

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

A meeting of the North Central Community Services Program Board will be held at North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room at 12:00 PM on Thursday, March 31st, 2016.

(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 24 hours prior to the start time of the meeting for further instructions.)

AGENDA

- 1. Call to order
- 2. Roll Call
- 3. Consent Agenda
 - a. Action: Approval of 2/25/16 Board meeting minutes
- 4. Annual Audit Report by Wipfli Joint with Finance, Personnel & Property Committee
 - a. Action: NCCSP Board Approve the 2015 Audit
- 5. Chairperson's report: J. Zriny
 - a. Review draft minutes of the 3/8/16 Executive Committee meeting
- 6. Finance, Personnel & Property Committee Report: B. Weaver
 - a. Review draft minutes of the 3/8/16 Finance, Personnel & Property Committee meeting
 - b. Overview of 3/31/16 Finance, Personnel & Property Committee meeting
- 7. Financial report: B. Glodowski
 - a. Action: Accept the Financial Report and February Financial Statement
- 8. Quality Committee report
 - a. Review draft minutes of the 3/17/16 Quality Committee meeting and Organizational Quality Dashboard
 - b. Action: Accept the Quality Committee report and approve the Organizational Quality Dashboard
 - c. Crisis Process Improvement update B. Schultz, L. Scudiere
- 9. Nursing Home Operations Committee (NHOC) report: J. Burgener
 - a. Review draft minutes of the 2/26/16 NHOC meeting
 - b. Overview of 3/31/16 NHOC meeting
- 10. 2016 Operational Plan quarterly update B. Schultz
- 11. Life Report Review J. Kelly
- 12. Consideration of Appointment of Committee Vice-Chairs and Additional Committee Membership
- 13. CEO Report
- 14. Future agenda items for committee or board consideration
- 15. Adjourn
- If time permits, beginning discussions may take place on future agenda items.
- 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/Michael Loy
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

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

 DATE:
 03/25/16
 TIME:
 3:00 PM

 VIA:
 X
 FAX
 X
 MAIL

 BY:
 D. Osowski
 MAIL

By: Debbie Osowski

Any person planning to attend

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.

3:00 PM

TIME:

THIS NOTICE POSTED AT:

North Central Health Care DATE: 03/25/16

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

February 25,	2016	12:00	p.m.	NCH	C – Wausau Board Room
Present:					
EXC	Randy Balk	Χ	Ben Bliven	Χ	Jean Burgener
Χ	Joanne Kelly	Χ	Holly Matucheski	Χ	Bill Metter
EXC	Bill Miller	Χ	Ron Nye	Χ	Scott Parks
EXC	Dr. Eric Penniman	Χ	John Robinson	Χ	Greta Rusch
Χ	Dr. David Tange	EXC	Bob Weaver	Χ	Jeff Zriny

Also Present: Gary Bezucha, Brenda Glodowski, Kim Gochanour, Becky Schultz, Laura Scudiere, Craig McEwen, Joanne Leonard, Debbie Osowski

Meeting was called to order 12:05 p.m.

Welcome and new board member introductions for Sheriff Scott Parks and Wausau Police Patrol Captain Ben Bliven.

Dr. Tange was thanked and presented with a plaque in recognition of his years of service to the NCCSP Board of Directors.

Agenda was restructured to allow presentations at the beginning of the meeting.

Review of 51 Statutes

- Presentation on the 51 Statutes was provided by Dean Dietrich and John Fisher, Ruder Ware Law Firm, for educational purposes.
- Main objectives:
 - o Define obligation of NCHC Board Members
 - o Highlight Laws affecting Obligations and Structure of Board
 - Define Powers and Duties of the Board
- Mr. Dietrich recommended a second presentation regarding compliance.

Correct Care Solutions

- Presentation by Jean Short, Regional Operations Manager and Sandra LaDu-Ives, Jail Captain of the Marathon County Sheriff's Department, on correctional health care.
 - Healthcare solutions designed for each client's facility needs to ensure continuity of patient care.
 - Additional health care jail services include 40 hours of combined services by Dr. Jon
 Schnider and Laure Blanchard of NCHC, and a social worker who assists with discharge planning to assist individuals as they leave the jail.
 - o Marathon County Board has requested the state legislature to reinstate Medicaid upon discharge from jail.

Consent Agenda

 Motion/second, Nye/Metter to approve the December and January financial statements, the 12/17/15 Finance, Personnel Property Committee meeting minutes and the 1/28/16 NCCSP Board meeting minutes. The CEO report was pulled from the consent agenda. Motion carried.

CEO Report

• CEO report was reviewed.

Chairperson's Report

- Michael Loy accepted the position as Interim CEO. Gary Bezucha will continue to provide support until 5/6/16. The executive team is dedicated and willing to work hard and is taking a proactive operating posture. The goal is to keep county boards informed. Jean Burgener and Jeff Zriny will be working closely with the executive team during this transition.
- The Marathon County Board approved a Transition Oversight Task Force headed up by Brad Karger, County Administrator. Task Force will be involved in managing the feasibility study and what it will take to move NCHC to a health and human services model in Marathon County. January's feasibility study was very minimal and did not address financial implications. There are meetings every week with Brad Karger who will work very objectively through the process.
- 2016 committee assignments were distributed. A request was made to consider identifying a vice-chair of each committee. The Executive Committee will discuss at a future meeting.
- **Motion**/second, Nye/Tange, to approve the Chairperson's report and the minutes of the 01/27/16, 2/9/16, and 2/15/16 Executive Committee meeting minutes. Motion carried.

Quality Committee

- Dashboard
 - Overall measures of the dashboard were reviewed; Quality Committee looks deeper into each measure.
 - o Correction on hospital readmission rate: discovered an error on how the spreadsheet was mapped. Rate is actually 12.8% (AODA relapse had been included).
 - Working with crisis process improvement team to identify a measure of crisis services.
 - o Meeting with Deb Hager to identify a good measure for criminal justice. (Want to try to mirror what Marathon County is looking at and measure the same way.
 - o Greatest turnover is in the CNA positions which are common in nursing homes. Will be identifying if new or long term employees are leaving, type of positions, etc.
 - o **Motion**/second, Kelly/Burgener, to approve the dashboard. Motion carried.
- Hospital Utilization Plan
 - o We are required to have a Utilization Plan.
 - o Plan has been reviewed by the Quality Committee and recommended for approval.
 - No changes from last year.
 - Motion/second, Nye/Rusch, to approve with an update to the document to read Chairman Zriny. Motion carried.
- Motion/second, Kelly/Burgener, to approve the 1/21/16 Quality Committee minutes. Motion carried.

- Crisis Process Improvement Update
 - o Completed initial action plan.
 - Moving forward with assignments for committee members.
 - o Chad Billeb and Laura Scudiere are working on transportation issue.
 - Members are committed to providing presentations in the community to make people aware of the work being done on this team.

Financial Report

- Wrapping up the 2015 audit; audit report will be presented in March.
- No adjustments or findings have been noted at this time.
- January showed a loss for the month of \$385,000; a little high but not unusual for January.
- Some revenues were low with expenses high. Newly hired staff training and holiday hours contributed to additional expenses.

Human Services Operations Committee

- There was general discussion on the role of the committee and how it will best fit in the climate we are in. It was felt the committee needs to be more proactive to work through issues raised, evaluate progress, and identify resources.
- An update was provided on the Crisis Process Improvement team and will look at more education, staffing, resource needs, etc. evaluating programs regularly including transportation
- Psychiatric bed utilization was reviewed in response to a joint meeting of Health & Human Services and Safety Committees. Recommended we develop an action plan relative to reconfiguration of the unit to better address needs of the community to fully utilize the beds available.
- **Motion**/second, Robinson/Rusch, to approve the 2/12/16 Human Services Operations Committee minutes. Motion carried.

Nursing Home Operations Committee

- All board members are invited and welcome to attend any committee meetings as they are educational and beneficial for those who wish to learn more about nursing home operations.
- Future agenda items identified include: 5 Star review, a new initiative called 'decision tools' based on 5 Star rating, Nursing Home Compare, and the CASPER report.
- Several meeting dates were changed due to Jean and Kim's involvement in the Wisconsin Association of County Homes Board meetings which is great access and ability to be involved.
- Motion/second, Burgener/Metter, to approve the 1/29/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Future agenda

- Compliance presentation with Dean Dietrich, Ruder Ware
- Life Report review (copy distributed)

Motion/second, Zriny/Matucheski, to adjourn the meeting at 1:57 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

March 8, 2016 10:30 AM NCHC – Wausau Campus

PRESENT: Jeff Zriny, Jean Burgener, Bob Weaver, Ron Nye

ALSO PRESENT: Bill Miller, Randy Balk, Ben Bliven, Michael Loy, Gary Bezucha, Brenda Glodowski, Debbie Osowski

Executive Committee meeting was called to order by Jeff Zriny for a joint meeting with the Finance, Personnel & Property Committee to discuss the 2015 audit report. Introductions were made.

Audit Report

- Audit will be presented at the joint meeting of the Board and Finance Committee in March.
- Since there has been confusion/misunderstanding surrounding the term 'intrafund', the CFO and the audit firm were asked to provide options to better clarify the data. Questions have focused on whether the nursing home is taking money away from the mental health system and as of 2015 it is not. Providing two full balance sheets may better clarify the answer.
- Four options were presented along with a copy of a Resolution adopted in 2011 regarding the intrafund (attached).
- A brief history was provided:
 - o In 1986 Marathon County bonded for the current nursing home, Mount View Care Center (MVCC), in the amount of \$7.8 million. MVCC replaced two facilities (Mount View Nursing Home and Sunny Vale Nursing Home).
 - Revenue from MVCC paid Marathon County for the obligation each year until the bonds concluded in 2004.
 - o The nursing home has and is still part of North Central Health Care (NCHC).
 - o In 1993, on the balance sheet of the audit report, there was a partial split of the nursing home from NCHC in that the nursing home would show some of the assets but no cash (refer to *Option #4* of handouts). Also, liabilities remained with the human services program. The amount of levy was one payment to NCHC and NCHC designated levy to all programs. The column 'eliminations' represented the net effect of the balance sheet. Because there was not a 100% split, not all assets and liabilities were split. The nursing home showed a negative fund balance but no liabilities were identified.
 - Around 2004, significant study was performed on the nursing home. At that time
 the nursing home began splitting out its own profit and loss statement from the
 mental health system.
 - In 2011, there was additional discussion and confusion about the 'elimination column'. The 2011 Resolution indicated to eliminate the intrafund account and roll into a fund balance (refer to *Option #3* of handouts). This is the format used from 2011 forward. There was confusion, understandably, as the net position change was previously noted as 'intrafund transfer' representing a net impact of the balance sheet because the nursing home did not have a full balance sheet recorded. If Option #3 is preferred, a possible revision to wording could be considered by using 'net position change' rather than 'intrafund payable'.
 - Option #2 would not have a settlement and we could begin the process for 2015 moving forward. The nursing home would start out with more cash because it is an

- area that will see changes. The nursing home and human services programs would each have a balance sheet.
- o **Option #1** represents the number dissolved per the 2011 Resolution. 2011-2014 shows activity, and could settle with the nursing home to bring it up to date in the amount of \$2,651,785. This options would show a full balance sheet split, include an asset page, the nursing home would show cash, and there would be a full split of liabilities. We would use cost allocation (step-down allocation) which is a Medicare driven allocation method for health care, and is what we currently do.
- Following extensive discussion, a motion was made and seconded, by Nye and Weaver, to proceed with Option 2 for a split balance sheet and include a historical appendix in this year's audit such as: how the levy has reduced for Marathon County and why, TMG recommendations, documentation of any changes due to management analysis, etc. Motion carried unanimously.
- It was noted that in addition to the certified annual audit, which is currently done by Wipfli, NCHC is audited by the Medicare and Medicaid programs.

Motion/second, Miller/Nye, to adjourn the joint meeting with the Finance, Personnel and Property Committee at 11:35 a.m. Motion carried.

Present: Jeff Zriny, Jean Burgener, Bob Weaver, Ron Nye, Ben Bliven, Gary Bezucha, and Michael Loy

CEO Report

- a. Update provided on the work of the Administrative Planning Work Group and Maintenance Transition to Marathon County.
- b. Discussed the selection of Morningside Research for the County's Human Services Needs Assessment RFP. The anticipated process was discussed.
- c. Psychiatry residency program site visit completed and next steps were reviewed.
- d. Reviewed process and strategy for negotiating the Performance Contract with Marathon County.
- e. Overview of progress on the 30 week plan and recent related activities.
- f. Update on Crisis and Inpatient initiatives.
- g. Overview of Family Care 2.0 proposal for moving to an integrated capitated Medicaid managed care system along with potential behavioral health coverage expansion.

Leading Choice Network: LeadingAge Wisconsin, a membership organization NCHC belongs to is creating a network for skilled nursing facilities to help negotiate network agreements and to provide managed care resources. CEO signed a letter of interest in participation in the network and the concept was reviewed. More information to come at future meetings as the network agreements becomes available.

Agenda for the NCCSP Board

- Discuss adding Vice-Chairs for all standing committees and expansion of committee membership.
- Kim Gochanour to present on an update on the WCHA at a future meeting.

Moved for adjournment by Ron Nye, seconded by Jean Burgener. Meeting was adjourned at 12:05 pm.

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

March 8, 2016 10:30 AM NCHC – Wausau Campus

PRESENT: Bob Weaver, Ron Nye, Bill Miller, Randy Balk

ALSO PRESENT: Jeff Zriny, Jean Burgener, Ben Bliven, Michael Loy, Gary Bezucha, Brenda Glodowski, Debbie Osowski

Finance, Personnel & Property Committee meeting was called to order by Bob Weaver for a joint meeting with the Executive Committee to discuss the 2015 audit report.

Introductions were made.

Audit Report

- Audit will be presented at the joint meeting of the Board and Finance Committee in March.
- Since there has been confusion/misunderstanding surrounding the term 'intrafund', the CFO
 and the audit firm were asked to provide options to better clarify the data. Questions have
 focused on whether the nursing home is taking money away from the mental health system
 and as of 2015 it is not. Providing two full balance sheets may better clarify the answer.
- Four options were presented along with a copy of a Resolution adopted in 2011 regarding the intrafund (attached).
- A brief history was provided:
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- It was noted that in addition to the certified annual audit, which is currently done by Wipfli, NCHC is audited by the Medicare and Medicaid programs.

Motion/second, Miller/Nye, to adjourn the joint meeting with the Finance, Personnel and Property Committee at 11:35 a.m. Motion carried.



MEMO

TO: North Central Health Care Finance Committee

FROM: Brenda Glodowski
DATE: February 25, 2016
RE: Attached Financials

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

BALANCE SHEET

The Balance Sheet format has been revised to reflect having a full balance sheet for both programs as recommended and approved at the Executive Committee and Special Finance Committee meeting on March 8, 2016.

STATEMENT OF REVENUE AND EXPENSES

The month of February shows a small gain of \$10,465 compared to a budgeted gain of \$112,960. Although there is a gain for the month, the amount is less than targeted resulting in a negative variance of \$102,496.

While revenue did improve compared to January, the overall patient revenue was still below budget targets. The hospital census averaged 14 patients per day which is the target. The nursing home census fell in February, averaging 205 per day. The target is 210 per day. The Medicare census also dropped in February, averaging 19 per day. The target for this is 23 per day. Outpatient fell below revenue targets but expenses are also below targets. Other areas, such as Community Treatment, did meet or exceed targets.

Overall expenses continue to exceed budget targets. While overall salaries are below the budget target, there are a number of positions being filled with contracted staff. This is more costly for the organization. Health insurance exceeded budgeted targets by \$145,000 for February. Overall, support areas (or indirect areas) are below budget. In the direct areas, the hospital and nursing home are exceeding budget targets. These areas continue to be worked on. Crisis is also exceeding budget targets. This area continues to be worked on for enhancement in services provided.

Leadership continues to work through action plans to bring expenses back in line with revenues.

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

NORTH CENTRAL HEALTH CARE COMBINING STATEMENT OF NET POSITION FEBRUARY 2016

	Human Services	Nursing Home	<u>Total</u>	Prior Year Combined
Current Assets:				
Cash and cash equivalents	4,726,286	941,194	5,667,480	6,097,553
Accounts receivable:				
Patient - Net	3,430,021	3,745,409	7,175,430	8,990,432
Outpatient - WIMCR	485,000	0	485,000	382,667
Nursing home - Supplemental payment program	0	300,000	300,000	333,332
Marathon County	74,235	0	74,235	72,809
Net state receivable	88,559	0	88,559	410,742
Other	195,265	0	195,265	181,506
Inventory	0	303,535	303,535	273,822
Other	<u>525,719</u>	<u>445,496</u>	<u>971,215</u>	<u>541,681</u>
Total current assets	<u>9,525,085</u>	<u>5,735,635</u>	15,260,720	17,284,544
Noncurrent Assets:				
Investments	9,800,000	0	9,800,000	7,029,482
Assets limited as to use	2,094,854	984,666	3,079,520	2,270,518
Restricted assets - Patient trust funds	25,656	40,244	65,900	46,608
Net pension asset	2,642,551	2,204,387	4,846,938	0
Nondepreciable capital assets	167,499	518,627	686,126	543,877
Depreciable capital assets - Net	7,830,541	3,359,791	11,190,333	10,871,863
Total noncurrent assets	22,561,102	<u>7,107,716</u>	29,668,818	20,762,348
Deferred outflows of resources - Related to pensions	2,645,224	2,206,618	4,851,842	<u>0</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	34,731,411	<u>15,049,969</u>	<u>49,781,380</u>	38,046,892

NORTH CENTRAL HEALTH CARE COMBINING STATEMENT OF NET POSITION FEBRUARY 2016

	Human Services I	Nursing Home	<u>Total</u>	Prior Year Combined
Current Liabilities:				
Current portion of related-party note payable	151,257	0	151,257	148,264
Accounts payable - Trade	573,186	501,000	1,074,186	1,266,302
Appropriations advances	610,480	141,667	752,147	713,175
Accrued liabilities:				
Salaries and retirement	1,031,523	860,485	1,892,009	1,559,325
Compensated absences	846,439	706,090	1,552,529	1,564,169
Health and dental insurance	467,236	389,764	857,000	652,000
Other Payables	256,203	154,177	410,380	422,806
Amounts payable to third-party reimbursement programs	383,333	0	383,333	415,000
Unearned revenue	<u>496,928</u>	<u>0</u>	<u>496,928</u>	<u>188,442</u>
Total current liabilities	<u>4,816,585</u>	<u>2,753,183</u>	7,569,769	6,929,483
Noncurrent Liabilities:				
Related-party note payable	636,181	0	636,181	787,438
Patient trust funds	<u>25,656</u>	40,244	<u>65,900</u>	46,527
Total noncurrent liabilities	661,837	40,244	702,081	833,965
				<u></u>
Total liabilities	<u>5,478,423</u>	<u>2,793,428</u>	<u>8,271,850</u>	<u>7,763,448</u>
Deferred inflows of resources - Related to pensions	<u>46,273</u>	<u>38,600</u>	<u>84,873</u>	<u>0</u>
Net Position:				
Net investment in capital assets	7,998,041	3,878,418	11,876,459	11,415,740
Unrestricted	16,022,033	4,297,945	20,319,978	18,266,530
Restricted - Pension benefit	5,235,835	4,367,677	9,603,512	0
Operating Income / (Loss)	(49,193)	(326,099)	(375,292)	601,174
Total net position	<u>29,206,715</u>	12,217,942	41,424,657	30,283,444
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES,				
AND NET POSITION	34,731,411	<u>15,049,969</u>	<u>49,781,380</u>	38,046,892

NORTH CENTRAL HEALTH CARE COMBINING STATEMENT OF REVENUES AND EXPENSES FOR PERIOD ENDING FEBRUARY 29, 2016

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD <u>ACTUAL</u>	YTD BUDGET	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,441,433</u>	<u>\$3,487,430</u>	<u>(\$45,997)</u>	<u>\$6,885,505</u>	<u>\$7,086,201</u>	(\$200,695)
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	649,316	650,239	(923)
Grant Revenue	196,985	190,448	6,537	390,223	381,077	9,147
County Appropriations - Net	740,619	740,566	53	1,481,238	1,481,131	107
Departmental and Other Revenue	253,227	200,433	52,794	414,628	401,166	13,462
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Total Other Revenue	<u>1,515,489</u>	1,456,567	<u>58,922</u>	2,935,405	<u>2,913,613</u>	<u>21,792</u>
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Total Revenue	4,956,922	4,943,998	12,925	9,820,911	9,999,814	(178,903)
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Expenses:						
Direct Expenses	3,721,943	3,459,601	262,342	7,659,528	7,099,345	560,183
Indirect Expenses			•		2,814,200	
muliect Expenses	<u>1,233,884</u>	<u>1,378,937</u>	<u>(145,053)</u>	<u>2,558,394</u>	2,014,200	<u>(255,806)</u>
Total Expenses	4,955,827	4,838,538	117,289	10,217,923	9,913,546	304,377
Total Expolloco	1,000,027	1,000,000	117,200	10,217,020	0,010,010	001,011
Operating Income (Loss)	1,095	105,460	(104,365)	(397,012)	86,268	(483,280)
operating moome (2000)	1,000	100,100	(101,000)	(007,012)	00,200	<u>(100,200)</u>
Nonoperating Gains (Losses):						
Interest Income	8,554	7,500	1,054	18,226	15,000	3,226
Donations and Gifts	816	0	816	3,494	0	3,494
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Can't (2000) on Diopodal of Accosts	<u>u</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Total Nonoperating Gains / (Losses)	9,370	7,500	<u>1,870</u>	21,720	15,000	6,720
(20000)	2,2.0	<u>- 1-00</u>	<u> </u>	<u>=-,=</u>	<u>· - , - 0 0</u>	<u> </u>
Operating Income / (Loss)	\$10.46 <u>5</u>	\$112 <u>,960</u>	(\$102,496)	(\$375,292)	<u>\$101,268</u>	(\$476,560)
Sporating modifier (Lodd)	<u> </u>	ψ 1.12,000	(4,02,100)	(40,0,202)	<u> </u>	<u>, w 17 0,000)</u>

NORTH CENTRAL HEALTH CARE COMBINING STATEMENT OF REVENUES AND EXPENSES FOR PERIOD ENDING FEBRUARY 29, 2016

51.42./.437 PROGRAMS	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD <u>ACTUAL</u>	YTD BUDGET	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,481,877</u>	<u>\$1,492,547</u>	<u>(\$10,670)</u>	<u>\$3,002,638</u>	<u>\$3,004,945</u>	<u>(\$2,307)</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	649,316	650,239	(923)
Grant Revenue	196,985	190,448	6,537	390,223	381,077	9,147
County Appropriations - Net	598,953	598,899	54	1,197,906	1,197,798	108
Departmental and Other Revenue	<u>193,044</u>	<u>169,137</u>	<u>23,907</u>	<u>315,507</u>	<u>338,575</u>	(23,068)
Total Other Deverse	4 040 040	4 000 004	20.020	0.550.050	0.507.000	(4.4.700)
Total Other Revenue	<u>1,313,640</u>	<u>1,283,604</u>	<u>30,036</u>	<u>2,552,952</u>	<u>2,567,689</u>	<u>(14,736)</u>
Total Revenue	2,795,517	2,776,152	19,366	5,555,590	5,572,633	(17,043)
Expenses:						
Direct Expenses	2,081,909	1,907,232	174,677	4,171,806	3,919,602	252,204
Indirect Expenses	<u>750,855</u>	788,459	(37,604)	<u>1,453,907</u>	1,609,126	(155,219)
Total Expenses	2,832,764	2,695,691	137,073	<u>5,625,713</u>	5,528,728	<u>96,985</u>
Operating Income (Loss)	(37,247)	80,461	(117,707)	(70,123)	43,905	(114,028)
Nonoperating Gains (Losses):						
Interest Income	8,554	7,500	1,054	18,226	15,000	3,226
Donations and Gifts	579	0	579	2,704	0	2,704
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>9,133</u>	<u>7,500</u>	<u>1,633</u>	20,930	<u>15,000</u>	<u>5,930</u>
Operating Income / (Loss)	<u>(\$28,114)</u>	<u>\$87,961</u>	<u>(\$116,075)</u>	<u>(\$49,193)</u>	<u>\$58,905</u>	<u>(\$108,098)</u>

NORTH CENTRAL HEALTH CARE COMBINING STATEMENT OF REVENUES AND EXPENSES FOR PERIOD ENDING FEBRUARY 29, 2016

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD <u>ACTUAL</u>	YTD BUDGET	YTD <u>VARIANCE</u>
Revenue: Net Patient Service Revenue	<u>\$1,959,556</u>	<u>\$1,994,883</u>	<u>(\$35,327)</u>	<u>\$3,882,867</u>	\$4,081, <u>256</u>	<u>(\$198,389)</u>
Other Revenue: County Appropriations - Net Departmental and Other Revenue	141,666 <u>60,183</u>	141,667 <u>31,296</u>	(1) <u>28,887</u>	283,332 <u>99,121</u>	283,333 <u>62,591</u>	(1) <u>36,530</u>
Total Other Revenue	201,849	172,962	28,886	<u>382,453</u>	345,924	36,528
Total Revenue	2,161,403	2,167,845	(6,441)	4,265,320	4,427,181	(161,860)
Expenses: Direct Expenses Indirect Expenses	1,640,034 <u>483,029</u>	1,552,369 590,477	87,665 (107,449)	3,487,722 <u>1,104,487</u>	3,179,743 1,205,074	307,979 (100,587)
Total Expenses	<u>2,123,063</u>	<u>2,142,847</u>	<u>(19,784)</u>	<u>4,592,210</u>	<u>4,384,817</u>	<u>207,392</u>
Operating Income (Loss)	<u>38,341</u>	24,999	<u>13,343</u>	(326,889)	<u>42,363</u>	(369,253)
Nonoperating Gains (Losses): Interest Income Donations and Gifts Gain / (Loss) on Disposal of Assets Total Nonoperating Gains / (Losses)	0 237 <u>0</u> 237	0 0 <u>0</u>	0 237 <u>0</u> 237	0 790 <u>0</u> 790	0 0 <u>0</u>	0 790 <u>0</u> 790
Operating Income / (Loss)	<u>\$38,578</u>	<u>\$24,999</u>	<u>\$13,579</u>	<u>(\$326,099)</u>	<u>\$42,363</u>	(\$368,462)

NORTH CENTRAL HEALTH CARE REPORT ON AVAILABILITY OF FUNDS February 29, 2016

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
Abby Bank People's State Bank	365 Days 365 Days	03/15/2016 04/29/2016	0.65% 0.50%	\$400,000 \$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
People's State Bank	365 Days	10/30/2016	0.55%	\$500,000
Abby Bank	365 Days	01/06/2017	0.75%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
People's State Bank	395 Days	03/28/2017	0.65%	\$250,000
CoVantage Credit Union	455 Days	03/30/2017	1.00%	\$500,000
CoVantage Credit Union	578 Days	05/07/2017	1.05%	\$500,000
CoVantage Credit Union	578 Days	07/28/2017	1.10%	\$300,000
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,800,000

0.768% INTEREST

WEIGHTED AVERAGE 474.58 Days

NCHC-DONATED FUNDS Balance Sheet

As of Febuary 29, 2016

ASSETS

CII	rrer	۱ + ۸		۵tc
Cu	rrei	IL A	155	ets

Total Equity

TOTAL LIABILITIES & EQUITY

Checking/Sa	vinas
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CHE

Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	5,180.38
Adventure Camp	798.41
Birth to 3 Program	2,035.00
Clubhouse	23,016.46
Community Treatment	10,587.86
Fishing Without Boundries	2,663.00
General Donated Funds	69,345.35
Housing - DD Services	1,370.47
Langlade HCC	3,262.03
Legacies by the Lake	
Music in Memory	1,848.25
Legacies by the Lake - Other	4,246.86
Total Legacies by the Lake	6,095.11
Marathon Cty Suicide Prev Task	11,685.53
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Nursing Home - General Fund	2,480.08
Outpatient Services - Marathon	101.08
Pool	11,344.39
Prevent Suicide Langlade Co.	2,444.55
Resident Council	1,021.05
Total CHECKING ACCOUNT	158,573.12
Total Checking/Savings	158,573.12
Total Current Assets	158,573.12
TOTAL ASSETS	158,573,12
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	35,991.07
Net Income	- 941.70

158,573.12

158,573,12

North Central Health Care Budget Revenue/Expense Report

Month Ending February 29, 2016

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
TOTAL NET REVENUE	4,956,922	4,943,998	9,820,911	9,999,814	(178,903)
EXPENSES:					
Salaries and Wages	2,302,485	2,418,102	4,970,280	5,002,970	(32,690)
Fringe Benefits	1,031,529	895,826	1,991,335	1,853,357	137,979
Departments Supplies	550,837	466,527	1,031,460	933,054	98,406
Purchased Services	398,224	275,981	752,045	551,963	200,082
Utilitites/Maintenance Agreements	405,665	329,097	772,121	666,193	105,928
Personal Development/Travel	29,654	39,229	64,469	78,458	(13,990)
Other Operating Expenses	56,423	153,317	180,853	306,634	(125,781)
Insurance	38,769	47,292	74,362	94,583	(20,222)
Depreciation & Amortization	131,960	138,167	268,417	276,333	(7,917)
Client Purchased Services	10,281	<u>75,000</u>	<u>112,581</u>	<u>150,000</u>	(37,419)
TOTAL EXPENSES	4,955,827	4,838,538	10,217,923	9,913,546	304,377
EXCESS REVENUE (EXPENSE)	1,095	105,460	(397,012)	86,268	(483,280)

North Central Health Care Write-Off Summary February 2016

	Current	Current	Prior
	Month	Year To Date	Year To Date
Inpatient:			
Administrative Write-Off	\$15,771	(\$1,746)	\$0
Bad Debt	\$1,040	\$1,943	\$0
Outpatient:			
Administrative Write-Off	(\$134)	(\$17,888)	\$7,141
Bad Debt	\$822	\$1,512	\$30
Nursing Home:			
Daily Services: Administrative Write-Off Bad Debt	(\$19,512)	(\$22,989)	\$0
	(\$291)	\$2,661	\$2,507
Ancillary Services:			
Administrative Write-Off Bad Debt	(\$3,369)	(\$5,041)	\$0
	(\$146)	(\$136)	\$0
Pharmacy:			
Administrative Write-Off		\$0	\$0
Bad Debt		\$0	\$0
Total - Administrative Write-Off	(\$7,243.68)	(\$47,664.17)	\$7,141.00
Total - Bad Debt	\$1,425.44	\$5,980.19	\$2,537.00

North Central Health Care 2016 Patient Days

					Budgeted	Actual
Month		Budget	Actual	Variance	Occupancy	Occupancy
January	Nursing Home	6,510	6,441	(69)	87.50%	86.57%
	Hospital	434	402	(32)	87.50%	81.05%
Fobruor.	Nursing Homo	6 000	E 0E2	(127)	87.50%	85.53%
February	Nursing Home	6,090	5,953	(137)		
	Hospital	406	407	1	87.50%	87.72%
March	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
Anril	Nursing Homo			0	0.00%	0.00%
April	Nursing Home					
	Hospital			0	0.00%	0.00%
May	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
,	Hospital			0	0.00%	0.00%
				· ·	0.0070	0.0070
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
				· ·	0.0070	0.0070
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
Docombor	Nursing Homo			0	0.00%	0.000/
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%

NORTH CENTRAL COMMUNITY SERVICES PROGRAM QUALITY COMMITTEE MEETING MINUTES

March 17, 2016, 10:30 a.m.

NCHC - Wausau Campus

Present: Darren Bienvenue (by phone), Dr. Eric Penniman, Ben Bliven

Excused: Dr. Gabriel Ticho, Joanne Kelly

Also present: Becky Schultz, Michael Loy, Katlyn Coles, Laura Scudiere, Gary Bezucha, Kim Gochanour

The meeting was called to order at 10:33 a.m.; roll call was noted and a quorum declared. Moments of Excellence were shared. Ben Bliven introduced himself to the committee.

Minutes

 Motion/second by Penniman/Bienvenue to approve the minutes of the January 21, 2016, meeting with the amendment to be made to minutes that list adjourning time of "12:10am" to change to "12:10pm". Motion carried.

Outcome Data/Safety

- The Committee reviewed organization-wide and program-specific outcome data. Data measures and opportunities for improvement discussed.
 - o Staff vacancy rate continues to show decrease. Employee turnover rate shows increase.
 - Continue to see largest number of vacancy ratings in Nursing Home area with CNA positions and with Dietary Aide positions in Food Services.
 - o Patient Experience Satisfaction measures discussed.
 - Recommendation for future agenda item at next meeting: Review Department
 Specific Dashboards and Data as they relate to Patient Experience Data.
 - Community Partner Satisfaction to be presented at next meeting after first quarter results have been reported.
 - Nursing Home Readmission and Psychiatric Hospital Readmission rates are showing decline.
 - o AODA Relapse Rate showing incline.
 - o Crisis Treatment Collaborative Outcome Rate data to be presented at next Committee meeting. Awaiting new system implementation and execution for feedback gathering.
 - Criminal Justice Outcome Measure implementation discussed. This measure will be discussed further at next meeting to determine what tools can be used to put metrics to this measure and Committee will determine whether or not to leave this measure on the dashboard at that time.
 - Recidivism Rate for OWI data presented. Within measure and continuing to show positive decrease.
 - Financial measures, Direct Expense/Gross Patient Revenue and Days in Account Receivable, discussed. Increase in Direct Expense/Gross Patient Revenue exceeded budget for February. Financial impact being driven by increase in Behavioral Health Service needs and model restructuring.
 - o Discussed NCHC Access measures within Best Practice timeframe.
 - o No specific trends at program levels with regard to specific program measures noted.

 Discussed Employee Engagement Survey outcome measures for 2015 and main areas of needed improvement noted.

Closed Session

• Due to quorum requirements, the Committee was unable to review and approved the Corporate Compliance and Ethics Reportable Events Investigations and a Closed Session did not take place. These items will be reviewed at the next Committee meeting.

Process Improvement Project- Crisis Services

- Process Improvement Project discussed. PowerPoint presentation presented. Short-term immediate actions detailed.
- Current operation updated for Crisis Services reviewed.
- Working toward a "No Refusal Model" for Crisis Services.

Emergency Operation & Security Management Review

- Emergency Operation Plan Policy presented.
- Security Management Plan Policy presented.
- Due to time constraints, these agenda items will be reviewed in depth at next Committee meeting.

2016 Action Plan Items

- 2016 Action Plan Items presented, which include:
 - Service Excellence
 - o Behavioral Health Center Excellence
 - o Electronic Medical Record Operability
- Due to time constraints, the action plan items will be discussed in-depth at the next Committee meeting.

Future Agenda Items

- Review Department Specific Dashboard Data during Outcomes Review as they relate to Patient Experience Data.
- Review Emergency Operation and Security Management policies.
- Motion/second by Bienvenue/Penniman to adjourn at 11:49 a.m. Motion carried.

K/C



FISCAL YEAR: 2016

65

68

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

PRIMARY OUTCOME GOAL MAR APR Benchmark NOV YTD 2015 Target **PEOPLE** Û 6-8% N/A 8.0% 5.8% 6.9% 7.6% Vacancy Rate Û **Employee Turnover Rate*** 20-23% 17% 19.6% 29.2% 29.2% 28.9% SERVICE Patient Experience: 70-84th 仓 **Satisfaction Percentile** N/A 53rd 48th 49th 51st Percentile Ranking **Community Partner** 仓 75-80% N/A \ 76% Satisfaction CLINICAL Nursing Home Readmission Û 11-13% 18.2% 13.8% 6.7% 10.2% 13.7% Psychiatric Hospital Û 9-11% 16.1% 12.8% 11.1% 10.8% 11.9% Readmission Rate ① AODA Relapse Rate 18-21% 40-60% 30.0% 33.3% 31.7% 20.7% COMMUNITY Crisis Treatment: 90-97% ① ١ N/A N/A **Collaborative Outcome Rate Criminal Justice Outcome** ① N/A Measure-TBD Access to Behavioral Health 90-95% 仓 58% 73% NA 65% 62% Services Û **Recidivism Rate for OWI** 27-32% 44.7% 20.5% 21.5% 26.4% 22.6% FINANCE *Direct Expense/Gross Û 71% 58-62% N/A 65% 68% 63% **Patient Revenue**

KEY: 1 Higher rates are positive

♣ Lower rates are positive

Days in Account Receivable

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

54

60-65

Û

70

65

^{*} Monthly Rates are Annualized

NCHC OUTCOME DEFINITIONS

PEOPLE						
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.					
Fuendance Trumponer Bate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate.					
Employee Turnover Rate	Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.					
	SERVICE					
Patient Experience:	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.					
Satisfaction Percentile	Benchmark: HealthStream 2015 Top Box Percentile					
Ranking						
Community Partner	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.					
Satisfaction Percent						
Numerica Harris Danduciacion	CLINICAL Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.					
Nursing Home Readmission	Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative					
Rate						
Psychiatric Hospital	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.					
Readmission Rate	Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company					
	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for					
AODA Relapse Rate	repeat detoxification.					
	Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction					
	COMMUNITY					
Crisis Treatment:	Tatal number of positive responses (squarement with crisis responses and plan) on by referring positive responses Callaboration Comment divided by total access					
Collaborative Decision	Total number of positive responses (agreement with crisis response and plan) on by referring partners on the Crisis Collaboration Summary divided by total cases					
Outcome Rate	by referring partners.					
Criminal Justice System						
Service						
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs.					
	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					
	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions.					
Recidivism Rate for OWI	Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug					
	Review Unit					
-1 · - /2	FINANCE					
Direct Expense/Gross	Percentage of fotal direct expense compared to gross revenue.					
Patient Revenue						
Days in Account Receivable	Average number of days for collection of accounts.					
	Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.					

NORTH CENTRAL COMMUNITY SERVICES PROGRAM NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES

February 26, 2016 8:00 AM NCHC – Wausau Campus

Present: X Jean Burgener X John Robinson EXC Bill Miller

X Bill Metter X John Bandow

Also Present: X Gary Bezucha X Brenda Glodowski X Kim Gochanour

X Michael Loy X Becky Schultz X Debbie Osowski

The meeting was called to order at 8:03 a.m.

Minutes

Motion/second, Metter/Bandow, to approve the 01/29/16 NHOC meeting minutes. Motion carried.

Financial report

- January census was 208, target 210; Medicare census did well; February census averaging 204.
- Direct expenses were high; primarily due to salaries for holiday pay; new positions being filled and a lot of training being done. February trend also includes a lot of new staff. March should be better as most staff should be trained.
- Have 10 new tech aids beginning 3/3/16 who should fill CNA opening by mid-April.
- Pharmacy costs are high. Will be meeting with Pharmacy Director to understand costs. Feel
 there may be an accounting issue, or missed revenue, etc. Committee members felt this is an
 important issue to understand and take care of immediately. Recommended connecting with
 Brian Schoeneck at Leading Age for assistance. Committee requested a weekly update.
- Committee requested a comparison of costs for facilities of like size including labor, food, etc. to better understand how our costs compare.

Senior Executive Nursing Home Operations and Quality Report – Kim Gochanour

- Complaint survey update
 - Two complaints surveys recently; four surveyors arrived and issued five D-level citations;
 which are not at a serious level and do not affect our Star ratings.
 - o Have implemented several actions: education, new tools, several audits.
 - o Plans of Correction have been submitted; waiting for approval.
 - Another term to add to Glossary of Terms will be the definition of Abuse, Neglect,
 Misappropriation of Funds. Term is misleading and often misunderstood.
- 5 Star report
 - o The areas on the 5 Star and Casper reports are what surveyors focus on.
 - Must have supporting documentation for medical necessity in areas of catheter use.
 - The 5 Star system is as good as the information they receive; CMS (Centers for Medicare and Medicaid) continually updates data but there is a 2-3 month lag.
- Casper Report
 - Report is received from CMS and is based off the Minimum Data Set (MDS) used to rank residents. Committee will review this next month.
- Comparison of local/state/national competitors
 - o Comparison data was distributed and reviewed.
 - o Drug regimen was a main focus in the last year or so.
 - o Number of IJ citations increased from 49 to 82 in the last year.

- o Immunizations have also been a focus this year. We are spending a lot of time to make sure we clearly document the offering of immunizations. Dr. Smith, Medical Director, has made it very clear he wants to be involved in making sure primary care doctors are informed; documentation is as important as offering the immunization.
- We will be resubmitting our SNF application with Aspirus as a preferred organization.
 Group is looking at readmissions, quality star rating, and working collaboratively.
- Wisconsin Association of County Homes (WACH)
 - New directive to become a provider network i.e. how do we get reimbursement for what we are doing? Looking at developing a group to help with resources, contracts to ensure fair pricing, etc. More info will be provided.

Charter Outcome

- Human Relations noted that two people are interested in the interim HR position, however, there are concerns that there is low interest due to uncertainties of our organization; Catalyst Health will be at NCHC March 3-8.
- Amy Ruttinger, MDS expert, we hope will return in March.
- Aegis meeting on 3/17/16 to discuss concerns and issues.
- Patient satisfaction January numbers were good but not a large number of returns. February
 responses have dropped but have increased number of surveys distributed. Seeing some areas
 with improvement.
- Will be hardwiring leader rounding to routinely meet with resident and family to know expectations, developing system on how we can exceed those expectations.
- Two stories were shared one involved a person in a high level medical position in the area who
 brought a relative here and felt staff of MVCC did excellent job.

Education/marketing planning subcommittee update

- It was the committee's feeling that this needs to be part of an entire plan for the organization not just the nursing home. Kim and Becky will talk with Executive Committee and Senior Executive Team for overall education for organization.
- Positive stories and reports were asked to be shared at Board meetings.

Future agenda items

- Request to expand this committee i.e. include someone from one of the health systems in the area, and a family member.
- Nursing home renovation status report: moving forward, plan revisions, current needs, etc. Will need to identify what we foresee our needs to be in the next 5 years.
- NCHC facilities plan which includes all building.
- Presentation by Wipfli explaining the implications of not doing nursing home project i.e. no
 longer attractive because of semi-private rooms, which could start a downward spiral. Has this
 downward spiral begun i.e. referral comparisons, reasons for not choosing Mount View Care
 Center, etc? Kim and Brenda to coordinate.
- Kim to forward information on the possibility of Racine County selling their nursing home.

Motion/second, Robinson/Metter, to adjourn the meeting at 9:10 a.m. Motion carried.