Due to extenuating circumstances, staff will occasionally be asked to cover for others who are on leave or while filling vacancies. Managers should work with HR to determine when temporary pay is appropriate.

There are two situations that have been identified as warranting temporary pay. The first situation is related to the workload of the individual employee. The workload temporary pay is meant to provide employees with recognition for the additional hours required to complete their normal tasks. This increase in worktime demand should be significant and ongoing. This increase in workload must be directly related to vacancies on the team.

Workload:

Non-Exempt: Non-Exempt staff covering for others in a similar role to their own should be compensated for the additional workload through the allowance of overtime.

Exempt: Exempt staff that are experiencing a significant and ongoing increase in required work hours will receive a bi-weekly stipend. The amount of the stipend will be determined by HR and Senior Leadership. This bi-weekly stipend will be paid while the required increased hours are transpiring. The stipend will be reviewed quarterly by the manager and HR. When the increase in hours is no longer required, the employee's pay stipend will end.

Complexity of Tasks/ Scope of Responsibility:

Non-Exempt: If a non-exempt employee is asked to take on higher-level (more complex) tasks than what is normally expected from their role, a temporary pay differential should be applied to the employee. The differential amount will be determined by HR & Senior Leadership. This differential would be paid for all the hours worked while the employee is asked to take on these additional tasks. When those tasks are removed from the employee's scope of responsibility, the employee's pay differential will end. The differential will be reviewed quarterly by the manager and HR.

Exempt: An exempt employee asked to take on higher-level (more complex) tasks than what is normally expected from their role will be compensated with a bi-weekly stipend. The amount of the stipend will be determined by HR and Senior Leadership. When these higher-level tasks are removed from the employee's scope of responsibility, the monthly stipend will end. The stipend will be reviewed quarterly by the manager and HR.

If it is decided that the higher-level tasks will not be removed from the employee's scope of responsibility, the position description should be updated, and the role should be re-evaluated for appropriate grade placement. The temporary pay will end, and any compensation adjustment will follow the existing process for reclassifications.

Questions regarding this guide or the Classification & Compensation Program?

Contact Human Resources.

North Central
Health Care

Questions regarding this guide or the Classification & Compensation Program?

Contact Human Resources.

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Susan Brust Appoint/Reappoint 12/01/25 - 11/30/27
Time Period

Requested Privileges
_____ Medical
_____ Psychiatry
__X__ Mid-Level Practitioner
_____ Medical Director

Medical Staff Category
_____ Courtesy
_____ Provisional
__X__ Active
_____ Consulting
_____ Moonlighting
_____ In-Training

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

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: _____

_____

_____ _____
(Med Staff President 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

_____ 10/16/2025
(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)

_____ _____
(Executive Director Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Trisa Danz Appoint/Reappoint 11/01/2025 - 10/31/2027
Time Period

Requested Privileges
___ Medical
_X_ Psychiatry
___ Mid-Level Practitioner
___ Medical Director

Medical Staff Category
___ Courtesy
_X_ Provisional
_X_ Active
___ Consulting
___ Moonlighting
___ In-Training

Staff Type
_X_ Employee
___ Locum Locum Agency: _____
___ Contract Contract Name: _____

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: _____

_____
(Med Staff President 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

_____
(MEC Committee or Designee Signature)

10/16/2025
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response:
___ Concur
___ Recommend further reconsideration

_____
(Governing Board Signature)

_____
(Signature Date)

_____
(Executive Director Signature)

_____
(Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Richard Immler Appoint/Reappoint 12/01/2025 - 11/30/2027
Time Period

Requested Privileges
___ Medical
_X_ Psychiatry
___ Mid-Level Practitioner
___ Medical Director

Medical Staff Category
_X_ Courtesy
___ Provisional
___ Active
___ Consulting
___ Moonlighting
___ In-Training

Staff Type
___ Employee
___ Locum Locum Agency: _____
_X_ Contract Contract Name: Thul-Immler Consultants

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: _____

_____
(Med Staff President 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

_____
(MEC Committee or Designee Signature)

10/20/2025
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response:
___ Concur
___ Recommend further reconsideration

_____
(Governing Board Signature)

_____
(Signature Date)

_____
(Executive Director Signature)

_____
(Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Susan Tran Appoint/Reappoint 11/01/2025 - 10/31/2027
Time Period

Requested Privileges
_____ Medical
__✓__ Psychiatry
_____ Mid-Level Practitioner
_____ Medical Director

Medical Staff Category
_____ Courtesy
_____ Provisional
__✓__ Active
_____ Consulting
_____ Moonlighting
_____ In-Training

Staff Type
_____ Employee
_____ Locum Locum Agency: _____
__✓__ Contract Contract Name: Susan Tran, M.D.

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: _____

_____

_____ _____
(Med Staff President 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

_____ 10/16/2025
(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)

_____ _____
(Executive Director Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

MEDICAL EXECUTIVE COMMITTEE

Notice is hereby given that the **NCHC – Medical Executive Committee** will hold a meeting at the following date, time, and location shown below:

Thursday, October 16, 2025, at **12:00 pm**
Virtual – Microsoft Teams

MINUTES

Attendees: Waqas Yasin, MD; Gabriel Ticho, MD; Daniel Smith, MD; Vicki Tylka; Hannah Wenzlick, PA; Crystal Yang

- **CALL TO ORDER**
  - The meeting was called to order at 12:01 pm; and roll call noted.

- **MOTION TO MOVE INTO CLOSED SESSION**
  The Committee will go into Closed Session pursuant to Wis. Stats. 19.85(1)(c) and (f) for the purpose of 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.
  - **Motion/Second,** Ticho/Yasin – to approve motion to move into closed session. Motion carried.

- ***ACTION:*** Approval of July 17, 2025, August 21, 2025 (Special Session) and September 24, 2025 (Special Session), Medical Staff Executive Committee Meeting Minutes
  - **Motion/Second,** Ticho/Yasin – to approve meeting minutes indicated. Motion carried.

- **FOCUSED PROFESSIONAL PRACTICE REVIEW**
  (Quarterly – March, May, September, November)
  - No review required at this time

- **ONGOING PROFESSIONAL PRACTICE REVIEW**
  (Bi-Annual – September & March)
  - Review Period: January 1, 2025 – June 30, 2025
    - Shamin Anwar, MD
    - James Billings, MD
    - Bennett Harris, DO
    - Daniel Hoppe, MD
    - David McMahon, DO
    - Gbolahan Oyinloye, MD
    - Gabriel Ticho, MD
    - Susan Tran, MD
    - Jean Vogel, MD
    - Waqas Yasin, MD
    - Susan Brust, APNP
    - Kessa Erickson, NP
    - Heidi Heise, APNP
    - Tiffany Pluger, APNP
    - Mandy Sikorski, APNP
    - Sabrina Spets, APNP
    - Hannah Wenzlick, PA
  - **Motion/Second,** Ticho/Yasin – to approve OPPE Review. Motion carried.

- ***ACTION:*** INITIAL APPOINTMENTS
  - Trisa Danz, MD – Initial Appointment will be 10/27/2025, to 10/27/2027
    - Granting temporary privileges from 10/27/2025 to 10/28/2025
    - Active privileges begin on 10/29/2025 – 10/27/2027
  - **Motion/Second,** Yasin/Ticho – to approve Trisa Danz, MD temporary privileges beginning on 10/27/2025 to 10/28/2025, and with active privileges beginning on 10/29/2025 to 10/27/2027. Motion carried.

- ***ACTION:*** RE-APPOINTMENTS
  - Susan Tran, MD – Reappointment period will be 11/01/2025, to 10/31/2027
  - Susan Brust, APNP – Reappointment period will be 12/1/2025, to 11/30/2027
  - **Motion/Second,** Ticho/Smith – to approve the following re-appointments: Susan Tran, MD and Susan Brust, APNP. Motion carried.

- ***ACTION:*** AMENDMENTS
  - *None*

- ***NOTIFICATION:*** TEMPORARY PRIVILEGES
  - *None*

- ***NOTIFICATION:*** TERMINATIONS
    - *None*

- **OTHER:**
    - Frequency of the Medical Executive Committee meeting per the Medical Bylaws can occur quarterly.
        - Proposed months for quarterly Medical Executive Committee meeting: January, April, July, October (scheduled for the 3rd Thursdays of each month)
    - **Motion/Second,** Ticho/Smith – to approve the frequency of the Medical Executive Committee meeting from bi-monthly to quarterly. Motion carried.

- ADJOURN
    - **Motion/Second,** Smith/Yasin – to adjourn the meeting at 12:07 pm. Motion carried.

Signed: _____

Medical Staff President