

OFFICIAL NOTICE AND AGENDA of a meeting of the Board or a Committee:

A meeting of the North Central Community Services Program Board will be held at NCHC – Wausau Board Room, 1100 Lake View Drive, Wausau, WI, at 11:30 a.m., on Thursday, October 29, 2015.

(In addition to attendance in person at the location described above, Committee members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 by 24 hours prior to the meeting start time for further instructions.)

AGENDA

1. Call to order (joint with Finance, Personnel & Property Committee)
2. Roll call
3. Finance, Personnel & Property Committee Report: L. Olkowski
 - a. Action: approve 2016 budget
 - b. Financial report: B. Glodowski
 - c. Adjourn Finance, Personnel & Property Committee
4. Board action: approve 2016 budget
5. Consent Agenda
 - a. September financial statements
 - b. 9/24/15 Finance, Personnel & Property Committee meeting minutes
 - c. 9/24/15 Board meeting minutes
 - d. CEO Report
6. Chairperson's report: R. Nye
 - a. Action: approve report and minutes of the 10/13/15 Executive Committee meeting
7. Quality Committee report: L. Scudiere
 - a. Organizational Quality Dashboard
 - b. Crisis services process improvement update
8. Human Services Operations Committee (HSOC) report: J. Robinson
 - a. HSO Action Plan
9. Nursing Home Operations Committee (NHOC) report: J. Burgener
 - a. Administrator recruitment
10. Medical Staff Credentialing
 - a. Action: approve appointments of:
 - Debra L. Ciasulli, M.D., Psychiatry-Locum Tenens
 - Brigitte G. Espinoza Ugaz, M.D., Psychiatry
 - b. Action: approve reappointments of:
 - Juan Fernandez, III, M.D., Psychiatry
 - John Franzen, M.D., Psychiatry
 - Laurence R. Gordon, D.O., Medical
 - Leandrea S. Lamberton, M.D., Psychiatry-Locum Tenens
 - Ikenna E. Obasi, M.D., Psychiatry
 - David B. Tange, M.D., Medical, Medical Director
 - Gabriel Ticho, M.d., Psychiatry, Medical Director
11. Mental health services to the criminal justice system update
 - a. Dialogue with Sheriff Parks, Chief Deputy Billeb, Jail Capt. LaDu-Ives
12. Internal organizational changes – G Bezucha
13. Closed Session as allowed by Wisc. Stats. 19.85(1)(c) for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility.
 - a. CEO succession plan
14. Motion to return to open session
15. Future meeting agendas
16. Adjourn

- Action may be taken on any agenda item.
- In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

Signed: /s/Gary Bezucha
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Langlade, Lincoln & Marathon County Clerk Offices

DATE 10/23/15 TIME 4:00 PM

VIA: x FAX x MAIL BY: D. Osowski

THIS NOTICE POSTED AT NORTH CENTRAL HEALTH CARE

DATE 10/23/15 Time 4:00 PM By D. Osowski

Anyone attending this meeting who needs some type of special accommodation in order to participate should call Administration at 715-848-4405. For TDD telephone service, call 715-845-4928.



North Central Health Care

Person centered. Outcome focused.

2016 Proposed Budget

October 29, 2015



North Central Health Care

2016 Proposed Budget

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North Central Health Care

Person centered. Outcome focused.

Review of the 2016 Proposed Budget October 29, 2015

North Central Health Care continues to be committed to supporting a budget that provides accountability for efficient use of funding while continuing to provide quality services. The 2016 proposed budget reflects an increase of 3.71% compared to the 2015 budget. The proposed budget does not reflect significant changes to the services provided, but there are changes included to maintain current operations. Assumptions and additional information are outlined in the following:

Revenue:

The overall revenues reflected in 2016 are comparable to the actual activity during 2015. Revenues have been a struggle in some areas during 2015, which have been factored in when projecting revenue for 2016. The nursing home continues to see a decline in census, as was anticipated in an earlier report prepared by Wipfli. The 2016 budget projects an average census of 210 per day, which is a decrease compared to the 2015 budget of 213 per day. The nursing home Medicare census has also been declining and this is factored in. The 2016 budget projects this to be at 23 per day; the 2015 budget is 26 per day. There is not a self-pay rate increase included for the nursing home as the current rates are a bit high compared to other nursing homes in the area. The Medicare rates are projected to increase 1.5%. The Medicaid rates do improve due to the case mix index increasing. There is an increase in the overall rehab revenue due to anticipated improved revenue with the change in the rehab vendor.

The hospital increases from 13 patients per day in the 2015 budget to 14 per day in the 2016 budget. The hospital has been consistent with higher than targeted volumes for the past few years, so this is the area with the most significant revenue changes. In addition to an increase in volume, there has been an improved shift in payer mix as well an increase in the Medicaid rate. Outpatient and Community Treatment have established billable targets per FTE. The Clubhouse revenue increases by \$60,000 as this program continues on the 5 year track of eliminating levy. The increase in revenue is from philanthropy. 2016 is year 4 of this transition.

The Base County allocation remains consistent with prior years. There are a few changes with grants, but overall, the impact is not significant. Tax levy for Marathon County remains consistent with 2015. Lincoln and Langlade county tax levy's do increase by \$26,000 each due to a requested increase for crisis services. Langlade county tax levy shows an additional increase of \$37,600 for potential additional services for the jail. There is an increase in expense for the same amount. Langlade County has not determined at this time if these changes will be requested, but have requested to continue to review. There is an increase in other revenue for Marathon County of \$475,000 for additional services for the mental health system. These funds have not been committed yet by Marathon County, but have been reserved in the event the additional mental health services continue. There are corresponding expenses included.

Expenses:

Salary and benefits continue to make up the majority of the expense budget, representing 70% of the overall expenses. There is a significant increase of 6.5%, (which is approximately \$1.9 million dollars) in the overall salary budget for 2016 compared to 2015. The 2016 proposed budget has an increase of approximately 14 FTE's compared to the 2015 budget. Just over half of these are in the nursing home. The nursing home has been struggling with maintaining adequate staff. The consultant providing interim leadership has done a review and has recommended some changes to staffing levels. These changes have been implemented. In addition, the change to the nursing assistant pay structure is included. This was approved by the Board this summer. The organization continues to be committed to increasing psychiatry services. Another psychiatrist position has been added to the 2016 budget as well as a medical assistant to provide support. The 3.0 FTE's for Marathon County jail services are included. There is an additional .60 Physical Therapist included for the Aquatic program due to increased referrals. The Birth to Three Program has converted contract time for therapy services to staff to better accommodate the timing requests of families for services. There is revenue to offset these changes. The salary budget includes a 2% salary increase that will be available for merit increases, this represents approximately \$516,000.

Overall benefits decrease in 2016 compared to 2015 of \$340,000. Health insurance is projected to decrease \$200,000 due to changes in plans. The WI retirement contribution decreases from 13.6% in 2015 to 13.2% in 2016, resulting in a decrease to the employer and employee of .2% each. The impact of this savings to the organization is \$62,000. Unemployment has been steadily decreasing for the past two years, so this decrease is reflected in the 2016 budget. This represents a \$135,000 decrease. The workmen's compensation modification factor is being projected to increase again in 2016 going from 1.22 in 2015 to 1.49 in 2016. Overall FICA and retirement amounts budgeted correlate with the changes in salaries.

The budget for the state institutes increases by \$200,000. There has been a continued increase in volume at these organizations, which is being reviewed. This is considered a soft area in this proposed budget as the 2016 budget does not reflect the level of diversions that have been occurring during 2015. Information technology contracts and maintenance agreements increase due to projected price increases.

The budget continues to include a contingency fund, but the innovation fund has not been included due to lack of funds. The contingency fund is at \$500,000.

Summary:

The focus for North Central Health Care for 2016 will be improving the patient experience as well as completion of the information technology conversion. In order for the organization to be prepared to move ahead with future requirements of reporting, the information systems need to be working smoothly. The cost of this completion is not known at this time, which may require the use of contingency funding. The viability of budgets after 2016 at status quo is not likely. Thorough planning should occur in 2016 for revenue enhancements to provide for funding so the reliance on county levy can remain consistent. The organization continues to be committed to providing quality services and remaining fiscally responsible.



North Central Health Care

2016 Revenue Budget



North Central Health Care

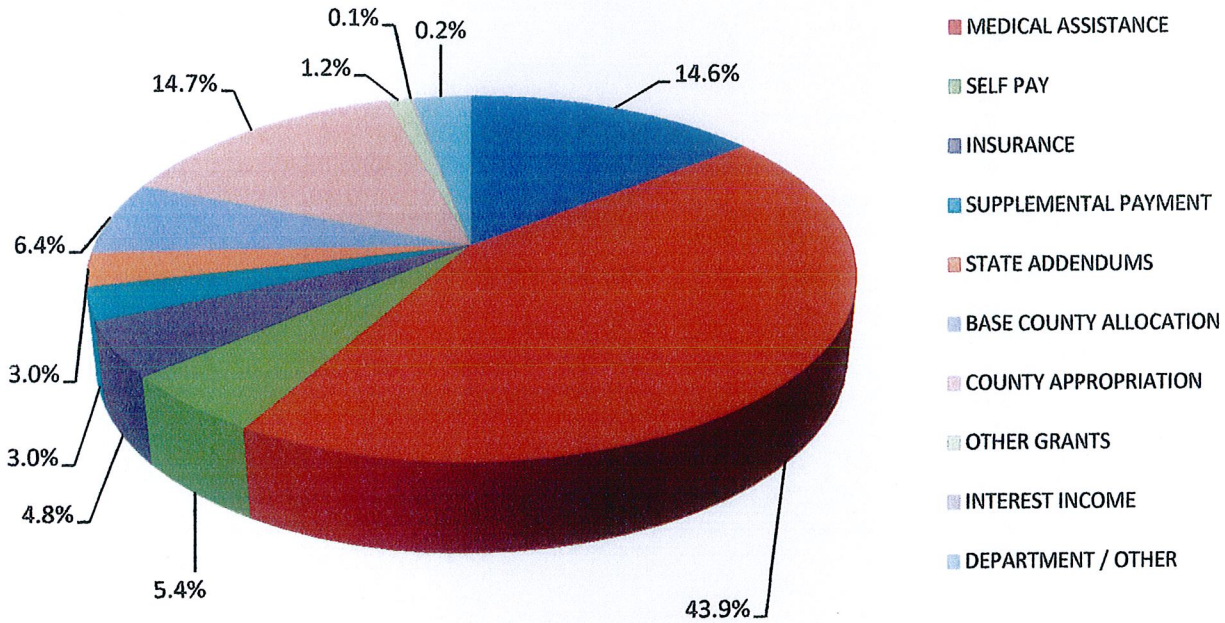
2016 Revenue Budget Budget Comparisons

Description	2011	2012	2013	2014	2015	2016	2015/2016
	Budget	Budget	Budget	Budget	Budget	Budget	% of Change
Nursing Home Gross Revenue	\$25,859,000	\$29,242,000	\$31,350,800	\$30,624,000	\$28,882,000	\$28,256,000	
Nursing Home Contractual Adj's	(\$5,056,300)	(\$7,996,000)	(\$9,759,900)	(\$8,443,000)	(\$8,536,400)	(\$7,541,000)	
Net Nursing Home Revenue	\$20,802,700	\$21,246,000	\$21,590,900	\$22,181,000	\$20,345,600	\$20,715,000	1.82%
Outpatient Gross Revenue	\$22,640,400	\$24,311,400	\$26,567,000	\$24,931,400	\$25,521,100	\$23,343,100	
Outpatient Contractual Adj's	(\$9,422,100)	(\$11,274,900)	(\$13,270,100)	(\$11,701,600)	(\$10,950,200)	(\$8,548,100)	
Net Outpatient Revenue	\$13,218,300	\$13,036,500	\$13,296,900	\$13,229,800	\$14,570,900	\$14,795,000	1.54%
Inpatient Gross Revenue	\$3,192,000	\$4,529,000	\$4,380,000	\$5,475,000	\$6,558,000	\$7,205,000	
Inpatient Contractual Adj's	(\$1,733,000)	(\$2,358,000)	(\$1,800,000)	(\$2,902,000)	(\$3,495,000)	(\$3,365,000)	
Net Inpatient Revenue	\$1,459,000	\$2,171,000	\$2,580,000	\$2,573,000	\$3,063,000	\$3,840,000	25.37%
Pharmacy Gross Revenue	\$6,332,000	\$7,493,000	\$7,980,000	\$8,717,000	\$8,768,000	\$9,652,000	
Pharmacy Contractual Adj's	(\$2,976,000)	(\$3,798,000)	(\$4,319,000)	(\$4,842,000)	(\$4,778,000)	(\$5,455,000)	
Net Pharmacy Revenue	\$3,356,000	\$3,695,000	\$3,661,000	\$3,875,000	\$3,990,000	\$4,197,000	5.19%
Net Patient Revenue	\$38,836,000	\$40,148,500	\$41,128,800	\$41,858,800	\$41,969,500	\$43,547,000	3.76%
State Addendums	\$1,199,529	\$1,235,892	\$1,584,700	\$1,570,000	\$1,763,489	\$1,804,000	2.30%
State Grant-In-Aid	\$1,409,784	\$2,854,782	\$3,622,260	\$3,900,000	\$3,901,436	\$3,901,436	0.00%
Other Grants	\$1,130,000	\$860,000	\$822,000	\$1,008,200	\$675,000	\$708,000	4.89%
County Appropriations	\$10,387,306	\$9,037,920	\$8,812,753	\$8,762,305	\$8,834,788	\$8,924,688	1.02%
Other Income	\$2,129,150	\$2,501,392	\$2,571,750	\$1,428,050	\$1,418,017	\$1,851,000	30.53%
Total Revenue	\$55,091,769	\$56,638,486	\$58,542,263	\$58,527,355	\$58,562,230	\$60,736,124	3.71%

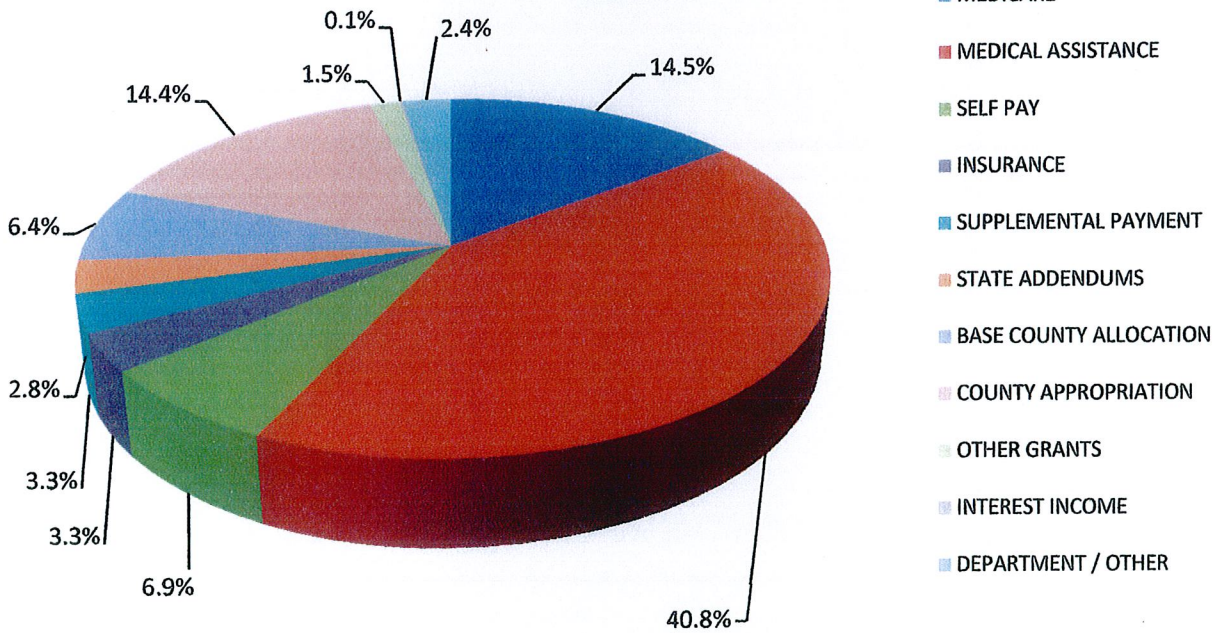
NORTH CENTRAL HEALTH CARE

COMPARISON - NET REVENUE BY PAYOR SOURCE

2016

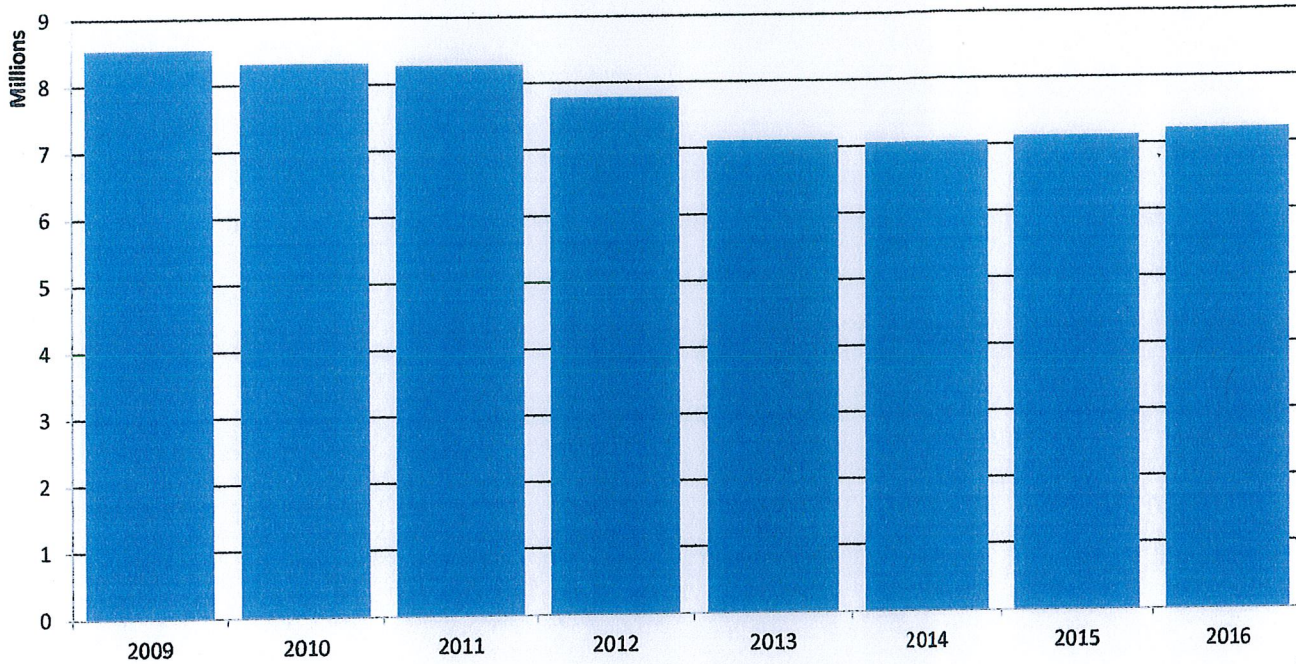


2015

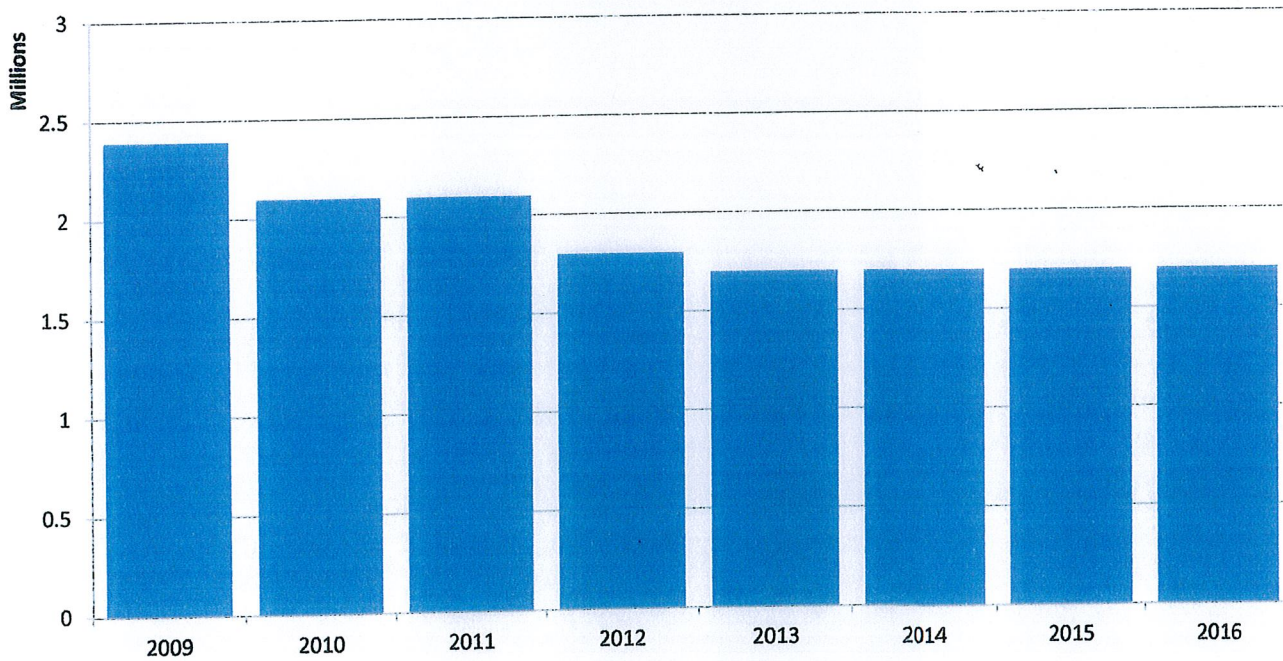


**NORTH CENTRAL HEALTH CARE
COUNTY FUNDING
FOR YEARS 2009 - 2016**

HUMAN SERVICES OPERATIONS



Nursing Home





North Central Health Care

2016 Expense Budget



North Central Health Care

2016 Expense Budget

Budget Comparisons

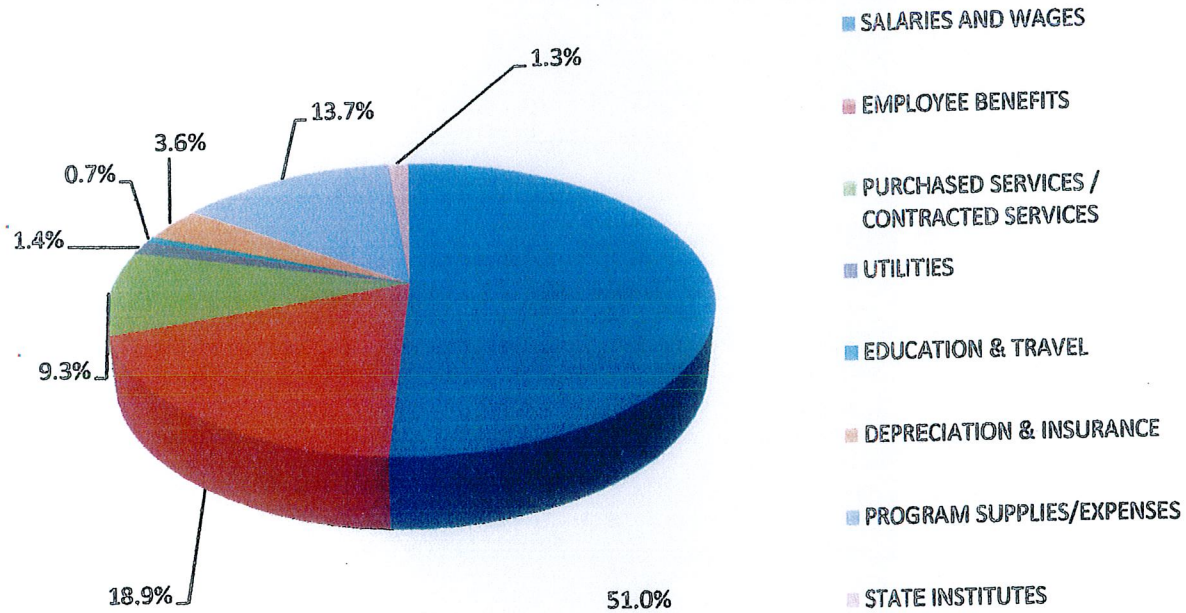
10/29/2015

2015/2016
% of
Change

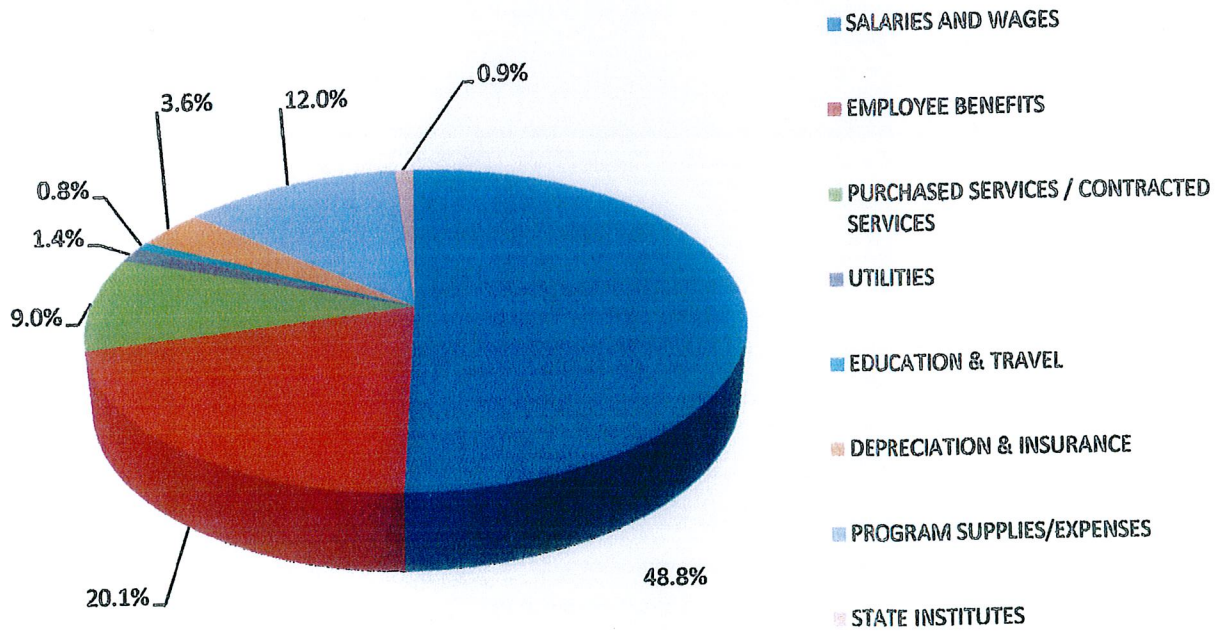
Description	2013 Budget	2014 Budget	2015 Budget	2016 Budget	
Nursing Home Gross Revenue	\$31,350,800	\$30,624,000	\$28,882,000	\$28,256,000	
Nursing Home Contractual Adj's	(\$9,759,900)	(\$8,443,000)	(\$8,536,400)	(\$7,541,000)	
Net Nursing Home Revenue	\$21,590,900	\$22,181,000	\$20,345,600	\$20,715,000	1.82%
Outpatient Gross Revenue	\$26,567,000	\$24,931,400	\$25,521,100	\$23,343,100	
Outpatient Contractual Adj's	(\$13,270,100)	(\$11,701,600)	(\$10,950,200)	(\$8,548,100)	
Net Outpatient Revenue	\$13,296,900	\$13,229,800	\$14,570,900	\$14,795,000	1.54%
Inpatient Gross Revenue	\$4,380,000	\$5,475,000	\$6,558,000	\$7,205,000	
Inpatient Contractual Adj's	(\$1,800,000)	(\$2,902,000)	(\$3,495,000)	(\$3,365,000)	
Net Inpatient Revenue	\$2,580,000	\$2,573,000	\$3,063,000	\$3,840,000	25.37%
Pharmacy Gross Revenue	\$7,980,000	\$8,717,000	\$8,768,000	\$9,652,000	
Pharmacy Contractual Adj's	(\$4,319,000)	(\$4,842,000)	(\$4,778,000)	(\$5,455,000)	
Net Pharmacy Revenue	\$3,661,000	\$3,875,000	\$3,990,000	\$4,197,000	5.19%
Net Patient Revenue	\$41,128,800	\$41,858,800	\$41,969,500	\$43,547,000	3.76%
State Addendums	\$1,584,700	\$1,570,000	\$1,763,489	\$1,804,000	2.30%
State Grant-In-Aid	\$3,622,260	\$3,900,000	\$3,901,436	\$3,901,436	0.00%
Other Grants	\$822,000	\$1,008,200	\$675,000	\$708,000	4.89%
County Appropriations	\$8,812,753	\$8,762,305	\$8,834,788	\$8,924,688	1.02%
Other Income	\$2,571,750	\$1,428,050	\$1,418,017	\$1,851,000	30.53%
Total Revenue	\$58,542,263	\$58,527,355	\$58,562,230	\$60,736,124	3.71%

NORTH CENTRAL HEALTH CARE

2016 EXPENSE BY CATEGORY



2015 EXPENSE BY CATEGORY





North Central Health Care

2016 Other Reports

Combining Statement of Revenue & Expenses

Budget by County

Budget by Program

Budget with Tax Levy

Budget by Funding

Proposed Capital



North Central Health Care
COMBINING STATEMENT OF REVENUE AND EXPENSES
FOR THE 2016 BUDGET YEAR

10/29/2015

Description	2013 Budget	2014 Budget	2015 Budget	2016 Budget	2015/2016 % of Change
Salaries and Wages	\$29,769,927	\$29,611,391	\$29,066,696	\$30,972,254	6.56%
Employee Benefits	\$11,813,000	\$12,184,000	\$11,820,000	\$11,480,000	-2.88%
Program Supplies and Expense	\$7,612,300	\$7,667,097	\$8,010,253	\$8,329,670	3.99%
Purchased and Contracted Services	\$5,591,698	\$5,102,917	\$5,500,587	\$5,643,600	2.60%
Utilities	\$843,175	\$828,800	\$935,294	\$874,850	-6.46%
Education and Travel	\$421,963	\$464,050	\$417,400	\$419,750	0.56%
Depreciation and Insurance	\$2,040,200	\$2,169,100	\$2,212,000	\$2,216,000	0.18%
State Institutes	\$450,000	\$500,000	\$600,000	\$800,000	33.33%
Total Expenses	\$58,542,263	\$58,527,355	\$58,562,230	\$60,736,124	3.71%



North Central Health Care

Budget By County 2016 Budget

10/29/2015

	2016 Budget:			2015 Budget		
	Total	Human Services Operations	Nursing Home	Total	Human Services Operations	Nursing Home
REVENUE						
Net Patient Service Revenue	\$43,547,000	\$18,635,000	\$24,912,000	\$41,969,500	\$17,633,900	\$24,335,600
Other Revenue						
State Match/Addendum	\$1,804,000	\$1,804,000		\$1,763,489	\$1,763,489	
State Grant-in-Aid	\$3,901,436	\$3,901,436		\$3,901,436	\$3,901,436	
Other Grants	\$708,000	\$708,000		\$675,000	\$675,000	
Department and Other Revenue	\$1,756,000	\$1,530,453	\$225,547	\$1,323,017	\$1,048,017	\$275,000
Counties' Appropriations	\$8,924,688	\$7,224,688	\$1,700,000	\$8,834,788	\$7,134,788	\$1,700,000
Total Other Revenue	\$17,094,124	\$15,168,577	\$1,925,547	\$16,497,730	\$14,522,730	\$1,975,000
TOTAL REVENUE	\$60,641,124	\$33,803,577	\$26,837,547	\$58,467,229	\$32,156,630	\$26,310,600
EXPENSES						
Direct Expenses	\$41,634,798	\$23,274,686	\$18,360,112	\$39,780,522	\$22,124,386	\$17,656,136
Indirect Expenses	\$19,101,326	\$10,623,891	\$8,477,435	\$18,781,708	\$10,127,244	\$8,654,464
TOTAL EXPENSES	\$60,736,124	\$33,898,577	\$26,837,547	\$58,562,230	\$32,251,630	\$26,310,600
Operating Income (Loss)	(\$95,000)	(\$95,000)	\$0	(\$95,000)	(\$95,000)	\$0
Nonoperating Gains /(Losses)						
Interest Income	\$90,000	\$90,000		\$90,000	\$90,000	
Gain/(loss) Disposal of Assets	\$5,000	\$5,000		\$5,000	\$5,000	
Total Nonoperating Gains (Loss)	\$95,000	\$95,000	\$0	\$95,000	\$95,000	\$0
Income (Loss)	\$0	\$0	\$0	\$0	\$0	\$0



North Central Health Care

2016 Budget By Program

10/29/2015

HUMAN SERVICES OPERATIONS

	LANGLADE	LINCOLN	MARATHON	TOTAL
PROGRAM REVENUE				
DIRECT SERVICES	\$1,812,209	\$1,296,267	\$8,948,981	\$12,057,457
SHARED SERVICES	\$983,780	\$955,688	\$8,685,528	\$10,624,996
BASE COUNTY ALLOCATION	\$879,223	\$835,714	\$2,186,499	\$3,901,436
TOTAL PROGRAM REVENUE	\$3,675,212	\$3,087,669	\$19,821,008	\$26,583,889
PROGRAM EXPENSES				
DIRECT SERVICES	\$2,424,219	\$2,061,336	\$13,530,534	\$18,016,089
SHARED SERVICES	\$1,617,078	\$1,729,930	\$12,535,480	\$15,882,488
TOTAL COST OF SERVICES	\$4,041,297	\$3,791,266	\$26,066,014	\$33,898,577
EXCESS REVENUE/(EXPENSES)	(\$366,085)	(\$703,597)	(\$6,245,006)	(\$7,314,688)
NON-OPERATING REVENUE	\$3,702	\$5,134	\$81,164	\$90,000
COUNTY APPROPRIATIONS	\$362,383	\$698,463	\$6,163,842	\$7,224,688
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION	\$0	\$0	\$0	\$0

NURSING HOME

PROGRAM REVENUE		
NURSING HOME REVENUE	\$18,700,625	\$18,700,625
NURSING HOME ANCILLARY REVENUE	\$6,436,922	\$6,436,922
TOTAL PROGRAM REVENUE	\$25,137,547	\$25,137,547
PROGRAM EXPENSES		
NURSING HOME EXPENSES	\$21,443,965	\$21,443,965
NURSING HOME ANCILLARY EXPENSE	\$5,393,582	\$5,393,582
TOTAL PROGRAM EXPENSES	\$26,837,547	\$26,837,547
EXCESS REVENUE/(EXPENSES)	(\$1,700,000)	(\$1,700,000)
NON-OPERATING REVENUE		
COUNTY APPROPRIATION	\$1,700,000	\$1,700,000
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION	\$0	\$0



North Central Health Care

2016 Budget with Tax Levy

10/29/2015

	2016 Budget Revenue	2016 Budget Expense	Variance Funded by State BCA/ Appropriation	2015 Budget Revenue	2015 Budget Expense	Variance Funded by State BCA/ Appropriation
Human Services Operations						
Inpatient Behavioral Health	\$3,855,347	\$5,909,030	(\$2,053,683)	\$3,103,000	\$5,148,101	(\$2,045,101)
CBRF/AODA MMT	\$971,742	\$1,200,605	(\$228,863)	\$459,000	\$1,088,434	(\$629,434)
AODA Day Hospital	\$110,820	\$187,515	(\$76,695)	\$108,000	\$186,768	(\$78,768)
Outpatient Services	\$2,230,630	\$3,744,004	(\$1,513,374)	\$2,118,975	\$3,869,880	(\$1,750,905)
Psychiatry Services	\$658,432	\$2,823,513	(\$2,165,081)	\$325,165	\$2,316,022	(\$1,990,857)
Crisis Services	\$285,281	\$1,259,265	(\$973,984)	\$151,900	\$1,063,398	(\$911,498)
Community Treatment	\$4,700,098	\$6,655,688	(\$1,955,590)	\$5,010,421	\$6,726,489	(\$1,716,068)
Day Services	\$2,286,710	\$2,286,710	\$0	\$2,332,405	\$2,300,075	\$32,330
Clubhouse	\$377,502	\$472,502	(\$95,000)	\$293,847	\$448,847	(\$155,000)
Birth To Three	\$916,689	\$1,751,801	(\$835,112)	\$890,277	\$1,725,389	(\$835,112)
Group Homes	\$2,237,666	\$2,237,666	\$0	\$2,264,100	\$2,366,878	(\$102,778)
Supported Apartments	\$2,372,631	\$2,372,631	\$0	\$2,474,400	\$2,340,220	\$134,180
Contracted Services	\$0	\$955,323	(\$955,323)	\$0	\$701,807	(\$701,807)
Aquatic Services	\$781,367	\$781,367	\$0	\$685,900	\$685,900	\$0
Subtotal	\$21,784,915	\$32,637,620	(\$10,852,705)	\$20,217,390	\$30,968,208	(\$10,750,818)
Nursing Home						
Daily Services	\$18,700,625	\$21,443,965	(\$2,743,340)	\$18,274,600	\$21,072,286	(\$2,797,686)
Ancillary Services	\$6,436,922	\$5,393,582	\$1,043,340	\$6,336,000	\$5,238,314	\$1,097,686
Subtotal	\$25,137,547	\$26,837,547	(\$1,700,000)	\$24,610,600	\$26,310,600	(\$1,700,000)
Other:						
Protective Services	\$226,820	\$562,678	(\$335,858)	\$227,000	\$560,664	(\$333,664)
Demand Transportation	\$420,718	\$420,718	\$0	\$438,718	\$438,718	\$0
Leased Space	\$250,000	\$277,561	(\$27,561)	\$239,300	\$281,040	(\$41,740)
Subtotal	\$897,538	\$1,260,957	(\$363,419)	\$905,018	\$1,280,422	(\$375,404)
Totals	\$47,820,000	\$60,736,124	(\$12,916,124)	\$45,733,008	\$58,559,230	(\$12,826,222)
Base County Allocation	\$3,901,436		\$3,901,436	\$3,901,436		\$3,901,436
Nonoperating Revenue	\$90,000		\$90,000	\$90,000		\$90,000
County Appropriation	\$8,924,688		\$8,924,688	\$8,834,788		\$8,834,788
Total Revenue/Expense	\$60,736,124	\$60,736,124	\$0	\$58,562,230	\$58,562,230	\$0



North Central Health Care

Budget By Funding 2016 Budget

	Gross Charges	%	Expenses	Funding By Payer	%	Funded By Other Sources	%
Payer:							
Self Pay	\$7,485,500	11%	\$6,680,974	\$3,293,400	49%	(\$3,387,574)	51%
Medicare	\$17,185,500	26%	\$15,791,392	\$8,867,500	56%	(\$6,923,892)	44%
Medicaid	\$37,831,300	57%	\$34,619,591	\$28,448,300	82% **	(\$6,171,291)	18%
Insurance	\$4,153,800	6%	\$3,644,167	\$2,937,800	81%	(\$706,367)	19%
Total	\$66,656,100	100%	\$60,736,124	\$43,547,000	72%	(\$17,189,124)	28%

Funding:	Amount	%	
Self Pay	\$3,293,400	5.4%	
Medicare	\$8,867,500	14.6%	
Medicaid	\$26,588,300	43.8% **	
Insurance	\$2,937,800	4.8%	
Supplemental Pay.	\$1,800,000	3.0% **	
WIMCR	\$60,000	0.1% **	\$43,547,000
State Addendums	\$1,804,000	3.0%	
Other Grants	\$708,000	1.2%	
Community Aids	\$3,901,436	6.4%	
County Appropriation	\$8,924,688	14.7%	
All Other	\$1,851,000	3.0%	\$17,189,124
	\$60,736,124	100.0%	\$60,736,124



North Central Health Care

2016 Proposed Capital

10/29/2015

Program	Description of Request	Cost of Request	Reason for Request
General	Furniture Replacement	\$75,000	Replacement
Purchasing	Replace cooler and freezer	\$49,877	Replacement
Information Management Serv	Fire suppression system in Data Center at NCHC	\$30,000	Additional Item
Information Management Serv	Nursing Home IT network remodeling costs for better coverage	\$25,000	Renovation
Information Management Serv	Desktop and Laptop replacements	\$205,500	Replacements
Information Management Serv	Contract Management Software	\$20,000	New
Health Information	Additional office space/desk areas	\$15,000	Expanded Services
Housekeeping	Rider 20" Flor Scrubber	\$11,000	Reduce staff time/injuries
Housekeeping	Walk Behind Vac	\$2,800	Replacement
Housekeeping	Micro Scrubber	\$3,414	Reduce staff time/injuries
Housekeeping	Advanced rider carpet extractor	\$15,899	Reduce staff time/injuries
Food Service	Double steamer ovens with stand	\$20,000	Replacement
Food Service	Reach in refrigerator	\$3,500	Replacement
Food Service	Bussing carts (4)	\$4,000	Replacement
Hospital	Renovate Hospital	\$250,000	Safety/compliance
Psychiatry Services-Marathon	Blood Pressure/Vitals Machine	\$3,000	Replacement
Aquatic Services	Water wheelchair (2)	\$5,000	Replacement
Post Acute Care	Bariatric whirlpool tub	\$18,000	Additional Item
Post Acute Care	Air mattresses (5)	\$10,000	Additional Item
Post Acute Care	Furniture for Sun Room	\$6,000	Replacement
Post Acute Care	Vital Sign Machine	\$3,000	New
Post Acute Care	IPV Machine	\$7,000	New
Long Term Care	Air Mattress/Pump (2)	\$4,000	Replacement
Long Term Care	Bariatric Matress Pump (2)	\$5,000	New
Long Term Care	Vital Machine (2)	\$6,000	Replacement
Legacies	Dining Room Furniture	\$91,500	Replacement
Legacies	Air mattresses (5)	\$10,000	Additional Item
Legacies	Spa Tubs (3)	\$54,000	Replacement
Legacies	EZ Way Full Body Lift	\$8,000	New
Legacies	Vital Sign Machine (2)	\$6,000	Replacement
Legacies	Replace carpet on Evergreen Place	\$43,000	Replacement
Pharmacy	Omnicells (3 units)	\$120,000	Replacement
Pharmacy	Packaging System	\$269,630	New
	Total	\$1,275,243	



MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: October 23, 2015
RE: Attached Financials

Attached please find a copy of the September Financial Statements for your review. To assist you in your review, the following information is provided:

BALANCE SHEET

Cash continues to remain strong. Accounts Receivable continues to be monitored and remain a priority.

STATEMENT OF REVENUE AND EXPENSES

The month of September shows a loss of (\$188,447) compared to the budgeted loss of (\$687), resulting in a negative variance of (\$187,761).

The hospital remains busy with a census averaging 15 patients per day, compared to the target of 13. The nursing home census averaged 209 per day, compared to the target of 213. The Medicare census averaged just under 17 per day, with the target of 26. This is the lowest average Medicare census this year. October's Medicare census is showing improvement. Inpatient areas remain below target.

Overall expenses exceeded budget targets. Salaries are still below budget targets, but the gap has narrowed compared to the first half of the year. Benefits were also below target. The state institutes continue to exceed budget targets. Contracted salaries also continue to be high while working on filling internal positions.

Through September, the organization shows an overall gain of \$574,047 compared to the targeted gain of \$143,069. This is a positive variance of \$430,979.

If you have any questions please feel free to contact me.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
SEPTEMBER 2015**

	51.42/.437 <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	TOTAL <u>30-Sep-14</u>
CURRENT ASSETS:				
CASH AND EQUIVALENTS	7,223,571	10,530	7,234,101	5,921,842
SHORT-TERM INVESTMENTS	9,300,000		9,300,000	6,703,831
CASH FOR APPROVED CAPITAL PURCHASES	1,747,239	385,412	2,132,651	1,596,170
DONATED FUNDS	129,904		129,904	153,552
ACCOUNTS RECEIVABLE:				
PATIENT (NET)	3,142,817	3,847,400	6,990,216	7,210,815
STATE GRANTS	113,647		113,647	126,096
OTHER	358,895		358,895	345,457
APPROPRIATIONS RECEIVABLE	34,586		34,586	2,094,580
AMOUNTS RECEIVABLE FROM				
THIRD-PARTY REIMBURSEMENT PROGRAMS	444,500	402,589	847,089	1,080,044
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>352,883</u>	<u>64,904</u>	<u>417,787</u>	<u>584,201</u>
TOTAL CURRENT ASSETS	<u>22,864,962</u>	<u>4,967,736</u>	<u>27,832,698</u>	<u>26,147,593</u>
CAPITAL ASSETS				
CAPITAL ASSETS	30,567,818	14,697,546	45,265,364	43,017,503
ACCUMULATED DEPRECIATION	<u>(22,692,833)</u>	<u>(10,872,696)</u>	<u>(33,565,528)</u>	<u>(31,910,102)</u>
CAPITAL ASSETS - NET	<u>7,874,985</u>	<u>3,824,850</u>	<u>11,699,835</u>	<u>11,107,401</u>
OTHER ASSETS - DEFERRED CHARGES	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RESTRICTED ASSETS - PATIENT TRUST FUNDS	<u>21,465</u>	<u>31,756</u>	<u>53,221</u>	<u>201,634</u>
TOTAL ASSETS	<u>30,761,413</u>	<u>8,824,342</u>	<u>39,585,754</u>	<u>37,456,627</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
SEPTEMBER 2015**

	51.42/.437 <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	TOTAL <u>30-Sep-14</u>
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	4,180,544	0	4,180,544	3,711,311
THIRD PARTY PAYABLE	455,214	0	455,214	588,860
APPROPRIATIONS ADVANCES	0	0	0	0
ACCRUED LIABILITIES:				
SALARIES & RETIREMENT	1,770,009	0	1,770,009	1,752,199
PAYROLL TAXES AND WITHHOLDING	206,516	0	206,516	216,339
COMPENSATED ABSENCES	1,467,350	0	1,467,350	1,529,633
OTHER PAYABLES	72,806	0	72,806	265,215
DEFERRED REVENUE - STATE GRANTS	<u>218,871</u>	<u>0</u>	<u>218,871</u>	<u>188,325</u>
TOTAL CURRENT LIABILITIES	<u>8,371,310</u>	<u>0</u>	<u>8,371,310</u>	<u>8,251,882</u>
PATIENT TRUST FUNDS	<u>21,465</u>	<u>31,756</u>	<u>53,221</u>	<u>201,414</u>
NET ASSETS:				
INVESTED IN CAPITAL ASSETS	7,874,985	3,824,850	11,699,835	11,107,401
UNRESTRICTED	13,531,904	5,355,437	18,887,341	17,549,607
OPERATING INCOME(LOSS)	<u>961,748</u>	<u>(387,700)</u>	<u>574,048</u>	<u>346,322</u>
TOTAL NET ASSETS	<u>22,368,638</u>	<u>8,792,587</u>	<u>31,161,225</u>	<u>29,003,331</u>
TOTAL LIABILITIES AND NET ASSETS	<u>30,761,413</u>	<u>8,824,343</u>	<u>39,585,754</u>	<u>37,456,627</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 2015**

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	<u>\$3,758,012</u>	<u>\$3,428,589</u>	<u>\$329,423</u>	<u>\$31,147,537</u>	<u>\$31,045,546</u>	<u>\$101,991</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	2,925,542	2,926,077	(535)
Grant Revenue	224,607	183,990	40,617	1,761,215	1,656,276	104,939
County Appropriations - Net	736,232	730,192	6,040	6,626,092	6,571,729	54,363
Departmental and Other Revenue	<u>41,090</u>	<u>180,658</u>	<u>(139,568)</u>	<u>1,456,954</u>	<u>1,625,925</u>	<u>(168,971)</u>
Total Other Revenue	<u>1,326,990</u>	<u>1,419,960</u>	<u>(92,970)</u>	<u>12,769,803</u>	<u>12,780,006</u>	<u>(10,204)</u>
TOTAL REVENUE	5,085,001	4,848,550	236,452	43,917,340	43,825,552	91,787
EXPENSES						
Direct Expenses	4,026,208	3,455,955	570,254	32,219,998	31,071,046	1,148,952
Indirect Expenses	<u>1,254,963</u>	<u>1,400,782</u>	<u>(145,819)</u>	<u>11,220,488</u>	<u>12,678,937</u>	<u>(1,458,449)</u>
Total Expenses	<u>5,281,171</u>	<u>4,856,736</u>	<u>424,435</u>	<u>43,440,486</u>	<u>43,749,983</u>	<u>(309,498)</u>
Operating Income (Loss)	<u>(196,170)</u>	<u>(8,187)</u>	<u>(187,983)</u>	<u>476,854</u>	<u>75,569</u>	<u>401,285</u>
Nonoperating Gains (Losses):						
Interest Income	7,106	7,500	(394)	56,883	67,500	(10,617)
Donations and Gifts	617	0	617	37,310	0	37,310
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,000</u>	<u>0</u>	<u>3,000</u>
Total Nonoperating Gains / (Losses)	<u>7,722</u>	<u>7,500</u>	<u>222</u>	<u>97,193</u>	<u>67,500</u>	<u>29,693</u>
Operating Income / (Loss)	<u>(\$188,447)</u>	<u>(\$687)</u>	<u>(\$187,761)</u>	<u>\$574,047</u>	<u>\$143,069</u>	<u>\$430,979</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 2015**

51.42/.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	<u>\$1,769,866</u>	<u>\$1,430,848</u>	<u>\$339,019</u>	<u>\$13,109,530</u>	<u>\$12,934,050</u>	<u>\$175,480</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	2,925,542	2,926,077	(535)
Grant Revenue	224,607	183,990	40,617	1,761,215	1,656,276	104,939
County Appropriations - Net	594,566	588,525	6,041	5,351,097	5,296,729	54,368
Departmental and Other Revenue	<u>67,003</u>	<u>145,825</u>	<u>(78,822)</u>	<u>1,126,062</u>	<u>1,312,426</u>	<u>(186,364)</u>
 Total Other Revenue	 <u>1,211,237</u>	 <u>1,243,460</u>	 <u>(32,223)</u>	 <u>11,163,916</u>	 <u>11,191,507</u>	 <u>(27,592)</u>
TOTAL REVENUE	2,981,103	2,674,308	306,795	24,273,446	24,125,557	147,889
 EXPENSES						
Direct Expenses	2,189,629	1,908,734	280,895	17,688,993	17,090,653	598,340
Indirect Expenses	<u>673,677</u>	<u>771,745</u>	<u>(98,068)</u>	<u>5,714,252</u>	<u>6,985,319</u>	<u>(1,271,067)</u>
 Total Expenses	 <u>2,863,306</u>	 <u>2,680,479</u>	 <u>182,826</u>	 <u>23,403,245</u>	 <u>24,075,972</u>	 <u>(672,727)</u>
 Operating Income (Loss)	 <u>117,797</u>	 <u>(6,172)</u>	 <u>123,969</u>	 <u>870,201</u>	 <u>49,585</u>	 <u>820,616</u>
 Nonoperating Gains (Losses):						
Interest Income	7,106	7,500	(394)	56,883	67,500	(10,617)
Donations and Gifts	245	0	245	31,664	0	31,664
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,000</u>	<u>0</u>	<u>3,000</u>
 Total Nonoperating Gains / (Losses)	 <u>7,350</u>	 <u>7,500</u>	 <u>(150)</u>	 <u>91,547</u>	 <u>67,500</u>	 <u>24,047</u>
 Operating Income / (Loss)	 <u>\$125,147</u>	 <u>\$1,328</u>	 <u>\$123,819</u>	 <u>\$961,748</u>	 <u>\$117,085</u>	 <u>\$844,663</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 2015

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$1,988,145</u>	<u>\$1,997,741</u>	<u>(\$9,596)</u>	<u>\$18,038,007</u>	<u>\$18,111,496</u>	<u>(\$73,489)</u>
OTHER REVENUE						
County Appropriations - Net	141,666	141,667	(1)	1,274,995	1,275,000	(5)
Departmental and Other Revenue	<u>(25,913)</u>	<u>34,833</u>	<u>(60,746)</u>	<u>330,892</u>	<u>313,499</u>	<u>17,393</u>
Total Other Revenue	<u>115,753</u>	<u>176,500</u>	<u>(60,747)</u>	<u>1,605,887</u>	<u>1,588,499</u>	<u>17,388</u>
TOTAL REVENUE	2,103,897	2,174,241	(70,343)	19,643,894	19,699,995	(56,101)
EXPENSES						
Direct Expenses	1,836,579	1,547,220	289,359	14,531,005	13,980,393	550,612
Indirect Expenses	<u>581,286</u>	<u>629,037</u>	<u>(47,750)</u>	<u>5,506,236</u>	<u>5,693,618</u>	<u>(187,382)</u>
Total Expenses	<u>2,417,865</u>	<u>2,176,257</u>	<u>241,608</u>	<u>20,037,241</u>	<u>19,674,011</u>	<u>363,230</u>
Operating Income (Loss)	<u>(313,968)</u>	<u>(2,016)</u>	<u>(311,951)</u>	<u>(393,347)</u>	<u>25,984</u>	<u>(419,331)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	372	0	372	5,646	0	5,646
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>372</u>	<u>0</u>	<u>372</u>	<u>5,646</u>	<u>0</u>	<u>5,646</u>
Operating Income / (Loss)	<u>(\$313,596)</u>	<u>(\$2,016)</u>	<u>(\$311,580)</u>	<u>(\$387,700)</u>	<u>\$25,984</u>	<u>(\$413,684)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
September 30, 2015

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
Abby Bank	365 Days	10/29/2015	0.55%	\$500,000
People's State Bank	365 Days	10/30/2015	0.50%	\$500,000
River Valley Bank	365 Days	12/27/2015	0.50%	\$500,000
CoVantage Credit Union	365 Days	12/28/2015	0.599%	\$300,000
Abby Bank	365 Days	12/30/2015	0.55%	\$500,000
Abby Bank	183 Days	01/05/2016	0.65%	\$500,000
People's State Bank	365 Days	02/28/2016	0.45%	\$250,000
Abby Bank	365 Days	03/15/2016	0.65%	\$400,000
People's State Bank	365 Days	04/29/2016	0.50%	\$350,000
People's State Bank	365 Days	04/30/2016	0.50%	\$500,000
Abby Bank	365 Days	05/03/2016	0.50%	\$500,000
BMO Harris	395 Days	05/28/2016	0.30%	\$500,000
Abby Bank	365 Days	07/19/2016	0.75%	\$500,000
People's State Bank	365 Days	08/21/2016	0.50%	\$500,000
BMO Harris	395 Days	08/26/2016	0.50%	\$500,000
Abby Bank	365 Days	08/29/2016	0.75%	\$500,000
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000
CoVantage Credit Union	456 Days	09/01/2016	1.00%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
CoVantage Credit Union	578 Days	05/07/2017	1.05%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,300,000
WEIGHTED AVERAGE	301.18 Days		0.495% INTEREST	

NCHC-DONATED FUNDS**Balance Sheet**

As of September 30, 2015

ASSETS**Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	4,680.38
Adventure Camp	758.41
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	1,359.82
Community Services - M/H	1,360.68
CSP	-492.15
Fishing Without Boundries	2,663.00
General Donated Funds	70,714.45
Housing - DD Services	1,370.47
Langlade HCC	2,666.50
Legacies by the Lake	
Music in Memory	1,848.25
Legacies by the Lake - Other	3,973.93
Total Legacies by the Lake	5,822.18
Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	7,084.77
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	2,873.64
Outpatient Services - Marathon	101.08
Pool	10,561.07
Prevent Suicide Langlade Co.	1,543.55
Suicide Prevention Walk	1,250.00
United Way	435.05

Total CHECKING ACCOUNT	129,753.57
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Total Checking/Savings	129,753.57
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Accounts Receivable

Accounts Receivable	16.00
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Total Accounts Receivable	16.00
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Total Current Assets	129,769.57
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TOTAL ASSETS	129,769.57
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LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
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Retained Earnings	59,745.02
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Net Income	-53,499.20
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Total Equity	129,769.57
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TOTAL LIABILITIES & EQUITY	129,769.57
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North Central Health Care **Budget Revenue/Expense Report**

Month Ending September 30, 2015

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
TOTAL NET REVENUE	5,085,001	4,848,550	43,917,340	43,825,552	91,787
<u>EXPENSES:</u>					
Salaries and Wages	2,367,309	2,408,771	20,601,301	21,686,651	(1,085,350)
Fringe Benefits	894,369	980,530	8,065,550	8,827,913	(762,363)
Departments Supplies	718,883	432,217	4,768,503	3,883,450	885,053
Purchased Services	444,608	273,725	2,931,718	2,504,525	427,193
Utilitites/Maintenance Agreements	381,777	312,644	2,871,827	2,807,798	64,029
Personal Development/Travel	50,774	40,350	309,985	363,150	(53,165)
Other Operating Expenses	100,843	172,988	1,159,725	1,556,895	(397,170)
Insurance	45,381	48,258	385,570	434,325	(48,755)
Depreciation & Amortization	137,337	137,253	1,277,695	1,235,276	42,419
Client Purchased Services	<u>139,890</u>	<u>50,000</u>	<u>1,068,612</u>	<u>450,000</u>	<u>618,612</u>
TOTAL EXPENSES	5,281,170	4,856,736	43,440,485	43,749,982	(309,498)
EXCESS REVENUE (EXPENSE)	(196,170)	(8,187)	476,854	75,569	401,285

**North Central Health Care
Write-Off Summary
September 2015**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$25,214	\$73,054	\$17,130
Bad Debt	\$0	\$1,718	\$3,310
<i>Outpatient:</i>			
Administrative Write-Off	\$25,993	\$89,993	\$80,026
Bad Debt	\$56	\$2,371	\$19,449
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$8,026	\$31,173	\$19,982
Bad Debt	\$10,037	\$25,520	\$22,967
Ancillary Services:			
Administrative Write-Off	\$6,077	\$49,818	\$16,986
Bad Debt	\$456	\$576	\$21,579
Pharmacy:			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$65,310.28	\$244,038.55	\$134,124.00
Total - Bad Debt	\$10,548.64	\$30,183.78	\$67,305.00

**North Central Health Care
2015 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,603	6,500	(103)	88.75%	87.37%
	Hospital	403	403	0	81.25%	81.25%
February	Nursing Home	5,964	6,007	43	88.75%	89.39%
	Hospital	364	446	82	81.25%	99.55%
March	Nursing Home	6,603	6,607	4	88.75%	88.80%
	Hospital	403	439	36	81.25%	88.51%
April	Nursing Home	6,390	6,162	(228)	88.75%	85.58%
	Hospital	390	403	13	81.25%	83.96%
May	Nursing Home	6,603	6,301	(302)	88.75%	84.69%
	Hospital	403	440	37	81.25%	88.71%
June	Nursing Home	6,390	6,115	(275)	88.75%	84.93%
	Hospital	390	420	30	81.25%	87.50%
July	Nursing Home	6,603	6,380	(223)	88.75%	85.75%
	Hospital	403	428	25	81.25%	86.29%
August	Nursing Home	6,603	6,604	1	88.75%	88.76%
	Hospital	403	436	33	81.25%	87.90%
September	Nursing Home	6,390	6,257	(133)	88.75%	86.90%
	Hospital	390	455	65	81.25%	94.79%
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					

North Central Health Care
Finance Committee-Analysis
Calendar Year: 2015

	Target	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Days Cash On Hand:														
Invested	70	61	62	62	60	61	62	60	58	53				59
Operating		48	36	33	47	46	46	40	31	41				45
Total		109	98	95	107	107	108	100	89	94				104
Average Daily Census:														
Nursing Home	213	210	215	213	205	203	204	206	213	209				209
Hospital	13	13	16	14	13	14	14	14	14	15				14
Days in Accounts Receivable:**	55-60 days	80	79	75	72	71	67	67	66	63				66
Direct Expense/Gross Patient Revenue**	55%-59%	61%	51%	59%	62%	65%	60%	65%	69%	65%				61%
Write Offs**	.5%-.6%	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%	1.30%				0.56%
Excess Revenue (Expense):														
Actual		\$10,895	\$590,281	\$28,969	\$107,200	\$287,468	\$550,567	(\$427,189)	(\$385,696)	(\$188,447)				\$574,048
Budget		\$56,970	\$117,322	(\$12,015)	\$57,582	(\$82,354)	\$62,582	(\$9,938)	(\$46,385)	(\$687)				\$143,072
Prior Year-Actual		\$124,183	\$12,296	\$31,615	(\$294,589)	(\$17,820)	\$258,622	(\$46,087)	\$41,912	\$236,191				\$346,323

**Dash Board Outcomes

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
FINANCE, PERSONNEL & PROPERTY COMMITTEE
MEETING MINUTES**

September 24, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

X	Ron Nye	X	Jeff Zriny	X	Lee Olkowski
X	Bob Weaver	X	John Robinson		

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Debbie Osowski

The meeting was called to order 11:01 AM, roll call taken, and a quorum noted.

Minutes

Motion/second, Zriny/Weaver, to approve the minutes of the 8/27/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- The month of August showed a loss of \$386,000. There was a back payment of \$169,000 for the previous Community Support Program location and a back audit adjustment of around \$250,000 for worker's compensation premium. The audit adjustment occurs 6 months after the year end. 2015 is looking good so far. Have made an emphasis in worker's comp this past year which has had a positive impact on outcomes to date.
- Through August the organization shows an overall gain of \$762,495.
- Revenues:
 - Nursing home revenues exceeded budget for the month. The census hit target of 213. Medicare is slightly below target.
 - Hospital census averaged 14 in August and September average is at 15. Nursing home census was at 213 in August but is going down in September with a current average of 205. Medicare census is at 13 (lowest in years).
 - Have been selectively taking admissions due to staffing crisis in the nursing home.
- Expenses:
 - State institute expenses are exceeding budget targets.
 - ~ Committee members requested more detailed information on the use of the state institutes and other county location such as Trempealeau including who and why individuals are there, how many are placed, etc.
 - Human Services Operations expenses are down due to not being fully staffed.
 - Expenses overall were up in August by over \$300,000 mostly related to the back payment and worker's comp audit.

- Expenses in nursing home are high and feel they will stay high while work is being done to stabilize activity, for the recruitment of CNA's, the utilization of contracted staff for interim administrator and DON.
- So far in September health insurance is low. Anticipate high expenses for the next few months due to temporary staff in IT with ICD 10 beginning October 1, continuing to work through aging process and billing process, as well as helping with the cash application. Will continue to monitor.
- Pay and mandatory overtime have been issues in the nursing home during staffing shortages. We are
 - ~ working closely with NTC on a daily basis to create opportunities for individuals to participate in the CNA program with guaranteed full-time employment at NCHC,
 - ~ emphasizing that NCHC wages and benefit packages are better than the competition,
 - ~ implementing a new scheduling process for CNA's in an effort to reduce mandatory stay-overs, staff burn out, etc.,
 - ~ promoting positive reinforcement and that employees are valued,
 - ~ Overcoming the negative message of City Pages as it is not helping to promote a positive image of NCHC which impacts our pool of candidates.

Motion/second, Robinson/Zriny to approve the August financial statements. Motion carried.

Write-off's

- Saw a higher volume in August and anticipate a large number again in September.
- Continue to work on getting the aging off the system, improving the billing system, and creating more meaningful reports.
- With ICD 10 beginning Oct. 1 we anticipate the first billing in November may slow down billing (also a nation-wide prediction). ICD 10 is a new diagnoses related coding system (International Classification of Disease). This new system significantly increases the number of codes to learn and use – more detailed.

CFO Report

- IT vendor is focusing on ICD 10 which slows down progress on billing and clinical items.
- Staff doing excellent job getting bills out and manually billing when necessary.
- We continue to run into an issue getting cash applied as it is a tedious process and it has been difficult to get the vendor to speed up the process.
- Days in Accounts Receivable continue to improve.

2016 Health Plans

- Consortium has not progressed to where they wanted, however all participants have benefited i.e. UMR administrative fees have remained flat; stop loss has only increase 11%, payers want to keep our business, and working on multi-year plans and to avoid the Cadillac cost in 2018.

- Changes this year offer viable options: lower costs, easier to understand, more affordable for employees, employer expenses should decrease 6-9% as well as employee expenses in contributions and out of pocket, HSA will be offered, etc.

2016 Budget

- Pursuing status quo budget.
- Committee requested a special meeting in approximately two weeks to review the 2016 budget. Would like to be able to review actual census, trends, costs for out of county placements, etc.

Future agenda items

- Statistics related to inpatient
- Options relative to utilization of state institutions

Motion/second, Robinson/Zriny, to adjourn the meeting at 12:01 p.m. Motion carried.

dko

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

September 24, 2015

12:00 p.m.

NCHC – Wausau Board Room

Present:

X	Jean Burgener	X	Joanne Kelly	X	Holly Matucheski
X	Bill Metter	X	Bill Miller	X	Ron Nye
X	Lee Olkowski	X	Dr. Eric Penniman	X	John Robinson
X	Greta Rusch	X	Laura Scudiere	EXC	Dr. David Tange
X	Bob Weaver	X	Jeff Zriny		

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Becky Schultz, Toni Simonson, Debbie Osowski

Meeting was called to order at 12:10 p.m., roll call noted and quorum present.

Consent Agenda

- **Motion**/second, Metter/Rusch, to approve the consent agenda which includes the August financial statements, 8/27/15 Finance, Personnel & Property Committee meeting minutes, the 8/27/15 Board meeting minutes, and the CEO Report. Motion carried.

Chairperson's report

- Nomination of board of directors for 2016 will be discussed at the next meeting of the Executive Committee.
- **Motion**/second, Scudiere/Robinson, to approve the minutes of the 8/3/15 Executive Committee meeting.

Quality Committee

- Organizational Quality Dashboard was reviewed. Key items discussed included adverse events, community satisfaction rate, employee turnover rate, access to services, etc.
- Committee is focused on areas that are not meeting target.
- Action plans have been developed for the psychiatric hospital, AODA access, adverse event, patient satisfaction, and turnover.
- Action plans for the Human Services Operations were distributed and reviewed. Progress and completion dates will be added each month.
- Actions plans around satisfaction results and adverse events were distributed and reviewed.
- The staff satisfaction and employee engagement measures have been removed from the dashboard since the survey occurs once a year. The results will be added following completion of the survey.
 - Negative media attention has impacted satisfaction and employee engagement.
 - Volume of applicants has dropped over the last 6-9 months.
 - Employees have contacted board members over dislike of City Pages article about NCHC and expressed desire for NCHC to be proactive and take an active stand instead of apologizing. Staff like NCHC, like the mission and purpose, but feel attacked.

- ~ NCHC Board Report will be provided in hard copy to each of the Marathon County board members at their next meeting in October.
- ~ County Board representatives were encouraged to reinforce the positive turnaround in the jail along with the other many community services of NCHC.
- From the partner satisfaction results a process improvement task force committee focusing on crisis services is being formed. A team description was distributed and reviewed.
- HIPAA risk assessment action plan is being developed based on recent findings even though the findings were not critical.
- An action plan on staffing has also been developed.
- Joint Commission Behavioral Health accreditation was received; waiting for the hospital verification visit.
- **Motion**/second, Scudiere/Burgener to approve the report and 9/17/15 Quality Committee meeting minutes. Motion carried.

Financial report

- We had a loss in August of just under \$386,000. Two large expenses occurred i.e. workers comp retro adjustment of about \$250,000 and back rent for the previous Community Services Program location of around \$169,000.
- Revenues were close to target.
- To date we are at a positive \$762,000.

Finance, Personnel & Property Committee

- Discussed health plans for 2016; possible 6-9% reduction next year for both employer and employees.
- 2016 budget is being worked in; finance committee will hold a special meeting to review the budget details.

Human Services Operations Committee

- Received updates on the organization-wide Trauma Informed Care training.
- A number of group homes in the area have closed due to decrease in reimbursement from Community Care Connections of Wisconsin.
- Discussed the hiring of therapists.
- Received program updates with a presentation of the ADHD pilot program; evaluation of the pilot will be done following completion of the pilot.
- Crisis services were discussed including looking at options and opportunities to increase services available for youth crisis in collaboration with Marathon County Social Services.
- **Motion**/second, Robinson/Kelly, to approve the 9/9/15 Human Services Operations Committee report and minutes. Motion carried.

Nursing Home Operations Committee

- Received the official statement of deficiencies from the state for the annual survey. No substandard quality of care identified.
- Have two excellent candidates for the Nursing Home Administrator position. Both have extremely strong track records in managing quality, excellent surveys at their current facilities, non-profit county-owned background, and have worked with county boards.

- 90-day action plan for CNA staffing was reviewed. Increasingly difficult to find CNA candidates with new registrations statewide down 8%. Drivers of this shortage are wages and mandatory overtime.
 - In May/June we recognized and received approval for a 3-year strategy to increase hiring wage. In August we needed to accelerate the plan; 162 people left NCHC with the majority from the nursing home.
 - Human Resources held nine listening sessions with CNA staff, received great feedback, presented a new scheduling option, made adjustments based on their feedback, and aligned incentives for stable full-time staff. Changes will be effective 10/12/15.
 - Continue to be aggressive in recruiting efforts.
- **Motion**/second, Burgener/Zriny, to approve the 9/11/15 Nursing Home Operations Committee meeting minutes. Motion carried.

Mental health services to the criminal justice system update

- Continues to be a great success story in providing extraordinary services.
- Jail personnel and Marathon County Sheriff state they are extremely happy and going exceptionally well.
- Have hired a psychologist with forensic background who will be starting soon.
- Offered same service to Langlade and Lincoln Counties beginning in 2016.
- Providing additional services will come at a cost.
- Board asked Mr. Bezucha to invite Sheriff Parks, Chief Deputy Billeb, and Jail Cpt. LaDu-Ives to the next Board meeting for further dialogue.

Strategic Plan Update

- Asking external stakeholders i.e. Langlade, Lincoln and Marathon County board members to provide their feedback.

Marathon County NCHC Oversight Task Force

- Marathon County believes they need to do due diligence in evaluating the 3-county system and whether it is the best option for Marathon County for delivery of mental health and substance abuse services.
- Want to engage an outside party to provide a thorough and clear analysis.
- Recommending a 3-county contract be renewed for 2 years and incorporate clear expectations and performance measures.
 - The nursing home and facilities management agreements are on hold right now.

Future meeting agendas

- Invitations to Sheriff Parks, Chief Deputy Billeb, and Jail Cpt. LaDu-Ives

Motion/second, Penniman/Zriny, to adjourn the meeting at 1:55 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

CEO Report: October, 2015

1. **Speaker's Task Force on Dementia:** The Wisconsin State Assembly Speaker's Task Force on Dementia and Alzheimer's which is holding public hearings to provide input for the task force has requested to meet with Mount View Care Center staff. On November 18, they will meet at MVCC and receive a presentation from our Legacies by the Lake team on how we care for those with dementia and take a brief tour. The task force has learned from others throughout the state that "the team at MVCC does things differently and what they are doing is working and leading the way". This is a tremendous accolade for the dementia programming that we provide and are recognized that we are truly one of the best nursing homes in Wisconsin.
2. **Crisis Services Task Force:** The task force formed to review our crisis services and make recommendations for improvement held its first meeting on 10/22 and will meet weekly. The task force has broad representation from a variety of stakeholders and from each county. The task force is being chaired by Laura Scudiere and will make its report later this year to the quality committee.
3. **Mental Health Services to Jails:** Marathon County has elected to continue the services we have been providing as a pilot program in the Marathon County jail and has earmarked funding for those services. The same services were offered to both Lincoln and Langlade counties on a proportional basis. Lincoln County has chosen not to pursue any enhanced mental health services for the Lincoln County jail. Langlade County has tentatively agreed to the enhanced services and had earmarked the funding for it.
4. **Transition of Bellewood Group Home:** We are transitioning the residents currently at our Bellewood Group home to a new, larger home that we will be leasing. This move will allow us to serve a larger volume of clients and achieve greater cost-efficiency. It will also afford us the opportunity to serve more clients that currently do not have adequate housing alternatives. We are working with Marathon County Social Services on potentially repurposing the Bellewood group home as a youth crisis facility. No final decision has been made on that project yet.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE MEETING MINUTES

October 13, 2015

8:00 AM

NCHC – Wausau Campus

PRESENT: Ron Nye, Lee Olkowski, Bob Weaver, Laura Scudiere

ALSO PRESENT: Gary Bezucha

AGENDA:

1. Call to order: Ron Nye called the meeting to order at 8:00 AM and a quorum was noted.
2. Minutes of 9/15/15 meeting of the Executive Committee: Moved for approval by Laura Scudiere, seconded by Bob Weaver; approved unanimously without any changes.
3. CEO Report:
 - a. Mental Health services to county jails: mental health services in the Marathon County jail continue to go very well and the pilot program will be continued as a regular service in 2016. Lincoln County has elected not to pursue enhanced mental health services in the Lincoln County jail. Sherriff Jaeger indicates that he is quite happy with all services provided by NCHC. Langlade County is still deliberating on whether or not to pursue enhanced mental health services for the Langlade County jail in 2016.
 - b. Bellewood Group Home: Gary apprised the committee on a plan to move current residents in the Bellewood group home to a new facility with expanded capacity. This would also open up the Bellewood home to be repurposed as a youth crisis center for Marathon County. The committee was supportive of the move.
 - c. Nursing Home:
 - i. New N.H. Administrator hired (Kim Gochanour) and she will start mid-November.
 - ii. CNA staffing improved. New scheduling in place and several new CNAs hired. Turn-over among CNAs is reduced.
 - iii. Dining program: as a result of a citation in most recent survey, we will implement a major change in the nursing home dining program that will entail discontinuing “Tray-line” and assembling plates for all meals on-site in the nursing home. Anticipate that this will result in significant increase in resident satisfaction.
 - d. Crisis Services Task Force: Team of external stakeholders formed to study our crisis services and make recommendations for improvement. Laura Scudiere to chair the group. First meeting on 10/22/15.
4. Marathon County/NCHC Oversight Task Force: Task force has prepared its recommendation to the Marathon County board which will include an in-depth study of Marathon County’s needs in the area of mental health and substance abuse and the most effective delivery model. Second recommendation will be to develop a performance based contract with emphasis on services to the criminal justice system.

5. Transition Plan for Human Services Operations: The position of Senior Executive for Human Services will be recruited and replaced without any change in the nature of the position. At this time, no interim leadership will be needed. The position has been posted and the posting will close at the end of October and initial interviews will take place in early November. Gary Bezucha also shared some anticipated changes in the NCHC organizational chart that will allow the CEO to be more externally focused.
6. Nominating officers for 2016: Motion by Lee Olkowski and seconded by Laura Scudiere to advance the following slate of board officers: The motion was unanimously approved.
 - a. Chair: Jeff Zriny
 - b. Vice Chair: Jean Burgener
 - c. Secretary/Treasurer: Bob Weaver
 - d. Immediate Past Chair: Ro NyeThe motion was unanimously approved.
7. Adjourn: Motion for adjournment by Lee Olkowski, seconded by Bob Weaver. The meeting was adjourned at 9:00 AM by Ron Nye.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2015

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	24.2%	13.8%	9.1%	11.1%	16.1%	18.5%	0.0%	8.3%	20.0%				13.6%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	11.0%	9.3%	12.7%	7.1%	17.2%	10.7%	12.8%	14.8%	3.8%				11.1%	10.0%
AODA Relapse Rate	18-21%	40-60%	↓	17.9%	25.0%	26.7%	15.4%	30.0%	20.8%	26.3%	25.8%	4.5%				21.3%	20.8%
NCHC Adverse Event Rate	3.8-4.0	4.1	↓	3.5	4.1	4.3	4.0	3.8	3.7	4.8	4.5	5.7				4.3	4.1
PEOPLE																	
Injury Claims*	50-60	78.95	↓	24	18	24	24	22	20	22	24	25				25	n/a
Employee Turnover Rate*	20-23%	17%	↓	21.0%	20.2%	18.4%	19.4%	20.3%	22.6%	23.4%	24.6%	24.5%				24.5%	25.5%
SERVICE																	
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	58-66 Percentile	↑	66th	70th	39th	41st	67th	44th	65th	47th	29th				52nd	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	N/A	↑	\	68%	\	\	79%	\	\	73%	\	\		\	73%	71%
COMMUNITY																	
Community Employment Rate	15.8-18%	17.8%	↑	27.2%	25.2%	22.9%	24.7%	24.4%	23.6%	26.3%	21.1%	21.8%				24.3%	n/a
NCHC Access Measure	90-95%	NA	↑	98%	98%	91%	83%	70%	59%	59%	65%	58%				74%	n/a
Recidivism Rate for OWI	27-32%	44.7%	↓	31.4%	26.3%	24.4%	36.6%	23.5%	20.0%	12.8%	39.4%	21.3%				26.6%	31.30%
FINANCE																	
Direct Expense/Gross Patient Revenue	55-59%	N/A	↓	61%	51%	59%	62%	65%	60%	65%	69%	65%				61%	59.7%
Days in Account Receivable	55-60	54	↓	80	79	75	72	71	67	67	66	63				63	79
Write-Off Percent of Gross Revenue	.5-.6%	N/A	↓	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%	1.30%				0.56%	n/a

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

** Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NCHC OUTCOME DEFINITIONS

CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
NCHC Adverse Event Rate	Rate of client/patient/resident occurrences that are considered adverse events per 1000 patient days/visits. Adverse events are occurrences with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors. <i>Benchmark: Improvement from 2014 NCHC Rate</i>
PEOPLE	
Injury Claims	The number of employee injuries with associated worker's compensation claims. Monthly figures represent an annualized rate. <i>Benchmark: U.S. Bureau of Labor Statistics, U.S. Department of Labor 2013</i>
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. <i>Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.</i>
SERVICE	
Client/Patient/Resident Satisfaction Percentile Rank	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
Community Partner Satisfaction Percent Good/Excellent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
COMMUNITY	
Community Employment Rate	Percent of Community Treatment, Prevocational, and Community Corner Clubhouse clients receiving vocational support/services who are employed. <i>Benchmark: National Alliance on Mental Illness (NAMI)</i>
NCHC Access Measure	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services - within 14 days of referral • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
Recidivism Rate for OWI	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit</i>
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>
Write-Off percent	Write-offs as a percent of gross revenue

**North Central Health Care
Human Service Operations Action Plan
September, 2015**

Dashboard Measure: Psychiatric Hospital Readmission Rate

Target: 9-11%

Benchmark: 16.1%

Actual: 12% (11.1%)

Negative Variance: 1% (.1%)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Identify factors leading to initial hospital admission of Community Treatment consumers and develop actions to address these factors to prevent readmission.	1. Community Treatment, BHS and Crisis CBRF staff meet on a monthly basis to review all hospitalizations and develop strategies to prevent future hospitalization.	Ongoing – 2 nd Wednesday of each month.	Continues ongoing: BHS and Community Treatment teams meeting monthly to review all previous months' admission and develop individualized plans to prevent readmission.
Psychiatric hospital readmission rate composed of mental health readmission rate (7.5% YTD) and AODA readmission rate (23.5% YTD). MH component meeting target. AODA readmission rate due in part to limited availability of treatment options appropriate to patient needs (e.g. needs at a level higher than outpatient or day treatment). Of note, both are well below benchmarks (16.1% psych readmission rate and 40-60% AODA relapse rate).	<p>1. Work with Community Treatment will continue to maintain or further lower the MH readmission rate.</p> <p>The AODA readmission rate is being addressed through two actions:</p> <p>1. Opening of Medically Monitored Treatment to provide 21 days of intense treatment in a safe, sober setting conducive to Recovery. This level of treatment will meet the needs of those patients identified as needs above outpatient or day treatment).</p> <p>2. Increased motivational work during assessment and service linkage phase for those individuals who qualify for other levels of treatment service.</p>	<p>Ongoing</p> <p>1. MMT opened at the end of July 2015. Will be gathering data on an ongoing basis.</p> <p>2. Motivational component added to inpatient detox August 2015</p>	Readmission rate = 3.8% in September bringing overall rate down to 11.1%

**North Central Health Care
Human Service Operations Action Plan
September, 2015**

Dashboard Measure: AODA Relapse Rate

Target: 18-21%

Benchmark: 40-60%

Actual: 23.2% (21.3%)

Negative Variance: 2.2% (.3%)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
AODA Relapse rate captured in Psych hospital readmission rate above. This is the same population reported out separately.	<p>The AODA Relapse rate is being addressed through two actions:</p> <ol style="list-style-type: none"> 1. Opening of Medically Monitored Treatment to provide 21 days of intense treatment in a safe, sober setting conducive to Recovery. This level of treatment will meet the needs of those patients identified as needs above outpatient or day treatment). 2. Increased motivational work during assessment and service linkage phase for those individuals who qualify for other levels of treatment service. 	<p>Ongoing</p> <ol style="list-style-type: none"> 1. MMT opened at the end of July 2015. Will be gathering data on an ongoing basis. 2. Motivational component added to inpatient detox August 2015 	AODA Relapse rate was 3.8% in September, bringing overall rate down to 21.3%

**North Central Health Care
Human Service Operations Action Plan
September, 2015**

Dashboard Measure: Client/Patient/Resident Satisfaction Percentile

Target: 58-66th Percentile - Overall Organization

Benchmark: 58-66th Percentile – Overall Organization

Actual: 55th Percentile (52nd)

Negative Variance: 3 Percentile (5 Percentile)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Outpatient Services: HealthStream Survey Tool	Outpatient "Service" Process Improvement Team:		Ongoing
	1. Obtain feedback from Outpatient employees on how to improve the questions on the survey tool (per suggestion from HealthStream)	10/1/2015	
	2. Develop and provide a script to the Outpatient Service representations to use at distribution of surveys.	07/28/2015	
	3. Randomization-Continue with distribution survey to all clients to ensure a randomized distribution of the survey and prevent survey bias.	Ongoing	
	4. Organization Process Improvement Team-Participate in an organization wide process improvement team (if NCHC decides to create such a team).	Ongoing	
	5. Participate in the State of WI's STAR-QI project to improve the customer experience.	TBD pending 09/16/2015 Leadership Development Day.	
		TBD pending development of NCHC Process Improvement Team.	9/1/2016

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Birth-3: Healthstream Survey	<ol style="list-style-type: none"> 1. Discussed the best way to distribute the survey to increase response rate and positive response. 2. The team adapted tools that were created by the Community Treatment Customer Satisfaction PI team. The tools were adapted to be relevant to B-3. One tool contains talking points for staff and another is a handout for clients. 	Ongoing	<p>Surveys are being distributed to clients at 6-month increments during IFSP reviews. The family is given a visual handout to explain the importance of the survey. Staff have a handout of talking points.</p> <p>We now have a high enough return rate to gather data.</p>
Inpatient, Crisis, Crisis CBRF,MMT: Healthstream Survey Tool	<ol style="list-style-type: none"> 1. Review questions for applicability to each service. 2. Focus on increasing rate of return of surveys. 3. Develop action plans based on lowest scoring areas in current results. 4. 4. Assess response to above steps. 	<p>9/30/2015</p> <p>October 2015 department meetings</p> <p>October 2015 department meetings</p> <p>December 2015 and ongoing</p>	Ongoing
Community Treatment Client Satisfaction	<ol style="list-style-type: none"> 1) Client Satisfaction PI team was established and continues to work on strategies. 2) Staff educated on survey tool and process. 3) Information and education for consumers developed and utilized on an ongoing basis. 4) All teams to complete survey exercise. 5) Consumer newsletter to be distributed to all consumers for the purpose of facilitating connection, communicating clearly, educating consumers, providing information about resources and services. 	<ol style="list-style-type: none"> 1) Ongoing 2) Ongoing with new staff. 3) Ongoing at survey time. 4) By 10/15/15. 5) By 11/30/15 	<ol style="list-style-type: none"> 1) Ongoing – team continues to meet. 2) Complete 3) Complete and ongoing – standard communication/information presented to consumers at survey time. 4) Complete 5) In process – on target for distribution in November.

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Community Corner Clubhouse	1. Reviewed survey with staff- we observed the process our consumers take while completing the survey.	September 2015	September 28,2015
	2. Created talking points for administering the survey.	October 2015	Ongoing
	3. We reviewed our opportunity areas from previous surveys.		
	4. We address low scoring areas in our conversations with our consumers.	October 2015	Ongoing
	5. We are developing an internal survey to assess members needs based on low scoring areas from our survey	October 22 2015	November 1, 2015
Aquatic Services Health Satisfaction Survey	<p>Randomly the Aquatic Manger will call 5 clients a month, after a few Physical Therapy sessions have been completed, to check on the customer experience. Questions asked are:</p> <ol style="list-style-type: none"> 1. What is going well? 2. What can we do better? 3. Is there anyone I can recognize for outstanding service? <p>The client is informed a survey will be sent in the mail after completion of the program, given the reasons why we do a survey, and what we do with that information. The goal is for a better return rate for the survey.</p>	October 21, 2015	Ongoing

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Dashboard Measure: NCHC Access Measure

Target: 90-95%

Benchmark: N/A

Actual: 79% (74%)

Negative Variance: 11% (16%)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Community Treatment access: volume of youth referrals exceeded existing caseload capacity in Lincoln and Langlade Counties.	1. Hired new Service Facilitator to take additional referrals in Lincoln and Langlade (.5 in each county).	To be at full caseload by December 31, 2015.	Partially complete - New Service Facilitator started and is at full caseload in Lincoln County and at 75% caseload in Langlade County.
Community Treatment access: volume of youth referrals in all three counties exceeded ability to handle referrals in a timely manner.	1. Designated full-time Youth Referral Coordinator to manage referrals in all three counties. Not additional FTE – used and changed vacated position.	To be handling all youth referrals by 9/30/15.	Complete - Designated Youth Referral Coordinator began handling 3 county youth referrals in September.
Community Treatment access: Full caseloads in Marathon County creating access barrier – unable to meet needs of referral quickly due to high caseloads (at capacity).	1. Recruiting a full-time Case Manager on the CCS adult team to handle new referrals. Not additional FTE – used and changed vacated position. 2. Hired a full-time Case Manager on ACT team to be able to better manage new referrals. Not additional FTE – used and changed vacated position.	Case Manager on CCS adult team to be hired, oriented and taking new referrals by 10/31/15. Case Manager on ACT team able to begin taking new referrals on 9/21/15.	Complete - Case Manager has been hired and has started taking cases. Complete - Case Manager on ACT team has started and has started taking cases.

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Community Treatment access: Referral Process is lengthy and requires many steps to determine eligibility and admit.	1. Referral Process Improvement team reviewed and improved entire process. Are now in the “Check” phase and will be implementing additional actions, revise and improve initial strategies and adopt successful strategies into permanent practice.	Next meeting 10/8/15. Referral process to be evaluated for effectiveness and written into policy and procedure by 12/31/15.	Partially complete – Referral PI team began “check” phase on 10/8 and will meet again 10/29 to continue evaluation.
Outpatient Services access: 5 vacant fulltime therapist/counselor positions	<ol style="list-style-type: none"> 1. Recruiting for 5 full-time therapists/counselors 2. Evaluating potential to hire a therapist in-training needing 3,000 supervised hours to obtain licensure. 3. Improve provider availability for client care: review all providers' availability per FTE. 4. Utilize therapist(s) from the Merrill/Tomahawk locations to help cover vacant positions. 5. Increase group therapy as a treatment modality-a process improvement team was developed to help educate the importance of group therapy, hoping to improve provider referrals. 	<p>In collaboration with Human Resources.</p> <p>In collaboration with Human Resources.</p> <p>Completed & reviewed on-going.</p> <p>On-going as needed. Currently being used for OWI assessments.</p> <p>Completed & reviewed on-going.</p>	<ol style="list-style-type: none"> 1) Interviews scheduled for Merrill Center Therapist positions. 2) Initial discussions to utilize new psychologist to provide needed supervision hours. 3) Completed & reviewed on-going. 4) On-going as needed and available pending Merrill/Tomahawk caseloads and referrals. 5) Completed & reviewed on-going.

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	6. Frequently audit providers' schedules: At the Wausau Campus, the referral coordinator will audit providers' schedules at that location to ensure all initial assessments and hospital discharge pre-blocks are entered into the providers' schedules correctly, also if a therapy pre-blocked slot is unfilled two business days prior to the scheduled time, the referral coordinator will turn the unfilled therapy slot into an initial assessment slot (not exceeding two assessments per day)	Completed & reviewed on-going.	6) Completed & reviewed on-going.
	7. Developed defined guidelines for referral coordinators on enrolling new clients with a substance abuse counselor or a dual certified AODA/MH therapist.	Completed & reviewed on-going.	7) Completed & reviewed on-going.
	8. Implement 48 hours (business) fill open therapy appointment slots with initial appointments.	Completed & reviewed on-going.	8) Completed & reviewed on-going.
	9. Implement 6 business days fill open hospital discharge appointment slots with therapy/initial	Completed & reviewed on-going.	9) Completed & reviewed on-going.

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Community Corner Clubhouse Access:	<p>1. Community Corner Clubhouse is hosting a series of Focus Group sessions. In these sessions we are asking community stakeholders:</p> <ul style="list-style-type: none"> • How does Community Corner Clubhouse mission, vision and services align with Marathon County resident's needs? • What barriers exist for access to Community Corner Clubhouse? • What items should be addressed and or included in Community Corner Clubhouse referral process? 	By Mid-November We will compile all stakeholder feedback and develop action goals from top three recommendations.	
Aquatic Services Access:	<p>1. Evaluated all rules and regulations for physical therapist and physical therapy assistants. It was determined that another physical therapist was needed. We are recruiting for one .6 - .75 therapist.</p>	By November 1, 2015 in collaboration with Human Resources.	
Residential Services Access: Due to the recent closings of several residential sites located in the Wausau area, there is a high demand for residential care services for the developmental disabilities population.	<p>1. Exploring the potential to relocate a current CBRF site (6 beds) to a site that is able to serve 8 individuals. Marathon County Health & Human Services will be discussing this at the September meeting. If this strategy is supported by Marathon County, transition work will ensue.</p>	October, 2015	Expansion/move of the Bellewood 6 bed CBRF was approved at the Marathon County Health and Human Services committee. Quotes have been obtained for CBRF required renovations for sprinkler and fire alarm systems.

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	<p>2. Ongoing review and transition of clients to increasingly independent living arrangements when appropriate as evidenced by functional ability.</p>	ongoing	<p>Other small renovations to be completed by the builder are in progress and close to completion.</p> <p>Licensing applications are being completed to submit now that required blue prints have been obtained. Holding on license approval.</p> <p>Supportive apartments have been filled to capacity at current sites with recent resident moves to absorb high medical residents in the CBRF due to the recent home closing.</p> <p>To expand capacity by one bed within the forest Street location, the staff office is moving from a double bedroom apartment to a single bedroom apartment. This bed is already filled with an individual from the wait list. Three apartment moves were required to allow this and moves are taking place starting 10-22-2015 and will be completed by 11-5-2015. Forest Street will be at full capacity with the additional bed.</p>
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