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 and time as noted below:

Wednesday, August 26, 2026, at 1:00 PM
North Central Health Care – **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=m46cc82c1d7d0186ac1e924e26268719c
Meeting number: 1-408-418-9388 **Access Code:** 2482 711 7345 **Password:** 1234

AGENDA

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda (Limited to 15 Minutes)
3. Approval of July 29, 2026 Executive Committee Meeting Minutes
4. Educational Presentations, Committee Discussion, and Organizational Updates
   a. Financial Update – J. Hake
5. Discussion and Possible Action
   a. ACTION: Request for Approval to Implement Community Recovery Services – M. Schroeder
   b. ACTION: Request for Approval to Implement Targeted Case Management within Community Treatment – M. Schroeder
   c. ACTION: Discussion with Possible Action – 2027 Staffing Totals – J. Hake
   d. ACTION: Request for Position Approval – Community Treatment Clinical Coordinator – M. Schroeder
   e. ACTION: Request for Position Approval – Community Treatment Quality Assurance Specialist – M. Schroeder
   f. ACTION: Request for Position Approval – Restorative Nurse – J. Hake
   g. ACTION: Request for Position Approval – Nutrition Services Dietary Lead – J. Hake
   h. ACTION: Request for Position Approval – Inpatient Psychiatrist – J. Hake
   i. ACTION: Request for Approval of Preliminary 2027 Capital Budget – J. Hake
6. Closed Session
   a. Motion to go into Closed Session (roll call vote required) - It is anticipated that the Committee will consider a motion to convene in closed session pursuant to Wis. stat. s. 19.85(1)(g) "Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved," to wit: Amador County, California Case: *Ison v. North Central Health Care*.
   b. Motion to return to Open Session (roll call vote not required) and possible announcements and/or action regarding Closed Session items
7. Next Meeting Date & Time, Location and Future Agenda Items
   a. Wednesday, September 30, 2026, 1:00 PM, 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
DATE: 08/21/2026 TIME: 10:30 AM BY: K. Barbier

Presiding Officer or Designee

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
EXECUTIVE COMMITTEE MEETING MINUTES

July 29, 2026 **1:00 p.m.** **North Central Health Care**

Present:	X	Kurt Gibbs	X(Webex)	Renee Krueger
	X	Lance Leonhard	X	Rachel Ramer

Staff Present: Jason Hake, Brandy Thorne, Kyle Theiler, Patrice Lanning, Alli Dunne, Wendy Peterson, Marne Schroeder

Others Present: Brian Desmond, Marathon County Corporation Counsel; Don Dunphy, Lincoln County Board Supervisor; Kim Heller, Wipfli; Corey Palmer, M3 Insurance

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.

May 27, 2026 Executive Committee Minutes

- **Motion**/second, Leonhard/Ramer, to approve the May 27, 2026 Executive Committee meeting minutes. Motion carried.

2025 Audit Presentation

- The audit for the year ending December 31, 2025, was presented and reviewed by Kim Heller, Wipfli.

Financial Update

- Mr. Hake provided an overview of preliminary financial results for June, reporting a monthly net loss of $170,000 due to decrease in census. Health insurance reported net income of $154,000 for the same period. Year-to-date net income is $3.1 million. Health insurance has recognized net income of just over $1.0 million year-to-date.

NCHC Lifeworks Employment Program Partnership

- Ms. Thorne provided an overview of Lifeworks which is an employment assistance program that provides hard and soft skills training to barriered individuals. Employers participating in the program provide interviews and potential job placement. NCHC has partnered with the program to offer employment opportunities to adults with developmental disabilities.

Strategic Vision for an Integrated Behavioral Health System

- Mr. Hake provided an overview of the Strategic Vision for an Integrated Behavioral Health System as outlined in the memo provided in the packet.

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Approval of 2025 Audit

- **Motion**/second, Leonhard/Krueger, to accept the 2025 audited financials by our audit partner, Wipfli, and place them on file. Motion carried.

Approval of 2027 Health Plan Renewal Strategy and Premium Increases

- Mr. Hake provided an overview of the 2027 Health Plan Renewal Strategy and Premium Increases as outlined in the memo provided in the packet.
- **Motion**/second, Ramer/Leonhard, to approve the 2027 Health Plan Renewal Strategy and Premium Increases as presented. Motion carried.

Outpatient Clinical Manager Position Request

- Ms. Dunne provided an overview of the request to create one (1.0 FTE) Outpatient Clinical Manager position as outlined in the memo provided in the packet.
- **Motion**/second, Krueger/Leonhard, to approve the request as presented. Motion carried.

Acute Care Services Coordinator Position Request

- Ms. Peterson provided an overview of the request to realign two existing positions into two Acute Care Services Coordinator roles as outlined in the memo provided in the packet.
- **Motion**/second, Leonhard/Ramer, to approve the realignment of two existing positions as presented. Motion carried.

Adult Protective Services Representative Position Request

- Ms. Schroeder provided an overview of the request to create one (1.0 FTE) Adult Protective Services Representative position as outlined in the memo provided in the packet.
- **Motion**/second, Ramer/Leonhard, to approve the position as presented. Motion carried.

Chief Medical Officer Position Request

- Mr. Hake provided an overview of the request to create a 0.75 FTE Chief Medical Officer as outlined in the memo provided in the packet.
- **Motion**/second, Leonhard/Ramer, to approve the position as presented. Motion carried.

Approval to Submit Phase 1 Planning Grant Application – Rural Health Transformation Program

- Mr. Hake provided an overview of the request to submit a Phase 1 Planning Grant Application to the Rural Health Transformation Program as outlined in the memo provided in the packet.
- **Motion**/second, Ramer/Leonhard, to approve the request as presented. Motion carried.

Closed Session

- Mr. Desmond explained the rationale for the closed session is to discuss ongoing litigation involving North Central Health Care.
- **Motion**/second, Leonhard/Ramer to go into Closed Session (Roll Call Vote Required) pursuant to Wis. stat. s. 19.85(1)(g) "Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved," to wit: Marathon County Case No. 24 CV 495 - Emmerich & Associates, Inc. v. ProSelect Insurance Company, D/B/A/ Coverys, and North Central Community Services Program a.k.a. North Central Health Care. Roll call vote taken; all indicating aye. Mr. Desmond, Mr. Hake, and Ms. Barbier remained in closed session. Meeting convened in closed session at 2:40 p.m. Motion carried.
- **Motion**/second, Leonhard/Ramer, to return to open session at 2:45 p.m. Motion carried.

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- Possible announcements and/or action regarding closed session items
    - Committee authorized the Executive Director to execute any necessary agreements or documents related to Marathon County Case No. 24 CV 495 - Emmerich & Associates, Inc. v. ProSelect Insurance Company, D/B/A/ Coverys, and North Central Community Services Program a.k.a. North Central Health Care.

Next Meeting Date & Time, Location and Future Agenda Items

- Wednesday, August 26, 2026, at 1:00 p.m. in the Eagle Board Room.

Adjournment

- **Motion**/second, Leonhard/Ramer, to adjourn the meeting at 2:47 p.m. Motion carried.

Minutes prepared by Kristina Barbier, Executive Assistant

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

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	634,239	626,962	7,277	637,642	535,015	(102,627)	(3,403)	(95,350)
Adult Crisis Stabilization Facility	356,105	271,026	85,079	201,374	174,948	(26,426)	154,731	58,653
Lakeside Recovery MMT	116,337	112,583	3,754	165,827	180,635	14,808	(49,489)	18,562
Youth Behavioral Health Hospital	148,717	275,888	(127,171)	368,269	301,813	(66,456)	(219,551)	(193,627)
Youth Crisis Stabilization Facility	390,543	130,823	259,720	132,473	124,109	(8,364)	258,070	251,356
Contracted Services (Out of County Placements)	-	-	-	102,483	151,502	49,019	(102,483)	49,019
Crisis Services	56,748	48,728	8,020	273,434	252,655	(20,779)	(216,685)	(12,759)
Psychiatry Residency	7,934	25,531	(17,596)	4,184	61,079	56,895	3,750	39,299
	1,710,624	1,491,541	219,084	1,885,685	1,781,756	(103,929)	(175,061)	115,155
COMMUNITY SERVICES								
Outpatient Services (Marathon)	453,838	486,234	(32,396)	501,415	532,108	30,693	(47,577)	(1,703)
Outpatient Services (Lincoln)	84,875	93,579	(8,704)	49,811	84,518	34,707	35,064	26,003
Outpatient Services (Langlade)	75,912	84,619	(8,706)	53,843	81,883	28,040	22,069	19,333
Community Treatment Adult (Marathon)	632,463	570,959	61,503	674,082	605,514	(68,567)	(41,619)	(7,064)
Community Treatment Adult (Lincoln)	104,085	86,076	18,009	93,354	99,189	5,834	10,730	23,843
Community Treatment Adult (Langlade)	54,340	33,742	20,598	64,530	48,562	(15,968)	(10,190)	4,630
Community Treatment Youth (Marathon)	776,776	634,479	142,297	746,726	640,181	(106,544)	30,051	35,753
Community Treatment Youth (Lincoln)	190,721	178,095	12,626	220,019	190,995	(29,023)	(29,298)	(16,398)
Community Treatment Youth (Langlade)	159,054	133,381	25,673	172,865	150,235	(22,630)	(13,811)	3,043
Hope House (Sober Living Marathon)	16,627	5,868	10,759	11,516	9,393	(2,123)	5,111	8,636
Sober Living (Langlade)	14,202	5,925	8,277	10,370	6,417	(3,953)	3,832	4,324
Adult Protective Services	29,965	24,982	4,982	99,173	114,148	14,975	(69,209)	19,957
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	2,592,859	2,337,941	254,918	2,697,705	2,563,145	(134,560)	(104,846)	120,358
COMMUNITY LIVING								
Day Services (Langlade)	(1,404)	23,708	(25,112)	(2)	27,662	27,664	(1,402)	2,552
Supportive Employment Program	(1,114)	-	(1,114)	-	-	-	(1,114)	(1,114)
	(2,518)	23,708	(26,225)	(2)	27,662	27,664	(2,516)	1,439
NURSING HOMES								
Mount View Care Center	2,299,944	2,222,600	77,344	2,322,686	2,044,290	(278,395)	(22,742)	(201,052)
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	2,299,944	2,222,600	77,344	2,322,686	2,044,290	(278,395)	(22,742)	(201,052)
Pharmacy	545,031	569,707	(24,676)	571,271	595,091	23,820	(26,241)	(856)
OTHER PROGRAMS								
Aquatic Services	69,330	57,507	11,823	99,563	113,990	14,427	(30,233)	26,250
Birth To Three	-	-	-	-	-	-	-	-
Demand Transportation	32,425	32,355	70	41,309	40,302	(1,006)	(8,884)	(936)
	101,755	89,862	11,893	140,872	154,292	13,420	(39,117)	25,314
APPROPRIATIONS	359,668	359,668	-	-	-	-	359,668	-
Marathon County	51,503	51,503	-	-	-	-	51,503	-
Lincoln County	19,708	19,708	-	-	-	-	19,708	-
Langalde County	430,879	430,879	-	-	-	-	430,879	-
Total NCHC Service Programs	7,678,574	7,166,237	512,337	7,618,217	7,166,237	(451,980)	60,356	60,358
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	614,716	665,376	(50,660)	608,070	700,331	92,261	6,646	41,601
Dental Insurance Trust Fund	28,501	34,955	(6,454)	31,481	-	(31,481)	(2,980)	(37,935)
Total NCHC Self-Funded Insurance Trusts	643,217	700,331	(57,114)	639,551	700,331	60,780	3,666	3,666

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

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	4,708,268	4,388,732	319,536	4,087,207	3,745,107	(342,100)	621,060	(22,565)
Adult Crisis Stabilization Facility	1,914,713	1,897,182	17,531	1,292,464	1,224,638	(67,826)	622,249	(50,295)
Lakeside Recovery MMT	823,440	788,084	35,356	1,178,233	1,264,445	86,212	(354,793)	121,568
Youth Behavioral Health Hospital	1,967,230	1,931,216	36,015	2,354,825	2,112,689	(242,136)	(387,595)	(206,121)
Youth Crisis Stabilization Facility	1,292,932	915,762	377,170	800,327	868,765	68,438	492,605	445,608
Contracted Services (Out of County Placements)	-	-	-	812,034	1,060,514	248,479	(812,034)	248,479
Crisis Services	401,279	341,097	60,182	1,875,151	1,768,582	(106,569)	(1,473,872)	(46,387)
Psychiatry Residency	142,041	178,714	(36,673)	215,580	427,553	211,972	(73,539)	175,300
	11,249,902	10,440,785	809,117	12,615,820	12,472,291	(143,529)	(1,365,918)	665,588
COMMUNITY SERVICES								
Outpatient Services (Marathon)	3,396,284	3,403,639	(7,355)	3,706,228	3,724,755	18,527	(309,944)	11,172
Outpatient Services (Lincoln)	634,607	655,052	(20,445)	374,809	591,628	216,819	259,799	196,374
Outpatient Services (Langlade)	600,085	592,330	7,756	499,209	573,180	73,970	100,876	81,726
Community Treatment Adult (Marathon)	4,232,306	3,996,716	235,590	4,130,913	4,238,601	107,688	101,393	343,278
Community Treatment Adult (Lincoln)	700,731	602,532	98,200	619,332	694,320	74,988	81,399	173,188
Community Treatment Adult (Langlade)	345,796	236,196	109,600	400,111	339,937	(60,174)	(54,314)	49,426
Community Treatment Youth (Marathon)	4,909,595	4,441,355	468,240	4,715,980	4,481,270	(234,710)	193,615	233,530
Community Treatment Youth (Lincoln)	1,376,004	1,246,666	129,337	1,405,330	1,336,966	(68,364)	(29,327)	60,973
Community Treatment Youth (Langlade)	1,115,248	933,669	181,579	1,052,812	1,051,646	(1,166)	62,436	180,414
Hope House (Sober Living Marathon)	33,740	41,079	(7,339)	57,087	65,754	8,666	(23,347)	1,328
Sober Living (Langlade)	39,907	41,474	(1,567)	73,265	44,919	(28,345)	(33,358)	(29,912)
Adult Protective Services	185,128	174,877	10,251	675,608	799,039	123,431	(490,480)	133,682
Jail Meals (Marathon)	-	-	-	-	-	-	-	-
	17,569,432	16,365,584	1,203,848	17,710,683	17,942,014	231,331	(141,251)	1,435,179
COMMUNITY LIVING								
Day Services (Langlade)	53,629	165,953	(112,324)	103,152	193,634	90,483	(49,522)	(21,841)
Supportive Employment Program	(1,114)	-	(1,114)	-	-	-	(1,114)	(1,114)
	52,516	165,953	(113,437)	103,152	193,634	90,483	(50,636)	(22,955)
NURSING HOMES								
Mount View Care Center	17,347,891	15,558,201	1,789,690	15,130,605	14,310,032	(820,572)	2,217,286	969,118
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	17,347,891	15,558,201	1,789,690	15,130,605	14,310,032	(820,572)	2,217,286	969,118
Pharmacy	3,844,386	3,987,947	(143,561)	4,069,750	4,165,640	95,890	(225,364)	(47,671)
OTHER PROGRAMS								
Aquatic Services	439,921	402,548	37,373	653,636	797,929	144,294	(213,715)	181,666
Birth To Three	259,720	-	259,720	259,720	-	(259,720)	-	-
Demand Transportation	243,781	226,484	17,298	280,389	282,116	1,727	(36,608)	19,025
	943,422	629,032	314,390	1,193,744	1,080,045	(113,699)	(250,322)	200,691
APPROPRIATIONS								
Marathon County	2,517,677	2,517,677	-	-	-	-	2,517,677	-
Lincoln County	360,523	360,523	-	-	-	-	360,523	-
Langalde County	137,954	137,954	-	-	-	-	137,954	-
	3,016,154	3,016,154	-	-	-	-	3,016,154	-
Total NCHC Service Programs	54,023,703	50,163,657	3,860,046	50,823,754	50,163,657	(660,096)	3,199,949	3,199,950
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	4,455,712	4,657,631	(201,920)	3,447,841	4,902,319	1,454,478	1,007,870	1,252,558
Dental Insurance Trust Fund	203,079	244,688	(41,608)	196,086	-	(196,086)	6,994	(237,694)
Total NCHC Self-Funded Insurance Trusts	4,658,791	4,902,319	(243,528)	3,643,927	4,902,319	1,258,392	1,014,864	1,014,864

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

	Marathon	Langlade	Lincoln	Total
YTD Appropriation (Tax Levy) Revenue	3,418,927	137,954	360,523	3,917,404
Total Revenue at Period End	44,655,515	3,921,563	5,446,624	54,023,702
County Percent of Total Net Position	82.7%	7.3%	10.1%	
Total Operating Expenses, Year-to-Date *	41,755,335	3,975,852	5,092,567	50,823,754
** Excluding Depreciation Expenses to be allocated at the end of the year*				
Share of Operating Cash	30,856,495	2,709,759	3,763,561	37,329,815
Days Cash on Hand	157	145	157	156
Minimum Target - 20%	14,316,115	1,363,149	1,746,023	17,425,287
Over/(Under) Target	16,540,380	1,346,610	2,017,537	19,904,528
Maximum Target - 35%	25,053,201	2,385,511	3,055,540	30,494,252
Over/(Under) Target	5,803,294	324,248	708,020	6,835,562
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 150 Days	29,416,674	2,800,992	3,587,719	35,805,384
Current Percentage of Operating Cash	73.9%	68.2%	73.9%	73.4%
Over/(Under) Minimum Target	16,540,380	1,346,610	2,017,537	19,904,528
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	16,540,380	1,346,610	2,017,537	19,904,528
Over/(Under) Maximum Target	5,803,294	324,248	708,020	6,835,562
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	5,803,294	324,248	708,020	6,835,562

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

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
Direct Services								
Outpatient Services	3,396,284	3,403,639	(7,355)	3,706,228	3,724,755	18,527	(309,944)	11,172
Community Treatment-Adult	4,232,306	3,996,716	235,590	4,130,913	4,238,601	107,688	101,393	343,278
Community Treatment-Youth	4,909,595	4,441,355	468,240	4,715,980	4,481,270	(234,710)	193,615	233,530
Hope House Sober Living	33,740	41,079	(7,339)	57,087	65,754	8,666	(23,347)	1,328
Demand Transportation	243,781	226,484	17,298	280,389	282,116	1,727	(36,608)	19,025
Jail Meals	-	-	-	-	-	-	-	-
Aquatic Services	439,921	402,548	37,373	653,636	797,929	144,294	(213,715)	181,666
Mount View Care Center	17,347,891	15,558,201	1,789,690	15,130,605	14,310,032	(820,572)	2,217,286	969,118
	30,603,518	28,070,022	2,533,497	28,674,837	27,900,457	(774,380)	1,928,682	1,759,117
Shared Services								
Adult Behavioral Health Hospital	3,495,082	3,257,881	237,200	3,034,051	2,780,100	(253,951)	461,031	(16,750)
Youth Behavioral Health Hospital	1,460,332	1,433,597	26,735	1,748,054	1,568,310	(179,744)	(287,723)	(153,010)
Residency Program	105,441	132,664	(27,223)	160,031	317,384	157,353	(54,590)	130,130
Supportive Employment Program	(827)	-	(827)	-	-	-	(827)	(827)
Crisis Services	297,881	253,206	44,675	1,391,978	1,312,869	(79,109)	(1,094,097)	(34,434)
Adult Crisis Stabilization Facility	1,421,346	1,408,332	13,014	959,433	909,084	(50,349)	461,913	(37,335)
Youth Crisis Stabilization Facility	959,780	679,796	279,984	594,105	644,909	50,803	365,675	330,787
Pharmacy	2,853,798	2,960,368	(106,569)	3,021,092	3,092,274	71,182	(167,294)	(35,388)
Lakeside Recovery MMT	611,263	585,017	26,246	874,636	938,634	63,998	(263,373)	90,244
Adult Protective Services	137,426	129,816	7,610	501,523	593,150	91,627	(364,097)	99,236
Birth To Three	192,798	-	192,798	192,798	-	(192,798)	-	-
Contracted Services (Out of County Placements)	-	-	-	602,796	787,250	184,453	(602,796)	184,453
	11,534,319	10,840,678	693,642	13,080,498	12,943,963	(136,535)	(1,546,178)	557,107
Appropriations	2,517,677	2,517,677	-				2,517,677	-
Excess Revenue/(Expense)	44,655,515	41,428,377	3,227,138	41,755,335	40,844,420	(910,915)	2,900,180	2,316,223

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

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
Direct Services								
Outpatient Services	634,607	655,052	(20,445)	374,809	591,628	216,819	259,799	196,374
Community Treatment-Adult	700,731	602,532	98,200	619,332	694,320	74,988	81,399	173,188
Community Treatment-Youth	1,376,004	1,246,666	129,337	1,405,330	1,336,966	(68,364)	(29,327)	60,973
Pine Crest Nursing Home	-	-	-	-	-	-	-	-
	2,711,342	2,504,250	207,092	2,399,471	2,622,914	223,443	311,871	430,535
Shared Services								
Adult Behavioral Health Hospital	719,590	670,753	48,836	624,670	572,385	(52,285)	94,920	(3,449)
Youth Behavioral Health Hospital	300,662	295,158	5,504	359,901	322,894	(37,007)	(59,238)	(31,503)
Residency Program	21,709	27,314	(5,605)	32,948	65,345	32,397	(11,239)	26,792
Supportive Employment Program	(170)	-	(170)	-	-	-	(170)	(170)
Crisis Services	61,330	52,132	9,198	286,589	270,302	(16,287)	(225,260)	(7,090)
Adult Crisis Stabilization Facility	292,636	289,957	2,679	197,534	187,168	(10,366)	95,102	(7,687)
Youth Crisis Stabilization Facility	197,606	139,961	57,645	122,318	132,778	10,460	75,287	68,105
Pharmacy	587,558	609,499	(21,941)	622,002	636,657	14,655	(34,444)	(7,286)
Lakeside Recovery MMT	125,851	120,447	5,404	180,076	193,252	13,176	(54,225)	18,580
Adult Protective Services	28,294	26,727	1,567	103,257	122,121	18,865	(74,963)	20,431
Birth To Three	39,694	-	39,694	39,694	-	(39,694)	-	-
Contracted Services (Out of County Placements)	-	-	-	124,108	162,084	37,976	(124,108)	37,976
	2,374,760	2,231,948	142,811	2,693,097	2,664,986	(28,111)	(318,337)	114,701
Appropriations	360,523	360,523	-				360,523	-
Excess Revenue/(Expense)	5,446,624	5,096,721	349,903	5,092,567	5,287,900	195,333	354,057	545,236

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

	Revenue			Expense			Net Income/	Variance
	Actual	Budget	Variance	Actual	Budget	Variance	(Loss)	From Budget
Direct Services								
Outpatient Services	600,085	592,330	7,756	499,209	573,180	73,970	100,876	81,726
Community Treatment-Adult	345,796	236,196	109,600	400,111	339,937	(60,174)	(54,314)	49,426
Community Treatment-Youth	1,115,248	933,669	181,579	1,052,812	1,051,646	(1,166)	62,436	180,414
Sober Living	39,907	41,474	(1,567)	73,265	44,919	(28,345)	(33,358)	(29,912)
Adult Day Services	53,629	165,953	(112,324)	103,152	193,634	90,483	(49,522)	(21,841)
	2,154,666	1,969,621	185,045	2,128,548	2,203,316	74,768	26,118	259,812
Shared Services								
Adult Behavioral Health Hospital	493,596	460,097	33,499	428,486	392,622	(35,864)	65,109	(2,366)
Youth Behavioral Health Hospital	206,237	202,461	3,776	246,870	221,486	(25,385)	(40,634)	(21,609)
Residency Program	14,891	18,736	(3,845)	22,601	44,823	22,222	(7,710)	18,378
Supportive Employment Program	(117)	-	(117)	-	-	-	(117)	(117)
Crisis Services	42,068	35,759	6,309	196,583	185,411	(11,172)	(154,515)	(4,863)
Adult Crisis Stabilization Facility	200,731	198,893	1,838	135,497	128,386	(7,111)	65,234	(5,273)
Youth Crisis Stabilization Facility	135,546	96,005	39,541	83,903	91,078	7,175	51,643	46,716
Pharmacy	403,030	418,080	(15,050)	426,656	436,709	10,053	(23,626)	(4,998)
Lakeside Recovery MMT	86,326	82,620	3,707	123,521	132,559	9,038	(37,195)	12,745
Adult Protective Services	19,408	18,333	1,075	70,828	83,768	12,940	(51,420)	14,015
Birth To Three	27,228	-	27,228	27,228	-	(27,228)	-	-
Contracted Services (Out of County Placements)	-	-	-	85,130	111,180	26,050	(85,130)	26,050
	1,628,944	1,530,984	97,960	1,847,304	1,828,022	(19,282)	(218,360)	78,678
Appropriations	137,954	137,954	-			-	137,954	-
Excess Revenue/(Expense)	3,921,563	3,638,559	283,005	3,975,852	4,031,337	55,486	(54,289)	338,490

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

	MTD	YTD
Behavioral Health Hospitals		
Charity Care	$ 13,621	$ 224,768
Administrative Write-Off	$ 379,951	$ 1,621,100
Bad Debt	$ -	$ 496,918
Outpatient & Community Treatment		
Charity Care	$ 5,946	$ 59,617
Administrative Write-Off	$ 117,694	$ 411,999
Bad Debt	$ -	$ 231,603
Nursing Home Services		
Charity Care	$ -	$ -
Administrative Write-Off	$ -	$ -
Bad Debt	$ -	$ -
Aquatic Services		
Charity Care	$ -	$ -
Administrative Write-Off	$ -	$ 4,186
Bad Debt	$ -	$ 35,740
Pharmacy		
Charity Care	$ -	$ -
Administrative Write-Off	$ 27	$ 114
Bad Debt	$ -	$ -
Other Services		
Charity Care	$ 23	$ 108
Administrative Write-Off	$ 24,362	$ 112,603
Bad Debt	$ -	$ 4,660
Grand Total		
Charity Care	$ 19,590	$ 284,493
Administrative Write-Off	$ 522,033	$ 2,150,002
Bad Debt	$ -	$ 768,921

FINANCIAL DASHBOARD								FISCAL YEAR: 2026									
DEPARTMENT	Metric	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2026 YTD	2025
BEHAVIORAL HEALTH SERVICES																
Adult Hospital	Average Daily Census	10.00	9.06	12.57	10.48	10.33	7.97	8.97	10.10						9.93	9.9
Adult Crisis Stabilization Facility	Average Daily Census	11.00	8.84	9.14	10.26	6.73	9.65	7.30	8.26						8.60	12.1
Lakeside Recovery MMT	Average Daily Census	10.25	13.16	11.93	13.74	14.07	13.16	12.27	11.25						12.80	11.6
Youth Hospital	Average Daily Census	4.25	4.81	5.39	4.77	4.77	4.84	1.57	1.97						4.02	4.6
Youth Crisis Stabilization Facility	Billable Units	5,840	3,145	13,616	5,281	7,299	4,826	4,827	5,308						6,329	4603
Youth Out of County Placements (WMHI/MMHI)	Days	37	0	0	25	38	35	0	0						14	220
Adult Out of County Placements (WMHI/MMHI)	Days	45	33	49	49	43	89	81	36						54	927
Out of County Placements (Trempealeau)	Days	44	124	100	79	30	18	0	0						50	1015
Out of County Placements (Group Home)	Days	160	186	144	155	90	155	60	186						139	1923
COMMUNITY SERVICES																
Hope House - Marathon	Average Daily Census	**6.00**	7.60	6.40	6.70	6.10	7.10	6.50	6.4						6.69	4.9
Hope House - Langlade	Average Daily Census	**3.00**	4.00	4.90	5.50	6.90	6.16	6.40	4.1						5.42	3.0
NURSING HOMES																
Mount View Care Center	Average Daily Census	125.00	127.84	128.71	129.03	125	125.45	124.6	120.52						125.88	123

MEMORANDUM
To: Executive Committee, North Central Health Care
From: Marne Schroeder, Director of Community Treatment
Date: August 26, 2026
Subject: Community Recovery Services

Purpose

The purpose of this memo is to inform the Executive Committee of the implementation of Community Recovery Services (CRS) within Community Treatment.

Program Overview

Community Recovery Services is a Wisconsin Medicaid-funded psychosocial rehabilitation program that helps individuals with mental illness live as independently as possible in the community and exercise greater choice in their recovery services.

CRS includes Community Living Supportive Services (CLSS), peer support services, and supported employment services. NCHC's CRS program will focus primarily on CLSS because peer support and supported employment are available through Comprehensive Community Services and the Community Support Program (CSP). Individuals enrolled in CRS will also be enrolled in CSP.

CLSS includes skills training, supervision, and other supports identified through an individualized needs assessment. Services may be delivered in community settings, including an individual's home or apartment, supported apartment programs, adult family homes, residential care apartment complexes, and community-based residential facilities.

Current Need

NCHC has experienced an increase in the number of individuals enrolled in CSP whose behavioral health needs cannot be safely supported in an independent living setting. Due to the severity and complexity of their psychiatric conditions, these individuals require 24-hour supervision and ongoing support to maintain safety and stability in the community.

NCHC currently funds residential placements for seven individuals, including two who are under guardianship and protective placement through Adult Protective Services. These costs are largely supported with county resources because an alternative reimbursement source has not been available, making the current funding approach unsustainable as demand grows.

Implementation

Community Treatment has completed the necessary planning to implement CRS and establish contracts with qualified residential providers. Implementation will include:

- Enrollment and certification of eligible individuals in CRS.
- Contracts with qualified residential providers to deliver CLSS.

- Oversight of service authorization, quality assurance, documentation, and Medicaid compliance.
- Coordination among CRS, CSP, Adult Protective Services, and residential providers to support integrated care planning.
- Ongoing monitoring of service utilization, client outcomes, and financial performance.

Eligible individuals will continue to receive psychiatric treatment, case management, and other behavioral health services through CSP as clinically appropriate. CRS will fund qualifying residential supportive services and will not replace existing behavioral health treatment.

Benefits and Financial Impact

Implementing CRS and contracting with residential providers will allow NCHC to obtain Medicaid reimbursement for eligible CLSS costs, including recovery through the Medicaid reconciliation process. Room and board will remain the responsibility of the individual or another applicable funding source.

Administrative oversight, provider contracting, billing, and program monitoring will be absorbed within existing Community Treatment operations. The program is expected to have a positive financial impact by offsetting residential support costs currently borne by NCHC and reducing reliance on county funding as utilization increases.

In addition to improving financial sustainability, CRS will:

- Support eligible individuals in community-based settings rather than more restrictive institutional placements.
- Improve coordination between behavioral health treatment providers and residential providers.
- Expand appropriate residential placement options for individuals with significant behavioral health needs.
- Align service delivery with Wisconsin Medicaid requirements and available funding sources.

Recommendation

It is recommended that the Executive Committee acknowledge and support the implementation of Community Recovery Services within Community Treatment. CRS will strengthen NCHC's continuum of behavioral health services by improving access to appropriate residential supports and using available Medicaid funding to support individuals with complex behavioral health needs.

MEMORANDUM
To: Executive Committee, North Central Health Care
From: Marne Schroeder, Director of Community Treatment
Date: August 26, 2026
Subject: Targeted Case Management

Purpose

The purpose of this memo is to request approval from the Executive Committee to implement Targeted Case Management (TCM) within Community Treatment.

Targeted Case Management is a Medicaid-funded program that provides care coordination and case management services to individuals whose needs do not require the higher level of support offered through Comprehensive Community Services (CCS) or the Community Support Program (CSP). Implementing TCM will expand the Community Treatment continuum of care and allow the organization to continue monitoring and supporting individuals subject to Chapter 51 mental health commitments or settlement agreements which is currently being done by a Linkage Coordinator under the Crisis area of Behavioral Health Services.

Current State

The current responsibilities of the Linkage Coordinator have evolved beyond the original intent of the position and the requirements outlined in DHS 34 governing Emergency Mental Health Services.

Under DHS 34, linkage services are intended to be short-term and transitional, assisting individuals in connecting to ongoing treatment and support following a mental health crisis. Once an individual is successfully connected to ongoing services—or declines further services—the Linkage function concludes.

The current Linkage Coordinator, however, provides ongoing monitoring and coordination for individuals under Chapter 51 commitments and settlement agreements. While this service has successfully filled an important gap in care, it functions as ongoing case management rather than crisis linkage as defined in DHS 34.

Background

Several years ago, the Linkage Coordinator role was developed to address a service gap by providing oversight for individuals subject to court-ordered mental health commitments and settlement agreements. Prior to the creation of this role, many individuals under commitment did not receive consistent monitoring or case management once they transitioned out of crisis services.

While the Linkage Coordinator has effectively addressed this gap, the responsibilities have evolved into ongoing case management, making Targeted Case Management a more appropriate and sustainable service model.

Proposal

Implement Targeted Case Management (TCM) within Community Treatment by transitioning the current vacant Linkage Coordinator position to a Targeted Case Manager position. Because the Linkage Coordinator position is currently vacant, this presents an ideal opportunity to realign existing resources without increasing staffing levels.

Targeted Case Management will provide an appropriate Medicaid-funded framework for ongoing care coordination, support individuals under Chapter 51 commitments and settlement agreements, and better align services with state program requirements. Crisis Services will continue to provide linkage and follow-up activities required under DHS 34.22 and DHS 34.23, while Community Treatment will assume responsibility for ongoing case management through TCM.

No additional full-time equivalent (FTE) positions are requested at this time. Program utilization, caseloads, and service demand will be monitored following implementation to determine whether additional staffing resources may be needed in the future.

Benefits

Implementing Targeted Case Management will provide several organizational and clinical benefits, including:

- Improves continuity of care by providing ongoing case management and care coordination for individuals who do not qualify for CCS or CSP but continue to require monitoring and support.
- Aligns services with state requirements by distinguishing crisis linkage activities under DHS 34 from ongoing case management services delivered through a Medicaid-funded program.
- Strengthens the continuum of care by adding an intermediate level of service between Crisis Services and more intensive community-based programs, ensuring individuals receive services that match their level of need.
- Supports individuals under Chapter 51 commitments and settlement agreements through a structured case management model that promotes treatment engagement, monitors compliance with court-ordered treatment, and facilitates coordination among providers, legal partners, and natural supports.
- Maximizes existing resources by repurposing a vacant position without requesting additional staffing or creating new administrative infrastructure.
- Enhances financial sustainability by utilizing a Medicaid-reimbursable service model for ongoing case management, allowing Community Treatment to provide appropriate services while supporting long-term program sustainability.

Financial Considerations

Transitioning the vacant Linkage Coordinator position to a Targeted Case Manager position will not have an expense budgetary impact, as both positions are assigned to the same salary grade. Revenue will increase as TCM is a billable service.

Oversight of the Targeted Case Management program will be integrated into the existing Community Treatment leadership and operational structure, allowing implementation without additional administrative costs. No additional full-time equivalent (FTE) positions are requested as part of this proposal.

Recommendation

It is recommended that the Executive Committee approve the implementation of Targeted Case Management within Community Treatment by transitioning the vacant Linkage Coordinator position to a Targeted Case Manager position. This proposal expands the Community Treatment continuum of care, aligns services with applicable DHS requirements, supports individuals under Chapter 51 commitments and settlement agreements, and utilizes existing resources without increasing staffing or budget.

2027 Staffing Totals

Program	2025 FTE's	2026 FTE's	2027 FTE's	Variance	
10-100-0105 - Administration	6.00	6.00	4.75	(1.25)	(1.0) Executive Assistant, Reorg Senior Community Programs Director to CMO (.25)
10-100-0110 - Marketing & Communications	2.50	2.50	2.50	-	
10-100-0115 - Safety & Security	8.00	10.00	9.24	(0.76)	New schedule that decreased FTE (.76)
10-100-0120 - Nursing Services Administration	-	-	-	-	
10-100-0200 - Quality & Compliance	1.00	5.00	5.00	-	
10-100-0205 - Human Resources	7.50	9.50	9.50	-	
10-100-0215 - Volunteer Services	3.45	3.25	3.25	-	
10-100-0220 - Infection Prevention	-	-	-	-	
10-100-0300 - Accounting	11.40	11.40	9.90	(1.50)	Net FTEs with Purchasing. 1.0 Manager of Procurement approved in 2025, .50 Accounting Clerk
10-100-0400 - Purchasing	-	-	3.00	3.00	
10-100-0500 - IMS	7.00	7.00	7.00	-	
10-100-0510 - Health Information	7.40	7.00	6.25	(0.75)	Combined Manager with Patient Access Manager (.75) FTE
10-100-0600 - Patient Financial Services	9.15	9.15	10.85	1.70	Replaced agency staff to deal with backlog of AR.
10-100-0605 - Patient Access Services	14.60	14.60	14.35	(0.25)	Combined with Patient Access Manager. (.25) FTE
10-100-0710 - In-House Transportation	2.05	2.05	2.05	-	No Change
10-100-0720 - Laundry	3.80	3.80	3.80	-	No Change
10-100-0740 - Housekeeping	18.80	20.00	20.00	-	No Change
10-100-0760 - Nutrition Services	27.75	27.75	28.80	1.05	New Position Request .80 FTE, .25 FTE Director moved from PC
10-100-0810 - Community Treatment Admin	-	13.65	16.60	2.95	New Position Request 1.0 QA, New Position .75 Clinical Coordinator, Moved Linkage Coordinator 1.0 from Crisis, .20 Clinical Coordinator approved in 2025
10-100-0930 - Acute Care Services Admin	3.90	5.00	7.25	2.25	Added 2.0 Supervisor FTEs, Decreased IP .75 with centralization, Added 1.0 Transport from Crisis
10-100-0940 - Outpatient Admin	-	4.05	3.40	(0.65)	(.45) FTE & moved to CMO. (.20) FTE moved to new Clinical Manager (reorg)
20-100-1000 - Adult Behavioral Health Hospital	35.59	35.66	34.91	(0.75)	Added 1.0 Psychiatrist FTE to replace residents. (1.75) FTEs and reallocated to other Acute Care service lines
20-100-1050 - Youth Behavioral Health Hospital	20.28	20.54	21.09	0.55	.55 correct FTE allocation in Acute Care
20-100-1125 - Lakeside Recovery MMT	15.73	15.91	16.49	0.58	.58 correct FTE allocation in Acute Care
20-100-1300 - Adult Protective Services	7.80	8.10	9.10	1.00	Added new Position per Exec Committee Approval in July
40-300-1700 - Antigo Sober Living	0.60	0.60	1.50	0.90	Reorganization - eliminating Manager of Hope House & replacing with Recover Support Coordinator and Peer Specialist
20-100-1700 - Hope House	0.60	0.60	1.50	0.90	
20-100-1800 - Supported Employment Program	3.10	-	-	-	
2000 - Outpatient Services	40.68	33.30	32.63	(0.67)	(.50) Move RN to Community Treatment. (.10) Dr. Shupe moved to Residency, (.07) clinical time
20-100-2125 - Psychiatry Residency Program	0.08	1.10	1.20	0.10	.10 Dr. Shupe from Outpatient
20-100-2200 - Crisis Services	22.00	24.13	22.20	(1.93)	(1.0) Linkage Coordinator to Community Treatment. (.50) FTE Crisis Tech. to Acute Care Admin, (.43) FTE allocation in Acute Care
20-100-2225 & 2250 - Crisis Stabilization Facility	26.60	26.81	26.05	(0.76)	(.50) Crisis Tech to Acute Care Admin. (.26) Correct FTE allocation in Acute Care
20-100-2375 - Community Corner Clubhouse	-			-	
2325 & 2550 Community Behavioral Health Services	102.19	88.30	91.00	2.70	.25 Clinical Coordinator, 2.0 FTE youth case manager approved in 2025. .50 RN FTE offset in OP
2400 - Day Services	3.90	4.00	-	(4.00)	Program Discontinued
20-100-2600 - Aquatic Services	8.15	8.15	8.15	-	
20-100-2750 - Demand Transportation	4.50	4.30	4.30	-	
20-100-3500 - Pharmacy	10.64	10.64	10.70	0.06	Youth Apprentice (.14) FTE, Pharmacist .20 FTE
25-100-0900 - MVCC Administration	8.40	8.70	9.45	0.75	Moved IP from Acute Care Admin
25-100-3000 - MVCC Post-Acute Care	130.71	130.11	131.11	1.00	Added 1.0 Restorative Nurse
35-200-0700 - Pine Crest Environmental Services	9.00	-	-	-	
35-200-0760 - Pine Crest Food Services	14.15	-	-	-	
35-200-0900 - Pine Crest Administration	13.25	-	-	-	
35-200-3000 - Pine Crest Post-Acute Care	84.55	-	-	-	
Total FTE's	**696.80**	**582.65**	**588.87**	**6.22**	

MEMORANDUM
To: Executive Committee
From: Marne Schroeder, Director of Community Treatment
Date: August 26, 2026
Subject: Request for Position Approval – Community Treatment Clinical Coordinator

Purpose

The purpose of this memo is to request approval from the Executive Committee to add one (1.0 FTE) Clinical Coordinator position within the Community Treatment Department to support the Assertive Community Treatment (ACT) program. This position is needed to provide dedicated clinical leadership, supervision, and oversight for the ACT team, ensuring the delivery of high-quality, evidence-based services to individuals with the most significant and persistent mental health needs.

Position Overview

- **Title:** Clinical Coordinator
- **Program:** Community Treatment – Assertive Community Treatment (ACT)
- **Reports To:** Community Treatment Clinical Manager
- **Employment Type:** Permanent- Full Time
- **FTE:** 1.0
- **New or Replacement:** New Position

Justification

The Clinical Coordinator responsibilities for the Marathon County ACT program are currently being performed by the Community Treatment Clinical Manager in addition to their existing department-wide responsibilities. While this approach was appropriate for a period of time, it is no longer sustainable as the program continues to mature and serve individuals with increasingly complex clinical needs.

ACT serves adults with serious and persistent mental illness who require the highest level of community-based mental health treatment. These individuals frequently experience co-occurring mental health and substance use disorders, repeated psychiatric hospitalizations, homelessness, criminal justice involvement, and significant functional impairments. The intensity of services required for this population demands consistent clinical leadership and day-to-day oversight.

A dedicated Clinical Coordinator is essential to:

- Provide ongoing clinical supervision and consultation to ACT staff.
- Ensure treatment interventions are evidence-based, recovery-oriented, and person-centered.
- Guide complex clinical decision-making, including risk assessment, crisis intervention, and treatment planning.
- Monitor compliance with ACT fidelity standards, Medicaid requirements, and applicable state and federal regulations.
- Support staff development, clinical coaching, and onboarding of new employees.

- Coordinate interdisciplinary treatment planning and promote collaboration among psychiatrists, nurses, therapists, substance use providers, peer specialists, vocational specialists, and case managers.
- Improve consistency in documentation, quality assurance activities, and clinical outcomes.

As the Community Treatment Clinical Manager assumes broader responsibilities across multiple Community Treatment programs, continuing to provide direct clinical oversight for the ACT team limits the ability to effectively support department-wide clinical initiatives, quality improvement efforts, staff development, regulatory compliance, and implementation of best practices. Establishing a dedicated Clinical Coordinator will allow both positions to function at the appropriate level while strengthening the clinical infrastructure of the department.

Budget Impact

- **Net Impact:** $135,000 salary with benefits offset with MA revenue through reconciliation
- **Grade Placement:** 14
- **Funding Source:** CCS/WIMC reconciliation

Organizational Impact

The addition of a Clinical Coordinator will strengthen the clinical infrastructure of the Community Treatment Department by providing dedicated leadership and day-to-day clinical oversight for the Assertive Community Treatment (ACT) program. This position will ensure consistent implementation of evidence-based, person-centered care while supporting compliance with ACT fidelity standards, Medicaid requirements, and other regulatory expectations.

Creating this position will also enable the Community Treatment Clinical Manager to focus on department-wide clinical leadership, quality improvement, staff development, regulatory compliance, and strategic program initiatives. By aligning leadership responsibilities with the needs of the department, Community Treatment will be better positioned to sustain program growth, support staff, improve clinical outcomes, and respond effectively to evolving operational demands.

Approval of this position will:

- Provide dedicated clinical leadership for one of NCHC's highest-acuity behavioral health programs.
- Improve staff support, professional development, and retention through consistent clinical supervision and coaching.
- Strengthen quality assurance, documentation practices, and regulatory compliance.
- Enhance consistency in clinical decision-making, treatment planning, and service delivery.
- Increase organizational capacity by allowing the Clinical Manager to focus on department-wide clinical leadership and strategic priorities.

Recommendation

It is recommended that the Executive Committee approve the addition of one (1.0 FTE) Clinical Coordinator – Assertive Community Treatment position.

MEMORANDUM
To: Executive Committee
From: Marne Schroeder, Director of Community Treatment
Date: August 26, 2026
Subject: Request for Position Approval – Community Treatment Quality Assurance Specialist

Purpose

The purpose of this memo is to request approval from the Executive Committee to add one (1.0 FTE) Quality Assurance Specialist position within the Community Treatment Department. This position is needed to provide additional capacity for quality assurance, compliance monitoring, service authorization verification, billing review, and audit preparation for the Comprehensive Community Services (CCS) and Community Support Program (CSP) programs.

Position Overview

- **Title:** Quality Assurance Specialist
- **Program:** Community Treatment
- **Reports To:** Community Treatment Quality Supervisor
- **Employment Type:** Permanent- Full Time
- **FTE:** 1.0
- **New or Replacement:** New Position

Justification

Community Treatment programs have experienced continued growth in the volume and complexity of services provided through CCS and CSP. These programs require extensive ongoing quality assurance and compliance monitoring to ensure that services are appropriately authorized, documented, billed, and consistent with individual treatment plans and applicable Medicaid and payor requirements.

The current level of quality assurance responsibilities has increased beyond the capacity of existing staffing. A dedicated Quality Assurance Specialist is needed to provide consistent, timely review of treatment documentation, service authorization, billing, contracted provider invoices, and other program requirements.

The position will conduct routine audits of treatment notes and client records to identify documentation, authorization, and billing deficiencies. The Quality Assurance Specialist will also collaborate with Community Treatment leadership and providers to address identified concerns and support corrective action before deficiencies result in billing recoupments, compliance findings, or other financial and regulatory consequences.

In addition, the position will provide increased capacity to support quarterly and annual surveys, external audits, recertification activities, quality assurance reporting, and maintenance of required tracking systems. Establishing dedicated capacity for these functions will allow quality assurance activities to be performed proactively and consistently rather than relying on limited existing resources.

Budget Impact

- **Net Impact:** $90,000 salary with benefits offset with MA revenue through reconciliation
- **Grade Placement:** 9
- **Funding Source:** Medicaid cost reconciliation

Organizational Impact

The addition of a Quality Assurance Specialist will strengthen the quality and compliance infrastructure of Community Treatment by providing dedicated capacity to monitor service delivery, documentation, authorization, and billing practices. This position will help ensure that services provided through CCS and CSP are supported by the treatment plan, appropriately authorized, accurately documented, and billed in accordance with applicable requirements.

The position will also improve the organization's ability to identify and resolve deficiencies before they result in audit findings, payment recoupments, or other compliance concerns. Increased quality assurance capacity will support readiness for external audits, surveys, and recertification activities while providing Community Treatment leadership with timely information regarding trends and areas requiring corrective action.

Approval of this position will:

- Increase the frequency and consistency of CCS and CSP record and treatment note audits.
- Strengthen oversight of service authorization, documentation, and billing compliance.
- Reduce the risk of billing errors, recoupments, and regulatory findings.
- Improve review and verification of contracted provider invoices.
- Increase organizational readiness for audits, surveys, and recertification activities.
- Provide Community Treatment leadership with timely identification of compliance trends and deficiencies.
- Allow existing quality assurance and leadership staff to focus on higher-level compliance, contract management, program development, and strategic initiatives.

Recommendation

It is recommended that the Executive Committee approve the addition of one (1.0 FTE) Quality Assurance Specialist position within Community Treatment.

MEMORANDUM
To: Executive Committee
From: Kyle Theiler, Nursing Home Administrator
Date: August 26, 2026
Subject: Request for Position Approval – Restorative Nurse

Purpose

The purpose of this memo is to request approval to add one 0.8 FTE Restorative Nurse position at Mount View Care Center (MVCC). The position would establish dedicated nursing leadership for a structured restorative nursing program, improve residents' ability to maintain or regain function, strengthen compliance, and support reimbursement associated with documented restorative services.

Position Overview

- **Title:** Restorative Nurse
- **Program:** Mount View Care Center
- **Reports To:** Director of Nursing
- **Employment Type:** Permanent- Full Time
- **FTE:** 0.8
- **New or Replacement:** New Position

Justification

MVCC currently combines wound care and restorative nursing responsibilities in one role. Although restorative responsibilities were added to the position, the volume and clinical demands of wound care do not allow sufficient time to consistently develop, coordinate, monitor, and document a comprehensive restorative nursing program. A dedicated Restorative Nurse would provide the focused oversight needed to deliver restorative interventions across the required frequency and duration, ensure staff competency, and support accurate documentation of resident participation and outcomes.

The Restorative Nurse would be responsible for:

- Identifying residents who may benefit from restorative nursing following therapy discharge, a decline in function, or a change in condition.
- Developing and monitoring individualized restorative plans in coordination with nursing, therapy, MDS, and the interdisciplinary care team.
- Training and coaching nursing assistants and other staff on restorative techniques, including ambulation, range of motion, transfers, dining, and activities of daily living.
- Tracking resident participation, functional outcomes, and program completion to support care planning and quality improvement.
- Auditing documentation to confirm services meet applicable reimbursement and regulatory requirements.
- Reducing the risk of avoidable functional decline and strengthening readiness for future surveys.

Budget Impact

- **Net Impact:** $93,000 salary with benefits offset with additional revenue
- **Grade Placement:** 14
- **Funding Source:** Medicaid Reimbursement

MDS completed a preliminary analysis of the potential Medicaid reimbursement impact if MVCC consistently delivered and documented qualifying restorative care six days per week. The modeled daily rate increases for four case-mix groups were:

- PA1 to PA2: $7.24 per resident day
- PBC1 to PBC2: $11.58 per resident day
- PDE1 to PDE2: $13.03 per resident day
- BAB1 to BAB2: $5.79 per resident day

Projected reimbursement increase: $23,126.08 per quarter, or $92,504.32 annually

Recommendation

It is recommended that the Executive Committee approve the addition of one 0.8 FTE Restorative Nurse position at Mount View Care Center.

MEMORANDUM
To: Executive Committee
From: Jennifer Powell, Director of Nutrition and Environmental Services
Date: August 26, 2026
Subject: Request for Position Approval – Nutrition Services Dietary Lead

Purpose

This memorandum requests Executive Committee approval to include two 0.8 FTE Nutrition Services Dietary Lead positions in the FY 2027 budget. One position will replace the existing 0.8 FTE Dietary Clerk position, and one additional 0.8 FTE is requested. Together, these positions will provide consistent working leadership and operational coverage across Nutrition Services shifts.

Position Overview

- **Title:** Nutrition Services Dietary Lead
- **Program:** Nutrition Services
- **Reports To:** Director of Environmental and Nutrition Services
- **Employment Type:** Full-time, non-exempt
- **FTE:** 1.6 total; net increase of 0.8 FTE
- **New or Replacement:** One replacement for the Dietary Clerk and one new position

Justification

Nutrition Services has experienced extreme turnover, creating inconsistent leadership, training, and accountability across shifts. Current department leaders must frequently respond to routine shift-level issues and staffing gaps, reducing the time available for broader management responsibilities. Two Dietary Leads will provide dependable coverage across the operating schedule and establish a consistent point of leadership for frontline staff.

The role is designed as a hands-on lead position. In addition to coordinating diet-office functions and communicating diet changes, allergies, meal counts, and special needs, the Dietary Lead will be trained across dietary aide, cook, Bistro, and catering functions. The position will also complete employee competency reviews and routine audits of food temperatures, food quality, and meal-service flow. This combination of operational knowledge and shift leadership will allow the leads to coach staff in real time, address service issues promptly, and step into essential production roles when needed.

Hiring two leads is necessary to extend this leadership presence beyond a single shift or schedule. The proposed structure will improve continuity between shifts, reduce dependence on one individual, and create more reliable coverage during absences, vacancies, peak meal periods, and special events.

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

Budget Impact

The FY 2027 budget will fund two 0.8 FTE Nutrition Services Dietary Lead positions. Funding for one position will be offset by eliminating and replacing the existing 0.8 FTE Dietary Clerk position. Therefore, the net staffing request is one additional 0.8 FTE, plus any wage-and-benefit difference between the Dietary Clerk and Dietary Lead classifications. The final budget should reflect the approved Dietary Lead wage range, benefits, and applicable payroll costs.

Organizational Impact

- Improve staff retention and onboarding by providing accessible shift-level coaching, clear expectations, and consistent follow-through.
- Strengthen resident, patient, and client safety through timely diet-order communication and routine audits of temperatures, food quality, and meal-service flow.
- Increase service reliability by providing cross-trained coverage for dietary aide, cook, Bistro, diet-office, and catering functions.
- Improve accountability and consistency across shifts through standardized competency reviews, work practices, and escalation pathways.
- Allow the Manager, Supervisor, Director, and Dietitians to focus more consistently on strategic, clinical, regulatory, and department-wide priorities.
- Reduce operational disruption and the indirect costs associated with turnover, vacancies, missed work, retraining, and avoidable service recovery.

Recommendation

Approve inclusion of two 0.8 FTE Nutrition Services Dietary Lead positions in the FY 2027 budget, with one position replacing the existing Dietary Clerk and one additional 0.8 FTE added to the department. This investment will provide consistent shift leadership, operational flexibility, and accountability needed to stabilize Nutrition Services and support safe, reliable meal service.

MEMORANDUM
To: Executive Committee
From: Jason Hake, Executive Director
Date: August 26, 2026
Subject: Request for Position Approval – Inpatient Psychiatrist

Purpose

The purpose of this memo is to request approval from the Executive Committee to add one (1.0 FTE) psychiatrist position to support the Adult and Youth Behavioral Health Hospitals, with the ability to provide Outpatient psychiatric coverage as needed. The psychiatrist would provide coverage across the two inpatient units based on census, patient acuity, and operational need. When inpatient demand permits, the position could also support Outpatient services. This flexible model is intended to strengthen physician coverage, maintain timely access to psychiatric care, reduce reliance on contracted providers, and create a more sustainable staffing structure for NCHC's small inpatient units.

Position Overview

- **Title:** Inpatient Psychiatrist - Adult and Youth
- **Program:** Adult and Youth Behavioral Health Hospitals
- **Reports To:** Chief Medical Officer
- **Employment Type:** Permanent - Full Time
- **FTE:** 1.0
- **New or Replacement:** New Position

Justification

NCHC operates two small inpatient psychiatric units with census and acuity that can vary from day to day. Although each unit must maintain appropriate physician coverage, the workload on either unit alone may not consistently support a separate additional full-time psychiatrist. A shared psychiatrist position would allow NCHC to deploy physician resources where they are most needed while maintaining continuity and responsiveness across both programs.

NCHC has historically relied on psychiatry residents to provide the equivalent of approximately 1.0 FTE of inpatient psychiatric coverage. However, psychiatry residents are no longer providing coverage on the Adult Behavioral Health Hospital, resulting in a significant reduction in available physician capacity and flexibility. Adding a full-time psychiatrist who can support both the Adult and Youth units based on census and clinical need would restore this capacity through a more stable and sustainable staffing structure.

The position would be scheduled and assigned based on the combined needs of the Adult and Youth units. Coverage decisions would consider daily census, admissions and discharges, patient acuity, required evaluations, provider schedules, and other clinical demands. The psychiatrist would be

appropriately credentialed and privileged to provide services on both units and would work in coordination with the existing adult and youth psychiatric providers. When inpatient census and clinical demands allow, the psychiatrist could also provide Outpatient psychiatric coverage, increasing access and reducing the need for contracted outpatient providers.

NCHC is also reevaluating the current Youth Behavioral Health Hospital psychiatrist FTE to determine how that position can be structured most effectively across the continuum. When Youth inpatient census and acuity permit, the existing Youth psychiatrist could also provide Outpatient coverage. Coordinating the new shared psychiatrist position with the current Youth inpatient position would allow NCHC to better align employed physician capacity with inpatient and outpatient demand, while further reducing reliance on contracted outpatient psychiatric providers.

This structure is especially important because small inpatient units have limited staffing redundancy. A vacancy, leave, or unexpected increase in census can place significant pressure on the remaining providers and may require costly short-term coverage. Adding a psychiatrist who can work across both units creates greater flexibility and helps NCHC sustain services without building separate excess capacity within either program.

Budget Impact

- **Estimated Salary and Benefits:** $390,000 compensation with benefits
- **Revenue and Cost Offset:** $240,000 savings from Medical College Residents, together with potential reductions in contracted outpatient psychiatric provider costs
- **Funding Source:** Medicaid Cost Report

Recommendation

It is recommended that the Executive Committee approve the addition of one (1.0 FTE) full-time psychiatrist position to provide coverage for the Adult and Youth Behavioral Health Hospitals based on census, acuity, and operational need, with the ability to support Outpatient psychiatric services when inpatient demand permits.

Budget Capital Request Form for Years 2027 to 2031

Use for Purchases/Projects >$2,500
Include: Items to Purchase, Installation Costs, Information Technology Considerations, Ongoing Costs

North Central Health Care
Person centered. Outcome focused.

				Future Anticpated Purchase Amount			
Department	**Project Scope & Description**	**Description of Project Need/Use**	**Proposed 2027 Budget**	**2028**	**2029**	**2030**	**2031**
Finance	Point of Sale	Implement Cashiering Software. No current software is being utilized.			250,000		
Finance	Replace ERP System	Replace Abila with Workday software/other ERP or financial management software.					1,500,000
Finance	Replace EHR System	Replace Cerner with new EHR system.			4,000,000		
Rev Cycle/Finance	EHR Assessment	Conduct assessment of current EHR system to evaluate ability to meet current and future clinical, operational, regulatory and organizational needs. May include workflow analysis, organizational readiness, vendor market evaluation, cost analysis, development of implementation roadmap.	200,000				
In-House Transportation	Small Bus Replacement	Aging fleet >100k mileage	130,000	140,000	150,000	160,000	
In-House Transportation	Passenger Vehicle	Purchase Enterprise vehicles	80,000				
In-House Transportation	Cargo Van				70,000		
ACS	Electronic Rounding system for ACSF & MMT where one does not exist.	The ACSF and MMT units within the Acute Care Services department do not have an electronic rounding system comparable to all of the other units. We would like to investigate getting one. An estimate for the RTLS system was approx. 500k.		500,000			
MVCC	Broda Wheelchair	Replace 2 per year.	7,000	7,000	7,000	7,000	7,000
MVCC	Mattress Replacement	Replace 2-4 air mattresses annually as we standardize type. Replace standard mattresses as needed (large project just completed 5 year life)	10,000	10,000	10,000	10,000	10,000
MVCC	Resident bed frames	2nd year of 3 year plan to replace bed frames. Increased slightly for inflation	95,000	95,000	-	-	
MVCC	Full body lifts	Replace 2 that are past useful life.	10,000	10,000	10,000	10,000	10,000
MVCC	Sit to stand lifts	Replace 2 that are past useful life.	8,000	8,000	8,000	8,000	8,000
MVCC	Wheelchair cushions	Replacement that are past useful life.	2,500	2,500	2,500	2,500	2,500
MVCC	Dining Room Table Replacement	Replace tables on long term care unit that are past life and infection control risk.	20,000		-	-	-
MVCC	2N and 2S Resident Room Floor Replacement	Replace non home like environment floors in residents rooms that were never done during renoviation	200,000	-			
MVCC	Vital Machine Replacement	Replace 1 per year	2,500	2,500	2,500	2,500	2,500
MVCC	Furniture Replacement 2N and 2S	Replace night stands and over the bed tables on long term care.	35,000				
Pharmacy	TCG-Parata replacement parts	replace as needed due to aging - tentative	4,000	4,000	4,000		
Pharmacy	Refrigerator/Freezer Medication grade	replace unit as needed -tentative (had minor service call in 2025)		8,000			
Aquatics	Pool Pump	Backup pool pump and labor. Current pump is getting outdated	6,500				
Aquatics	Aquatic Supergym	Equipment needed to provide treatment	5,545	5,545			
Aquatics	Filter replacement	equipment update	4,100	4,100	4,100.00		
Aquatics	Pool Plaster	Replaster			85,000.00		
IMS	Annual Technology Equipment Replacement Rotation	Proactive, annual replacement of laptops, desktops, monitors, docking stations, etc., to keep technology equipment current and operational for providers/staff (4 year rotation goal for most PCs and 10 year rotation goal for most monitors).	300,000	275,000	275,000		
IMS	CCITC Microsoft Server 2025 Licensing and Intrastructure Projects	NCHC's portion of the cross-entity projects for funding Microsoft Server 2025 licensing to support a foundation of long-term reliabilty and security $40,000 and an additional $16,800 for 2027 Archive Manager replacement costs. Also considered are funds for CCITC Data Center needs, Wireless Access Points, UPSs, Network Switches/Network Gear, Azure Cybersecurity, WebEx Phone maintenance, etc., which may be individual charges to NCHC or split between the three entities.	85,000	100,000	100,000		
IMS	CCITC Security System (Genetec) Maintenance	NCHC's portion of the cross-entity project for funding security camera intrastructure improvements and lifecycle maintenance within the shared Genetec video surveillance environment.	15,000				
IMS	QuickCharge (Point-of-Sale) Upgrades/Cloud Migration	Upgrade and transition QuickCharge equipment and software to web based/hosted solution. Our current on-premise model is over a decade old and will be sunsetted as a product offering/no longer supported in the near future. QuickCharge is the point-of-sale system for the Bistro, Pharmacy, Gift Shop, and Cafeteria. Some work was completed in late 2025 reducing the prior proposal for the cloud migration.	35,000				
IMS	Annual Video Conferencing Equipment/Technology Maintenance	Implement new and upgrade/replace out-of-support video conferencing and telehealth technology/equipment (TVs, TV mounting hardware, cabling, Cisco room kits, mobile carts, etc.) in Wausau, Antigo, and Merrill locations to support internal, external, and meet client/consumer/provider needs.	15,000	30,000	30,000		
IMS/HR	UKG Pro Time Clock Replacement	Upgrade to UKG InTouch DxG2 Time Clocks as existing UKG Touchbase Time Clocks are no longer supported. Existing clocks will reach end-of-life and not function/integrate with the latest UKG timekeeping module (UKG Pro Workforce Management), which we will need to transition to in the near term. Pro and next generation UKG Time Clocks that support Pro Work Force Managmement. There is a rental option versus purchase option for the Time Clocks. We could also look at phasing them in too and incorporate the time keeping upgrade to Pro Workforce Management (timekeeping, acruals, and basic scheduling).		75,000			
IMS/HR	UKG Workforce Management Upgrade	Related to the UKG Pro Time Clock replacement request. Supported time clocks will need to be in place to work with UKG Pro Workforce Management. Our current UTM timekeeping module/solution is actively being phased out and upgrade plan laid out. The upgrade to UKG Pro Workforce Management is a one-time fee for timekeeping, acruals, and basic scheduling (advanced scheulding will need to be explored).		65,000			
IMS	Oracle Health (Cerner) Organizational Priority Module (e.g., Patient Portal, AI Ambient Listening, Call Reminders) Implementation	Upgrade to Oracle Health UCC (Unified Consumer Communications) as the currently integrated TeleVox solution is no longer offered as a product solution and will be sunsetted as a product offering/no longer supported in the near future or if we are unable to continue working with Housecalls Pro/Televox as is. Potential need pursue Patient Portal, AI Ambient Listening for Clinical Notes, and/or other modules based on organizational need/priority.		25,000			
Housekeeping	New Small Floor Scrubbers	Small scrubbers are 12 years old so they are due to be replaced (replace 1 per year)		5,000	5,000	5,000	5,000
Dietary	New Coffee machine	Coffee machines in Bistro are out of warranty and no one local services them, 1 will be replaced in 2026 this is the 2nd one	12,000				
Dietary	Food Processors (2) 8 qt.	Equipment used to puree food for mechanical altered diets, small batch processing	16,000				
Dietary	Refrigerators on units and kithcen	We currently have residental refrigerators on units, these are commercials (6)		39,000			
Dietary	Food Processor 33 qt.	Used for large amounts food processing, one we have is 20+ years old		20,000			
Totals			1,298,145	1,430,645	5,013,100	205,000	1,545,000