

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 and time as noted below:

Wednesday, April 29, 2026, 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=m10d0fea7023f54b725631cf79a6bfde1>

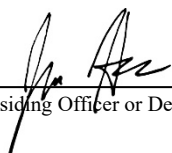
Meeting number: 1-408-418-9388 **Access Code:** 2498 178 7744 **Password:** 1234

AGENDA

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (Limited to 15 Minutes)
3. Approval of March 25, 2026 Executive Committee Meeting Minutes
4. Introduction of New Staff – J. Hake
 - a. Kyle Theiler, Nursing Home Director
 - b. Tara Pendlum, Director of Nursing (MVCC)
 - c. Patrice Lanning, Director of Finance
5. Educational Presentations, Committee Discussion, and Organizational Updates
 - a. Financial Update – J. Hake
 - b. 2027 Budget Guidelines – J. Hake
6. Discussion and Possible Action
 - a. ACTION: Approval of New Position Requests
 - i. Two Case Management Positions – Comprehensive Community Services (CCS) – V. Tylka
 - ii. Revenue Cycle Leadership Restructure – J. Hake
 - b. ACTION: Pharmacy Services for Marathon County Jail – J. Hake
 - c. ACTION: Approval of Compensation Policy – B. Thorne
7. Closed Session
 - a. Motion to go into Closed Session (Roll Call Vote Suggested) Pursuant Wis. Stat. §§ 19.85(1)(g), for the purpose of “[c]onfering with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved”, to wit: discussion with counsel relative to direction and strategy as to an employment matter and employee over which the committee exercises responsibility.
 - b. Motion to return to Open Session (Roll Call Vote Unnecessary) and possible announcements and/or action regarding Closed Session items
8. Next Meeting Date & Time, Location and Future Agenda Items
 - a. Wednesday, May 27, 2026, 1:00 PM, NCHC Eagle Board Room
9. 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: 04/24/2026 TIME: 9:00 AM BY: K. Barbier



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

March 25, 2026

1:00 p.m.

North Central Health Care

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

Staff Present: Jason Hake, Vicki Tylka, Ben Petersen, Brandy Thorne

Others Present: Brian Desmond, Marathon County 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.

February 25, 2026 Executive Committee Minutes

- **Motion**/second, Leonhard/Stowe, to approve the February 25, 2026 Executive Committee meeting minutes. Motion carried.

Financial Update

- Mr. Hake provided an update on financials. Cerner system issues are impacting revenue figures for January and February. System issues are being addressed and will be resolved in coming months. Health insurance reported a net income of \$226,000 for February. Year-to-date health insurance has recognized net income of \$285,000. Cash on hand is 130 days.

Quality Specialist Position Request

- Mr. Petersen provided an overview of the position request for a Quality Specialist as outlined in the memo included in the packet. The position will not increase the current number of FTEs and is anticipated to be budget neutral.
- **Motion**/second, Stowe/Leonhard, to approve the Quality Specialist position as presented. Motion carried.

Review and Action to Approve the 2026-2029 North Central Health Care Strategic Plan

- Ms. Tylka reviewed the final draft of the 2026-2029 North Central Healthcare Strategic Plan, focusing on its three primary goals:
 - Prioritizing & Aligning Core Services
 - Maintain Financial Stability by Aligning Resources & Optimizing Access to Core Services
 - Communicate & Clarify the Benefit of NCHC, both Internally and Externally
- The 2026-2029 North Central Healthcare Strategic Plan will be discussed at the next NCCSP Board meeting.
- **Motion**/second, Leonhard/Stowe, to approve the 2026-2029 North Central Healthcare Strategic Plan with the understanding that it will be revisited if changes are recommended by the NCCSP Board. Motion carried.

Long-term Sustainability of Adult Day Services in Langlade County – Communication Plan and Closure Timeline

- Mr. Hake provided an overview of the communication plan and closure timeline for the Adult Day Service program in Langlade County. The recommended closure date is June 1, 2026, allowing for adequate notification and transition time for affected individuals and ensuring continuity of care.
- **Motion**/second, Stowe/Leonhard, to approve the timeline of the closure of the Adult Day Service in Langlade County. Motion carried.

Review and Action Regarding the Appointment of Jason Hake as the Executive Director and Removal of Interim Designation

- Committee members praised Mr. Hake’s performance and moved to appoint him Executive Director of North Central Health Care.
- **Motion**/second, Krueger/Stowe, to approve Mr. Hake as the Executive Director, removing the interim designation. Motion carried.

Closed Session

- Mr. Desmond explained that the rationale for a closed session is to discuss the Executive Director’s compensation and share perspectives regarding it and to discuss direction and negotiation strategies for the agreement with the Medical College of Wisconsin. The current agreement expires June 30, 2026.
- **Motion**/second, Krueger/Stowe, to go into Closed Session (Roll Call Vote Suggested) Pursuant Wis. Stat. §§ 19.85(1)(c), Considering employment, compensation, and/or performance evaluation data of a public employee over which the governmental body has jurisdiction or exercises responsibility, for the purpose of: *Executive Director compensation*; and 19.85(1)(e), Deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session, for the purpose of: *Deliberating and negotiating the terms of a professional services agreement with the Medical College of Wisconsin*. Roll call vote taken. All indicating Aye. Individuals requested to remain in closed session for discussion regarding Medical College of Wisconsin only included Mr. Desmond, Mr. Hake, and Ms. Barbier. Meeting convened in closed session at 1:38 p.m. Motion carried.
- **Motion**/second, Leonhard/Krueger, to return to open session at 2:20 p.m. Motion carried.
- Possible announcements and/or action regarding Closed Session items
 - Place Executive Director’s compensation on step five of the current North Central Health Care pay scale effective next pay period.
 - Direction has been provided regarding the agreement with the Medical College of Wisconsin.

Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, April 29, 2026, at 1:00 p.m. in the NCHC Eagle Board Room.

Adjournment

- **Motion**/second, Stowe/Krueger, to adjourn the meeting at 2:23 p.m. Motion carried.

Minutes prepared by Kristina Barbier, Executive Assistant

North Central Health Care
Programs by Service Line - Current Month
March-26

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	699,905	626,962	72,944	563,847	535,015	(28,832)	136,058	44,112
Adult Crisis Stabilization Facility	410,439	271,026	139,413	175,529	174,948	(581)	234,910	138,832
Lakeside Recovery MMT	126,301	112,583	13,718	171,045	180,635	9,590	(44,744)	23,308
Youth Behavioral Health Hospital	350,989	275,888	75,101	323,318	301,813	(21,505)	27,671	53,596
Youth Crisis Stabilization Facility	(71,596)	130,823	(202,419)	115,192	124,109	8,917	(186,788)	(193,502)
Contracted Services (Out of County Placements)	-	-	-	(91,381)	151,502	242,883	91,381	242,883
Crisis Services	68,408	48,728	19,680	294,382	252,655	(41,727)	(225,974)	(22,047)
Psychiatry Residency	22,351	25,531	(3,179)	35,304	61,079	25,775	(12,953)	22,595
	<u>1,606,798</u>	<u>1,491,541</u>	<u>115,257</u>	<u>1,587,237</u>	<u>1,781,756</u>	<u>194,519</u>	<u>19,561</u>	<u>309,776</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	479,791	486,234	(6,443)	567,351	532,108	(35,243)	(87,560)	(41,687)
Outpatient Services (Lincoln)	94,301	93,579	722	51,889	84,518	32,629	42,412	33,351
Outpatient Services (Langlade)	81,654	84,619	(2,965)	73,264	81,883	8,619	8,390	5,654
Community Treatment Adult (Marathon)	649,145	570,959	78,185	580,997	605,514	24,518	68,148	102,703
Community Treatment Adult (Lincoln)	94,860	86,076	8,784	82,175	99,189	17,013	12,685	25,797
Community Treatment Adult (Langlade)	50,059	33,742	16,317	57,577	48,562	(9,014)	(7,518)	7,302
Community Treatment Youth (Marathon)	658,087	634,479	23,608	558,278	640,181	81,904	99,810	105,512
Community Treatment Youth (Lincoln)	160,622	178,095	(17,474)	141,825	190,995	49,170	18,796	31,696
Community Treatment Youth (Langlade)	138,404	133,381	5,022	121,718	150,235	28,517	16,686	33,540
Hope House (Sober Living Marathon)	2,573	5,868	(3,296)	9,730	9,393	(336)	(7,157)	(3,632)
Sober Living (Langlade)	5,041	5,925	(884)	12,740	6,417	(6,323)	(7,699)	(7,207)
Adult Protective Services	4,694	24,982	(20,289)	102,017	114,148	12,132	(97,323)	(8,157)
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	<u>2,419,229</u>	<u>2,337,941</u>	<u>81,289</u>	<u>2,359,559</u>	<u>2,563,145</u>	<u>203,586</u>	<u>59,670</u>	<u>284,874</u>
COMMUNITY LIVING								
Day Services (Langlade)	1,040	23,708	(22,667)	20,563	27,662	7,099	(19,522)	(15,568)
Supportive Employment Program	-	-	-	-	-	-	-	-
	<u>1,040</u>	<u>23,708</u>	<u>(22,667)</u>	<u>20,563</u>	<u>27,662</u>	<u>7,099</u>	<u>(19,522)</u>	<u>(15,568)</u>
NURSING HOMES								
Mount View Care Center	2,619,333	2,222,600	396,733	2,222,016	2,044,290	(177,726)	397,317	219,007
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	<u>2,619,333</u>	<u>2,222,600</u>	<u>396,733</u>	<u>2,222,016</u>	<u>2,044,290</u>	<u>(177,726)</u>	<u>397,317</u>	<u>219,007</u>
Pharmacy	563,727	569,707	(5,979)	558,588	595,091	36,504	5,139	30,524
OTHER PROGRAMS								
Aquatic Services	69,839	57,507	12,332	96,422	113,990	17,568	(26,582)	29,901
Birth To Three	-	-	-	-	-	-	-	-
Demand Transportation	36,458	32,355	4,103	41,089	40,302	(787)	(4,632)	3,316
	<u>106,297</u>	<u>89,862</u>	<u>16,435</u>	<u>137,511</u>	<u>154,292</u>	<u>16,781</u>	<u>(31,214)</u>	<u>33,216</u>
APPROPRIATIONS								
Marathon County	359,668	359,668	-	-	-	-	359,668	-
Lincoln County	51,503	51,503	-	-	-	-	51,503	-
Langlade County	19,708	19,708	-	-	-	-	19,708	-
	<u>430,879</u>	<u>430,879</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>430,879</u>	<u>-</u>
Total NCHC Service Programs	<u><u>7,747,303</u></u>	<u><u>7,166,237</u></u>	<u><u>581,067</u></u>	<u><u>6,885,474</u></u>	<u><u>7,166,237</u></u>	<u><u>280,763</u></u>	<u><u>861,830</u></u>	<u><u>861,829</u></u>
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	625,612	665,376	(39,764)	411,495	700,331	288,836	214,117	249,072
Dental Insurance Trust Fund	29,264	34,955	(5,691)	31,689	-	(31,689)	(2,425)	(37,380)
Total NCHC Self-Funded Insurance Trusts	<u>654,876</u>	<u>700,331</u>	<u>(45,455)</u>	<u>443,184</u>	<u>700,331</u>	<u>257,148</u>	<u>211,692</u>	<u>211,692</u>

North Central Health Care
 Programs by Service Line - Year to Date
 For the Period Ending March 31, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	2,118,079	1,880,885	237,194	1,649,486	1,605,046	(44,440)	468,593	192,754
Adult Crisis Stabilization Facility	959,924	813,078	146,846	528,348	524,845	(3,503)	431,576	143,343
Lakeside Recovery MMT	347,868	337,750	10,118	492,085	541,905	49,820	(144,217)	59,938
Youth Behavioral Health Hospital	1,006,966	827,664	179,302	988,501	905,438	(83,062)	18,466	96,240
Youth Crisis Stabilization Facility	431,243	392,469	38,774	326,344	372,328	45,984	104,900	84,758
Contracted Services (Out of County Placements)	-	-	-	120,960	454,506	333,546	(120,960)	333,546
Crisis Services	175,713	146,184	29,528	788,767	757,964	(30,803)	(613,054)	(1,275)
Psychiatry Residency	67,053	76,592	(9,538)	105,168	183,237	78,069	(38,115)	68,531
	<u>5,106,846</u>	<u>4,474,622</u>	<u>632,224</u>	<u>4,999,658</u>	<u>5,345,268</u>	<u>345,610</u>	<u>107,189</u>	<u>977,834</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	1,533,392	1,458,703	74,690	1,645,193	1,596,324	(48,869)	(111,801)	25,821
Outpatient Services (Lincoln)	275,081	280,737	(5,656)	171,447	253,555	82,108	103,634	76,452
Outpatient Services (Langlade)	286,800	253,856	32,945	216,031	245,648	29,617	70,769	62,562
Community Treatment Adult (Marathon)	1,866,280	1,712,878	153,402	1,717,274	1,816,543	99,269	149,006	252,671
Community Treatment Adult (Lincoln)	286,889	258,228	28,661	249,418	297,566	48,147	37,470	76,808
Community Treatment Adult (Langlade)	143,120	101,227	41,893	167,803	145,687	(22,116)	(24,683)	19,777
Community Treatment Youth (Marathon)	1,946,696	1,903,438	43,258	1,889,309	1,920,544	31,235	57,387	74,493
Community Treatment Youth (Lincoln)	563,419	534,286	29,133	555,829	572,986	17,157	7,590	46,290
Community Treatment Youth (Langlade)	463,506	400,144	63,363	401,119	450,705	49,586	62,387	112,949
Hope House (Sober Living Marathon)	8,345	17,605	(9,260)	30,724	28,180	(2,544)	(22,379)	(11,804)
Sober Living (Langlade)	12,613	17,774	(5,161)	37,108	19,251	(17,857)	(24,495)	(23,018)
Adult Protective Services	60,358	74,947	(14,589)	269,507	342,445	72,938	(209,149)	58,349
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	<u>7,446,500</u>	<u>7,013,822</u>	<u>432,678</u>	<u>7,350,762</u>	<u>7,689,435</u>	<u>338,672</u>	<u>95,738</u>	<u>771,351</u>
COMMUNITY LIVING								
Day Services (Langlade)	22,664	71,123	(48,459)	57,509	82,986	25,477	(34,845)	(22,982)
Supportive Employment Program	-	-	-	-	-	-	-	-
	<u>22,664</u>	<u>71,123</u>	<u>(48,459)</u>	<u>57,509</u>	<u>82,986</u>	<u>25,477</u>	<u>(34,845)</u>	<u>(22,982)</u>
NURSING HOMES								
Mount View Care Center	7,591,039	6,667,800	923,239	6,245,149	6,132,871	(112,278)	1,345,891	810,961
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	<u>7,591,039</u>	<u>6,667,800</u>	<u>923,239</u>	<u>6,245,149</u>	<u>6,132,871</u>	<u>(112,278)</u>	<u>1,345,891</u>	<u>810,961</u>
Pharmacy	1,639,289	1,709,120	(69,832)	1,685,649	1,785,274	99,626	(46,360)	29,794
OTHER PROGRAMS								
Aquatic Services	139,644	172,521	(32,877)	277,012	341,970	64,958	(137,368)	32,081
Birth To Three	129,860	-	129,860	129,860	-	(129,860)	-	-
Demand Transportation	101,371	97,064	4,307	116,356	120,907	4,551	(14,985)	8,858
	<u>370,875</u>	<u>269,585</u>	<u>101,290</u>	<u>523,228</u>	<u>462,876</u>	<u>(60,351)</u>	<u>(152,353)</u>	<u>40,939</u>
APPROPRIATIONS								
Marathon County	1,079,005	1,079,005	-	-	-	-	1,079,005	-
Lincoln County	154,510	154,510	-	-	-	-	154,510	-
Langlade County	59,123	59,123	-	-	-	-	59,123	-
	<u>1,292,637</u>	<u>1,292,637</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1,292,638</u>	<u>-</u>
Total NCHC Service Programs	<u><u>23,469,851</u></u>	<u><u>21,498,710</u></u>	<u><u>1,971,141</u></u>	<u><u>20,861,954</u></u>	<u><u>21,498,710</u></u>	<u><u>636,756</u></u>	<u><u>2,607,896</u></u>	<u><u>2,607,897</u></u>
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	1,899,003	1,996,128	(97,125)	1,406,405	2,100,994	694,589	492,598	597,464
Dental Insurance Trust Fund	88,939	104,866	(15,927)	84,708	-	(84,708)	4,231	(100,635)
Total NCHC Self-Funded Insurance Trusts	<u>1,987,942</u>	<u>2,100,994</u>	<u>(113,052)</u>	<u>1,491,113</u>	<u>2,100,994</u>	<u>609,881</u>	<u>496,829</u>	<u>496,829</u>

North Central Health Care
Fund Balance Review
For the Period Ending March 31, 2026

	Marathon	Langlade	Lincoln	Total
YTD Appropriation (Tax Levy) Revenue	1,465,255	59,123	154,510	1,678,887
Total Revenue at Period End	19,414,826	1,715,006	2,340,018	23,469,851
County Percent of Total Net Position	82.7%	7.3%	10.0%	
Total Operating Expenses, Year-to-Date *	17,180,173	1,622,299	2,059,482	20,861,954
<i>* Excluding Depreciation Expenses to be allocated at the end of the year</i>				
Share of Operating Cash	28,705,387	2,535,687	3,459,785	34,700,859
Days Cash on Hand	152	143	153	152
Minimum Target - 20%	13,744,138	1,297,839	1,647,586	16,689,563
Over/(Under) Target	14,961,249	1,237,848	1,812,199	18,011,296
Maximum Target - 35%	24,052,242	2,271,219	2,883,275	29,206,736
Over/(Under) Target	4,653,145	264,468	576,510	5,494,123
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 150 Days	28,241,380	2,666,793	3,385,450	34,293,623
Current Percentage of Operating Cash	167.1%	156.3%	168.0%	166.3%
Over/(Under) Minimum Target	14,961,249	1,237,848	1,812,199	18,011,296
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	<u>14,961,249</u>	<u>1,237,848</u>	<u>1,812,199</u>	<u>18,011,296</u>
Over/(Under) Maximum Target	4,653,145	264,468	576,510	5,494,123
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	<u>4,653,145</u>	<u>264,468</u>	<u>576,510</u>	<u>5,494,123</u>

North Central Health Care
Review of Services in Marathon County
For the Period Ending March 31, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,533,392	1,458,703	74,690	1,645,193	1,596,324	(48,869)	(111,801)	25,821
Community Treatment-Adult	1,866,280	1,712,878	153,402	1,717,274	1,816,543	99,269	149,006	252,671
Community Treatment-Youth	1,946,696	1,903,438	43,258	1,889,309	1,920,544	31,235	57,387	74,493
Hope House Sober Living	8,345	17,605	(9,260)	30,724	28,180	(2,544)	(22,379)	(11,804)
Demand Transportation	101,371	97,064	4,307	116,356	120,907	4,551	(14,985)	8,858
Jail Meals	-	-	-	-	-	-	-	-
Aquatic Services	139,644	172,521	(32,877)	277,012	341,970	64,958	(137,368)	32,081
Mount View Care Center	7,591,039	6,667,800	923,239	6,245,149	6,132,871	(112,278)	1,345,891	810,961
	<u>13,186,768</u>	<u>12,030,009</u>	<u>1,156,759</u>	<u>11,921,017</u>	<u>11,957,339</u>	<u>36,322</u>	<u>1,265,751</u>	<u>1,193,081</u>
Shared Services								
Adult Behavioral Health Hospital	1,572,311	1,396,235	176,076	1,224,461	1,191,472	(32,989)	347,850	143,087
Youth Behavioral Health Hospital	747,500	614,399	133,101	733,792	672,133	(61,660)	13,708	71,442
Residency Program	49,775	56,856	(7,081)	78,069	136,022	57,953	(28,294)	50,872
Supportive Employment Program	-	-	-	-	-	-	-	-
Crisis Services	130,437	108,517	21,920	585,524	562,658	(22,866)	(455,088)	(946)
Adult Crisis Stabilization Facility	712,579	603,571	109,008	392,208	389,607	(2,601)	320,371	106,407
Youth Crisis Stabilization Facility	320,124	291,341	28,783	242,254	276,390	34,135	77,870	62,918
Pharmacy	1,216,891	1,268,729	(51,838)	1,251,305	1,325,260	73,955	(34,414)	22,117
Lakeside Recovery MMT	258,232	250,722	7,511	365,289	402,272	36,983	(107,057)	44,493
Adult Protective Services	44,805	55,635	(10,830)	200,063	254,207	54,144	(155,257)	43,314
Birth To Three	96,399	-	96,399	96,399	-	(96,399)	-	-
Contracted Services (Out of County Placements)	-	-	-	89,792	337,393	247,601	(89,792)	247,601
	<u>5,149,053</u>	<u>4,646,005</u>	<u>503,049</u>	<u>5,259,156</u>	<u>5,547,413</u>	<u>288,257</u>	<u>(110,103)</u>	<u>791,305</u>
Appropriations	1,079,005	1,079,005	-				1,079,005	-
Excess Revenue/(Expense)	19,414,826	17,755,019	1,659,808	17,180,173	17,504,751	324,578	2,234,653	1,984,386

North Central Health Care
Review of Services in Lincoln County
For the Period Ending March 31, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	275,081	280,737	(5,656)	171,447	253,555	82,108	103,634	76,452
Community Treatment-Adult	286,889	258,228	28,661	249,418	297,566	48,147	37,470	76,808
Community Treatment-Youth	563,419	534,286	29,133	555,829	572,986	17,157	7,590	46,290
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	<u>1,125,388</u>	<u>1,073,250</u>	<u>52,138</u>	<u>976,694</u>	<u>1,124,106</u>	<u>147,413</u>	<u>148,695</u>	<u>199,551</u>
Shared Services								
Adult Behavioral Health Hospital	323,717	287,466	36,252	252,100	245,308	(6,792)	71,618	29,460
Youth Behavioral Health Hospital	153,900	126,496	27,404	151,078	138,383	(12,695)	2,822	14,709
Residency Program	10,248	11,706	(1,458)	16,073	28,005	11,932	(5,825)	10,474
Supportive Employment Program	-	-	-	-	-	-	-	-
Crisis Services	26,855	22,342	4,513	120,551	115,844	(4,708)	(93,696)	(195)
Adult Crisis Stabilization Facility	146,710	124,267	22,443	80,750	80,215	(535)	65,960	21,908
Youth Crisis Stabilization Facility	65,909	59,983	5,926	49,877	56,905	7,028	16,032	12,954
Pharmacy	250,541	261,214	(10,673)	257,627	272,853	15,226	(7,085)	4,554
Lakeside Recovery MMT	53,167	51,620	1,546	75,208	82,822	7,614	(22,042)	9,161
Adult Protective Services	9,225	11,455	(2,230)	41,190	52,338	11,148	(31,965)	8,918
Birth To Three	19,847	-	19,847	19,847	-	(19,847)	-	-
Contracted Services (Out of County Placements)	-	-	-	18,487	69,465	50,978	(18,487)	50,978
	<u>1,060,120</u>	<u>956,549</u>	<u>103,571</u>	<u>1,082,789</u>	<u>1,142,137</u>	<u>59,348</u>	<u>(22,669)</u>	<u>162,919</u>
Appropriations	154,510	154,510	-				154,510	-
Excess Revenue/(Expense)	2,340,018	2,184,309	155,709	2,059,482	2,266,243	206,761	280,536	362,470

North Central Health Care
Review of Services in Langlade County
For the Period Ending March 31, 2026

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	286,800	253,856	32,945	216,031	245,648	29,617	70,769	62,562
Community Treatment-Adult	143,120	101,227	41,893	167,803	145,687	(22,116)	(24,683)	19,777
Community Treatment-Youth	463,506	400,144	63,363	401,119	450,705	49,586	62,387	112,949
Sober Living	12,613	17,774	(5,161)	37,108	19,251	(17,857)	(24,495)	(23,018)
Adult Day Services	22,664	71,123	(48,459)	57,509	82,986	25,477	(34,845)	(22,982)
	<u>928,704</u>	<u>844,123</u>	<u>84,581</u>	<u>879,570</u>	<u>944,278</u>	<u>64,708</u>	<u>49,134</u>	<u>149,288</u>
Shared Services								
Adult Behavioral Health Hospital	222,051	197,184	24,866	172,925	168,267	(4,659)	49,125	20,208
Youth Behavioral Health Hospital	105,566	86,769	18,797	103,630	94,923	(8,708)	1,936	10,089
Residency Program	7,030	8,030	(1,000)	11,025	19,210	8,184	(3,996)	7,184
Supportive Employment Program	-	-	-	-	-	-	-	-
Crisis Services	18,421	15,325	3,096	82,691	79,462	(3,229)	(64,270)	(134)
Adult Crisis Stabilization Facility	100,635	85,240	15,395	55,390	55,023	(367)	45,245	15,027
Youth Crisis Stabilization Facility	45,210	41,145	4,065	34,213	39,033	4,821	10,997	8,886
Pharmacy	171,856	179,177	(7,321)	176,717	187,161	10,444	(4,860)	3,123
Lakeside Recovery MMT	36,469	35,408	1,061	51,588	56,811	5,223	(15,119)	6,284
Adult Protective Services	6,328	7,857	(1,529)	28,254	35,901	7,647	(21,926)	6,117
Birth To Three	13,614	-	13,614	13,614	-	(13,614)	-	-
Contracted Services (Out of County Placements)	-	-	-	12,681	47,649	34,968	(12,681)	34,968
	<u>727,179</u>	<u>656,136</u>	<u>71,043</u>	<u>742,729</u>	<u>783,438</u>	<u>40,709</u>	<u>(15,549)</u>	<u>111,753</u>
Appropriations	59,123	59,123	-	-	-	-	59,123	-
Excess Revenue/(Expense)	1,715,006	1,559,382	155,624	1,622,299	1,727,716	105,417	92,707	261,041

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending March 31, 2026

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Charity Care	\$ 72,960	\$ 95,804
Administrative Write-Off	\$ 3	\$ 13,997
Bad Debt	\$ -	\$ -
Outpatient & Community Treatment		
Charity Care	\$ 5,009	\$ 19,921
Administrative Write-Off	\$ 3,643	\$ 7,452
Bad Debt	\$ -	\$ -
Nursing Home Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ -	\$ -
Bad Debt	\$ -	\$ -
Aquatic Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ -	\$ 3,498
Bad Debt	\$ -	\$ 35,352
Pharmacy		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 9	\$ 33
Bad Debt	\$ -	\$ -
Other Services		
Charity Care	\$ 85	\$ 85
Administrative Write-Off	\$ 43,437	\$ 43,527
Bad Debt	\$ -	\$ -
Grand Total		
Charity Care	<u>\$ 78,054</u>	<u>\$ 115,810</u>
Administrative Write-Off	<u>\$ 47,092</u>	<u>\$ 68,507</u>
Bad Debt	<u>\$ -</u>	<u>\$ 35,352</u>

FINANCIAL DASHBOARD

FISCAL YEAR: 2026

DEPARTMENT	Metric	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2026 YTD	2025
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BEHAVIORAL HEALTH SERVICES

Adult Hospital	Average Daily Census	10.00	9.06	12.57	10.48										10.70	9.9
Adult Crisis Stabilization Facility	Average Daily Census	11.00	8.84	9.14	10.26										9.41	12.1
Lakeside Recovery MMT	Average Daily Census	10.25	13.16	11.93	13.74										12.94	11.6
Youth Hospital	Average Daily Census	4.25	4.81	5.39	4.77										4.99	4.6
Youth Crisis Stabilization Facility	Billable Units	5,840	3,145	13,616	5,281										7,347	4603
Youth Out of County Placements (WMHI/MMHI)	Days	150 Annual 37 Monthly	0	0	25										25	220
Adult Out of County Placements (WMHI/MMHI)	Days	547 Annual 45 Monthly	33	49	49										131	927
Out of County Placements (Trempealeau)	Days	538 Annual 44 Monthly	124	100	79										303	1015
Out of County Placements (Group Home)	Days	1919 Annual 160 Monthly	186	144	155										485	1923

COMMUNITY SERVICES

Hope House - Marathon	Average Daily Census	6.00	7.60	6.40	6.70										6.90	4.9
Hope House - Langlade	Average Daily Census	3.00	4.00	4.90	5.50										4.80	3.0

NURSING HOMES

Mount View Care Center	Average Daily Census	125.00	127.84	128.71	129.03										128.53	123
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MEMORANDUM

To: Executive Committee
From: Vicki Tylka
Date: April 29, 2026
Subject: Request to Increase FTE Status of Case Management Positions

Purpose

Comprehensive Community Services (CCS) are provided by NCHC for youth and adults. Currently, on the teams serving adults and youth in Marathon County there is a need to expand staff to enroll individuals applying for CCS.

Position Overview

- Title: Case Manager
 - Program: CCS
 - Reports To: Jennifer Comfort (adult) and Samantha Zelner (youth)
 - Employment Type: Salary
 - FTE: 2.0
 - New or Replacement: Increase in FTE
-

Justification

Currently the team serving youth consumers in Marathon County is comprised of 20 1.0 FTE case managers, serving 274 consumers. Forty individuals are pending assignments and additionally 10 are in the referral process.

The team serving adults is comprised of 13 1.0 FTE case managers, serving 229 individuals with 31 pending assignment and 37 in process.

Budget Impact

- **Net Impact:** The FTE increase is expected to be budget neutral with costs being recovered through CCS reconciliation.
- **Grade Placement:** Pay Grade 10

Funding Source

The position is funded through CCS and reconciliation.

Organizational Impact

Adding 2.0 FTE case management positions will have a broad and lasting impact on organizational performance:

- **Efficiency:** Support opening of new consumers to service
 - **Compliance & Risk Reduction:** Ensure quality case management
 - **Technology Readiness:**
 - **Operational Resilience:** Manageable case loads
 - **Cost Savings:**
-

Recommendation

It is recommended that the Executive Committee approve the creation of **two 1.0 FTE case manager positions** to meet the clinical and operational needs of the CCS program.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

To: Executive Committee
From: Jason Hake, Executive Director
Date: April 29, 2026
Subject: Request for Position Approval – Revenue Cycle Leadership Restructure

Purpose

The purpose of this memo is to request Executive Committee approval for a restructuring of leadership and frontline support roles within the Revenue Cycle division. This includes the creation of a combined Manager of Patient Access & Health Information Management (HIM) role and the reclassification of three existing positions into Lead Worker roles across Patient Financial Services, Patient Access, and HIM.

This restructuring is intended to strengthen operational oversight, improve efficiency, and create a more sustainable leadership model while reducing overall FTEs.

Position Overview

Leadership Structure Change:

- Title: Manager of Patient Access & Health Information Management
- Program: Revenue Cycle
- Reports To: Revenue Cycle Leadership
- Employment Type: Permanent – Full Time
- FTE: 1.0
- New or Replacement: Reclassification/Combination of existing leadership structure

Lead Worker Roles (Reclassification of Existing Positions):

- Lead Worker – Patient Financial Services
 - Lead Worker – Patient Access
 - Lead Worker – Health Information Management
 - Employment Type: Permanent – Full Time
 - FTE: 3.0 (conversion of existing positions)
 - New or Replacement: Reclassification – reorganization of existing FTEs
-

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Justification

As part of an ongoing evaluation of the Revenue Cycle structure, it has become clear that adjustments are needed to better align leadership capacity with operational needs.

Currently, the structure includes separate oversight responsibilities that do not fully require dedicated full-time leadership, particularly within HIM. At the same time, there is a gap in consistent, day-to-day operational support for frontline staff across Patient Financial Services, Patient Access, and HIM.

This proposal addresses both challenges through two key changes:

1. **Creation of a Combined Manager Role:**

The Manager of Patient Access & HIM role consolidates oversight of two closely aligned functions under a single leader. This approach reflects the scale and operational needs of both areas and ensures appropriate supervision without overextending leadership resources.

2. **Implementation of Lead Worker Roles:**

Establishing Lead Workers in each functional area provides frontline operational leadership and support. These roles will:

- Serve as the first point of contact for daily operational questions
- Provide real-time guidance and issue resolution
- Support onboarding and training of new staff
- Improve accountability and consistency in workflows

Together, this structure allows managers to focus on higher-level responsibilities, including:

- Strategic leadership and departmental direction
- EHR optimization and system improvements
- Process standardization and efficiency initiatives
- Regulatory compliance and revenue integrity

Budget Impact

- **Net Impact:** Net savings of \$90-100K
 - **Funding Source:** These positions would be funded with the combination of Manager of HIM & Patient Access. This results in a decrease of 1.0 manager position.
-

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Organizational Impact

This restructuring will strengthen the Revenue Cycle division by creating a more balanced and sustainable leadership model:

- **Improved Oversight:** A unified Manager of Patient Access & HIM ensures consistent leadership across interrelated functions
- **Enhanced Operational Support:** Lead Workers provide immediate, accessible guidance to frontline staff
- **Increased Efficiency:** Faster decision-making and reduced workflow disruptions
- **Stronger Leadership Focus:** Managers can prioritize strategic initiatives, system optimization, and long-term planning
- **Better Resource Alignment:** Leadership structure is aligned with operational demand and organizational size
- **Greater Sustainability:** Reduced dependency on single roles and improved continuity across functions

Overall, this model positions NCHC to strengthen its Revenue Cycle operations, improve financial performance, and better support future growth and system enhancements.

Recommendation

It is recommended that the Executive Committee approve:

1. The creation of the Manager of Patient Access & Health Information Management role through consolidation of existing leadership responsibilities, and
2. The reclassification of three existing positions into Lead Worker roles within Patient Financial Services, Patient Access, and Health Information Management.

This restructuring represents a strategic and fiscally responsible approach to improving operational effectiveness, strengthening leadership capacity, and ensuring long-term sustainability within the Revenue Cycle division.

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Wausau Campus
2400 Marshall Street, Suite A
Wausau, Wisconsin 54403
715.848.4600

Antigo Center
1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

Merrill Center
607 N. Sales Street, Suite 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center
2400 Marshall Street, Suite B
Wausau, Wisconsin 54403
715.848.4300



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

To: Executive Committee, North Central Health Care
From: Jason Hake, Executive Director
Date: April 29, 2026
Subject: NCHC Pharmacy Services for Marathon County Jail

Objective

This proposal seeks authorization for North Central Health Care (NCHC) Pharmacy to provide comprehensive prescription and medication management services to the Marathon County Jail, replacing an out-of-state external pharmacy vendor. The goal is to streamline medication access, enhance continuity of care for incarcerated individuals, and provide cost savings with improved transparency.

Background

The jail's current pharmacy service model presents challenges common in correctional healthcare: rising medication costs, inconsistent delivery timelines, limited formulary oversight, and minimal communication between an external pharmacy and jail medical staff. As a county-operated entity, NCHC Pharmacy is well positioned to address these gaps through integrated workflows and shared accountability.

Proposed Service Model

NCHC Pharmacy will provide comprehensive services including medication dispensing and packaging, controlled substance management, inventory oversight, pharmacist consultation, and coordination with jail healthcare providers. Standardized workflows will ensure timely prescription processing, reliable delivery or pickup procedures, and a large medication contingency supply for after-hours or emergency needs.

Due to staffing levels required to service Pine Crest Nursing Home, existing pharmacy staffing levels will support the jail's current volume and needs.

This initiative also represents an opportunity to establish a scalable, county-based pharmacy service model. As the program matures, NCHC intends to evaluate expansion of similar pharmaceutical services to additional county partners, including Lincoln and Langlade Counties, to further strengthen regional collaboration, improve service consistency, and maximize the value of shared public resources.

Compliance and Governance

All services will adhere to state and federal pharmacy regulations, DEA requirements, and HIPAA laws. Processes will align with correctional healthcare standards and support the jail's medication administration policies and best practices.

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2400 Marshall Street, Suite A
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North Central Health Care

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In accordance with the Amended and Restated Intergovernmental Agreement, the addition of new programs requires Executive Committee review and approval, and such programs should be supported by a written agreement. This proposal represents a new program under that framework and, consistent with Section VII.E.1.a.ii – New Programs, is anticipated to be formalized through a contract following Executive Committee authorization.

Financial Impact

Transitioning services will keep county dollars within county operations and generate meaningful cost savings through reduced medication acquisition costs, lower dispensing fees, and improved inventory management. Any initial investments, such as software interface and medication contingency supply, are minimal compared to long-term savings and operational benefits. Funding can be supported through the existing pharmacy department budget.

Expected Benefits

- Jail savings of \$4,000–\$6,000 per month using an acquisition-based pricing model
- Increase in NCHC Pharmacy monthly revenue of \$4,000–\$6,000
- Large medication contingency supply provided on-site by NCHC to reduce use of after-hours or back-up pharmacy needs
- Daily weekday delivery with one emergency delivery per month during business hours at no charge, with the option for jail staff to pick up medications during business hours
- Same-day delivery capability with a 10:00 a.m. cutoff for noon delivery
- Interface with the jail’s electronic medical record system (CorEMR), eliminating duplicate data entry and reducing medication errors
- Clinical support, cost containment, formulary management, and quarterly leadership meetings provided by NCHC Pharmacy at no additional cost


Timeline

Full implementation can be completed within approximately 90–120 days following approval. The jail’s current pharmacy contract may be terminated effective October 1, 2026.

Requested Action

North Central Health Care respectfully requests that the Executive Committee authorize North Central Health Care to pursue and enter into a contract with the Marathon County Jail for pharmaceutical services, consistent with the framework outlined in the Amended and Restated Intergovernmental Agreement for new programs and associated written agreements.

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Policy Title: Employee Compensation and Timekeeping Policy	 North Central Health Care <small>Person centered. Outcome focused.</small>
Policy #: 205-1100	Program: Human Resources 205 Human Resources 205
Last Revised: 12/18/2025 <u>4/22/2026</u>	Policy Contact: Director of Human Resources

Related Forms

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

1. Purpose

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

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

2. Definitions

Exempt:

An employee, based on duties performed and manner of compensation is exempt from the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions. Exempt employees are paid on a salary basis and must work full-time (minimum of 0.75 FTE).

Non-Exempt:

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

Full-time:

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

Regular Part-time:

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

Limited Part-time:

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

Occasional:

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

Student & Seasonal:

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

Professional Staff:

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

Paraprofessional Staff:

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

3. Policy

General Procedure

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

NCHC does not have the authority to ask, encourage, or insinuate that an employee perform work off the clock. Any NCHC employee who is instructed, pressured, or otherwise led to believe they must work without recording all hours shall immediately report the incident to Human Resources or the Compliance Officer, bypassing their direct supervisor if necessary; all such reports will be investigated promptly, and retaliation for making a report is strictly prohibited.

Time Keeping

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

Payroll

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

Payroll Deductions

North Central Health Care reserves the right to make deductions and/or withhold compensation from an employee’s paycheck as long as such action complies with applicable state and federal law. In addition, it may be possible for you to authorize NCHC to make additional deductions from

your paycheck for extra income taxes, contributions to retirement savings programs or insurance benefits (if eligible). These deductions will be itemized on your payroll statement. The amount of the deductions may depend on your earnings and the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name, address, telephone number, marital status or number of exemptions must be reported to Human Resources immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, will be explained whenever NCHC is ordered to make such deductions.

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

Breaks

Employees scheduled to work more than four (4) hours may take a 15 minute rest break, however, breaks are not guaranteed. Breaks must be approved by an employee's immediate supervisor. Non-exempt employees who leave NCHC property must punch out for a minimum of thirty (30) minutes. Breaks, including lunch periods, exceeding thirty (30) minutes are unpaid unless specifically authorized by management. Rest breaks are not guaranteed and must be approved by the employee's supervisor. Rest breaks of 20 minutes or less are paid and counted as hours worked.

Meal Periods (Non-Exempt Employees)

For Non-Exempt employees, lunch breaks, which are unpaid, are thirty (30) minutes if an employee is scheduled to work at least six (6) hours and an additional thirty (30) minutes if an employee is scheduled to work at least twelve (12) hours. Prior approval must be given by an employee's supervisor to exceed a thirty (30) minute unpaid lunch period or to work through lunch. Employees under age 18 may not work more than six (6) hours without a duty free thirty (30) minute break. When an employee is punched out for their lunch break, they cannot eat at their work station.

Non-exempt employees scheduled to work at least six (6) hours are provided a 30-minute unpaid meal period. Employees scheduled to work at least twelve (12) hours may be provided an additional 30-minute unpaid meal period.

Unpaid meal periods are only permitted when the employee is completely relieved of all work duties. If a meal period is interrupted or the employee performs any work, the time must be recorded as hours worked and paid. Employees must notify their supervisor if they are unable to take an uninterrupted meal period.

Non-exempt employees must accurately record all time worked. Employees who leave NCHC property during an unpaid meal period must punch out for a minimum of thirty (30) minutes. Prior supervisor approval is required to work through a meal period or to extend a meal period beyond thirty (30) minutes.

Employees under age 18 may not work more than six (6) consecutive hours without a duty-free thirty (30) minute break.

Base Compensation Pay

Base compensation is an employee's hourly rate without any differential, overtime, or additional pay factored in. Base compensation is designed to provide competitive and fair compensation to

~~employees for fulfilling the full scope of responsibilities and accountabilities as outlined in the job description. Base compensation salary ranges and market rates for each position are established by researching industry and local salary survey data. Base compensation levels within the established range for the position are determined on the basis of an employee's ability to execute the responsibilities of the position. Any changes to Highly Compensated Positions (pay grade 92 and above) or employment offers, must be approved by the Executive Director and confirmed with the Executive Committee Chair prior to making any offers. All positions pay grade 91 and below with an offer at 100% or midpoint and above must be approved by the Executive Director. Base compensation is defined as an employee's hourly rate and does not include differentials, overtime, stipends, or other additional forms of pay. Base compensation reflects the employee's placement within the established pay grade and step structure and is intended to provide fair and competitive compensation for performing the full scope of responsibilities and accountabilities outlined in the job description.~~

~~North Central Health Care utilizes a structured compensation system consisting of 25 pay grades, each with a 16-step progression model. This structure is designed to ensure internal equity, transparency, and alignment with market competitiveness. Each position is assigned to a pay grade based on job evaluation and market analysis, and each grade contains a defined step range with a minimum, control point (Step 6), and maximum.~~

~~Placement within the pay range is determined based on an employee's qualifications, relevant experience, and ability to perform the responsibilities of the position.~~

~~All compensation decisions must consider internal equity. Employees with similar qualifications and experience should be compensated consistently, and any exceptions must be reviewed carefully. When higher compensation is necessary to secure a candidate or respond to market conditions, consideration should also be given to potential equity adjustments for current employees.~~

Merit Pay

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

Step-Scale Review & Adjustment

~~North Central Health Care has identified certain critical positions as step-scale positions. These positions have an identified scale with step increases based on months/years of relevant experience in the role or licensing. Review for step-scale increases will occur at least semi-annually. Months/years of relevant experience will be based on the last day of the pay period in which the step increases go into effect. For example, if the review occurred in January and an employee was at 1 year and 2 months experience (next step noted as 1.5 years) as of the last date of the effective pay period, they would not move to the next step until the following review period.~~

Step Progression & Pay Structure Adjustments

North Central Health Care utilizes a standardized step progression model across all positions within the established pay grade structure. Movement through the step structure is not based solely on tenure, but is part of the organization's annual compensation review process.

On an annual basis, Human Resources evaluates market conditions, economic indicators, and organizational financial considerations to determine whether adjustments to the pay structure and employee compensation are appropriate. When approved, adjustments to the pay structure and employee step progression typically occur simultaneously.

Employees who meet performance expectations will progress to the next step within their assigned pay grade as part of the annual compensation review process. Employees will not progress beyond the maximum of their assigned pay range.

Employees at the maximum of their pay range may be eligible for a structure adjustment, if approved, to maintain alignment with the market. Employees whose compensation exceeds the maximum of the pay range may be eligible for a one-time lump sum payment in lieu of a base compensation increase, as determined through the annual review process.

All step progression and pay structure adjustments are subject to approval by the Executive Committee as part of the annual compensation review process.

Overtime

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

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

Staffing Crisis Situations

The Executive Director has the authority to approve additional compensation during critical staffing situations due to staff shortages (as determined by the Senior Leadership team). The ~~Managing Director of Finance/Administration~~ Director of Finance will be consulted to ensure budget funds are available for the additional compensation prior to approval being given. For example, double pick-up pay could be authorized.

Shift Differential

Employees whose main position is working in programs with established shifts (including but not limited to Mount View Care Center, Inpatient Hospitals, Food Services, Crisis, Crisis Stabilization

Programs, and MMT) are eligible and will be paid shift differentials for any time worked in the shift. All other employees are not eligible for shift differential.

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

- Evenings (Monday – Sunday, 2 p.m. until 10 p.m.)
- Nights (Monday – Sunday, 10 p.m. until 6 a.m.)
- ~~Paraprofessional non-exempt employees will be paid shift differential of \$1.00 per hour for evening and night shifts.~~
- Professional (licensed) nNon-exempt employees, assigned to programs or positions where shift differential have been approved will receive shift differential pay of \$1.50 per hour for evening shifts, \$2.50 per hour for night shifts.

On-Call Pay

On-call pay is for an employee who is scheduled and required to remain available to be called back to work on short notice if the need arises. Hourly employees required to be in official on-call status will be paid \$2.50 per hour served on-call. Eligible salaried employees (as approved by their Senior Leader), will be paid a lump sum of \$40 per week day and \$60 a day per weekend and holiday when on-call. Employees are not eligible to receive payment for both hours worked and on-call pay for the same hours. If an employee reports to work during on-call status, on-call pay ends when the employee reports to work. If an employee must remain on NCHC property or so near that time cannot be used freely, it is not considered on-call time but is to be recorded as work time.

Pick Up Pay

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

Pick Up Pay amounts which are outlined below can only be received by eligible programs and employees no earlier than once their program's schedule is posted.

Amounts of Pick Up Pay:

Hours Picked Up:

3 to 6.75 Hours

7 to 11.75 Hours

12 to 16 Hours

Pick Up Pay Received for Hourly or Non-Exempt Employees:

1 Hour at Employee's Base Rate of Pay

2 Hours at Employee's Base Rate of Pay

3 Hours at Employee's Base Rate of Pay

Mount View Critical Staffing Pick Up Pay:

If a vacancy rate is above 15% in the nursing home (calculated by taking open FTEs and dividing it by the budgeted FTEs), then Mount View is authorized to pay the following:

Hours Picked Up:

3 to 6.75 Hours

Pick Up Pay Received for Hourly or Non-Exempt Employees:

2 Hours at Employee's Base Rate of Pay

7 to 11.75 Hours

3 Hours at Employee's Base Rate of Pay

12 to 16 Hours

4 Hours at Employee's Base Rate of Pay

Ineligibility for Pick Up Pay:

- 1.) Programs without established shifts including but not limited to Human Resources, Learning & Development, Accounting, HIM, IMS, Patient Financial Services, Patient Access, Outpatient, Community Treatment, Transportation and Aquatics. In cases of emergency, Senior Leadership may make exceptions to eligibility.
- 2.) Employees who are below a 0.5 FTE in UKG do not qualify for Pick Up Pay.
- 3.) Only shifts beyond an employee's FTE status are eligible for Pick Up Pay within the pay period; scheduled PTO is counted towards FTE status for the pay period in which the PTO is taken.
- 4.) Employees who are in an "on-call shift" status are not eligible for Pick Up Pay
- 5.) Scheduling up shifts or assigned shifts are not eligible for Pick Up Pay
- 6.) Flex hours or shifts are not eligible for Pick Up Pay
- 7.) Fill in/Swapped hours or shifts are not eligible for Pick Up Pay
- 8.) Make-up hours or shifts are not eligible for Pick Up Pay
- 9.) Employees on approved PTO that pick up their own scheduled shift are not eligible for Pick Up Pay
- 10.) An employee who calls in and misses a schedule shift (on the same day as a picked-up shift and day immediately following) will forfeit any pick-up pay.

Management Pick Up Pay for Mount View

As a temporary solution, management RN staff at Mount View can pick up shifts on weekends and holidays in cases of critical staffing shortages (as approved by the Executive Director). The manager cannot be on call. Since these shifts are not related to the job that is normally completed by the management staff, they will be paid their daily rate for an 8 hour shift and half the daily rate for a 4 hour shift.

Temporary Appointment Pay

Employees temporarily appointed by the Executive Director (in writing) to positions of a higher classification or given additional management responsibilities during a vacancy may be eligible for a pay increase (stipend) during the temporary appointment period. Temporary appointment pay shall not exceed midpoint of the new position's pay grade unless otherwise approved by Senior Leadership.

Holiday Pay

Full-time and part-time employees receive the following paid holidays:

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

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

Holiday Premium Pay

Any non-exempt employee who works during any paid holiday will be paid at the overtime rate for all hours worked on the actual holiday (12:00 a.m. until 11:59 p.m.) in addition to any holiday pay received.

A non-exempt employee, who fails to work a scheduled holiday, including the scheduled day immediately prior to or following the paid holiday, will forfeit any holiday pay, unless that employee is off work due to a Worker’s Compensation incident or approved Family Medical Leave.

Funeral Pay

Funeral pay recognizes that employees need time to make arrangements, handle family matters and attend funerals when a death occurs with an immediate member of their family without suffering short-term financial burdens from loss of income. Therefore, in the event of a death in the immediate family of an employee, full-time and regular part-time employees (0.5 FTE and greater) will upon request to their supervisor, be granted up to three (3) days of paid funeral leave not to exceed twenty-four (24) hours of paid time. Exceptions for additional days in extraordinary situations may be approved at the sole discretion of the Executive Director. Funeral leave must be used within a reasonable time of the death with employees solely being eligible to be paid for those days that are scheduled workdays.

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

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

Jury Duty

Employees must inform their direct supervisor or a designated representative when they are notified for jury duty. Upon receipt of appropriate documentation, employees who serve on a jury or are subpoenaed to appear as a witness before a court or administrative tribunal shall be paid their regular earnings for hours served during regular scheduled hours. However, employees will be required to submit payments received for jury duty including mileage reimbursement to NCHC to offset this benefit within five (5) working days of completing jury duty. When released from jury or witness duties employees shall immediately return to their job and complete the scheduled workday. Employees shall not be entitled to overtime or shift differential under this provision.

4. References

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