

OFFICIAL NOTICE AND AGENDA

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Board Room** at **11:30 am** on **Thursday October 27th, 2016**

In addition to attendance in person at the location described above, Board 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. 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.

AMENDED AGENDA

1. Call to Order – Joint Meeting with Finance, Personnel & Property Committee
2. Public Comment for Matters Appearing on the Agenda
3. ACTION: Resolution Honoring Joanne Kelly for her 21 Years of Service to the NCCSP Board
4. Finance, Personnel & Property Committee Report – B. Weaver
 - a. Approval of 9/22/16 Finance, Personnel & Property Committee Meeting Minutes
 - b. Presentation and Review of the 2017 Budget
 - i. ACTION: Approval of 2017 Budget
 - c. September Financials
 - i. ACTION: Accept the Financial Report and September Financial Statements
 - ii. Review Write-Offs
 - d. CFO Report
5. Adjourn Joint Meeting With Finance, Personnel & Property Committee
6. Consideration of 2017 Budget
 - a. ACTION: Recommend the 2017 Budget for Public Hearing and Consideration for Adoption at the November 17, 2016 NCCSP Board Meeting
7. September Financials
 - a. ACTION: Motion to Accept the Financial Report and September Financial Statements as Presented
8. Approval of the September NCCSP Meeting Minutes
 - a. ACTION: Approval of 9/22/2016 NCCSP Board Meeting Minutes
9. Chairman's Report and Announcements– J. Zriny
10. Committee Reports
 - a. Executive Committee Report – J. Zriny
 - i. Review Draft Minutes of 10/05/2016 Meeting
 - b. Finance, Personnel & Property Committee Report – B. Weaver
 - i. Review Draft Minutes of the 09/22/2016 Meeting
 - c. Human Service Operations Committee Report – J. Robinson
 - d. Nursing Home Operations Committee Report – J. Burgener
 - i. Review Draft Minutes of the 09/23/16 Meeting
 - e. Quality Committee Report
 - i. Review Draft Minutes of the 09/15/2016 Meeting
 - ii. Overview of Organizational Quality Dashboard
 1. ACTION: Motion to Accept Dashboard as Presented
11. Medical Staff Credentialing – B. Schultz
 - a. ACTION: Motion to approve reappointments of Robert Most, Wendell Bell, Chandra Shekar, Gabriel Ticho, Jean Baribeau-Anaya
12. CNA Recruitment-Retention Compensation Strategy
 - a. ACTION: Implement CNA Wage Increase Proposal as Recommended
13. Update on Tri-County Agreement Discussions – M. Loy
14. Update on Investigation – M. Loy
15. 2016 Operational Objective Progress – M. Loy
16. Amend the NCCSP Bylaws to Include the Collaborative Care Quality Committee
 - a. ACTION: Amend the NCCSP Bylaws – Article 7, Sections 7.1 and 7.2 to add the Collaborative Care Committee as a Standing Committee of the NCCSP Board as Presented
17. CEO Report – M. Loy
18. Discussion and Future Agenda Items for Board Consideration or Committee Assignment
19. Adjourn



Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 10/24/16 TIME: 10:00 a.m. BY: D. Osowski



North Central Health Care

Person centered. Outcome focused.

RESOLUTION

SERVICE OF

JOANNE KELLY MARATHON COUNTY

WHEREAS, Joanne Kelly has served North Central Health Care with dedication, distinction and honor for 21 years; and

WHEREAS, Ms. Kelly was appointed to the North Central Community Services Program (NCCSP) Board March 1995 to represent Marathon County; and

WHEREAS, Ms. Kelly has served on the NCCSP Board of Directors, the Human Services Operations Committee and Quality Committee, serving as Chair of the Board from 2004-2006; and

WHEREAS, Ms. Kelly's services to the Board have been of utmost dedication and effort to assure North Central Health Care provides excellent quality services, in a cost-effective manner, to the citizens of Langlade, Lincoln and Marathon Counties;

NOW, THEREFORE, BE IT RESOLVED that the North Central Community Services Program Board, assembled on the 27th day of October 2016, does hereby honor Joanne Kelly for her years of service and express our gratitude for her efforts on behalf of its consumers, families and staff.

*Jeff Zriny, Chair
NCCSP Board of Directors*

*Michael Loy, Interim CEO
North Central Health Care*



North Central Health Care

Person centered. Outcome focused.

RESPECTING OUR PAST.
PREPARING FOR OUR FUTURE.

2017 PROPOSED BUDGET





2017 PROPOSED BUDGET

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North Central Community Services Program Board Members;

With great privilege, I present the 2017 North Central Health Care budget for your review. The budget document this year is greatly expanded to provide far greater detail than we've ever provided as we continue to increase our transparency to those we serve. I expect this effort to only be the start as we will continue to build on the quality of our budgeting process in coming years. I want to commend our leadership team and specifically Brenda Glodowski, our Chief Financial Officer for their dedication to working with me in solving a tough budget problem. Please spend time reviewing next year's budget, as there are many significant issues we face at this point in our history where great leadership is needed.

In 2017, we have the opportunity to celebrate serving our community for 45 years as North Central Health Care. As many of you know, our full history in Marathon County stretches back over 120 years. Despite this important milestone and a very rich history, our organization faces many challenges in regards to our future. We have our relationship with our partners to better define, a need for modernization of our capital to deliver healthcare in a rapidly changing world and finding ways to expand our services to meet the growing and changing needs of our community.

These challenges, while as significant as they are, are coming at the same time revenue resources continue to be restrained from federal, state and local government payment sources. Our 2017 budget clearly shows these pressures. The leadership challenge we face is knowing how we can simultaneously attend to our present day challenges while adapting to limited and changing reimbursement practices. Together we can achieve success to thrive in this new environment by continuing to focus on working collaboratively.

Our point in history may be difficult, but it is only a moment in time, and our future remains compelling. It has been said that people often overestimate what they can accomplish in one year but underestimate what they can accomplish in 10 years. Working each day in an organization where lives are enriched and fulfilled is a great foundation and inspiration. We've accomplished a lot in our 45 years and have only started to unlock the potential we can grasp in the next 10 years. This budget is only one year, but it will be an important year of transition for NCHC.

As an organization, we are on a stage of what our future will become. I'm confident about our future prospects because our culture will be focused on doing the right things, working to the very best of our abilities and caring for people. North Central Health Care is who we are because of the people who work here. Caring people find a way to care for other people and the people who care deeply work at NCHC. Together, with this vision, we will shine brightly for this community. We are to shine not so that we can admire our own brightness, but so that we hold a beacon of hope for the community. If we have ever been great, it is only because we have longed to help make others great. In all of the challenges of the day and uncertainties presented to us, we will make a difference in 2017 as we have for so many years before.

Thank you for your commitment to NCHC. I look forward to working together in 2017!

Michael Loy, Interim CEO
North Central Health Care

EXECUTIVE SUMMARY

The overall 2017 Proposed Budget reflects an operational increase of 1.86%, or \$1,134,653. The proposed budget reflects a significant increase to the Human Services Operations and a decrease to the Nursing Home. An overview regarding changes to these programs, as well as overall organization assumptions, is outlined in the following.

REVENUE

The nursing home census continues to struggle. The 2017 budget proposes a decrease again to the census, going from 210 per day in the 2016 budget to 203 per day in 2017. The decrease in census also impacts an unfavorable change in payer mix. The result of these changes is a decrease in revenue of \$760,000. Rehab Services is also impacted by the decreasing census, resulting in decreased revenue and expenses for this area. Included is potential revenue of \$100,000 as North Central evaluates forming a commission for MVCC later in 2017. There is an increase in Medicaid rates from 2016 to 2017 budget, as well as a 5% increase in self pay rates.

Another significant change impacting the nursing home is the reallocation of the Pharmacy. The Pharmacy, for many years, had predominately provided services for the nursing home residents; therefore, the Pharmacy had been included with the nursing home. However, over the past couple of years, there has been a shift in the programs that prescriptions are being filled for. As the nursing home census has declined, so has the volume of prescriptions. More prescriptions are being filled for the hospital as the volumes increase in that area. With the addition of the Crisis CBRF and Lakeside Recovery, there are increased volumes for these areas as well as the Pharmacy moving to a new packaging system later in 2016. It will result in increasing the number of clients from Community Treatment using the Pharmacy. Finally, the level of employee prescriptions being filled continues to increase. While the overall number of prescriptions being filled remains consistent, the programs they are being filled for is changing. As a result, the Pharmacy is being allocated between the Nursing Home and Human Services Programs. This contributes to a decrease in revenue and expense for the nursing home and an increase in the Human Service Programs of just over \$2,000,000.

The hospital census remains at 14 per day, which is consistent with 2016. There is an increase in revenue of approximately \$150,000 due to an increase in the Medicaid rate for the hospital. Outpatient and Psychiatry are budgeted based on authorized staffing. These areas continue to recruit for providers. Community Treatment continues to see significant increases in revenue due to the increased number of contracted providers. This results in increased expense as well as increased revenue. Overall, this program is seeing a revenue increase of about \$1,700,000. This is the program that receives both the state and federal shares of the Medicaid rates due



to being a regional program. Therefore, there continues to be a lesser need for Base County Allocation (BCA) in this program, so funds from this can be used by other programs. Residential Services is increasing revenue, approximately \$198,000, due to an increase in clients in one of the locations.

Beginning in 2017, the Maintenance of North Central Health Care is being transferred to Marathon County. This results in 12.5 FTE's moving from NCHC's budget as well as all utility costs. Marathon County will maintain the leased space, so lease payments that had been paid to NCHC will go to Marathon County. The revenue and expense for the leased space will no longer be in NCHC's budget. In addition, the amount of levy from Marathon County was decreased by the amount of the transition, which is \$1,684,683. North Central Health Care will continue to recognize the expense for maintenance and utilities so the true cost of programs is adequately reflected. The offset of the expense is recognized as an in-kind match from Marathon County. The allocation of the expense in all programs is recognized by the exact amount in revenue as an in-kind match. The revenue for 2017 reflects the shift from Marathon County Levy to Marathon County Match.

As indicated above, the levy from Marathon County decreases by \$1,684,683. There is an increase of \$475,000 added back in, which represents the amount that Marathon County had earmarked in 2016 for expansion of mental health programing. The net change in this levy is a decrease of \$1,209,683. Langlade County has decreased levy by \$26,640 due to requested decrease in Crisis Services and Lincoln County increased levy by \$20,953 which represents 3%.

EXPENSES

The 2017 salary budget represents a decrease \$497,430 compared to 2016 budget. The 2017 budget does not include salary increases for staff. The only adjustments being proposed at this time is to adjust nursing assistant rates due to increased competition and shortage of workforce. This amounts to \$137,000. There is a decrease of 16.46 FTE's from the 2016 budget. This decrease includes the 12.5 FTE's that are being transferred to Marathon County. The support areas decreased FTE's by 20.61 FTE's and the direct areas increase FTE's by 4.15. The change in the 4.15 FTE's is a decrease of 6.54 FTE's in the nursing home and an increase of 10.69 FTE's in the Human Services Programs. The decreases in support areas for staffing help to offset some of the increases needed in direct care areas. Crisis Services has made significant changes to service delivery, including increasing number of staff as well as increasing the level of a number of staff from paraprofessional to professional. The additional staff and salary changes in Crisis amount to \$525,000.



Overall benefits for 2017 increase \$146,000 compared to 2016. Health insurance is the most significant increase, which is \$300,000. The WI Retirement System contribution increases by .40% in 2017, with the employee contributing .20% and the employer contributing .20%. The impact of this change is about \$61,000. Workmen's compensation and unemployment are anticipated to decrease in 2017.

The budget for state institutes increases by \$200,000 going from \$800,000 to \$1,000,000. This is an area that is unpredictable, and continues to see an increase as the number of diversions continues to increase.

As indicated earlier, utilities decreases for the leased space as Marathon County will be managing those areas. The contract services show an increase due to maintenance and utilities being contracted by Marathon County. The amount of this contract is \$1,685,623,

In past years, the budget would have a contingency fund. For 2017, due to funding shortfalls, there is not a contingency fund built in.

SUMMARY

Although the 2017 budget is balanced, it is not balanced between the Nursing Home and the Human Services Program. The nursing home does show a loss, which will impact Marathon County Fund Balance for the nursing home. It has been indicated in the past two budget cycles that the viability of a status quo budget is not likely beyond 2016. The organization is struggling in 2016, and a number of cost reductions have been made to slow down the impacts of decreased funding. With the anticipation of a new three county agreement by the end of 2016, the plan going into 2017 will be the dedication to preparing an effective 3 to 5 year strategic plan in partnership with Langlade, Lincoln and Marathon counties to move the organization forward.



MISSION & VISION

North Central Health Care's mission is to compassionately serve the community through accessible, specialized care. Our vision is to be the leading provider of a fully integrated continuum of care, delivering quality, innovative services in a fiscally responsible manner.

The North Central Community Services Program is a governmental organization established by the counties of Langlade, Lincoln and Marathon, and is governed by a Board of Directors under Wisconsin State Statutes 51.42/.437 to provide for services individuals with mental illness, alcohol or drug dependencies and for developmental disabilities. The Program operates North Central Health Care (NCHC), with its main campus in Wausau, and centers and offices located in Merrill, Tomahawk, and Antigo.

North Central Health Care offers several programs for mental health needs including outpatient, community treatment and inpatient services. For those in need of substance abuse treatment and support, services are offered through outpatient, substance abuse day treatment and detoxification services. Vocational, life skill training, early intervention, housing and care management services are available for developmentally disabled individuals.



In addition to these services, NCHC provides adult protective services and aquatic physical therapy, as well as operates Mount View Care Center, a skilled nursing facility on the main campus in Wausau. With a licensed capacity of 220 residents, Mount View Care Center serves individuals in need of short term rehabilitation, post acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, and those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavioral needs.

In keeping with our mission and vision, we have established Core Value Standards of Behavior – Collaboration, Integrity, Continuous Improvement, Service Excellence, and Accountability. Adhering to these expected behaviors will allow North Central Health Care to

...become the very best place for residents and clients to receive care,

...become the very best place for employees to work,

...continue to grow in our contributions to the communities we serve.

Wausau Campus

1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center

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

Mount View Care Center

2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center

1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694



NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD OF DIRECTORS

| Last Name | First Name | County | Joined Board | Background |
|------------|------------|----------|--------------|--|
| Balk | Randy | Marathon | Feb-16 | · President/CEO Intercity State Bank |
| Benson | Dr. Steve | Marathon | May-16 | · Psychologist · Clinical and Consulting Psychology |
| Bliven | Ben | Marathon | Feb-16 | · Chair, Quality Committee · Captain, Wausau Police Department |
| Burgener | Jean | Marathon | Aug-06 | · Chair, Nursing Home Operations Committee · Retired VP of Post Acute Care-Aspirus · Licensed Nursing Home Administrator |
| Matucheski | Holly | Langlade | Apr-12 | · Retired Langlade County Public Health Officer · Langlade County Board Supervisor |
| Metter | Bill | Marathon | Oct-10 | · Retired, Information Technology expert · Retired, Clergy |
| Miller | Bill | Marathon | May-14 | · Retired auditor · Marathon County Board Supervisor |
| Norrbom | Dr. Corrie | Marathon | Oct-16 | · Primary Care Physician · WIPPS Health Policy Fellow · Medical College of WI Faculty Navigator |
| Parks | Scott | Marathon | Feb-16 | · Sheriff, Marathon County |
| Robinson | John | Marathon | Jul-07 | · Chair, Human Services Operations Committee · Extensive experience with DNR · Marathon County Board Supervisor |
| Rusch | Greta | Lincoln | Apr-14 | · Retired Lincoln County Public Health Officer · Lincoln County Board representative |
| Stowe | Robin | Langlade | Apr-16 | · Langlade County Corporation Counsel |
| Weaver | Robert | Lincoln | Apr-12 | · Chair, Finance Committee · Retired Plumbing Contractor · Lincoln County Board Supervisor |
| Zriny | Jeff | Marathon | Apr-14 | · Chair, NCCSP Board of Directors · Retired President/CEO, Current Director, Wausau Region Chamber of Commerce · Retired, Health Insurance Executive · Marathon County Board Supervisor |



2015 INDIVIDUALS SERVED BY COUNTY

| SERVICES | MARATHON | LINCOLN | LANGLADE | 2015 TOTALS |
|---|---|---------------------|---------------------|--|
| Inpatient Psychiatric Care | 690 | 103 | 90 | 891 PEOPLE TOTAL PATIENT DAYS: 5,153 |
| Community Treatment (Comprehensive Community Services & Community Support Program) | 469 Contacts: 67,366 | 87 7,985 | 75 5,781 | 631 PEOPLE TOTAL CONTACTS: 81,132 |
| Community Corner Clubhouse | 175 | \ | \ | 175 PEOPLE TOTAL VISITS: 6,048 |
| Outpatient Services (Counseling & Psychiatry) | Counseling: 1,014 Psychiatry: 1,402 Appointments: 9,428 | 347 238 3,319 | 407 142 2,785 | COUNSELING TOTAL: 1,768 People PSYCHIATRY TOTAL: 1,782 People APPOINTMENTS TOTAL: 15,532 |
| Residential Care | 50 | \ | \ | 50 PEOPLE TOTAL PATIENT DAYS: 5,388 |
| Substance Abuse Day Treatment | 41 | 5 | 12 | 58 PEOPLE |
| Medically Monitored Treatment for Drug & Alcohol Addiction | 38 | 3 | 3 | 44 PEOPLE TOTAL PATIENT DAYS: 863 |
| Driving with Care | 17 | \ | \ | 17 PEOPLE TOTAL VISITS: 578 |
| Inpatient Detoxification | 47 | 5 | 3 | 55 PEOPLE TOTAL PATIENT DAYS: 201 |
| Outpatient Services (Substance Abuse) | 1,117 | 355 | 367 | 1,839 PEOPLE |
| OWI Assessments | 676 | 133 | 81 | TOTAL ASSESSMENTS: 890 |
| Crisis Stabilization | 197 | 25 | 14 | 236 PEOPLE TOTAL PATIENT DAYS: 1,616 |
| Mobile Crisis Care | 3,688 | 127 | 61 | TOTAL ASSESSMENTS: 3,876 |
| Youth Crisis Care | 93 | 17 | 9 | 119 PEOPLE TOTAL PATIENT DAYS: 121 |
| Adult Day Services | 68 | \ | 37 | 105 PEOPLE TOTAL PATIENT DAYS: 17,683 |
| Birth to Three | 356 | 63 | 38 | 457 PEOPLE TOTAL APPOINTMENTS: 8,951 |
| Children's Long Term Support | \ | 39 | 22 | 61 PEOPLE TOTAL APPOINTMENTS: 1,291 |
| Prevocational Services | 127 | \ | 38 | 165 PEOPLE |
| Residential Services | 58 | \ | \ | 58 PEOPLE TOTAL PATIENT DAYS: 6,250 |
| Transportation | 740 | \ | \ | 740 PEOPLE |
| Adult Protective Services | 624 | 146 | 125 | 895 PEOPLE |
| Aquatic Services | Clients: 454 Appointments: 4,560 | 15 149 | 5 51 | 474 PEOPLE TOTAL APPOINTMENTS: 4,760 |
| Post-Acute Rehabilitation | 298 | 1 | 2 | 301 PEOPLE TOTAL PATIENT DAYS: 16,809 |
| Dementia Care | 163 | \ | \ | 163 PEOPLE TOTAL PATIENT DAYS: 36,107 |
| Long Term Care | 129 | \ | \ | 129 PEOPLE TOTAL PATIENT DAYS: 23,123 |



2017 OPERATIONAL PLAN

In the absence of an overall strategic plan, NCHC must remain focused on core priorities to move the organization forward in uncharted waters. The 2017 Operational Plan was developed from listening to our partners, knowing our patients and watching the evolving healthcare landscape to determine our navigation. We are making a commitment to these three broad operational objectives: Advancing Service Excellence, Complex Care Delivery and Electronic Medical Record Interoperability. Success in these three areas will make us a better community partner, improve quality, create a great place to work, and set NCHC up for long-term financial viability. In 2017, we hope to create a broader longer term strategic plan with our three partner counties once a new agreement is in place. Future Operational Plans will cascade from such a plan.

ADVANCING SERVICE EXCELLENCE

Develop the talent to deliver Person Centered Care and proactively meet community needs.

- 1) Role clarity and job specific competency
- 2) Advance leadership development
- 3) Improve employee recruitment and development
- 4) Deployment of Collaborative Care Model

COMPLEX CARE DELIVERY

Strengthen the availability and diverse expertise of complex behavioral health, developmental disability and skilled nursing services

- 1) Develop clinical career track development encompassing deployment of best-practices and advancement of clinical competency
- 2) Enhance clinical coordination between programs to ensure effective transitions of care
- 3) Provide leadership in development of community based substance abuse strategies
- 4) Redevelop physical environment to meet changing complex care delivery needs

ELECTRONIC MEDICAL RECORD INTEROPERABILITY

Enhance clinical and financial integration within the electronic medical record (EMR).

- 1) Deliver on meaningful use requirements to exchange information with patients and other healthcare providers
- 2) Staff technology proficiency is further developed and validated
- 3) Systems communicate effectively to inform clinical decision making and patient care coordination
- 4) Data is interfaced, processed, managed and easily accessed for evaluation and outcome reporting



ORGANIZATION DASHBOARD

Excellence in quality can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals. The **purpose** of measurement is to:

- ✓ Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level,
- ✓ Identify problems and opportunities to improve the performance of processes,
- ✓ Assess the outcome of the care provided, and/or
- ✓ Assess whether a new or improved process produces improved outcomes.

Setting clear quality outcome goals provides the focus and clear direction that is necessary for the efficient and effective achievement of those goals. This is achieved through the following:

- ✓ Clearly defined Organizational Goals in each of the Quality domains (Service, Clinical, Financial, People, Community),
- ✓ A system for cascading the Organizational Goals to clearly defined and measurable goals pertaining to the individual functional responsibility at all levels of the organization,
- ✓ The incorporation of comparative data to effectively assess current performance, and
- ✓ A performance system that holds individuals accountable to the achievement of these goals.



2017 PROPOSED ORGANIZATION DASHBOARD

NORTH CENTRAL HEALTH CARE OVERALL DASHBOARD

FISCAL YEAR: 2017 - PROPOSED

| PRIMARY OUTCOME GOAL | Continuous Improvement Target | Benchmark | ↑ ↓ | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD | 2016 YTD |
|---------------------------------------|-------------------------------|-----------|--------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
| PEOPLE | | | | | | | | | | | | | | | | | |
| Vacancy Rate | 5-7% | N/A | ↓ | | | | | | | | | | | | | | 6.0% |
| Retention Rate | 75-80% | N/A | ↑ | | | | | | | | | | | | | | N/A |
| SERVICE | | | | | | | | | | | | | | | | | |
| Patient Experience: % Top Box Rate | 77%-88% | N/A | ↑ | | | | | | | | | | | | | | 70.30% |
| CLINICAL | | | | | | | | | | | | | | | | | |
| Nursing Home Readmission Rate | 11-13% | 17.3% | ↓ | | | | | | | | | | | | | | 11.0% |
| Psychiatric Hospital Readmission Rate | 9-11% | 15.5% | ↓ | | | | | | | | | | | | | | 10.6% |
| AODA Relapse Rate | 36-40% | 40-60% | ↓ | | | | | | | | | | | | | | N/A |
| COMMUNITY | | | | | | | | | | | | | | | | | |
| Access to Behavioral Health Services | 90-95% | NA | ↑ | | | | | | | | | | | | | | 80% |
| FINANCE | | | | | | | | | | | | | | | | | |
| *Direct Expense/Gross Patient Revenue | 60-64% | N/A | ↓ | | | | | | | | | | | | | | 66% |

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

Target is based on improvement from previous year performance or industry benchmarks.



DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

Vacancy Rate

Total number of vacant positions as of month end divided by total number of authorized positions as of month end.

Retention Rate

Number of employees who left during a period divided by the total number of employees at the end of a period.

SERVICE

Patient Experience: % Top Box Rate

Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey.
Benchmark: HealthStream 2016 Top Box data

CLINICAL

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.
Benchmark: American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative

Psychiatric Hospital Readmission Rate

Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.
Benchmark: Agency for Healthcare Research and Quality

AODA Relapse Rate

Percent of patients completing the 21 day Medically Monitored Treatment program and/or Outpatient Day Treatment program who self-report using substances within 6 months.
Benchmark: National Institute of Drug Abuse and British Medical Journal

COMMUNITY

Access to Behavioral Health Services

Percent 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

FINANCE

Direct Expense/Gross Patient Revenue

Percentage of total direct expense compared to gross revenue.



STRATEGIC COST REDUCTION INITIATIVE

At the end of June 2016, NCHC had an operational loss of \$1,614,692 and if the trend had continued the loss could have reached as high as \$3,854,000. While significant, the losses were localized to a few primary areas. All other programs were almost without exception within or below budget targets especially when the impact of health insurance is factored into their direct expenses. Here were the key drivers:

| KEY DRIVERS | YTD LOSS | PROJECTED |
|--------------------------------|----------------------|----------------------|
| (1) Nursing Home Census | (\$428,335) | (\$1,100,000) |
| (2) Health Insurance | (\$669,606) | (\$1,300,000) |
| (3) State Institutes | (\$489,892) | (\$980,000) |
| (4) Other Inpatient Institutes | (\$358,445) | (\$500,000) |
| (5) Increased Crisis Services | (\$337,634) | (\$480,000) |
| Totals | (\$2,283,912) | (\$4,360,000) |

During the same time frame of dealing with the current year operational loss, the 2017 Budget's initial forecasts indicated we had a \$4,000,000 cost to continue gap to close. Clearly something had to be done. Cost avoidance wasn't the only answer, we need long-term cost reductions without impacting services. The leadership team at NCHC engaged in a Strategic Cost Reduction Initiative to reduce costs for 2016 with a target of \$750,000 in reduced expense and "green dollar" savings target of at least \$1,500,000 in the 2017 Budget. Six task force teams were created and given at least \$10 million of NCHC's \$60 million annual expense budget to work with to find reductions.

DIRECTIONS TO TASK FORCE TEAMS IN ACHIEVING STRATEGIC COST REDUCTION

1. All open positions will be re-evaluated by the Senior Team effective immediately.
2. The focus will be on immediate cost reduction but we will be applying a similar process to the revenue component of our budget at a later time. Cross-functional Task Force Teams have been established and will be expected to accomplish the following:
 - a. \$1.5 million ongoing structural annual expense reduction (Green Dollar Savings) to be implemented no later than 9/1/16. These are permanent reductions that will not be replaced in the 2017 budget. Each Team is required to identify \$250,000.

Green Dollar Savings: You will stop "writing a check for" something. Green dollar savings is not avoidance of expenses. Green Dollar examples: permanent payroll reduction, vendor contracts renegotiated to a lower amount, rentals, supplies, budgeted transportation expenses reduction, travel expense reduction.

- b. \$300,000 savings/cost avoidance realized prior to the end of the year (hit the books before the end-of-year) and must be implemented by 9/1/16. Only guaranteed cost reductions will be counted for this project (Each Team is required to identify \$50,000).

An example would be canceling a conference and eliminating the expense.

RULES FOR THE TEAMS

1. All programs are expected to contribute to the targeted reductions even if under budget.
2. Team members are expected to actively participate in this process. Open and positive communication and attitude about the strategic cost reduction process is expected.
3. Reductions in services provided are not allowed.
4. No dollar amount is too small to consider. They all add up. Task force members should explore all areas of costs. Staffing, supplies, purchased services, and programs should be reviewed for potential savings opportunities.



5. To achieve the overall target, some staffing reductions may be necessary. If cost reduction is identified through staff reductions, the Task Force will be required to detail how quality will be impacted. When evaluating potential staff reductions, the dialog should be directed at functions and positions not people.
6. To qualify as a strategic cost reduction, all savings must be in green-dollar savings.
7. Final recommendations will be presented to the Leadership team for input.
8. Co-Chairs will be elected by each team and will share the leadership duties.
9. Co-Chairs will have to submit a weekly progress report of the task force's activities in an email to the Executive team by Friday of each week.
10. The Executive team is committed to clearing the deck in terms of meetings or other priorities in the next two weeks to enable your task force teams to come together to accomplish the objective. Task forces must meet 2-3 times weekly for purposes of achieving the goal.

IMPLEMENTATION AND MONITORING INSTRUCTIONS

1. You will continue to work in your teams along with your Executive sponsor. For each reduction you've recommended, please make sure you document on your spreadsheet the current baseline expenditure for the line item, forecasted expenditure assumption and reduction target. It is important to document the assumptions and numbers you were working off of.
2. For the \$50,000 cost avoidance targets, make sure you are using the 2016 re-forecasted budget as your baseline budget amount before reductions.
3. For the \$250,000 green dollars savings, make sure you are using the 2016 original budget which will be the baseline for the development of the 2017 budget. Brenda will be working with each of the teams to solidify these green dollar savings into the 2017 budget and when she confirms your number for use in the 2017 budget, you can use it.
4. In addition to the reductions there will be no new expenditure overruns in new line items.
5. Implementation of an item will be the responsibility of the program leader. It is not considered implemented unless the Senior Executive and Co-Chairs sign-off on the implementation.
6. As we monitor the implementation, if you are unable to hit a reduction target, you will have to find an off-setting reduction in your program budget.

Strategic Cost Reductions for both cost avoidance in 2016 and green dollar savings for 2017 were achieved by the Task Force teams. The 2017 green dollar savings are summarized on the next page and are incorporated into the 2017 budget.



STRATEGIC COST REDUCTION INITIATIVE

...continued

| STRATEGIC COST REDUCTION ITEM | AMOUNT |
|--|--------------------|
| Employment Specialist (.20) | \$7,488 |
| Salary changes due to turnover | \$38,582 |
| Pharmacist (.25) | \$32,370 |
| Residential Worker (.40) | \$23,442 |
| OT (.10)(B-3) | \$8,023 |
| Transition Care Nurse (1.0) (NH) | \$72,509 |
| Administrative Assistant (1.0) (NH) | \$31,990 |
| Restorative LPN (.80) (NH) | \$37,973 |
| Employee Partnership Cord. (.10)(NH) | \$6,716 |
| Driver (.40) (NH) | \$9,860 |
| Scheduler (.10) (NH) | \$3,575 |
| Clinical Supervisor (.20) (OP) | \$14,676 |
| Referral Coord. (.20) (Antigo/Merrill) | \$9,464 |
| RN (.20) (Psychiatry) | \$11,232 |
| AODA Counselor (1.0) (OP) | \$47,528 |
| Nurse Practitioner (1.0) (Psychiatry) | \$94,598 |
| Clinical Trainer (1.0) (IT) | \$62,400 |
| Cashier (.10)(Business Operations) | \$3,263 |
| Clerical (.15) (Business Operations) | \$4,896 |
| Community Behavior Liaison (1.0) | \$54,891 |
| Patient Account Rep (.20) | \$6,626 |
| Life Enrichment Coord (.10) (PAC) | \$4,391 |
| Administrative Assitant (.40) (Health Information) | \$12,272 |
| Client Position (.75)(Housekeeping) | \$13,650 |
| Phlebotomist (1.125) (Quality) | \$35,988 |
| Overtime (implement Onshift) | \$71,017 |
| SUBTOTAL- WAGE RELATED REDUCTIONS | \$719,420 |
| Reduce employee recognition items | \$27,000 |
| Reduce drugs-change insulin formulary | \$53,807 |
| Reduce supported housing expense | \$75,000 |
| Reduce usage of Trempealeau County institute | \$235,000 |
| Reduce contracted services | \$129,484 |
| Reduce equipment rental | \$38,500 |
| Reduce advertising | \$24,200 |
| Decrease nursing home licensed beds by 20 | \$18,000 |
| Other general program reductions | \$193,370 |
| SUBTOTAL-OTHER EXPENSES | \$794,361 |
| TOTAL STRATEGIC COST REDUCTIONS | \$1,513,781 |





2017 BUDGET & FINANCIAL STATEMENTS

| | |
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DEFINITION OF TERMS

Self-Pay: Funding received from the patient.

Medicare: Medicare is a federal governmental program, providing funding for the elderly and qualified disabilities.

Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care, such as Family Care.

Insurance: Funding from commercial insurance.

WIMCR (WI Medicaid Cost Reporting): Additional Medicaid funding available for specific programs intended to offset some of the Medicaid deficits in governmental organizations. This funding is available for certified programs in governmental organizations.

Supplemental Payment: Additional funding available for nursing homes intended to offset some of the Medicaid deficit. This funding is only available to governmental nursing homes.

AODA Block Grant (Alcohol and Other Drug Abuse): Funding used for alcohol and substance abusers, prevention and intervention programs, and programs and services for women and youth; 20% of funds must be used for prevention programming and at least 10% must be expended on programs and services designed for women. It is also known as SAPTG (Substance Abuse Prevention and Treatment Block Grant).

MH Block Grant (Mental Health Block Grant): Funding used in mental health priority program areas, which may include Community Support Programs, Supported Housing, Jail Diversion, Crisis Intervention, Family and Consumer Peer Support and Self-Help, Programs for Persons with Mental Illness and Substance Abuse Problems, and Community Mental Health Data Set Development.

IDP Funds (Intoxicated Driver Program): Funding used to cover costs resulting in unanticipated deficits in the county's IDP funding.

CST Expansion (Coordinated Service Teams): Funding used to expand mental health services to youth and families.

Certified MH Program (Certified Mental Health):

Funding used for the purpose of matching funds to federal financial participation for Medicaid-covered services provided by a program that is certified by the department under DHS 34, Subpart III (Crisis Intervention); DHS 36 (Comprehensive Community Services); or DHS 63 (Community Support Services).

85.21 Transportation Grant: Funding used to provide transportation to elderly and disabled residents of Marathon County.

Children's LTS (Children's Long Term Support):

Funding used to provide a range of different services for children who are living at home or in the community and have substantial limitations in multiple daily activities as the result of developmental disabilities, severe emotional disturbances, and/or physical disabilities.

Family Support (Family Support for Families Who Have a Child with Severe Disabilities-FSP):

Funding used for families of a child with severe disabilities to purchase goods or services not funded through other sources that will enable the child to reside with his/her parent(s), reduce stress in the family, and avoid out-of-home placement. This is limited to \$3,000 per family annually.

APS Grant (Adult Protective Services): Funding used for Adults-At-Risk (AAR) programming and Adult Protective Services (APS), encompassing core services such as response and reporting of alleged abuse, neglect, or exploitation; short term protective interventions, court-required reviews, and longer term case management if required by certain circumstances. Also includes Elder Abuse/Neglect Funding (EAN) which provides funding for direct services to victims of elder abuse, neglect, self-neglect, and/or financial exploitation through the provision of early intervention services for individuals being identified as being at risk.

Birth To Three Grant: Funding used for development administration and provision of early intervention services to eligible infants and toddlers with disabilities and their families.

OWI Surcharges (Operating While Intoxicated):

Funding received for providing court-ordered assessments to OWI offenders.



COP (Community Option Program): Funding of last resort to conduct assessments, develop care plans, and to provide community-based services to individuals who otherwise would be at risk of institutional care.

IMD-OBRA (Institute for Mental Disease/Special Relocation Funds): Funding used to pay for the cost of community-based care and services to any person who has a mental illness and is 22 through 64 years of age at the time the person is relocated from an institution for mental disease (IMD) or a Medicaid-certified nursing facility (NF) in accordance with the requirements of s. 46.268 Stats.

DVR (Division of Vocational Rehabilitation): Funding used to coordinate supported employment services for individuals with mental illness.

Contracted Services: Funding provided through a contract. This could be a contract with an organization, another county, a provider, etc.

Other: Other sources of funding included in direct service programs related to their programs. This could include such items as donations, reimbursement for meals provided in programs such as Day Services, or other funding related to a specific program.

Allocated Revenue: Revenue received in overhead programs and allocated to revenue generating programs. This includes such items as medical record sales, rebates, purchasing discounts, cafeteria sales, interest income, etc.

Base County Allocation: This is also referred to as Community Aids. This is funding from the State as additional funding for programs providing services to those funded by Medicaid. This may be used as required Medicaid Match and/or to help offset Medicaid deficits.

County Appropriations (Tax Levy): Funding received directly from the sponsoring counties.



2017 COMBINING STATEMENT OF REVENUE & EXPENSES

| | 2017 BUDGET: | | | 2016 BUDGET: | | |
|--|---------------------|------------------------------|---------------------|---------------------|------------------------------|---------------------|
| | TOTAL | HUMAN SERVICES OPERATIONS | NURSING HOME | TOTAL | HUMAN SERVICES OPERATIONS | NURSING HOME |
| REVENUE | | | | | | |
| Net Patient Service Revenue | \$44,036,800 | \$22,395,800 | \$21,641,000 | \$43,547,000 | \$18,635,000 | \$24,912,000 |
| Other Revenue | | | | | | |
| State Match/Addendum | \$2,132,700 | \$2,132,700 | | \$1,804,000 | \$1,804,000 | |
| State Grant-in-Aid | \$3,901,436 | \$3,901,436 | | \$3,901,436 | \$3,901,436 | |
| Department and Other Revenue | \$4,028,723 | \$2,445,005 | \$1,583,718 | \$2,464,000 | \$2,238,453 | \$225,547 |
| Counties' Appropriations | \$7,671,118 | \$5,971,118 | \$1,700,000 | \$8,924,688 | \$7,224,688 | \$1,700,000 |
| Total Other Revenue | \$17,733,977 | \$14,450,259 | \$3,283,718 | \$17,094,124 | \$15,168,577 | \$1,925,547 |
| TOTAL REVENUE | \$61,770,777 | \$36,846,059 | \$24,924,718 | \$60,641,123 | \$33,803,577 | \$26,837,547 |
| EXPENSES | | | | | | |
| Direct Expenses | \$43,426,665 | \$27,045,550 | \$16,381,115 | \$41,634,798 | \$23,274,686 | \$18,360,112 |
| Indirect Expenses | \$18,444,112 | \$9,276,370 | \$9,167,742 | \$19,101,326 | \$10,623,891 | \$8,477,435 |
| TOTAL EXPENSES | \$61,870,777 | \$36,321,920 | \$25,548,857 | \$60,736,124 | \$33,898,577 | \$26,837,547 |
| Operating Income (Loss) | (\$100,000) | \$524,139 | (\$624,139) | (\$95,000) | (\$95,000) | \$0 |
| Nonoperating Gains /(Losses) | | | | | | |
| Interest Income | \$100,000 | \$100,000 | \$0 | \$90,000 | \$90,000 | \$0 |
| Gain/(loss) Disposal of Assets | \$0 | \$0 | | \$5,000 | \$5,000 | |
| Total Nonoperating Gains (Loss) | \$100,000 | \$100,000 | \$0 | \$95,000 | \$95,000 | \$0 |
| Income (Loss) | \$0 | \$624,139 | (\$624,139) | \$0 | \$0 | \$0 |



2017 BUDGET TO BUDGET COMPARISON

| | 2017 BUDGET REVENUE | 2017 BUDGET EXPENSE | VARIANCE FUNDED BY STATE BCA/ APPROPRIATION | 2016 BUDGET REVENUE | 2016 BUDGET EXPENSE | VARIANCE FUNDED BY STATE BCA/ APPROPRIATION |
|----------------------------------|---------------------------|---------------------------|--|---------------------------|---------------------------|--|
| HUMAN SERVICES OPERATIONS | | | | | | |
| Inpatient | \$4,128,683 | \$4,896,367 | (\$767,684) | \$3,855,347 | \$5,909,030 | (\$2,053,683) |
| CBRF | \$789,236 | \$446,462 | \$342,774 | \$771,742 | \$646,579 | \$125,163 |
| Crisis Services | \$276,797 | \$2,326,934 | (\$2,050,137) | \$285,281 | \$1,259,265 | (\$973,984) |
| Lakeside Recovery | \$213,925 | \$491,613 | (\$277,688) | \$200,000 | \$554,026 | (\$354,026) |
| Outpatient Services | \$2,117,387 | \$3,515,897 | (\$1,398,510) | \$2,341,450 | \$3,931,519 | (\$1,590,069) |
| Psychiatry Services | \$600,961 | \$2,169,987 | (\$1,569,026) | \$658,432 | \$2,823,513 | (\$2,165,081) |
| Community Treatment | \$6,558,629 | \$7,440,856 | (\$882,227) | \$4,700,098 | \$6,655,688 | (\$1,955,590) |
| Contracted Services | \$0 | \$1,118,839 | (\$1,118,839) | \$0 | \$955,323 | (\$955,323) |
| Day Services | \$2,283,140 | \$2,272,772 | \$10,368 | \$2,286,710 | \$2,286,710 | \$0 |
| Clubhouse | \$352,097 | \$447,097 | (\$95,000) | \$377,502 | \$472,502 | (\$95,000) |
| Birth To Three | \$981,114 | \$1,816,226 | (\$835,112) | \$916,689 | \$1,751,801 | (\$835,112) |
| Residential Services-Group Homes | \$2,448,300 | \$2,362,127 | \$86,173 | \$2,237,666 | \$2,237,666 | \$0 |
| Residential Services-Apartments | \$2,360,896 | \$2,453,408 | (\$92,512) | \$2,372,631 | \$2,372,631 | \$0 |
| Aquatic Services | \$791,629 | \$941,956 | (\$150,327) | \$781,367 | \$781,367 | \$0 |
| Protective Services | \$238,570 | \$673,793 | (\$435,223) | \$226,820 | \$562,678 | (\$335,858) |
| Demand Transportation | \$409,644 | \$409,644 | \$0 | \$420,718 | \$420,718 | \$0 |
| Pharmacy | \$2,422,497 | \$2,537,942 | (\$115,445) | | | |
| Subtotal | \$26,973,505 | \$36,321,920 | (\$9,348,415) | \$22,432,453 | \$33,621,016 | (\$11,188,563) |
| NURSING HOME | | | | | | |
| Daily Services | \$19,099,784 | \$22,139,872 | (\$3,040,088) | \$18,700,625 | \$21,443,965 | (\$2,743,340) |
| Ancillary Services | \$4,124,934 | \$3,408,985 | \$715,949 | \$6,436,922 | \$5,393,582 | \$1,043,340 |
| Subtotal | \$23,224,718 | \$25,548,857 | (\$2,324,139) | \$25,137,547 | \$26,837,547 | (\$1,700,000) |
| OTHER | | | | | | |
| Leased Space | \$0 | \$0 | \$0 | \$250,000 | \$277,561 | (\$27,561) |
| Subtotal | \$0 | \$0 | \$0 | \$250,000 | \$277,561 | (\$27,561) |
| TOTALS | \$50,198,223 | \$61,870,777 | (\$11,672,554) | \$47,820,000 | \$60,736,124 | (\$12,916,124) |
| Base County Allocation | \$3,901,436 | | \$3,901,436 | \$3,901,436 | | \$3,901,436 |
| Nonoperating Revenue | \$100,000 | | \$100,000 | \$90,000 | | \$90,000 |
| County Appropriation | \$7,671,118 | | \$7,671,118 | \$8,924,688 | | \$8,924,688 |
| TOTAL REVENUE/EXPENSE | \$61,870,777 | \$61,870,777 | \$0 | \$60,736,124 | \$60,736,124 | \$0 |



2017 BUDGET BY COUNTY & ESTIMATED CHANGES TO FUND BALANCE

HUMAN SERVICES OPERATIONS

| | LANGLADE | LINCOLN | MARATHON | TOTAL |
|---|--------------------|--------------------|---------------------|---------------------|
| PROGRAM REVENUE | | | | |
| Direct Services | \$1,862,262 | \$1,259,001 | \$12,628,646 | \$15,749,909 |
| Shared Services | \$1,032,779 | \$1,019,614 | \$9,171,203 | \$11,223,596 |
| Base County Allocation | \$798,531 | \$829,977 | \$2,272,928 | \$3,901,436 |
| TOTAL PROGRAM REVENUE | \$3,693,572 | \$3,108,592 | \$24,072,777 | \$30,874,941 |
| PROGRAM EXPENSES | | | | |
| Direct Services | \$2,402,202 | \$2,079,587 | \$15,745,975 | \$20,227,764 |
| Shared Services | \$1,594,603 | \$1,754,234 | \$12,745,319 | \$16,094,156 |
| TOTAL COST OF SERVICES | \$3,996,805 | \$3,833,821 | \$28,491,294 | \$36,321,920 |
| Excess Revenue/(Expenses) | (\$303,233) | (\$725,229) | (\$4,418,517) | (\$5,446,979) |
| Non-Operating Revenue | \$4,750 | \$5,813 | \$89,437 | \$100,000 |
| County Appropriations | \$298,483 | \$719,416 | \$4,953,219 | \$5,971,118 |
| Excess Revenue/(Expenses) After County Appropriation | \$0 | \$0 | \$624,139 | \$624,139 |

NURSING HOME

| | | | | |
|---|--|--|---------------------|---------------------|
| PROGRAM REVENUE | | | | |
| Nursing Home Revenue | | | \$19,099,784 | \$19,099,784 |
| Nursing Home Ancillary Revenue | | | \$4,124,934 | \$4,124,934 |
| TOTAL PROGRAM REVENUE | | | \$23,224,718 | \$23,224,718 |
| PROGRAM EXPENSES | | | | |
| Nursing Home Expenses | | | \$22,139,872 | \$22,139,872 |
| Nursing Home Ancillary Expense | | | \$3,408,985 | \$3,408,985 |
| TOTAL PROGRAM EXPENSES | | | \$25,548,857 | \$25,548,857 |
| Excess Revenue/(Expenses) | | | (\$2,324,139) | (\$2,324,139) |
| Non-Operating Revenue | | | | |
| County Appropriation | | | \$1,700,000 | \$1,700,000 |
| Excess Revenue/(Expenses) After County Appropriation | | | (\$624,139) | (\$624,139) |

ESTIMATED CHANGES TO FUND BALANCE

| | LANGLADE | LINCOLN | MARATHON | NURSING HOME | TOTAL |
|--|-------------|-------------|---------------|---------------|----------------------|
| ESTIMATED FUND BALANCE: | | | | | |
| Balance, January 2016 | \$1,985,701 | \$2,429,901 | \$23,903,346 | \$13,481,002 | \$41,799,950 |
| Estimated Gain (Loss) 2016 (based on 08/2016) | \$228,000 | \$256,000 | (\$1,074,000) | (\$1,614,000) | (\$2,204,000) |
| Estimated Gain (Loss) 2017 | \$0 | \$0 | \$624,139 | (\$624,139) | \$0 |
| Estimated Fund Balance, December 2017 | \$2,213,701 | \$2,685,901 | \$23,453,485 | \$11,242,863 | \$39,595,950 |



2017 BUDGET WITH TAX LEVY

| | 2017 BUDGET EXPENSES | NET BILLED REVENUE | GRANT FUNDING | SUPPL. PAYMENT | OTHER FUNDING | MARATHON CO MATCH | BASE CO ALLOCATION | COUNTY LEVY | 2017 BUDGET REVENUE | % OF PROGRAM FUNDED BY LEVY |
|--------------------------------------|----------------------------|-----------------------|--------------------|--------------------|--------------------|----------------------|-----------------------|--------------------|---------------------------|--------------------------------------|
| HUMAN SERVICES OPERATIONS | | | | | | | | | | |
| Inpatient | \$4,896,367 | \$4,000,000 | | | \$28,094 | \$100,589 | \$400,000 | \$367,684 | \$4,896,367 | 7.51% |
| CBRF | \$446,462 | \$638,000 | | | \$104,636 | \$46,600 | | | \$789,236 | 0.00% |
| Crisis Services | \$2,326,934 | \$151,000 | | | \$115,652 | \$10,145 | \$896,071 | \$1,154,066 | \$2,326,934 | 49.60% |
| Lakeside Recovery | \$491,613 | \$165,000 | | | \$2,325 | \$46,600 | | \$277,688 | \$491,613 | 56.49% |
| Outpatient Services | \$3,515,897 | \$1,374,000 | \$402,000 | | \$286,329 | \$55,058 | \$900,000 | \$498,510 | \$3,515,897 | 14.18% |
| Psychiatry Services | \$2,169,987 | \$548,000 | | | \$42,890 | \$10,071 | \$900,000 | \$669,026 | \$2,169,987 | 30.83% |
| Community Treatment | \$7,440,856 | \$5,375,000 | \$749,000 | | \$420,212 | \$14,417 | \$805,365 | \$254,198 | \$7,618,192 | 3.42% |
| Contract Services (State Institutes) | \$1,118,839 | \$0 | | | \$0 | \$0 | | \$1,118,839 | \$1,118,839 | 100.00% |
| Day Services | \$2,272,772 | \$1,940,000 | | | \$271,659 | \$71,481 | | | \$2,283,140 | 0.00% |
| Clubhouse | \$447,097 | \$208,000 | | | \$144,097 | \$0 | | \$95,000 | \$447,097 | 21.25% |
| Birth To Three | \$1,816,226 | \$379,000 | \$519,000 | | \$59,219 | \$23,895 | | \$835,112 | \$1,816,226 | 45.98% |
| Residential Services-Group Homes | \$2,362,127 | \$2,424,000 | | | \$24,300 | | | | \$2,448,300 | 0.00% |
| Residential Services-Apartments | \$2,453,408 | \$2,337,000 | | | \$23,896 | | | | \$2,360,896 | 0.00% |
| Aquatic Services | \$941,956 | \$551,000 | | | \$102,904 | \$137,725 | | \$150,327 | \$941,956 | 15.96% |
| Protective Services | \$673,793 | \$500 | \$225,000 | | \$8,339 | \$4,731 | | \$435,223 | \$673,793 | 64.59% |
| Demand Transportation | \$409,644 | \$57,300 | \$237,700 | | \$114,178 | \$466 | | | \$409,644 | 0.00% |
| Pharmacy | \$2,537,942 | \$2,248,000 | | | \$164,306 | \$10,191 | | \$115,445 | \$2,537,942 | 4.55% |
| Interest Income | | | | | \$100,000 | | | | \$100,000 | 0.00% |
| Subtotal | \$36,321,920 | \$22,395,800 | \$2,132,700 | | \$2,013,036 | \$531,969 | \$3,901,436 | \$5,971,118 | \$36,946,059 | 16.44% |
| NURSING HOME | | | | | | | | | | |
| Daily Services | \$22,139,872 | \$15,924,000 | | \$1,800,000 | \$276,780 | \$1,099,004 | | \$1,700,000 | \$20,799,784 | 7.68% |
| Ancillary Services | \$3,408,985 | \$3,917,000 | | | \$154,224 | \$53,710 | | | \$4,124,934 | 0.00% |
| Subtotal | \$25,548,857 | \$19,841,000 | \$0 | \$1,800,000 | \$431,004 | \$1,152,714 | \$0 | \$1,700,000 | \$24,924,718 | 6.65% |
| TOTALS | \$61,870,777 | \$42,236,800 | \$2,132,700 | \$1,800,000 | \$2,444,040 | \$1,684,683 | \$3,901,436 | \$7,671,118 | \$61,870,777 | 12.40% |
| PERCENT OF TOTAL FUNDING | | 68.27% | 3.45% | 2.91% | 3.95% | 2.72% | 6.31% | 12.40% | 100.00% | |



2017 BUDGET BY FUNDING

| | GROSS CHARGES | % | EXPENSES | FUNDING BY PAYER | % | FUNDED BY OTHER SOURCES | % |
|--------------|---------------------|-------------|---------------------|---------------------|------------|-------------------------|------------|
| PAYER | | | | | | | |
| Self Pay | \$7,866,000 | 11% | \$6,805,786 | \$2,838,800 | 42% | (\$3,966,986) | 58% |
| Medicare | \$15,631,000 | 23% | \$14,230,279 | \$8,390,000 | 59% | (\$5,840,279) | 41% |
| Medicaid | \$41,510,000 | 60% | \$37,122,466 | \$28,288,000 | 76% ** | (\$8,834,466) | 24% |
| Insurance | \$4,222,000 | 6% | \$3,712,247 | \$2,720,000 | 73% | (\$992,247) | 27% |
| TOTAL | \$69,229,000 | 100% | \$61,870,778 | \$42,236,800 | 68% | (\$19,633,978) | 32% |

| FUNDING | AMOUNT | % |
|----------------------|---------------------|---------------|
| Self Pay | \$2,838,800 | 4.6% |
| Medicare | \$8,390,000 | 13.6% |
| Medicaid | \$28,288,000 | 45.7% ** |
| Insurance | \$2,720,000 | 4.4% |
| Supplemental Pay | \$1,800,000 | 2.9% ** |
| WIMCR | \$450,000 | 0.7% ** |
| State Addendums | \$2,132,700 | 3.4% |
| Other Grants | \$0 | 0.0% |
| Community Aids | \$3,901,436 | 6.3% |
| County Appropriation | \$7,671,118 | 12.4% |
| All Other | \$3,678,724 | 5.9% |
| | \$61,870,778 | 100.0% |



2017 REVENUE BUDGET COMPARISONS

| DESCRIPTION | 2014 BUDGET | 2015 BUDGET | 2016 BUDGET | 2017 BUDGET | % OF CHANGE |
|--------------------------------|---------------------|---------------------|---------------------|---------------------|----------------|
| Nursing Home Gross Revenue | \$30,624,000 | \$28,882,000 | \$28,256,000 | \$25,808,000 | |
| Nursing Home Contractual Adj's | (\$8,443,000) | (\$8,536,400) | (\$7,541,000) | (\$7,767,000) | |
| Net Nursing Home Revenue | \$22,181,000 | \$20,345,600 | \$20,715,000 | \$18,041,000 | -12.91% |
| Outpatient Gross Revenue | \$24,931,400 | \$25,521,100 | \$23,343,100 | \$26,722,000 | |
| Outpatient Contractual Adj's | (\$11,701,600) | (\$10,950,200) | (\$8,548,100) | (\$10,474,200) | |
| Net Outpatient Revenue | \$13,229,800 | \$14,570,900 | \$14,795,000 | \$16,247,800 | 9.82% |
| Inpatient Gross Revenue | \$5,475,000 | \$6,558,000 | \$7,205,000 | \$7,653,000 | |
| Inpatient Contractual Adj's | (\$2,902,000) | (\$3,495,000) | (\$3,365,000) | (\$3,753,000) | |
| Net Inpatient Revenue | \$2,573,000 | \$3,063,000 | \$3,840,000 | \$3,900,000 | 1.56% |
| Pharmacy Gross Revenue | \$8,717,000 | \$8,768,000 | \$9,652,000 | \$8,996,000 | |
| Pharmacy Contractual Adj's | (\$4,842,000) | (\$4,778,000) | (\$5,455,000) | (\$4,948,000) | |
| Net Pharmacy Revenue | \$3,875,000 | \$3,990,000 | \$4,197,000 | \$4,048,000 | -3.55% |
| Net Patient Revenue | \$41,858,800 | \$41,969,500 | \$43,547,000 | \$42,236,800 | -3.01% |
| State Addendums | \$1,570,000 | \$1,763,489 | \$2,512,000 | \$2,132,700 | -15.10% |
| State Grant-In-Aid | \$3,900,000 | \$3,901,436 | \$3,901,436 | \$3,901,436 | 0.00% |
| County Appropriations | \$8,762,305 | \$8,834,788 | \$8,924,688 | \$7,671,118 | -14.05% |
| Other Income | \$2,436,250 | \$2,093,017 | \$1,851,000 | \$5,928,723 | 220.30% |
| TOTAL REVENUE | \$58,527,355 | \$58,562,230 | \$60,736,124 | \$61,870,777 | 1.87% |

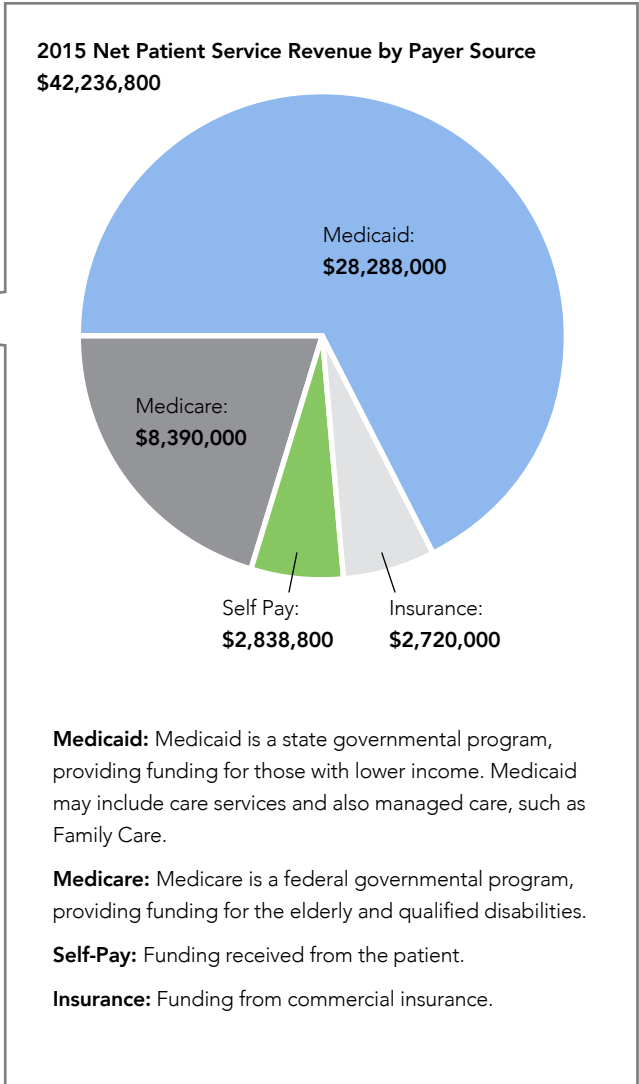
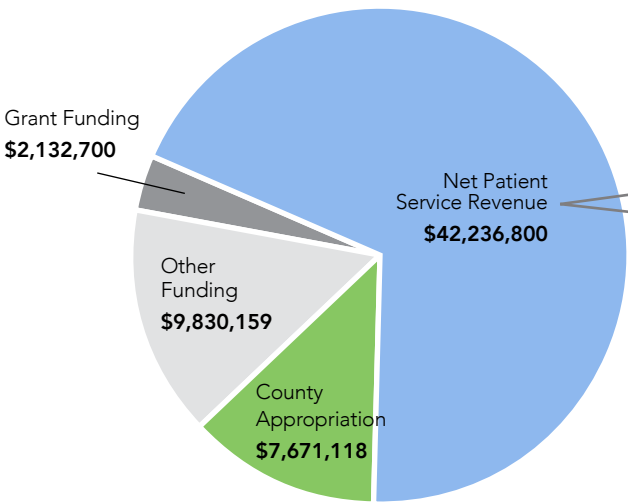
2017 EXPENSE BUDGET COMPARISONS

| DESCRIPTION | 2014 BUDGET | 2015 BUDGET | 2016 BUDGET | 2017 BUDGET | % OF CHANGE |
|-----------------------------------|---------------------|---------------------|---------------------|---------------------|----------------|
| Salaries and Wages | \$29,611,391 | \$29,066,696 | \$30,972,254 | \$30,474,824 | -1.61% |
| Employee Benefits | \$12,184,000 | \$11,820,000 | \$11,480,000 | \$11,626,000 | 1.27% |
| Program Supplies and Expense | \$7,667,097 | \$8,010,253 | \$8,329,670 | \$8,781,340 | 5.42% |
| Purchased and Contracted Services | \$5,102,917 | \$5,500,587 | \$5,643,600 | \$6,907,349 | 22.39% |
| Utilities | \$828,800 | \$935,294 | \$874,850 | \$611,447 | -30.11% |
| Education and Travel | \$464,050 | \$417,400 | \$419,750 | \$351,817 | -16.18% |
| Depreciation and Insurance | \$2,169,100 | \$2,212,000 | \$2,216,000 | \$2,118,000 | -4.42% |
| State Institutes | \$500,000 | \$600,000 | \$800,000 | \$1,000,000 | 25.00% |
| TOTAL EXPENSES | \$58,527,355 | \$58,562,230 | \$60,736,124 | \$61,870,777 | 1.87% |

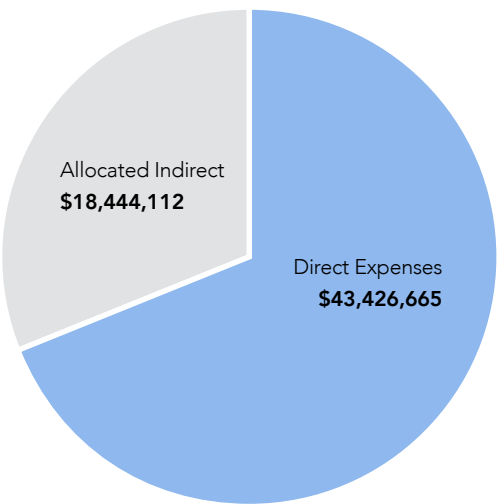


2017 REVENUE & EXPENSE OVERVIEW

2017 Total Revenue: **\$61,870,777**



2017 Total Expense: **\$61,870,777**



2017 REVENUE & EXPENSE DETAIL

| | REVENUE: NET PATIENT SERVICE REV | GRANT FUNDING | OTHER FUNDING | TOTAL REVENUE | EXPENSE: DIRECT EXPENSES | ALLOCATED INDIRECT EXP | TOTAL EXPENSES |
|---|--|--------------------|---------------------|---------------------|--------------------------------|---------------------------|---------------------|
| MARATHON COUNTY-DIRECT SERVICES: | | | | | | | |
| Outpatient Services | \$897,000 | \$280,000 | \$1,069,120 | \$2,246,120 | \$1,288,103 | \$958,018 | \$2,246,121 |
| Psychiatry Services | \$463,000 | | \$1,131,961 | \$1,594,961 | \$1,164,762 | \$430,199 | \$1,594,961 |
| Community Treatment | \$4,103,000 | \$431,000 | \$902,632 | \$5,436,632 | \$4,466,095 | \$793,196 | \$5,259,291 |
| Day Services | \$1,579,000 | | \$244,689 | \$1,823,689 | \$1,284,943 | \$532,407 | \$1,817,350 |
| Clubhouse | \$208,000 | | \$239,097 | \$447,097 | \$364,395 | \$82,702 | \$447,097 |
| Lakeside Recovery | \$165,000 | | \$326,613 | \$491,613 | \$310,583 | \$181,030 | \$491,613 |
| Demand Transportation | \$57,300 | \$237,700 | \$114,644 | \$409,644 | \$350,519 | \$59,125 | \$409,644 |
| Aquatic Services | \$551,000 | | \$390,956 | \$941,956 | \$477,251 | \$464,705 | \$941,956 |
| Pharmacy | \$2,248,000 | | \$289,942 | \$2,537,942 | \$2,338,731 | \$199,211 | \$2,537,942 |
| Subtotals | \$10,271,300 | \$948,700 | \$4,709,654 | \$15,929,654 | \$12,045,382 | \$3,700,593 | \$15,745,975 |
| LANGLADE COUNTY-DIRECT SERVICES: | | | | | | | |
| Outpatient Services | \$280,000 | \$51,000 | \$376,399 | \$707,399 | \$434,733 | \$272,666 | \$707,399 |
| Psychiatry Services | \$25,000 | | \$167,299 | \$192,299 | \$118,177 | \$74,122 | \$192,299 |
| Community Treatment | \$650,000 | \$136,000 | \$261,082 | \$1,047,082 | \$643,485 | \$403,597 | \$1,047,082 |
| Day Services | \$361,000 | | \$98,446 | \$459,446 | \$279,880 | \$175,542 | \$455,422 |
| Subtotals | \$1,316,000 | \$187,000 | \$903,226 | \$2,406,226 | \$1,476,275 | \$925,927 | \$2,402,202 |
| LINCOLN COUNTY-DIRECT SERVICES: | | | | | | | |
| Outpatient Services | \$197,000 | \$71,000 | \$294,378 | \$562,378 | \$359,293 | \$203,084 | \$562,377 |
| Psychiatry Services | \$60,000 | | \$322,727 | \$382,727 | \$244,517 | \$138,210 | \$382,727 |
| Community Treatment | \$622,000 | \$182,000 | \$330,483 | \$1,134,483 | \$724,801 | \$409,682 | \$1,134,483 |
| Subtotals | \$879,000 | \$253,000 | \$947,588 | \$2,079,588 | \$1,328,611 | \$750,976 | \$2,079,587 |
| SHARED SERVICES: | | | | | | | |
| Inpatient | \$4,000,000 | | \$896,367 | \$4,896,367 | \$3,749,220 | \$1,147,147 | \$4,896,367 |
| CBRF | \$638,000 | | \$151,236 | \$789,236 | \$230,238 | \$216,224 | \$446,462 |
| Crisis Services | \$151,000 | | \$2,175,934 | \$2,326,934 | \$1,580,119 | \$746,815 | \$2,326,934 |
| Protective Services | \$500 | \$225,000 | \$448,293 | \$673,793 | \$488,963 | \$184,830 | \$673,793 |
| Birth To Three | \$379,000 | \$519,000 | \$918,226 | \$1,816,226 | \$1,384,133 | \$432,093 | \$1,816,226 |
| Residential-Group Homes | \$2,424,000 | | \$24,300 | \$2,448,300 | \$1,769,142 | \$592,985 | \$2,362,127 |
| Residential-Apartments | \$2,337,000 | | \$23,896 | \$2,360,896 | \$1,993,467 | \$459,941 | \$2,453,408 |
| Contract Services (State Institute) | \$0 | | \$1,118,839 | \$1,118,839 | \$1,000,000 | \$118,839 | \$1,118,839 |
| Interest Income | | | \$100,000 | \$100,000 | | | |
| Subtotals | \$9,929,500 | \$744,000 | \$5,857,091 | \$16,530,591 | \$12,195,282 | \$3,898,874 | \$16,094,156 |
| NURSING HOME SERVICES: | | | | | | | |
| Long Term Care | \$3,978,000 | | \$1,384,494 | \$5,362,494 | \$3,042,882 | \$2,548,364 | \$5,591,246 |
| Post Acute Care | \$5,528,000 | | \$1,399,466 | \$6,927,466 | \$4,910,718 | \$2,494,298 | \$7,405,016 |
| Dementia Care | \$6,418,000 | | \$2,091,824 | \$8,509,824 | \$5,550,501 | \$3,593,109 | \$9,143,610 |
| Pharmacy | \$1,800,000 | | \$153,264 | \$1,953,264 | \$1,693,564 | \$144,256 | \$1,837,820 |
| Ancillary | \$140,000 | | \$123 | \$140,123 | \$114,000 | \$13,793 | \$127,793 |
| Rehab Services | \$1,977,000 | | \$54,547 | \$2,031,547 | \$1,069,450 | \$373,922 | \$1,443,372 |
| Subtotals | \$19,841,000 | \$0 | \$5,083,718 | \$24,924,718 | \$16,381,115 | \$9,167,742 | \$25,548,857 |
| Total NCHC | \$42,236,800 | \$2,132,700 | \$17,501,277 | \$61,870,777 | \$43,426,665 | \$18,444,112 | \$61,870,777 |



2017 GRANT FUNDING

| GRANT | AODA BLOCK GRANT | MH BLOCK FUNDS | IDP EXPANSION | CST MH PROG. | CERTIFIED GRANT | 85.21 LTS | CHILDREN GRANT | APS GRANT | BIRTH TO THREE FUNDING | TOTAL GRANT |
|--|------------------------|----------------------|------------------|------------------|--------------------|------------------|-------------------|------------------|------------------------------|--------------------|
| MARATHON COUNTY-DIRECT SERVICES | | | | | | | | | | |
| Outpatient Services | \$211,000 | | \$69,000 | | | | | | | \$280,000 |
| Psychiatry Services | | | | | | | | | | \$0 |
| Community Treatment | | \$51,000 | | \$60,000 | \$320,000 | | | | | \$431,000 |
| Day Services | | | | | | | | | | \$0 |
| Clubhouse | | | | | | | | | | \$0 |
| Lakeside Recovery | | | | | | | | | | \$0 |
| Demand Transportation | | | | | | \$237,700 | | | | \$237,700 |
| Aquatic Services | | | | | | | | | | \$0 |
| Pharmacy | | | | | | | | | | \$0 |
| Subtotals | \$211,000 | \$51,000 | \$69,000 | \$60,000 | \$320,000 | \$237,700 | \$0 | \$0 | \$0 | \$948,700 |
| LANGLADE COUNTY-DIRECT SERVICES | | | | | | | | | | |
| Outpatient Services | \$35,000 | | \$16,000 | | | | | | | \$51,000 |
| Psychiatry Services | | | | | | | | | | \$0 |
| Community Treatment | | \$8,000 | | \$60,000 | \$28,000 | | \$40,000 | | | \$136,000 |
| Day Services | | | | | | | | | | \$0 |
| Subtotals | \$35,000 | \$8,000 | \$16,000 | \$60,000 | \$28,000 | \$0 | \$40,000 | \$0 | \$0 | \$187,000 |
| LINCOLN COUNTY-DIRECT SERVICES | | | | | | | | | | |
| Outpatient Services | \$50,000 | | \$21,000 | | | | | | | \$71,000 |
| Psychiatry Services | | | | | | | | | | \$0 |
| Community Treatment | | \$11,000 | | \$60,000 | \$41,000 | | \$70,000 | | | \$182,000 |
| Subtotals | \$50,000 | \$11,000 | \$21,000 | \$60,000 | \$41,000 | \$0 | \$70,000 | \$0 | \$0 | \$253,000 |
| SHARED SERVICES | | | | | | | | | | |
| Inpatient | | | | | | | | | | \$0 |
| CBRF | | | | | | | | | | \$0 |
| Crisis Services | | | | | | | | | | \$0 |
| Protective Services | | | | | | | | \$225,000 | | \$225,000 |
| Birth To Three | | | | | | | | | \$519,000 | \$519,000 |
| Residential-Group Homes | | | | | | | | | | \$0 |
| Residential-Apartments | | | | | | | | | | \$0 |
| Contract Services (State Institute) | | | | | | | | | | \$0 |
| Subtotals | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$225,000 | \$519,000 | \$744,000 |
| NURSING HOME SERVICES: | | | | | | | | | | |
| Long Term Care | | | | | | | | | | \$0 |
| Post Acute Care | | | | | | | | | | \$0 |
| Dementia Care | | | | | | | | | | \$0 |
| Pharmacy | | | | | | | | | | \$0 |
| Ancillary | | | | | | | | | | \$0 |
| Rehab Services | | | | | | | | | | \$0 |
| Subtotals | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Total NCHC | \$296,000 | \$70,000 | \$106,000 | \$180,000 | \$389,000 | \$237,700 | \$110,000 | \$225,000 | \$519,000 | \$2,132,700 |

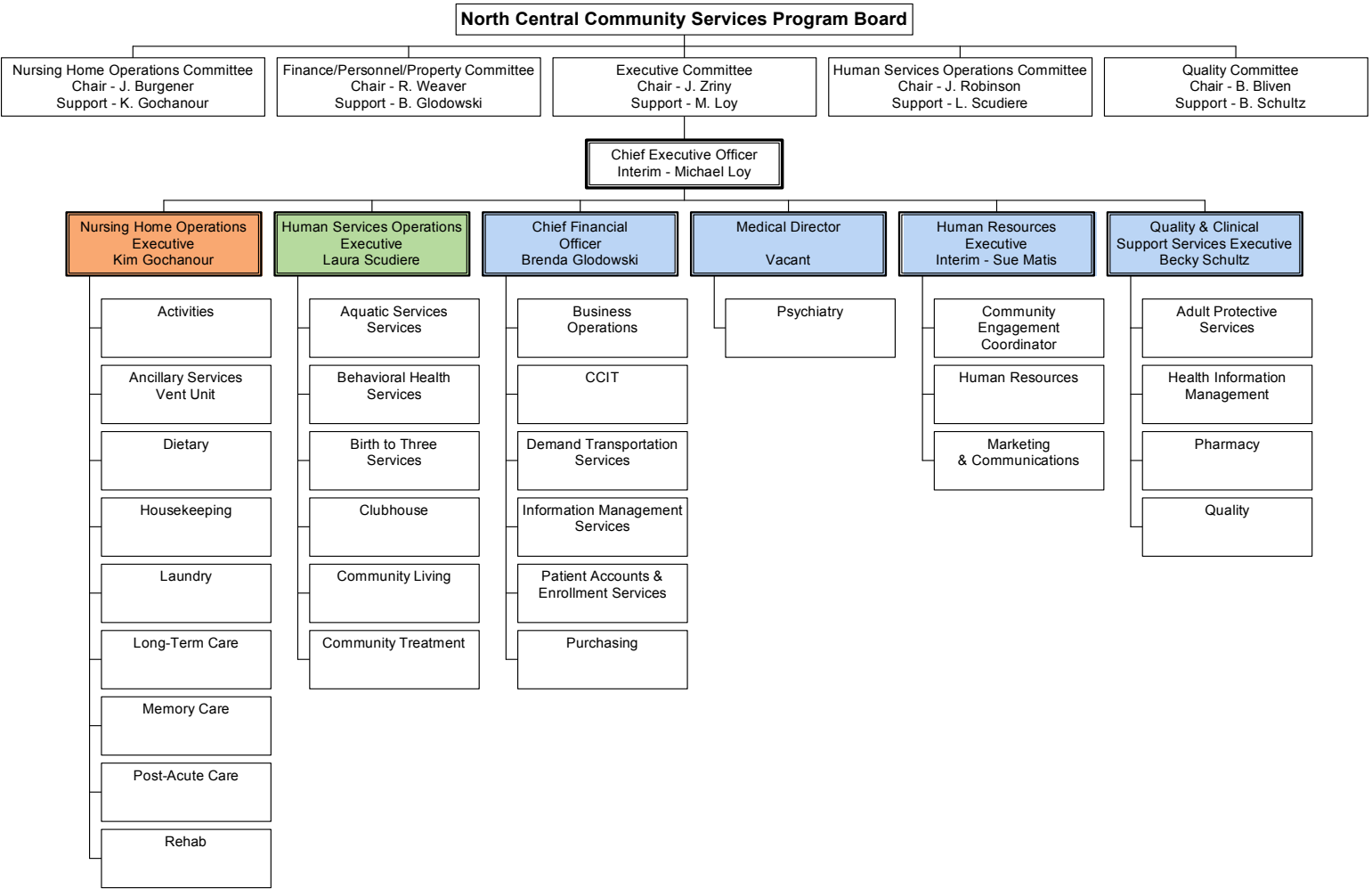


2017 FUNDING BY OTHER SOURCES

| | OWI SURCHARGES | COP | DVR | CONTRACT SERVICES | WIMCR | SUPPL. PAYMENT | OTHER | ALLOCATED REVENUE | MARATHON CO. MATCH (MAINT.) | BASE COUNTY ALLOCATION | COUNTY APPRO- PRIATION | TOTAL OTHER FUNDING |
|---|-------------------|-----------------|------------------|----------------------|------------------|--------------------|------------------|----------------------|-----------------------------------|------------------------------|------------------------------|---------------------------|
| MARATHON COUNTY-DIRECT SERVICES: | | | | | | | | | | | | |
| Outpatient Services | \$125,000 | | | \$14,000 | \$1,000 | | | \$19,845 | \$55,058 | \$544,000 | \$310,217 | \$1,069,120 |
| Psychiatry Services | | | | | \$4,000 | | | \$20,186 | \$10,071 | \$630,000 | \$467,704 | \$1,131,961 |
| Community Treatment | | | \$60,000 | | \$95,000 | | | \$22,588 | \$14,417 | \$523,122 | \$187,505 | \$902,632 |
| Day Services | | | \$30,000 | \$130,000 | | | | \$13,208 | \$71,481 | | | \$244,689 |
| Clubhouse | | | \$20,000 | | | | \$121,500 | \$2,597 | \$0 | | \$95,000 | \$239,097 |
| Lakeside Recovery | | | | | | | | \$2,325 | \$46,600 | | \$277,688 | \$326,613 |
| Demand Transportation | | | | \$110,000 | | | | \$4,178 | \$466 | | | \$114,644 |
| Aquatic Services | | | | | | | \$99,000 | \$3,904 | \$137,725 | | \$150,327 | \$390,956 |
| Pharmacy | | | | \$140,800 | | | \$14,000 | \$9,506 | \$10,191 | | \$115,445 | \$289,942 |
| Subtotals | \$125,000 | \$0 | \$110,000 | \$394,800 | \$100,000 | \$0 | \$234,500 | \$98,337 | \$346,009 | \$1,697,122 | \$1,603,886 | \$4,709,654 |
| LANGLADE COUNTY-DIRECT SERVICES: | | | | | | | | | | | | |
| Outpatient Services | \$20,000 | | | | \$10,000 | | | \$56,617 | | \$190,000 | \$99,782 | \$376,399 |
| Psychiatry Services | | | | | | | | \$15,391 | | \$86,000 | \$65,908 | \$167,299 |
| Community Treatment | | \$34,000 | \$1,000 | | \$40,000 | | | \$83,804 | | \$70,996 | \$31,278 | \$261,078 |
| Day Services | | | \$50,000 | \$12,000 | | | | \$36,450 | | | | \$98,450 |
| Subtotals | \$20,000 | \$34,000 | \$51,000 | \$12,000 | \$50,000 | \$0 | \$0 | \$192,262 | \$0 | \$346,996 | \$196,968 | \$903,226 |
| LINCOLN COUNTY-DIRECT SERVICES: | | | | | | | | | | | | |
| Outpatient Services | \$25,000 | | | | \$10,000 | | | \$4,868 | | \$166,000 | \$88,510 | \$294,378 |
| Psychiatry Services | | | | | | | | \$3,313 | | \$184,000 | \$135,415 | \$322,728 |
| Community Treatment | | \$31,000 | \$3,000 | | \$40,000 | | | \$9,820 | | \$211,247 | \$35,415 | \$330,482 |
| Subtotals | \$25,000 | \$31,000 | \$3,000 | \$0 | \$50,000 | \$0 | \$0 | \$18,001 | \$0 | \$561,247 | \$259,340 | \$947,588 |
| SHARED SERVICES: | | | | | | | | | | | | |
| Inpatient | | | | | | | | \$28,094 | \$100,589 | \$400,000 | \$367,684 | \$896,367 |
| CBRF | | | | | \$100,000 | | | \$4,636 | \$46,600 | | | \$151,236 |
| Crisis Services | | | | | \$100,000 | | | \$15,652 | \$10,145 | \$896,071 | \$1,154,066 | \$2,175,934 |
| Protective Services | | | | | | | | \$8,339 | \$4,731 | | \$435,223 | \$448,293 |
| Birth To Three | | | | | \$50,000 | | | \$9,219 | \$23,895 | | \$835,112 | \$918,226 |
| Residential-Group Homes | | | | | | | | \$24,300 | \$0 | | | \$24,300 |
| Residential-Apartments | | | | | | | | \$23,896 | \$0 | | | \$23,896 |
| Contract Services (State Institute) | | | | | | | | \$0 | \$0 | | \$1,118,839 | \$1,118,839 |
| Interest Income | | | | | | | \$100,000 | | | | | \$100,000 |
| Subtotals | \$0 | \$0 | \$0 | \$0 | \$250,000 | \$0 | \$100,000 | \$114,136 | \$185,960 | \$1,296,071 | \$3,910,924 | \$5,857,091 |
| NURSING HOME SERVICES: | | | | | | | | | | | | |
| Long Term Care | | | | | | \$647,000 | | \$49,951 | \$396,543 | | \$291,000 | \$1,384,494 |
| Post Acute Care | | | | | | \$419,000 | | \$46,017 | \$328,449 | | \$606,000 | \$1,399,466 |
| Dementia Care | | | | \$100,000 | | \$734,000 | | \$80,812 | \$374,012 | | \$803,000 | \$2,091,824 |
| Pharmacy | | | | \$139,000 | | | | \$6,884 | \$7,380 | | | \$153,264 |
| Ancillary | | | | | | | | \$123 | \$0 | | | \$123 |
| Rehab Services | | | | | | | | \$8,217 | \$46,330 | | | \$54,547 |
| Subtotals | \$0 | \$0 | \$0 | \$239,000 | \$0 | \$1,800,000 | \$0 | \$192,004 | \$1,152,714 | \$0 | \$1,700,000 | \$5,083,718 |
| TOTAL NCHC | \$170,000 | \$65,000 | \$164,000 | \$645,800 | \$450,000 | \$1,800,000 | \$334,500 | \$614,740 | \$1,684,683 | \$3,901,436 | \$7,671,118 | \$17,501,277 |



ORGANIZATIONAL CHART





HUMAN SERVICES OPERATIONS

2017 BUDGET BY PROGRAM

North Central Health Care's Human Services Operations include shared and direct community services programs provided under the 51.42 umbrella. These services are the core services for which North Central Health Care was created. The State of Wisconsin offers direction on programming on varying levels in discharging the Counties' delegated primary responsibility for the prevention or amelioration of mental disabilities, including but not limited to mental illness, developmental disabilities, alcoholism and drug abuse. There are a number of programs contained within the Human Services Operations grouped into broad departments to deliver community services programs. The following programs are the consolidated service areas for NCHC's Human Services Operations:

| | |
|---|----|
| Human Services Operations Administration | 32 |
| Behavioral Health Services | |
| Emergency and Crisis Services | 33 |
| Contracted Services | 35 |
| Inpatient Psychiatric Hospital | 36 |
| Crisis CBRF | 38 |
| Lakeside Recovery MMT | 39 |
| Community Living | |
| Administration | 40 |
| Day Services | 41 |
| Residential – Supported Apartments | 43 |
| Residential – Community Based Rehabilitation Facility | 45 |
| Community Treatment | |
| Community Treatment Programs | 46 |
| Birth to Three Program | 49 |
| Outpatient Services | |
| Administration | 51 |
| Outpatient Mental Health & Substance Abuse | 52 |
| Psychiatry | 55 |
| Adult Protective Services | 57 |
| Aquatic Services | 59 |
| Community Corner Clubhouse | 61 |
| Demand Transportation | 63 |



HUMAN SERVICES OPERATIONS

■ HUMAN SERVICES OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight for all Human Services operations is consolidated into a separate program and is allocated out to each program based on direct expenses.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|---------------------------|------------|------------|
| Human Services Operations | | |
| Executive | 1.0 | 1.0 |
| Behavioral Health Liaison | 0.0 | 1.0 |
| Total | 1.0 | 2.0 |

BUDGET HIGHLIGHTS

The primary change in the Human Services Operation Administration budget is the reduction of the full-time Behavioral Health Liaison position. The Behavioral Health Liaison was responsible for identifying and assessing mental health, substance abuse and other related health issues within the community (Langlade, Lincoln & Marathon Counties), to identify gaps and work in collaboration with other community resources to develop and implement strategies to bridge identified gaps and meet community needs. The position has added a lot of value by coordination of internal and external behavioral health activities and events in the community. However, in the financial balancing of priorities in this year's budget and loss of funding the position was identified for reduction.

The reduction in revenue from State Addendum Grants ended in 2016. The Strategic Prevention Framework Partnership Grant was the primary funding source for the Behavioral Health Liaison position.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Other Revenue | 15 | - | - |
| State Addendum Grants | 149,398 | 80,000 | - |
| TOTAL REVENUE | 149,413 | 80,000 | - |
| Salaries | 302,680 | 210,018 | 144,999 |
| Benefits | 111,602 | 77,844 | 55,316 |
| Other Direct Expenses | 40,073 | 87,525 | 37,641 |
| TOTAL EXPENSES | 454,355 | 375,387 | 237,956 |



BEHAVIORAL HEALTH SERVICES

Behavioral Health Services includes Emergency and Crisis Services, Contract Services (Diversions), Inpatient Psychiatric Hospital, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment programs. These programs are some of the most important and needed services in our community. Demand for these services have grown considerably and have created many financial and system pressures.

BEHAVIORAL HEALTH SERVICES

■ *Emergency and Crisis Services*

DESCRIPTION

North Central Health Care Emergency & Crisis Services is a state certified program offering services to residents of Marathon, Langlade and Lincoln counties. Services include a 24-hour Crisis Center, a 24-hour Hotline, Mobile Crisis response team and Youth Crisis. Individualized services are provided in the least restrictive manner utilizing natural and peer supports whenever possible. The focus of the program is on prevention and de-escalation of crisis situations, while also offering community based options. The program is equipped with resources to assess and divert many situations from an inpatient hospitalization.

Crisis Center: 24-hour specialized assistance with urgent mental health, developmental disability or substance abuse needs and may also act as an in-house, short-term Crisis Stabilization Unit. Support will be provided to stabilize the conditions of acute mental health symptoms. Acting as a triage center, much of what the Crisis Center does is get the individual to the location or access to services that they need to alleviate their crisis.

Crisis & Suicide Prevention Hotline: The Crisis & Suicide Prevention Hotline is confidential and anonymous. Specially trained staff provide emergency and crisis counseling over the phone, including intervention. Assistance is provided 24 hours a day, 7 days a week with emotional, mental health, suicide prevention or substance abuse situations.

Mobile Crisis: The Mobile Crisis Services team is a state certified Mobile Crisis Unit that travels to avert a crisis and de-escalate a situation. Assessments and interventions by the Mobile Crisis Team are available on-site at the North Central Health Care offices in Wausau, Antigo and Merrill, or with law enforcement out in the community. The Mobile Crisis teams are made up of trained personnel in the area of crisis intervention and utilize physicians, nurses, law enforcement personnel, psychiatrists, mental health technicians, and other specially trained staff. The team offers an assessment and assists with the disposition of the crisis situation. Disposition may include, but is not limited to, the following:

inpatient psychiatric treatment, crisis bed placement, youth crisis bed, and other community placements. The team can also provide linkage and follow-up services with other community providers and agencies to ensure continuity of care.

Youth Crisis: The Youth Crisis Services serves children and adolescents under the age of 18. Support will be provided to stabilize the conditions of acute mental health symptoms and short-term respite, one-on-one counseling, monitoring and support will be provided in a separate area designated for youth on the Wausau Campus.

POPULATION SERVED

All ages and legal status are served by the Crisis Center Services. Anyone and everyone who is having a crisis related to mental illness, substance abuse or suicide may be served in some capacity. Elderly, developmentally disabled individuals, families, children, and adults may all be served in the Crisis Center. The Crisis Center also provides referrals to other organizations when needs are related to situations such as job loss, spousal abuse, housing and other life issues that do not rise to the level of a "crisis".

REGULATIONS

Crisis Services are certified by the Department of Health Services, Chapter DHS 34.

HOURS/DAYS OF SERVICE

Mobile Crisis Services are available for residents in:

Lincoln & Marathon Counties:
24 hours/day, 7 days/week, 365 days/year

Langlade County: 10:00 am – 4:00 pm,
Monday – Friday only, excluding holidays



BEHAVIORAL HEALTH SERVICES

■ Emergency and Crisis Services

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------------------|------------|------------|
| Manager | 1.0 | 0.0 |
| Court Liaison | 1.0 | 1.0 |
| Crisis Service Professionals | 13.6 | 7.6 |
| Crisis Service Specialist | 0.0 | 6.0 |
| RN Case Manager | 1.0 | 0.0 |
| Law Enforcement Liaison | 0.5 | 0.0 |
| Transportation Staff | 4.60 | 0.0 |
| Youth Crisis Workers | 4.20 | 0.0 |
| TOTAL | 25.90 | 14.90 |

BUDGET HIGHLIGHTS

Over the last year there has been significant investment in Emergency and Crisis Services. There have been multiple phases of expansion in this service area. The first major expansion included both the increase in staffing and conversion of Crisis staff from paraprofessional to professional with corresponding increases in educational requirements and compensation. The second expansion was approved by the NCCSP Board in 2016 for additional staffing including an RN Case Manager, Transportation staff, a Law Enforcement Liaison and the

conversion of Youth Crisis staffing from an on-call staffing model to scheduled staffing. Increases in expenses had corresponding increases in WIMCR funding, and necessitated additional county appropriation and base county allocation from other programs.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 43,223 | 79,000 | 100,000 |
| WIMCR | 0 | 0 | 100,000 |
| Base County Allocation | 486,000 | 471,000 | 896,071 |
| County Appropriation | 425,498 | 502,985 | 1,154,066 |
| Allocated Revenue | 11,641 | 3,281 | 15,652 |
| Contract Services | 50,805 | 51,000 | 51,000 |
| Other Revenue | 18,420 | 152,000 | - |
| Marathon County Match (Maintenance) | - | - | 10,145 |
| TOTAL REVENUE | 1,035,587 | 1,259,265 | 2,326,934 |
| Salaries | 625,496 | 601,918 | 1,116,572 |
| Benefits | 238,963 | 222,648 | 425,967 |
| Other Direct Expenses | 36,475 | 13,892 | 37,580 |
| TOTAL EXPENSES | 900,933 | 838,458 | 1,580,119 |



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Contracted Services

DESCRIPTION

For all individuals in Marathon, Lincoln and Langedade counties under the age of 13, or other individuals NCHC is unable to serve locally for inpatient care, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

BUDGET HIGHLIGHTS

Contract Services expense represent the cost of diversions of patients to other inpatient psychiatric care institutes. Traditionally this program has only included state institute costs. In 2017 we are increasing the projected expense as these costs continue to escalate due to volume pressures. Additionally, we have removed the payments for non-state institute expenses from the Inpatient Hospital program budget to consolidate all external diversion costs into one program. The 2017 Budget does not increase the expenditures to the level of diversion costs projected to be experienced in the 2016 Budget. With no new revenue sources from County Appropriation or existence of alternative revenue sources there will be pressure for management to dramatically decrease the volume of diversion costs in 2017. This will be a significant financial and operational challenge in the coming year.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|------------------------------|------------------|----------------|------------------|
| Net Patient Services Revenue | - | - | - |
| COP | 81,136 | - | - |
| County Appropriation | 701,807 | 955,323 | 1,118,839 |
| TOTAL REVENUE | 782,943 | | |
| Other Direct Expenses | 1,356,163 | 800,000 | 1,065,000 |
| TOTAL EXPENSES | 1,356,163 | 800,000 | 1,065,000 |



BEHAVIORAL HEALTH SERVICES

■ *Inpatient Psychiatric Hospital*

DESCRIPTION

North Central Health Care provides inpatient behavioral health services through our Inpatient Psychiatric Hospital for individuals who have severe psychiatric and detoxification needs. The Inpatient Psychiatric Hospital is an adult unit that provides assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of an acute mental health crisis. The Inpatient Psychiatric Hospital offers psychiatric and alcohol detoxification services on both a voluntary and involuntary basis on a 16-bed unit located on the Wausau Campus.

Within the umbrella of inpatient service offerings, NCHC also has Contracted Services and the Ambulatory Detoxification Program. Contracted Services includes the expenses related to inpatient hospitalization in other institutes for several reasons including but not limited to: unit capacity limits, age and stability of patients.

The North Central Health Care Ambulatory Detoxification Program is an outpatient model for individuals requiring detoxification from drugs and alcohol. The program is unique in that it provides many of the benefits of inpatient detoxification but in a setting that is more cost effective and less restrictive. While the program is technically an Outpatient Program, it is housed within the Inpatient Psychiatric Hospital program because of the cross utilization of staff between both programs to achieve maximum efficiency.

The Ambulatory Detoxification Program consists of a medically managed, monitored and structured detoxification service provided on an outpatient, voluntary basis and delivered by a physician or other service personnel acting under the supervision of a physician. Management and monitoring of intoxication withdrawal will be performed by nursing staff, including assessment and dispensing of medications to assist with withdrawal and referrals for ongoing addiction and substance abuse treatment. The service will generally be limited to 48 hours or less but may extend in duration for specific cases.

POPULATION SERVED

All individuals in Marathon, Lincoln and Langlade counties with severe psychiatric and detoxification needs are served. Inpatient Psychiatric Hospital provides care for those 13 and older. For those under the age of 13, or other individuals we are unable to serve locally, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

NCHC's Ambulatory Detoxification Program provides care for individuals age 18 and older from Marathon, Lincoln and Langlade counties in need of detoxification for alcohol and opiate withdrawal in an ambulatory outpatient setting who do not require general hospital services for alcohol poisoning or who are not severely medically compromised.

REGULATIONS

The hospital is licensed by the State of Wisconsin. Additionally, the hospital is certified by the Department of Health Services, Chapter DHS 124 & Chapter DHS 75 (medical detoxification). Compliance with the Center for Medicare/Medicaid Services Conditions of Participation is also required.

Ambulatory Detoxification services are certified by the Department of Health Services under Chapter DHS 75.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



BEHAVIORAL HEALTH SERVICES

■ Inpatient Psychiatric Hospital

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|----------------------------------|------------|------------|
| Director | 1.0 | 1.0 |
| Master Social Worker | 1.0 | 1.0 |
| Bachelor Social Worker | 1.0 | 1.0 |
| Social Work Manager | 0.0 | 1.0 |
| Nurse Practitioner | 1.4 | 1.2 |
| Psychiatrist | 1.0 | 1.0 |
| Occupational Therapist | 1.0 | 1.0 |
| Occupational Therapist Assistant | 1.0 | 1.0 |
| Nurse Manager | 1.0 | 1.0 |
| RN | 9.77 | 6.4 |
| LPN | 1.0 | 1.8 |
| Behavioral Health Tech | 6.30 | 8.4 |
| Medical Scribe | 0.5 | 0.5 |
| Utilization Review | 0.5 | 0.5 |
| Total | 25.97 | 27.3 |

BUDGET HIGHLIGHTS

The Inpatient Hospital has a capacity of 16 patients with authority to increase beds to accommodate up to 20 patients in cases of emergency as defined by NCHC. In 2016, our census has consistently come in above the budgeted average daily census of 14 patients with the hospital census reaching 20 patients at times during the course of the year. The patient turns, discharges and admissions, have continued to increase as the length of stay is pressured by the increased demand for inpatient hospitalization. This also increased the contracted services cost for diversions. The budgeted census for 2017 remains at 14 patients per day.

Large changes in Base County Allocation and County Appropriation revenue were necessitated by the increasing costs in Emergency and Crisis Services, thereby decreasing the contribution margin of the hospital significantly in 2017. In the Other Direct Expenses, the 2017 Budget assumptions includes the reduction for non-state institute diversions both in the shifting of these costs to the contracted services budget and overall reduction in diversion to these non-state institutes in 2017.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 4,215,542 | 3,840,000 | 4,000,000 |
| Base County Allocation | - | 1,041,000 | 400,000 |
| County Appropriation | 2,556,162 | 1,012,682 | 367,684 |
| Allocated Revenue | 16,026 | 15348 | 28,094 |
| Other Revenue | 149,209 | - | - |
| Marathon County Match (Maintenance) | - | - | 100,589 |
| TOTAL REVENUE | 6,936,939 | 5,909,030 | 4,896,367 |
| Salaries | 1,929,101 | 1,876,004 | 2,044,163 |
| Benefits | 736,758 | 693,873 | 779,838 |
| Other Direct Expenses | 2,093,627 | 1,053,367 | 860,219 |
| TOTAL EXPENSES | 4,759,486 | 3,623,244 | 3,684,220 |



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Crisis Community Based Residential Facility (CBRF)

DESCRIPTION

Lakeside Recovery Crisis CBRF is a brief therapeutic mental health and substance abuse stabilization program operated 24-hours a day in a community based setting. This 6 bed program provides observation, medication monitoring, basic case management and planned activities under the supervision of specially trained CBRF staff.

POPULATION SERVED

This program serves the needs of individuals with mental health or substance abuse disorders as an alternative diversion for those who do not meet criteria for emergency inpatient admission or as a step down from emergency inpatient services.

REGULATIONS

The Crisis CBRF is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------------|-------------|------------|
| Manager | 0.5 | 1.0 |
| Crisis Tech | 1.86 | 5.6 |
| Behavioral Health Tech | 1.86 | 0.0 |
| TOTAL | 4.22 | 6.6 |

BUDGET HIGHLIGHTS

Salary changes are the major change in the Crisis CBRF program in 2017. These changes comes from a rebalancing between the Crisis CBRF program and Lakeside Recovery MMT program as these two programs share the same operational space. The 2017 Budget better reflects the salary expense in both of these programs.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 730,719 | 766,000 | 638,000 |
| WIMCR | 100,460 | - | 100,000 |
| County Appropriation | 113,749 | - | - |
| Allocated Revenue | 15,553 | 5,742 | 4,636 |
| Other Revenue | - | - | - |
| Marathon County Match (Maintenance) | - | - | 46,600 |
| TOTAL REVENUE | 960,481 | 771,742 | 789,236 |
| Salaries | 117,609 | 238,876 | 153,753 |
| Benefits | 41,859 | 88,377 | 58,656 |
| Other Direct Expenses | 13,747 | 14,100 | 17,829 |
| TOTAL EXPENSES | 173,215 | 341,353 | 230,238 |



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Lakeside Recovery Medically Monitored Treatment (MMT)

DESCRIPTION

Lakeside Recovery Medically Monitored Treatment is a 21-day substance abuse recovery program operated 24-hours a day in a community-based setting. This 6 bed program provides observation, medication monitoring, and treatment by a multi-disciplinary team under the supervision of a physician.

POPULATION SERVED

This program serves the needs of clients that meet a high level criteria for substance abuse and dependence under Wisconsin Chapter 75.11 regulations for Medically Monitored Treatment.

REGULATIONS

The MMT program is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------------|-------------|------------|
| Manager | 0.5 | 0.0 |
| Counselor | 1.0 | 2.0 |
| Registered Nurse | 0.2 | 0.2 |
| Peer Specialist | 0.0 | 0.5 |
| Nursing Assistant | 0.0 | 5.0 |
| Behavioral Health Tech | 1.86 | 0.0 |
| Crisis Tech | 1.86 | 0.0 |
| TOTAL | 5.42 | 7.7 |

BUDGET HIGHLIGHTS

The Lakeside Recovery program had its first full operational year in 2016 which has provided increased budgeting insight into the necessary operational revenues and expenses. There are 6 beds available in the program with a significant waitlist. In 2017, we will work on a proposal to greatly expand this program to meet community need if supporting revenues are identified to offset the increased expense to do so. There is discussion and collaboration with the State of Wisconsin to provide new Medicaid funding for these services in 2017.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 37,078 | 50,000 | 165,000 |
| County Appropriation | 211,685 | 228,863 | 277,688 |
| Allocated Revenue | 406 | - | 2,325 |
| Other Revenue | - | 150,000 | - |
| Marathon County Match (Maintenance) | - | - | 46,600 |
| TOTAL REVENUE | 249,169 | 428,863 | 491,613 |
| Salaries | 10,077 | 271,974 | 217,164 |
| Benefits | 947 | 100,617 | 82,847 |
| Other Direct Expenses | 5,516 | 6,500 | 10,572 |
| TOTAL EXPENSES | 16,540 | 379,091 | 310,583 |



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

The Community Living program represents traditional adult physical, mental and developmental disability services including Residential Services, Adult Day Services and Prevocational Services. The program name reflects the transition these programs are undertaking in moving to be more community based and inclusive. Adult Day and Prevocational Services are both offered in Langlade and Marathon Counties (Lincoln County administers their programs separately), and Residential Services is a shared service among the three counties.

COMMUNITY LIVING

■ Community Living Administration

DESCRIPTION

The administrative leadership and management of Residential, Prevocational Services and Adult Day Services is consolidated into a separate program and allocated out to each program based on direct expenses. The manager positions for residential are allocated only to the 10 residential sites.

BUDGET HIGHLIGHTS

The 2017 Budget for Community Living Administration includes an increase in staffing with the inclusion of a full-time Registered Nurse. Community Living programs are responsible for medication administration with their consumers and needed full-time nursing oversight for this function to increase medication administration and client safety.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|---------------------|------------|------------|
| Director | 1.0 | 1.0 |
| Residential Manager | 2.0 | 2.0 |
| Registered Nurse | 0.8 | 0.0 |
| TOTAL | 3.8 | 3.0 |

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 78,518 | 181,975 | 232,016 |
| Benefits | 29,435 | 67,733 | 88,513 |
| Other Direct Expenses | 6,540 | 4,600 | 10,890 |
| TOTAL EXPENSES | 114,493 | 254,308 | 331,419 |



COMMUNITY LIVING

■ Day Services

DESCRIPTION

Day Services includes both the Adult Day Service and Prevocational programs in Langlade and Marathon Counties. North Central Health Care Adult Day Services (ADS) helps individuals with developmental and physical disabilities, who are 18 and older, reach their greatest social, educational, cognitive, life and community potential by offering them a variety of activities that stimulate their interest and growth. ADS works with individuals to assess their strengths and needs, help them choose programs that will help them progress, and track their regression or progress in the program. ADS programs emphasize activities designed for low levels of functional ability and for clients who have retired from prevocational services.

Prevocational Services at North Central Health Care offers adults 18 and older with developmental disabilities, the opportunity to learn good work skills while promoting self-worth through paid work, as well as advancement in wage, work habits, productivity and skill level. Individuals participate in paid work tasks that could lead to a referral to the Supported Employment Program and employment in the community. Individualized programs focus on work activities, vocational orientation and training and transitional employment. Each participant receives an entry assessment, and upon being qualified, is assigned a prevocational case worker for on-going assessment and goal identification for skill development. Basic Life Training Sessions offer individuals opportunities to learn and develop skills, knowledge and motivation within a group or classroom setting. This provides participants with the knowledge to improve overall work skills required to progress to competitive employment.

POPULATION SERVED

Adult Day and Prevocational Services provides services to individuals, 18 and older, with developmental and physical disabilities in Marathon and Langlade counties.

REGULATIONS

Adult Day Services does not have any specific regulatory requirements. It follows best practice for such services. The supported employment program works with the Department of Vocational Rehabilitation and must meet requirements set forth by the State of Wisconsin Department of Workforce Development.

HOURS OF SERVICE

Adult Day Services: Wausau Campus:
8:15 am – 3:45 pm
Antigo Center:
8:00 am – 4:00 pm

Prevocational Services: Wausau Northern Valley
West and Antigo Center:
8:00 am – 3:00pm



COMMUNITY LIVING

■ Day Services

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------|--------------|--------------|
| Coordinator | 3.0 | 3.0 |
| Vocational Consultant | 2.46 | 2.46 |
| D.D. Workers | 10.56 | 10.56 |
| D.D. Aides | 12.59 | 12.59 |
| TOTAL | 28.61 | 28.61 |

BUDGET HIGHLIGHTS

Day Services staffing, revenues and expenditures are consistent with 2016 operational services. There are no major anticipated changes in 2017 with the exception of a potential relocation of the Wausau Campus Adult Day Services program to reallocate space for expansion of behavioral health programs.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 1,618,767 | 1,982,000 | 1,940,000 |
| DVR | 148,203 | 125,000 | 80,000 |
| Contract Services | 20,283 | 20,000 | 20,000 |
| Base County Allocation | 299,710 | - | - |
| Allocated Revenue | 63,980 | 49,710 | 49,658 |
| Other Revenue | 142,831 | 110,000 | 122,000 |
| Marathon County Match (Maintenance) | - | - | 71,481 |
| TOTAL REVENUE | 2,293,774 | 2,286,710 | 2,283,139 |
| Salaries | 828,732 | 888,868 | 896,392 |
| Benefits | 317,015 | 231,311 | 341,970 |
| Other Direct Expenses | 314,064 | 414,825 | 326,461 |
| TOTAL EXPENSES | 1,459,811 | 1,535,004 | 1,564,823 |



COMMUNITY LIVING

■ Residential Services

Residential Services provides adults with developmental disabilities, mental illness, addiction issues or physical disabilities the support they need based on their unique strengths and challenges in a group home or supported apartment setting. Residential services works with individuals to help them assert as much control over their lives as possible — providing them with diverse opportunities that help them structure their daily life. Individuals receive the support they need to establish independence and become fully integrated into their community. Our services safeguard and promote the health, safety and well-being of our residents. They build self-confidence and self-awareness and foster relationships with family, friends and the community at large. Residential Services are structured into two types of care settings: Supported Apartments and Community Based Rehabilitation Facilities.

COMMUNITY LIVING

■ Residential – Supported Apartments

DESCRIPTION

Residential Services operates five supported apartment settings:

Jelinek Supported Apartments offer individual apartments for adults with developmental disabilities in two separate building locations. Apartments may be rented as a single unit, or shared by two residents.

Forest Street Supported Apartments has 12 units and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is onsite 24 hours.

Fulton Street Apartments offer individual apartments for men and women with developmental disabilities.

Riverview Towers offers multiple units based on need and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is onsite 24 hours.

POPULATION SERVED

Supported Apartments provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

REGULATIONS

Supported apartments do not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



COMMUNITY LIVING

■ Residential – Supported Apartments

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------|--------------|--------------|
| Care Coordinator | 6.0 | 6.0 |
| Residential Care Assistants | 36.89 | 33.96 |
| TOTAL | 42.86 | 39.96 |

BUDGET HIGHLIGHTS

Staffing in Supported Apartments fluctuates with changes in demand and is budgeted to increase in 2017. Changes in demand and corresponding staffing adjustments are offset with matching revenue sources. Demand fluctuates mostly in Riverview Towers and Forest Street. The other remaining apartment settings have stable demand.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 2,422,748 | 2,360,000 | 2,337,000 |
| Allocated Revenue | 30,145 | 12,631 | 23,896 |
| Other Revenue | 67,241 | - | - |
| TOTAL REVENUE | 2,520,134 | 2,372,631 | 2,360,896 |
| Salaries | 1,224,514 | 1,243,080 | 1,267,272 |
| Benefits | 461,204 | 460,753 | 483,458 |
| Other Direct Expenses | 225,664 | 208,716 | 242,737 |
| TOTAL EXPENSES | 1,911,382 | 1,912,549 | 1,993,467 |



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Residential – Community Based Residential Facilities (CBRFs)

DESCRIPTION

Residential Services operates five Community Based Residential Facilities (CBRFs) that are congregate living settings, licensed by the State of Wisconsin. They include:

Hillcrest Avenue has eight beds and is licensed as a Class CS home, serving individuals with developmental disabilities who are ambulatory or semi-ambulatory.

The remaining four homes are licensed as a CBRF home, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.

Bissell Street serves eight residents.
Chadwick Street has seven residents.
Andrea Street can serve eight residents.
Heather Street can serve seven residents.

REGULATIONS

All group homes are certified by the Wisconsin Department of Health Services, Chapter DHS 83 -Community-Based Residential Facilities.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------|--------------|--------------|
| Care Coordinator | 5.0 | 5.0 |
| Residential Care Assistants | 27.95 | 28.49 |
| TOTAL | 32.95 | 33.49 |

POPULATION SERVED

Community Based Residential Facilities provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

BUDGET HIGHLIGHTS

Residential CBRF sites will see a small decrease in staffing to gain maximum efficiencies with continued funding constraints. No other major revenue or expense changes are anticipated in 2017.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 2,178,255 | 2,222,000 | 2,424,000 |
| Allocated Revenue | 27,400 | 15,666 | 24,300 |
| TOTAL REVENUE | 2,205,655 | 2,237,666 | 2,448,300 |
| Salaries | 1,037,504 | 1,019,388 | 1,017,506 |
| Benefits | 401,327 | 377,841 | 388,174 |
| Other Direct Expenses | 321,326 | 336,460 | 363,462 |
| TOTAL EXPENSES | 1,760,159 | 1,733,689 | 1,769,142 |



COMMUNITY TREATMENT

Community Treatment is an integration of a number of different programs. Tight integration exists for Comprehensive Community Services (CCS), Community Support Program (CSP), Individual Placement & Support (IPS or generically Supported Employment) and Children's Long-Term Support (CLTS) and Family Support services. The Birth to Three program is only integrated for purposes of consolidated Director level leadership support and operates as a stand alone program for all other purposes.

COMMUNITY TREATMENT

■ Community Treatment Programs

COMPREHENSIVE COMMUNITY SERVICES DESCRIPTION

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person's lifestyle, are recovery-oriented, flexible and empowering.

POPULATION SERVED

Comprehensive Community Services serve individuals of any age, including adults and children, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for youth, adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

Comprehensive Community Services is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm
Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm

COMMUNITY SUPPORT PROGRAM (CSP) DESCRIPTION

Community Support Program (CSP) helps individuals with mental health issues build a path to recovery that is accessible, unique to the individual and flexible – one that provides support, treatment and rehabilitation in settings that best suit the individual – be it a community, home or work setting. We also provide a Supported Apartment Program that offers individuals the opportunity to reside in their own apartment while receiving 24/7 access to our Community Support services.

POPULATION SERVED

The Community Support Program serves individuals 18 years and older, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

CSP is a certified program and operates under the Wisconsin Department of Health Services, Chapter

DHS 63, Community Support Programs for Chronically Mentally Ill Persons.

HOURS OF SERVICE

Wausau Campus: Monday – Friday,
7:00 am – 11:00 pm;
Saturday – Sunday,
6:00 am – 11:00 pm
Antigo Center: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center: Monday – Friday, 8:00 am – 4:30 pm



COMMUNITY TREATMENT

■ Community Treatment Programs

INDIVIDUAL PLACEMENT & SUPPORT (IPS) DESCRIPTION

Individual Placement & Support (IPS) or Supported Employment was developed to help promote the recovery of people who have a mental illness by helping them to find and keep jobs that allow them to utilize their skills. Employment is a primary goal of most people with serious mental illness. It has been proven that finding suitable work can help people with mental illness feel empowered, value themselves more, and drastically reduce mental health symptoms. IPS employment specialists offer long-term, ongoing support to employers and their new employee, either on- or off-site. On-site job coaching for orientation, training, or job tasks can be utilized until the employee and employer are both comfortable.

POPULATION SERVED

Individual Placement & Support serves adults 18 and older in Marathon, Lincoln and Langlade counties with mental illness.

REGULATIONS

Individual Placement & Support does not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

CHILDREN'S SERVICES: CHILDREN'S LONG TERM SUPPORT (CLTS) AND FAMILY SUPPORT DESCRIPTION

North Central Health Care Children's Long Term Support (CLTS) provides children who have severe developmental, physical or emotional disabilities with a variety of therapies and services in the environment most comfortable to them — their home. NCHC's skilled professionals work with families to provide adaptive aids, day services, teach daily living skills and offer in-home treatment therapies that help each child realize their greatest potential. CLTS provides support in identifying services and maximizing resources, assistance in securing supplies, and help in building natural supports by connecting with other families with similar life experiences. These services are only provided in Langlade and Lincoln counties.

North Central Health Care Family Support provides at-home assistance to families with children who have severe physical, emotional or developmental disabilities. Together, our skilled professionals work with families at home to help them provide their child with the therapies, support and daily skills training needed to perform at optimum levels.

POPULATION SERVED

To participate in Children's Long Term Support and Family Support Programs children must be under 22 years of age and MA eligible along with various other additional requirements to qualify for certain types of funding. Eligibility is established on an annual basis. These services are only provided in Langlade and Lincoln counties.

REGULATIONS

The Children's Long Support Waiver is overseen through Administrative Rule making by the Department of Health Services in Wisconsin.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm



COMMUNITY TREATMENT

■ Community Treatment Programs

COMMUNITY TREATMENT STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------------|--------------|--------------|
| Director | 1.0 | 1.0 |
| Clinical Coordinator | 1.0 | 1.0 |
| Manager | 2.0 | 2.0 |
| Referral Coordinator | 2.0 | 2.0 |
| Case Manager | 33.55 | 30.55 |
| Clerical | 2.0 | 2.0 |
| RN Coordinator | 1.0 | 1.0 |
| Register Nurse | 3.0 | 3.5 |
| Occupational Therapy Assistant | 3.0 | 3.0 |
| Community Treatment Tech | 4.2 | 4.4 |
| Employment Supervisor | 1.0 | 1.0 |
| Employment Specialist | 3.6 | 3.6 |
| Peer Specialist | 1.0 | 1.0 |
| Psychiatrist | 1.0 | 0.0 |
| TOTAL | 59.35 | 56.05 |

BUDGET HIGHLIGHTS

Community Treatment has grown into a considerably large array of valuable services. Staffing in 2017 has increased with the addition of a Psychiatrist and three (3) additional Case Managers to offset accommodating increase in demand for services. These positions generate more revenue than their expense. There is a large increase in net patient revenue in 2017 due to increases in volume for both NCHC providers and contracted providers who NCHC bills on behalf of. Contracted providers exist as each client has the ability to select their provider in the CCS program. A large share of contract provider billings come through the collaboration with the Department of Social Services.

On the expense side, Salaries and Benefits increase with the increase in budgeted staff, primarily through the addition of 1.0 FTE Psychiatrist. The Other Direct Expenses have been impacted by the increase in contracted providers through the CCS program highlighted above. Over the last three years, Other Direct Expenses from contract providers increased in the second half of 2015 after the 2016 budget was developed. Therefore the 2016 Budget significantly underestimated the increase in both the revenue and expense for these new providers. The 2017 Budget has accommodated for this increase.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 3,640,422 | 3,763,000 | 5,375,000 |
| Grant Funding | 693,816 | 643,000 | 749,000 |
| COP | 148,813 | - | 65,000 |
| IMD-OBRA | 34,255 | - | - |
| DVR | 74,500 | 86,000 | 64,000 |
| WIMCR | 235,000 | 35,000 | 175,000 |
| Allocated Revenue | 162,576 | 173,099 | 116,212 |
| Base County Allocation | 1,000,000 | 1,020,000 | 805,365 |
| County Appropriation | 685,068 | 910,754 | 254,198 |
| Other Revenue | 17,850 | 24,836 | - |
| Marathon County Match (Maintenance) | - | - | 14,417 |
| TOTAL REVENUE | 6,692,300 | 6,655,689 | 7,618,197 |
| Salaries | 2,689,492 | 2,890,945 | 3,242,624 |
| Benefits | 1,057,431 | 1,071,541 | 1,237,046 |
| Other Direct Expenses | 1,523,917 | 589,900 | 1,354,711 |
| TOTAL EXPENSES | 5,270,840 | 4,552,386 | 5,834,381 |



COMMUNITY TREATMENT

■ Birth to Three

DESCRIPTION

North Central Health Care’s Birth to Three is part of Wisconsin’s statewide program providing support and services to infants and toddlers, ages birth to three with developmental disabilities, and their families. As an early intervention program, Birth to Three staff is trained in assessing the developmental strengths and needs of very young children to determine eligibility for the program. Once a child is determined to be eligible, services to support the family’s ability to nurture and enhance their child’s development are provided.

Birth to Three core services include screening and evaluation, family education, developmental education services, service coordination, speech therapy, physical therapy, special instruction, occupational therapy, and assistive technology. Birth to Three can also help access psychological services, counseling services, nutrition services, medical services (for diagnostic or evaluative purposes only), health services if needed (to help the child benefit from other early intervention services, including hearing and vision services), transportation and assistive technology.

Parents play a primary role in the Birth to Three Program, guiding the Birth to Three staff toward the understanding of their child, identifying daily routines and activities in which their child learns best, and helping determine the setting in which services will be provided. Referral for services may come from parents, family members, physicians, social workers, therapists, daycare providers or others concerned with a child’s development.

POPULATION SERVED

Infants and toddlers, ages birth to three, with developmental disabilities and their families who reside in Marathon, Lincoln, and Langlade Counties.

REGULATIONS

The Birth to Three program is regulated federally by the Individuals with Disabilities Education Act (IDEA). The IDEA act ensures services to children with disabilities and governs how states and public agencies provide early intervention, special education and related services. The Department of Health Services oversees the Birth to Three program in Wisconsin.

HOURS OF SERVICE

8:00 am – 4:30 pm with special accommodations to meet needs of families.



COMMUNITY TREATMENT

■ Birth to Three

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|--------------|--------------|
| Manager | 1.0 | 1.0 |
| Service Coordinator | 5.0 | 5.0 |
| Teacher | 1.0 | 1.6 |
| Physical Therapist | 0.8 | 1.0 |
| Occupational Therapist | 1.5 | 1.6 |
| Speech Therapist | 4.0 | 3.4 |
| Administrative Assistant | 1.0 | 1.0 |
| TOTAL | 14.30 | 14.50 |

BUDGET HIGHLIGHTS

The Birth to Three program remains relatively stable. As a condition of the IDEA act, the Birth to Three program must accept all referrals which has created volume pressures on staffing to meet the community needs. The program is primarily funded through a state grant

with corresponding required county match. Additional funding is not available through the grant at this time to expand service delivery. This dynamic requires continued vigilance in balancing increasing expenses within a stagnant revenue source.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 307,564 | 392,000 | 379,000 |
| Grant | 519,440 | 519,000 | 519,000 |
| WIMCR | - | - | 50,000 |
| County Appropriation | 835,112 | 835,112 | 835,112 |
| Allocated Revenue | 17,669 | 5,689 | 9,219 |
| Marathon County Match (Maintenance) | - | - | 23,895 |
| TOTAL REVENUE | 1,679,785 | 1,751,801 | 1,816,226 |
| Salaries | 774,977 | 940,403 | 928,489 |
| Benefits | 299,686 | 347,849 | 354,214 |
| Other Direct Expenses | 192,611 | 135,600 | 101,430 |
| TOTAL EXPENSES | 1,267,274 | 1,423,852 | 1,384,133 |



HUMAN SERVICES OPERATIONS

OUTPATIENT SERVICES

Outpatient Services provides a number of valuable services; predominantly this includes Mental Health & Substance Abuse services, Psychiatry, Substance Abuse Day Treatment programming, and Driving with Care program.

OUTPATIENT SERVICES

■ Outpatient Services Administration

DESCRIPTION

Outpatient Services Administration provides administrative management and support for these programs consolidated into one unit and charged to Langlade, Lincoln and Marathon Counties based on direct expenses.

BUDGET HIGHLIGHTS

Outpatient Services Administration reduced overall staffing to accommodate needed overhead reductions for the 2017 Budget. A Registration Specialist was converted to an OWI Scheduler to better coordinate the OWI Assessment and Treatment programs for the Counties.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-------------------------|-------------|-------------|
| Director | 1.0 | 1.0 |
| Clinical Coordinator | 1.0 | 1.0 |
| Operations Manager | 2.0 | 2.0 |
| Clinical Supervisor | 0.0 | 0.4 |
| Referral Coordinator | 1.8 | 2.0 |
| OWI Scheduler | 1.0 | 0.0 |
| Registration Specialist | 7.4 | 8.4 |
| TOTAL | 14.2 | 14.8 |

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|------------------|------------------|------------------|
| County Match | 175,000 | 175,000 | 175,000 |
| Other Revenue | 1,400 | - | - |
| TOTAL REVENUE | 176,400 | 175,000 | 175,000 |
| Salaries | 618,341 | 594,972 | 547,174 |
| Benefits | 231,613 | 224,158 | 208,745 |
| Other Direct Expenses | 253,201 | 272,150 | 303,853 |
| TOTAL EXPENSES | 1,103,155 | 1,091,280 | 1,059,772 |



OUTPATIENT SERVICES

■ *Outpatient Mental Health & Substance Abuse*

DESCRIPTION

Outpatient Mental Health Services offers outpatient treatment, counseling and assessment for mental, emotional and substance abuse challenges to residents in Marathon, Lincoln and Langlade counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient Services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Services include individual counseling and intervention and may include group therapy and referral to substance abuse services that may occur over an extended period.

Treatment options are available for individuals, couples, families, and groups and provided in varying locations including the Wausau Campus, Antigo Center, Merrill Center, Tomahawk Office and participating school districts through a Counseling in the Schools Program.

Outpatient Substance Abuse & Addiction Services offers outpatient treatment, counseling and assessment for substance abuse and addictions to residents in Marathon, Lincoln and Langlade counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Treatment may incorporate counseling, training and educational services with a variety of treatment approaches and techniques. The length of each person's treatment is flexible and based on their need and rate of progress. North Central Health Care has developed several levels of programming to best meet the individual needs of persons in treatment.

Substance Abuse Day Treatment provides a more structured and intensive recovery program and requires a significant amount of support while individuals are obtaining treatment. Substance Abuse Day Treatment provides a multi-disciplinary approach in treating chemically dependent individuals. Techniques and interventions aiding recovery include group and individual therapies as well as education directed by a team of skilled individuals trained in multiple disciplines.

This team works together to review and assess the individual's progress and to adjust the individual care plan as needed. Each client is set up with appropriate aftercare treatment with a substance abuse counselor as well as an introduction to the recovery community.

Driving with Care Program North Central Health Care offers an educational and therapeutic Driving with Care program for people who have had four or more OWI convictions or OWI convictions involving serious accident or injury. Our objectives are to reduce the frequency of drinking and driving, and to assist individuals to break their chemical dependence.

Driving with Care consists of 33 group sessions held twice a week over four months. Each two-hour group meeting is facilitated by two substance abuse counselors who teach clients to examine and confront their own patterns of thinking and drinking. Once an individual has completed Driving with Care, it is expected they will continue individual counseling for an additional five to eight months to ensure what they have learned is applied to daily living.



OUTPATIENT SERVICES

■ Outpatient Mental Health & Substance Abuse

POPULATION SERVED

Outpatient Mental Health Services:

Provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:

- Anxiety
- Abuse/Trauma
- Depression & Mood Disorders
- Stress
- Addiction
- Relationship Challenges
- Schizophrenia
- Grief & Loss
- Personality Disorders
- Major Life Changes
- Behavioral Disorders
- Conflict Resolution

Outpatient Substance Abuse & Addiction Services:

Provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:

- Alcohol Abuse
- Drug Abuse
- Gambling
- Smoking
- Behavioral Addictions

Outpatient Mental Health & Substance Abuse treatment options are available for individuals, couples, families, and groups and is provided in several locations including the Wausau Campus, Antigo Center, Merrill Center and Tomahawk Office.

Substance Abuse Day Treatment: is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade counties.

Driving with Care Program: Driving with Care only accepts referrals from Probation and Parole for Marathon County residents.

REGULATIONS

Outpatient Mental Health Services: clinics are all certified by the Department of Health Services under the following regulations: Chapter DHS 35 (mental health counseling).

Outpatient Substance Abuse & Addiction Services: The substance abuse and addiction services at all NCHC locations are certified by the Department of Health Services, Chapter DHS 75.

Substance Abuse Day Treatment: Day Treatment is certified by the Department of Health Services, Chapter DHS 75.

Driving with Care Program: NCHC works with the State of Wisconsin Department of Transportation and the Wisconsin Department of Health Services to deliver the Intoxicated Driver Program.

HOURS OF SERVICE

Outpatient Mental Health & Substance Abuse and Driving with Care Program services are all provided during normal business hours Monday – Friday: 8:00 am – 4:30 pm.

The six-week structured Substance Abuse Day Treatment Program is offered on Monday, Tuesday, Thursday and Friday from 9:00 a.m. until 12:15 p.m. Individual therapy appointments are scheduled weekly.



OUTPATIENT SERVICES

■ Outpatient Mental Health & Substance Abuse

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-------------------------|-------------|-------------|
| Psychologist (Forensic) | 1.0 | 1.0 |
| Psychologist | 1.0 | 1.0 |
| Therapist | 17.8 | 17.1 |
| AODA Counselors | 2.0 | 3.0 |
| OWI Assessor | 1.0 | 1.0 |
| TOTAL | 21.8 | 22.1 |

BUDGET HIGHLIGHTS

Overall the Outpatient Mental Health & Substance Abuse Budget is relatively unchanged from a financial perspective. However, operationally as NCHC has shifted resources, especially to the criminal justice system, it has resulted in a corresponding reduction in Net Patient

Services Revenue. The largest challenge in these service areas is the availability of staffing which has created the variance from budget to actual in each budget year in both revenues and expenditures.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 964,758 | 1,535,000 | 1,374,000 |
| Grant | 418,661 | 402,000 | 402,000 |
| OWI Surcharges | 166,513 | 170,000 | 170,000 |
| Contract Services | 24,024 | 20,000 | 14,000 |
| WIMCR | - | - | 21,000 |
| Base County Allocation | 1,310,436 | 656,436 | 900,000 |
| County Appropriation | 517,349 | 911,633 | 498,509 |
| Allocated Revenue | 74,152 | 144,450 | 81,330 |
| Other Revenue | 262 | 92,000 | - |
| Marathon County Match (Maintenance) | - | - | 55,058 |
| TOTAL REVENUE | 3,476,145 | 3,931,519 | 3,515,897 |
| Salaries | 910,242 | 1,488,896 | 1,464,423 |
| Benefits | 377,747 | 550,797 | 558,670 |
| Other Direct Expenses | 25,655 | 85,400 | 59,036 |
| TOTAL EXPENSES | 1,313,644 | 2,125,093 | 2,082,129 |



OUTPATIENT SERVICES

■ *Psychiatry*

DESCRIPTION

Outpatient Psychiatric services provides quality medication management services to the residents of Langlade, Lincoln and Marathon Counties. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff. Psychiatry is staffed mostly with contract Psychiatrists who primarily provide telehealth.

POPULATION SERVED

We predominantly offer services for adult residents of Langlade, Lincoln and Marathon counties who are generally unable to be served elsewhere. This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

PROGRAMS OFFERED

We provide initial assessment and diagnostic sessions typically lasting 50-60 minutes and follow-up medication management sessions typically lasting up to 15-20 minutes. We also have nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

REGULATIONS

Psychiatry services are regulated by the Department of Health Services under Chapter DHS 35 and Chapter DHS 75.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm.



OUTPATIENT SERVICES

■ Psychiatry

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------|------------|------------|
| Psychiatrist | 1.0 | 2.0 |
| Registered Nurse | 2.4 | 2.6 |
| Nurse Practitioner | 0.0 | 1.0 |
| Medical Assistant | 3.2 | 4.2 |
| TOTAL | 6.6 | 9.8 |

BUDGET HIGHLIGHTS

The target for Psychiatry is to have 4.0 FTE. The staffing of Psychiatrists is accomplished through a mix of both staff and contracted Psychiatrist. The 2016 Budget provided for another Staff Psychiatrist in addition to the Staff Psychiatrist in place at the beginning of 2016. In 2016, the current Staff Psychiatrist moved to Community Treatment to provide services and the recruitment for an additional Psychiatrist was unsuccessful. The recruitment for one Staff Psychiatrist will continue in 2017. Until Staff Psychiatrists are recruited, there will be a high

reliance on contract staff but ultimately the goal would be to have 4.0 FTE of Staff Psychiatrists. The variance of this dynamic will be seen in variability in expense between Salaries and Benefits and the cost of contracted staff in the Other Direct Expense line item. Due to the difficulty in recruiting a Psych Nurse Practitioner as a Physician Extender, we have removed this position from the 2017 Budget but will continue to consider any candidates we are able to source.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 317,416 | 563,000 | 548,000 |
| Contract Services | 26,846 | 35,000 | - |
| WIMCR | - | - | 4,000 |
| Base County Allocation | 1,105,000 | 713,000 | 900,000 |
| County Appropriation | 721,542 | 1,408,917 | 669,027 |
| Other Revenue | 3,827 | 91,164 | - |
| Allocated Revenue | 29,000 | 12,432 | 38,890 |
| Marathon County Match (Maintenance) | | | 10,071 |
| TOTAL REVENUE | 2,203,630 | 2,823,513 | 2,169,987 |
| Salaries | 426,711 | 935,512 | 534,971 |
| Benefits | 125,625 | 346,089 | 204,089 |
| Other Direct Expenses | 745,653 | 487,200 | 788,397 |
| TOTAL EXPENSES | 1,297,989 | 1,768,801 | 1,527,457 |



■ ADULT PROTECTIVE SERVICES

DESCRIPTION

North Central Health Care’s Adult Protective Services (APS) help protect individuals 18 years of age and older who, due to mental retardation, mental illness, a degenerative brain disorder or other cognitive disability, are vulnerable and unable to make decisions or advocate for themselves. Screenings are conducted to determine the needs and vulnerabilities of adults. Based on professional observations, APS will make referrals for evaluations and services. Adult Protective Services can intervene and provide emergency protective services or placement orders, help petition for guardianship and protective placement for qualified individuals, and complete necessary court reports and evaluations for all protective placements. Adult Protective Services also provides ongoing reviews of protective placements and can assist with locating guardian resources.

Adult Protective Services receives and screens reports of possible elder abuse, neglect (self or by others) and exploitation and then conducts investigations and make referrals to the appropriate agencies to ensure individuals receive the assistance they need. At times, this may involve honoring a competent adult’s right to make a poor decision. If necessary, APS can help protect the individual by assisting with protective placement and guardianship actions through the court.

POPULATION SERVED

Adult Protective Services serves all adults age 18 and older in Marathon, Lincoln and Langlade Counties. Population served may include individuals with mental retardation, mental illness, a degenerative brain disorder, dementia, or a cognitive disability who are vulnerable and unable to make decisions or advocate for themselves.

REGULATIONS

Wisconsin Statute Chapters 54, 55 and 46.90. Each county is required to name a responsible agency to make reports for suspected abuse and neglect and to provide a response. As well, each county is required to name an adult protective services agency.

HOURS OF SERVICE

8:00 am – 4:30 pm with special accommodations to meet needs of families.



■ ADULT PROTECTIVE SERVICES

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|------------|------------|
| Manager | 1.0 | 1.0 |
| Protective Services Rep. | 4.0 | 4.0 |
| Administrative Assistant | 1.0 | 0.60 |
| TOTAL | 6.0 | 5.6 |

BUDGET HIGHLIGHTS

Adult Protective Services has experienced an increase in investigations in 2016. The increase in demand for services has resulted in an increase in administrative support for APS staff. There was also an increase in their legal budget to help support these cases as well.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 227 | 1,000 | 500 |
| Grant | 216,546 | 225,000 | 225,000 |
| County Appropriation | 333,664 | 335,858 | 435,223 |
| Allocated Revenue | 1,637 | 820 | 8,339 |
| Marathon County Match (Maintenance) | - | - | 4,731 |
| TOTAL REVENUE | 552,074 | 562,678 | 673,793 |
| Salaries | 277,191 | 285,894 | 301,122 |
| Benefits | 108,614 | 105,770 | 114,877 |
| Other Direct Expenses | 59,907 | 66,900 | 72,964 |
| TOTAL EXPENSES | 445,709 | 458,664 | 488,963 |



■ AQUATIC SERVICES

DESCRIPTION

North Central Health Care Aquatic Services offers warm water aquatic physical therapy, water exercise programs and community and family swim programs that help individuals manage pain and maintain or reclaim their independence. The therapy pool is maintained at a 90 degree temperature. Under the direction of a physician, North Central Health Care's licensed physical therapist devises a treatment plan using water as both a supporting, gravity-reducing environment and a conditioning medium. Upon discharge, the therapist provides each patient with a self-directed exercise program for pool and home use. Warm water therapy can bring relief from pain, spur recovery and improve range of motion, balance, strength and coordination.

REGULATIONS

The operation of the pool is regulated by the Department of Health Services, Chapter DHS 172: Safety, Maintenance and Operation of Public Pools and Water Attractions.

HOURS OF SERVICE

Monday: 6:30 am – 6:00 pm
Tuesday: 7:30 am – 7:00 pm
Wednesday: 6:30 am – 6:00 pm
Thursday: 7:30 am – 6:00 pm
Friday: 6:30 am – 4:00 pm
Saturday: 9:00 am – 12:00 pm

POPULATION SERVED

Aquatic Services serve those who have physical disabilities, are recovering from surgeries, or have musculoskeletal conditions such as fibromyalgia, arthritis and lower back pain. All those served are under the referral of a physician.



■ AQUATIC SERVICES

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|----------------------------|------------|------------|
| Manager | 1.0 | 1.0 |
| Physical Therapy Assistant | 1.4 | 1.4 |
| Physical Therapist | 1.2 | 1.6 |
| Lifeguard | 2.0 | 1.8 |
| TOTAL | 5.6 | 5.8 |

BUDGET HIGHLIGHTS

Volumes in Aquatic Services in 2016 have not hit targets for Budgeted Net Patient Services Revenue. It was anticipated, based on revenue trends that 2016 revenues would increase. Referrals have been declining, although continued outreach efforts have persisted, but volumes continue to not meet target. In the 2016 Budget, Ther-

apy staffing was increased but recruitment efforts failed to secure an additional part-time therapist for most of the year, impacting revenue as well. The 2017 Budget has reset revenue targets to current experience. Salaries and benefits are reduced by the reduction in therapy staff to meet current demand.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 549,590 | 679,000 | 551,000 |
| Contract Services | 4,952 | - | - |
| Other Revenue | 115,055 | 102,367 | 99,000 |
| Allocated Revenue | 12,403 | - | 3,904 |
| Marathon County Match (Maintenance) | - | - | 137,725 |
| County Appropriation | - | - | 150,327 |
| TOTAL REVENUE | 682,000 | 781,367 | 941,956 |
| Salaries | 284,874 | 352,985 | 319,022 |
| Benefits | 109,147 | 103,585 | 121,705 |
| Other Direct Expenses | 44,689 | 63,300 | 36,524 |
| TOTAL EXPENSES | 438,709 | 519,870 | 477,251 |



■ COMMUNITY CORNER CLUBHOUSE

DESCRIPTION

Community Corner Clubhouse assists adults with persistent mental illness and substance abuse challenges to realize their potential by providing them with a Clubhouse where they can meet friends, build self-confidence, learn valuable life skills and discover untapped talents. Community Corner Clubhouse is an internationally certified, psychosocial rehabilitation community that provides accessible, low cost services in a supportive environment. Clubhouse membership is voluntary and without time limits — offering members to choose the services they need when they need them.

The Clubhouse helps empower members by offering:

- Vocational support helping members' return to competitive employment by offering a variety of opportunities.
- Transitional Employment: Competitive, part-time employment that lasts 6-9 months.
- Supported Employment: Job development, job coaching, and long term support for members.
- Independent Employment: Assistance in sustaining long term employment.
- Educational opportunities: We partner with community adult educators to offer a variety of classes for members.
- Housing assistance: We help members find safe, affordable housing.
- Hope House is a local recovery residence that is a social, not medical, model for recovery living. This is different from a traditional transitional or halfway house. Hope House is a voluntary, time limited-term, residential program for Community Corner Clubhouse members experiencing psychiatric illness and/or psychological distress not requiring hospitalization who also have recovery needs. The end goal is to help develop life-long strategies to support recovery that will lead to independent living.

POPULATION SERVED

Marathon County Adults 18 and older with severe or persistent mental illness or a history of substance abuse.

REGULATIONS

The Clubhouse is accredited by Clubhouse International. Accredited Clubhouses are recognized as operating with a high level of compliance with the International Standards for Clubhouse Programs.

HOURS OF SERVICE

Monday – Thursday: 8:00 am – 4:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

Monthly Evening Hours (Social Activities):
5:00 pm – 7:00 pm on various days



■ COMMUNITY CORNER CLUBHOUSE

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------|------------|------------|
| Manager | 1.0 | 1.0 |
| Employment Specialist | 1.0 | 1.0 |
| Clubhouse Generalist | 3.0 | 3.0 |
| TOTAL | 5.0 | 5.0 |

BUDGET HIGHLIGHTS

The Community Corner Clubhouse has been on a five year path to not being County levy dependent. To offset these revenues, there have been significant efforts for grant and/or fundraising support. The significance of this revenue change has caused a stall in their efforts in 2016, therefore additional reductions in levy support in 2017 were not made until the 2016 philanthropic targets can be met. Expenses remain unchanged in 2017.

In 2016, Community Corner Clubhouse extended itself into an affiliation with a local landlord to create the Hope House. While Community Corner Clubhouse supports Hope House through staff time, there is minimal to no direct financial support for the operation of the house or exposure if there are not enough renters.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 264,169 | 226,000 | 208,000 |
| DVR | 21,683 | 14,000 | 20,000 |
| County Appropriation | 155,000 | 95,000 | 95,000 |
| Allocated Revenue | 6,319 | - | 2,597 |
| Other Revenue | 2,442 | 137,502 | 121,500 |
| Marathon County Match (Maintenance) | - | - | - |
| TOTAL REVENUE | 449,613 | 472,502 | 447,097 |
| Salaries | 221,131 | 223,170 | 220,397 |
| Benefits | 84,688 | 82,570 | 84,080 |
| Other Direct Expenses | 62,533 | 51,650 | 59,918 |
| TOTAL EXPENSES | 368,353 | 357,390 | 364,395 |



HUMAN SERVICES OPERATIONS

■ DEMAND TRANSPORTATION

DESCRIPTION

The North Central Health Care Transportation Program offers transportation for Marathon County residents who are 60 years of age and older, or individuals of any age who are non-ambulatory (unable to walk). Transportation is for medical, employment, or nutritional needs (including grocery shopping) only. Co-payments vary depending on distance. A personal care attendant or service animal may accompany a rider at no additional charge.

The North Central Health Care Transportation Program also coordinates volunteer drivers for the Disabled American Veterans (DAV) van, to transport veterans to Tomah or Madison on an on-call basis. Rides are at no charge and veterans using this service are ineligible for VA travel reimbursement.

REGULATIONS

85.21 WI DOT requirements

HOURS OF SERVICE

Service Hours: Monday – Friday, 8:00 am – 4:30 pm
Office Hours: Monday through Friday, 7:00 am – 5:00 pm

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|-------------|-------------|
| Manager | 0.75 | 1.0 |
| Logistics Worker | 2.3 | 2.3 |
| Administrative Assistant | 1.0 | 1.0 |
| TOTAL | 4.05 | 4.30 |

POPULATION SERVED

The North Central Health Care serves Marathon County residents of any age who are non-ambulatory, or any individual ages 60 and over. The DAV Van program serves Marathon County and surrounding counties and also coordinates with DAV Van Services in Portage and Wood counties, for riders who can make it to a meeting point in those counties.

BUDGET HIGHLIGHTS

Staffing in Demand Transportation was decreased as a portion of the Manager position was shifted to the In-House Demand Transportation program as a consolidation effort of these two efforts. Revenues are down as a result of the funding from the DOT 85.21 Grant have been declining. In both 2016 and 2017 Marathon County Conservation, Zoning & Planning (CPZ) has increased their administrative allocation to the grant up to 10%, thereby decreasing the availability of the grant to the Demand Transportation program, setting up increased revenue pressures to offset the cost of the program.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 32,167 | 179,000 | 57,300 |
| Grant | 248,463 | 240,000 | 237,700 |
| DVR | 36 | - | - |
| Contracted Services | 113,773 | - | 110,000 |
| Allocated Revenue | 2,915 | - | 4,178 |
| Other Revenue | 3,494 | 1,718 | - |
| Marathon County Match (Maintenance) | - | - | 466 |
| TOTAL REVENUE | 400,848 | 420,718 | 409,644 |
| Salaries | 126,866 | 144,750 | 134,906 |
| Benefits | 47,643 | 53,561 | 51,466 |
| Other Direct Expenses | 182,894 | 162,500 | 164,147 |
| TOTAL EXPENSES | 357,403 | 360,811 | 350,519 |





NURSING HOME OPERATIONS

2017 BUDGET BY PROGRAM

North Central Health Care's Nursing Home Operations include Mount View Care Center, a skilled nursing facility located on the main campus in Wausau. With a licensed capacity of 220 residents, Mount View Care Center's neighborhoods serve individuals in need of short term rehabilitation, post acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, and those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavioral needs. The following programs are the consolidated service areas for NCHC's Nursing Home Operations:

| | |
|---|----|
| Nursing Home Administration | 65 |
| Ancillary | 66 |
| Long-Term Care | |
| Reflections Long Term Care | 67 |
| Memory Care | |
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NURSING HOME OPERATIONS

NURSING HOME OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight functions for all Nursing Home Operations is consolidated into a separate program and is allocated out to each program based on direct expenses.

BUDGET HIGHLIGHTS

In 2017, with an overall census of 203, Mount View Care Center will reduce the number of licensed beds from 240 to 220. Reducing licensed beds will reduce bed tax payments and increase opportunity for bed hold revenues.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------------|-------------|-------------|
| Nursing Home Operations Executive | 1.0 | 1.0 |
| Director of Nursing | 1.0 | 1.0 |
| Assistant Administrator | 1.0 | 1.0 |
| Central Scheduler | 0.9 | 1.0 |
| Executive Assistant | 1.0 | 1.0 |
| Administrative Assistant | 0.0 | 1.0 |
| RN Supervisors | 1.4 | 1.4 |
| Transitional Care Nurse | 0.0 | 1.0 |
| Admission Coordinator | 1.0 | 1.0 |
| Restorative LPN | 0.0 | 0.8 |
| Logistics Worker | 1.0 | 1.4 |
| Staff Education Specialist | 1.0 | 0.0 |
| Employee Partnership Coordinator | 0.9 | 1.0 |
| TOTAL | 10.2 | 11.6 |

Nursing Home Operations Administration reduced 1.4 FTE to help offset the overhead expense to operations. The staff reductions include 1.0 FTE Administrative Assistant, 1.0 FTE Transitional Care Nurse, 0.8 Restorative LPN, and 0.4 FTE Logistic Worker. The 3.2 FTE reduction was partially offset by increases in other staff for a net reduction of 1.4 FTE. Overall, Administration has reshuffled a number of duties to be more efficient and cost effective. Other Direct Expenses were increased primarily for Medical Director staffing and the Leading Choice Network participation charge.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|------------------|------------------|------------------|
| Other Revenue | 8,280 | 10,000 | 10,000 |
| Donations | 1,126 | - | - |
| TOTAL REVENUE | 9,406 | 10,000 | 10,000 |
| Salaries | 665,437 | 734,593 | 678,806 |
| Benefits | 263,952 | 271,721 | 258,961 |
| Other Direct Expenses | 428,055 | 175,250 | 288,599 |
| TOTAL EXPENSES | 1,357,444 | 1,181,564 | 1,226,366 |



NURSING HOME OPERATIONS

■ ANCILLARY

DESCRIPTION

Ancillary services is the billing for miscellaneous items such as Durable Medical Equipment (DME) and billable vaccinations.

BUDGET HIGHLIGHTS

No major changes anticipated for 2017.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|----------------|----------------|----------------|
| Net Patient Services Revenue | 166,611 | | 140,000 |
| Allocated Revenue | 1,090 | | 123 |
| Marathon County Match (Maintenance) | - | - | - |
| TOTAL REVENUE | 167,701 | | 140,123 |
| Other Direct Expenses | 105,648 | 111,000 | 114,000 |
| TOTAL EXPENSES | 105,648 | 111,000 | 114,000 |



NURSING HOME OPERATIONS

LONG-TERM CARE

■ Reflections Long-Term Care

DESCRIPTION

Mount View Care Center's Reflections Long Term Care, is comprised of two units, Northern and Southern Reflections, totaling 83 licensed beds. 24-hour skilled nursing services are uniquely adapted to helping residents, assisting with the tasks of daily living, physical therapy, transitioning to dementia care, comfort/ hospice care, or the management of a chronic illness. Each individual care plan is structured around the resident's life pattern.

POPULATION SERVED

Reflections Long Term Care provides services to adults of all ages in need of skilled nursing care for assistance with daily living, physical therapy, transitioning to dementia care, comfort/hospice care or for management of a chronic illness.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------|--------------|--------------|
| Nurse Manager | 1.0 | 1.0 |
| MDS Coordinator | 1.0 | 0.8 |
| Registered Nurse | 7.5 | 7.5 |
| Licensed Professional Nurse | 2.35 | 2.35 |
| Certified Nursing Assistant | 26.2 | 28.2 |
| Unit Clerk | 1.0 | 1.0 |
| Social Worker | 1.0 | 1.0 |
| Activity Therapist | 2.0 | 2.0 |
| TOTAL | 42.05 | 43.85 |

BUDGET HIGHLIGHTS

Census in Long-Term Care has been declining while expenses have increased mostly due to increased compensation levels for certified nursing assistant staff at the same time staffing levels have been decreased due to census. The budgeted census in 2016 was 64 patients per day, in 2017 the budget was reduced to 60. Separate to the declining census, the reimbursement rates have increase as a result of an increased case mix index (CMI) or increased acuity needs of the residents which has improved revenues. We have also implemented a 5% rate increase for self-pay residents. Other Direct Expenses have been reviewed thoroughly for reductions in 2017.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 4,078,627 | 4,244,000 | 3,978,000 |
| Supplemental Payment | 746,892 | 647,000 | 647,000 |
| Other Revenue | 3 | - | - |
| County Appropriation | 383,000 | 446,000 | 291,000 |
| Allocated Revenue | 80,610 | 68,078 | 49,951 |
| Marathon County Match (Maintenance) | - | - | 396,543 |
| TOTAL REVENUE | 5,289,129 | 5,405,078 | 5,362,494 |
| Salaries | 2,215,384 | 1,985,277 | 1,937,880 |
| Benefits | 875,784 | 734,295 | 739,292 |
| Other Direct Expenses | 530,835 | 385,900 | 365,710 |
| TOTAL EXPENSES | 3,622,003 | 3,105,472 | 3,042,882 |



NURSING HOME OPERATIONS

MEMORY CARE

■ Legacies by the Lake Dementia Care

DESCRIPTION

Mount View Care Center's innovative dementia care program, Legacies by the Lake, consists of three units, or 107 licensed beds. Units include Gardenside Crossing, Evergreen Place, and Lakeview Heights.

These units specialize in caring for people in varying stages of dementia, neurological, psychiatric and behavior disabilities. Gardenside Crossing accommodates residents with moderate memory loss who need assistance with their daily routines. Lakeview Heights is designed specifically for residents with mild memory loss who still function somewhat independently. Evergreen Place cares for residents with severe memory loss and a high level of dependency.

POPULATION SERVED

Legacies by the Lake Dementia Care specializes in caring for adults of all ages in varying stages of dementia, neurological, psychiatric and behavior disabilities.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------|-------------|-------------|
| Nurse Manager | 1.0 | 2.0 |
| MDS Coordinator | 1.0 | 1.0 |
| Registered Nurse | 13.65 | 13.65 |
| Licensed Professional Nurse | 3.15 | 3.15 |
| Certified Nursing Assistant | 59.0 | 59.0 |
| Unit Clerk | 1.0 | 1.0 |
| Social Worker | 1.6 | 1.6 |
| Activity Therapist | 1.9 | 2.0 |
| TOTAL | 82.3 | 83.4 |

BUDGET HIGHLIGHTS

The budgeted census for Legacies by the Lake remains the same in 2017 as it was 2016 at 100 patients per day. Revenues increased as a result of an improvement in reimbursement due again to an increase in the case mix index (CMI) or acuity of the residents, along with an increase in the self-pay rate. Revenue for 2017 includes a \$100,000 estimate for establishment of Mount View Care Center as a Commission which would allow charging other counties' residents. On the expense side, Salaries and Benefits go down as the FTE changes and reduction offsets the wage increases.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 6,570,106 | 6,212,000 | 6,418,000 |
| Supplemental Payment | 846,617 | 734,000 | 734,000 |
| Contract Services | - | - | 100,000 |
| Other Revenue | 4,513 | - | - |
| County Appropriation | 483,000 | 987,000 | 803,000 |
| Allocated Revenue | 106,080 | 73,267 | 80,812 |
| Marathon County Match (Maintenance) | - | - | 374,012 |
| TOTAL REVENUE | 8,005,802 | 8,006,267 | 8,509,824 |
| Salaries | 3,399,751 | 3,724,734 | 3,698,275 |
| Benefits | 1,291,923 | 1,377,646 | 1,410,874 |
| Other Direct Expenses | 557,635 | 421,800 | 441,352 |
| TOTAL EXPENSES | 5,249,309 | 5,524,180 | 5,550,501 |



NURSING HOME OPERATIONS

POST-ACUTE CARE

■ Southshore Short-Term Rehabilitation & Northwinds Vent Community

DESCRIPTION

Southshore Short-Term Rehabilitation offers post-acute care for short term rehabilitation in Southshore, a 23-bed skilled nursing community. Southshore specializes in complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

The most extensive rehabilitative care opportunities available in Central Wisconsin are provided, even for the most medically complex situations – all delivered on-site. Numerous rehabilitation techniques, from warm water physical therapy to complex respiratory care only found at Mount View Care Center, give our teams the ability to uniquely approach each resident’s recovery.

Northwinds Vent is a 27-bed unit within the Post-Acute Care area that specializes in care for adults with a ventilator dependency. Our team provides 24/7 on-site respiratory therapy and nursing services with reliable, personal care for each individual. Northwinds focuses on ventilator dependent rehabilitation, recovery and liberation. Northwinds is 1 of only 5 care facilities in Wisconsin with approved dedicated units for the care of ventilator-dependent residents. Our highly trained team help residents adjust to ventilator-dependent lifestyles.

POPULATION SERVED

Southshore Short-Term Rehabilitation serves adults of all ages with complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

Northwinds Vent serves adults of all ages with ventilator dependency needs.

REGULATIONS

Both programs are subject to the State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

Both programs operate 24 hours/day, 7 days/week, 365 days/year.



POST-ACUTE CARE

■ Southshore Short-Term Rehabilitation & Northwinds Vent Community

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------|--------------|--------------|
| Nurse Manager | 1.0 | 1.0 |
| MDS Coordinator | 1.0 | 0.8 |
| Registered Nurse | 12.90 | 12.90 |
| Respiratory Therapist | 9.25 | 9.25 |
| Certified Nursing Assistant | 30.30 | 30.30 |
| Unit Clerk | 1.9 | 1.9 |
| Social Worker | 1.2 | 1.2 |
| Music Therapist | 1.0 | 1.0 |
| Activity Therapist | 1.0 | 1.0 |
| TOTAL | 59.55 | 59.35 |

BUDGET HIGHLIGHTS

Budgeted census for Post-Acute care had 46 patients per day in 2016, including 20 Medicaid Vent and 15 Medicare patients. In 2017, the budgeted census is for 43 patients per day, including 16 Medicaid Vent and 14 Medicare patients. Revenues have decreased significantly because of the patient mix, pressures on length of stay for these patients and over managed care changes.

We anticipate declining census in the Post-Acute Care market.

Expenses are relatively unchanged with the exception of budgeted increases to wages for certified nursing assistants.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 5,963,989 | 6,227,000 | 5,528,000 |
| Supplemental Payment | 484,096 | 419,000 | 419,000 |
| Other Revenue | - | - | - |
| County Appropriation | 834,000 | 267,000 | 606,000 |
| Allocated Revenue | 66,477 | 76,280 | 46,017 |
| Marathon County Match (Maintenance) | - | - | 328,449 |
| TOTAL REVENUE | 7,348,562 | 6,989,280 | 6,927,466 |
| Salaries | 2,959,430 | 3,062,578 | 3,117,959 |
| Benefits | 1,117,421 | 1,132,741 | 1,189,486 |
| Other Direct Expenses | 684,398 | 643,625 | 603,273 |
| TOTAL EXPENSES | 4,761,249 | 4,838,944 | 4,910,718 |



NURSING HOME OPERATIONS

■ REHAB

DESCRIPTION

Rehab services is a contract provider of physical, occupation and speech therapy for resident and patients of Mount View Care Center.

POPULATION SERVED

Residents and patients of Mount View Care Center. Some outpatient services provide for the Inpatient Hospital.

REGULATIONS

Both programs are subject to the State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

Monday – Friday: 8:00 – 4:30 with weekend coverage.

BUDGET HIGHLIGHTS

As census has declined in the nursing home, there is a corresponding decline in both revenues and expenses for these services.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 1,959,593 | 2,082,000 | 1,977,000 |
| Allocated Revenue | 4,664 | 820 | 8,217 |
| Marathon County Match (Maintenance) | - | | 46,330 |
| TOTAL REVENUE | 1,964,257 | 2,082,820 | 2,031,547 |
| Salaries | - | - | - |
| Benefits | - | - | - |
| Other Direct Expenses | 1,113,377 | 1,184,310 | 1,069,450 |
| TOTAL EXPENSES | 1,113,377 | 1,184,310 | 1,069,450 |





SUPPORT SERVICES

2017 BUDGET BY PROGRAM

Support Services has many different operations to support the people, financial, clinical and service success of North Central Health Care Operations. Total Indirect Expenses, including the Support Services decreased by over \$650,000 from 2016 to 2017. Operational efficiencies and changing the way Support Services operates adds value to NCHC programs and is always top of mind.

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BUSINESS OPERATIONS

DESCRIPTION

Business Operations includes accounting, payroll, accounts payable, switchboard and mailroom functions.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------------------|-------------|------------|
| Business Operations Director | 1.0 | 1.0 |
| Accounting Assistant | 1.0 | 1.0 |
| Accountant | 1.0 | 1.0 |
| Accounts Payable Rep. | 1.0 | 1.0 |
| Administrative Assistant | 4.35 | 4.20 |
| Payroll Specialist | 1.0 | 1.0 |
| TOTAL | 9.15 | 9.0 |

BUDGET HIGHLIGHTS

The Business Operations budget for 2017 remains relatively stable. There have been some position distribution between Business Operations and Patient Accounts for workflow enhancement creating a decrease in the Patient Accounts program. Business Operations is allocated to programs by direct expense.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------------|----------------|----------------|----------------|
| Contracted Services Revenue | 440 | 3,000 | - |
| Other Revenue | 14,841 | 17,000 | 17,000 |
| TOTAL REVENUE | 15,281 | 20,000 | 17,000 |
| Salaries | 330,241 | 387,398 | 400,299 |
| Benefits | 128,446 | 143,311 | 152,712 |
| Other Direct Expenses | 248,847 | 278,900 | 256,159 |
| TOTAL EXPENSES | 707,534 | 809,609 | 809,170 |



SUPPORT SERVICES

■ CORPORATE ADMINISTRATION

DESCRIPTION

Corporate Administration provides overall administrative leadership for the organization and is home to both Executive support and contracting functions. This program is allocated based on program direct expense.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|---------------------------------|------------|------------|
| Chief Executive Officer | 1.0 | 1.0 |
| Chief Financial Officer | 1.0 | 1.0 |
| Contract and Credentialing Spec | 1.0 | 1.0 |
| Executive Assistant | 2.0 | 2.0 |
| TOTAL | 5.0 | 5.0 |

BUDGET HIGHLIGHTS

Salaries and Benefits in the Corporate Administration program are down due to CEO succession. Other Direct Expenses have been increased to provide additional legal support.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 474,770 | 578,568 | 498,635 |
| Benefits | 191,196 | 213,988 | 190,227 |
| Other Direct Expenses | 133,144 | 135,400 | 153,647 |
| TOTAL EXPENSES | 799,110 | 927,956 | 842,509 |



■ EMPLOYEE BENEFITS

DESCRIPTION

The Employee Benefits program consolidates all of the employee benefit programs and costs to be allocated out to programs based on FTEs. Included in the Employee Benefits consolidation are employee health, disability, life, dental and vision insurance along with FICA, unemployment, workers compensation and retirement expenses. These expenses are allocated in the program budgets and are reported again solely for informational purposes.

BUDGET HIGHLIGHTS

Employee Health Insurance for 2016 were significantly over budget. Plan design changes were made for 2017 to absorb increased costs related to plan experience. The overall plan cost increase for 2017 is \$300,000. Salary based benefits including retirement and FICA increase from 2016 as Salaries increase. Retirement also had an increase contribution by 0.4%, 0.2% paid by the employee and 0.2% paid by NCHC. Areas of cost improvement include workers compensation and unemployment.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|-------------------|-------------------|-------------------|
| Salaries | - | - | - |
| Benefits | 10,512,875 | 11,480,000 | 11,626,000 |
| Other Direct Expenses | - | - | - |
| TOTAL EXPENSES | 10,512,975 | 11,480,000 | 11,626,000 |



SUPPORT SERVICES

■ ENROLLMENT SERVICES

DESCRIPTION

Enrollment Services is responsible for enrolling and updating NCHC clients into program services. This includes demographic verification, benefit application and determination and prior authorization. This program is allocated to programs based on client openings.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-------------------------|------------|------------|
| Enrollment Specialist | 4.0 | 4.0 |
| Prior Authorization Rep | 1.9 | 0.9 |
| TOTAL | 5.9 | 4.9 |

BUDGET HIGHLIGHTS

Enrollment Services added a Prior Authorization Representative in 2016 to provide the support to programs to ensure clients are eligible for services through prior authorization. The position is needed to address the growing frequency of denials due to varying benefit levels and prior authorization requirements.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 323,957 | 175,905 | 213,907 |
| Benefits | 121,604 | 65,087 | 81,605 |
| Other Direct Expenses | 110,544 | 4,700 | 4,484 |
| TOTAL EXPENSES | 556,105 | 245,692 | 299,996 |



SUPPORT SERVICES

■ ENVIRONMENTAL SERVICES

DESCRIPTION

Environmental Services has traditionally included Maintenance, Systems Maintenance, Housekeeping, Nursing Home Housekeeping, Laundry and Grounds. In 2017, Maintenance, Systems Maintenance and Grounds employees have been transferred to Marathon County. Housekeeping, Nursing Home Housekeeping and Laundry remain stand-alone programs with NCHC staff but now report to the Assistant Nursing Home Administrator.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|---------------------------------|------------|-------------|
| Environmental Services Director | 0.0 | 1.0 |
| Clerical | 0.0 | 0.5 |
| Maintenance Supervisor | 0.0 | 1.0 |
| Building Maintenance Tech | 0.0 | 6.0 |
| Preventative Maintenance Tech | 0.0 | 1.0 |
| Systems Maintenance Supervisor | 0.0 | 0.9 |
| Systems Tech | 0.0 | 1.0 |
| Grounds Maintenance | 0.0 | 2.5 |
| TOTAL | 0.0 | 13.9 |

BUDGET HIGHLIGHTS

With the transfer of staff to Marathon County there are no longer any personnel expenses for Maintenance, Systems Maintenance and Grounds. The amount listed in Other Direct Expenses represents the value of these services and utilities that are now part of Marathon County's Facilities & Capital Management Department. Rental income for leased space is now retained by Marathon County and NCHC is not responsible for the Utility related expense in the leased space or space occupied by Marathon County. Within each program, these costs are now allocated as expense based on square footage, but this represents in-kind services for which Marathon County reduced dollar for dollar the levy provided to NCHC. These in-kind services are also represented as a revenue to offset the expense. This allows NCHC to continue to be reimbursed from third-party payers and not require Marathon County and NCHC to move payments back and forth.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|------------------|------------------|------------------|
| Other Revenue | 1,463 | 1,718 | - |
| TOTAL REVENUE | | | |
| Salaries | 610,391 | 723,182 | - |
| Benefits | 238,706 | 267,592 | - |
| Other Direct Expenses | 834,968 | 1,024,409 | 1,685,623 |
| TOTAL EXPENSES | 1,684,066 | 2,015,183 | 1,685,623 |



SUPPORT SERVICES

■ HEALTH INFORMATION

DESCRIPTION

Health Information is responsible for all of NCHC's medical record functions.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|-----------------------------|------------|------------|
| Supervisor | 1.0 | 1.0 |
| Administrative Assistant II | 2.0 | 2.0 |
| Administrative Assistant | 3.2 | 2.6 |
| TOTAL | 6.2 | 6.6 |

BUDGET HIGHLIGHTS

Health Information had a minor reduction in FTE of 0.4 which dropped their overall Salaries and Benefits for 2017. Other Direct Expenses had a few small efficiencies to provide a reduction in this line item as well. This program is allocated to programs based on monthly time studies.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Other Revenue | 18,047 | 20,000 | 20,000 |
| TOTAL REVENUE | | | |
| Salaries | 219,701 | 254,251 | 233,376 |
| Benefits | 76,490 | 94,056 | 89,032 |
| Other Direct Expenses | 24,964 | 25,325 | 19,789 |
| TOTAL EXPENSES | 321,154 | 373,632 | 342,197 |



SUPPORT SERVICES

■ HOUSEKEEPING

DESCRIPTION

Housekeeping has two programs in Support Services. The Housekeeping program provides services to all non-nursing home areas while the Nursing Home Housekeeping program provides housekeeping services to Mount View Care Center. These two programs are separated for cost reporting purposes but are under the same management structure. This program is allocated based on square footage.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------|------------|------------|
| Supervisor | 0.5 | 1.0 |
| Lead Housekeeper | 0.5 | 0.0 |
| Housekeeping Aides | 6.6 | 6.6 |
| TOTAL | 7.6 | 7.6 |

BUDGET HIGHLIGHTS

The 2017 Housekeeping budget has similar expenses as 2016, with the exception of the impact of the reallocation of the supervisory structure from two supervisory positions to one allocated supervisory position and a non-supervisory lead housekeeping position.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 222,267 | 247,877 | 233,565 |
| Benefits | 84,562 | 91,701 | 89,104 |
| Other Direct Expenses | 83,443 | 100,700 | 101,124 |
| TOTAL EXPENSES | 390,272 | 440,278 | 423,793 |



SUPPORT SERVICES

HUMAN RESOURCES

DESCRIPTION

Human Resources provides recruitment, benefits management, training and development along with core Human Resources services. This program is allocated based on FTE's in each program.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------------------------|------------|------------|
| Human Resources Executive | 1.0 | 1.0 |
| HR Manager | 1.0 | 0.0 |
| HR Business Partners | 2.0 | 2.0 |
| HRIS Analyst | 1.0 | 1.0 |
| Human Resources Assistant | 1.0 | 1.0 |
| Organizational Development Manager | 1.0 | 1.0 |
| Development Specialist | 1.0 | 1.0 |
| Employee Health Specialist | 0.0 | 1.0 |
| TOTAL | 8.0 | 8.0 |

BUDGET HIGHLIGHTS

The Employee Specialist was consolidated into the Quality program as part of a redesign of laboratory services operations. Total staffing remains the same in the Human Resources budget with the addition of another recruitment position to help fill staff vacancies, and to be more competitive in the recruitment environment. Total expenses are down from 2016 as overall Salaries and Other Direct Expenses are down.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Other Revenue | 60 | - | - |
| TOTAL REVENUE | | | |
| Salaries | 476,803 | 503,397 | 476,798 |
| Benefits | 187,065 | 186,210 | 181,896 |
| Other Direct Expenses | 317,767 | 301,500 | 259,840 |
| TOTAL EXPENSES | 981,635 | 991,107 | 918,534 |



SUPPORT SERVICES

■ INFORMATION MANAGEMENT SERVICES

DESCRIPTION

Information Management Services include the expenses of contracted services with City-County Information Technology services and in-house Information Management staff dedicated mostly to electronic medical records support and the interaction required between all other enterprise IT systems. This program is allocated based on IT users in each program.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|---------------------------------|------------|------------|
| Information Technology Director | 1.0 | 1.0 |
| Information Services Manager | 1.0 | 0.0 |
| Information System Specialist | 1.0 | 1.0 |
| Information Systems Assistant | 2.0 | 3.0 |
| Clinical System Analyst | 1.0 | 1.0 |
| Programming System Analyst | 2.0 | 2.0 |
| Intern | 0.0 | 0.5 |
| TOTAL | 8.0 | 8.5 |

BUDGET HIGHLIGHTS

Salaries and Benefits in the Information Management Services program have gone up despite the reduction in overall positions, namely the reduction in the Intern position at 0.5 FTE. The additional Salaries and Benefits expense is related to department restructuring and costs related to the integration with CCIT management. Other Direct Expenses were reduced as technology device support is no longer centrally expensed in the Information Management Services program but rather in each of the programs to better align cost control.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|------------------|------------------|------------------|
| Other Revenue | 18,047 | 1,718 | - |
| TOTAL REVENUE | | | |
| Salaries | 385,701 | 439,937 | 498,846 |
| Benefits | 147,598 | 162,743 | 190,307 |
| Other Direct Expenses | 1,472,629 | 1,763,400 | 1,654,474 |
| TOTAL EXPENSES | 2,005,928 | 2,366,080 | 2,343,627 |



SUPPORT SERVICES

■ IN-HOUSE TRANSPORTATION

DESCRIPTION

In House Transportation maintains the NCHC fleet, which includes cars, buses and vans used for client transportation. This program also provides courier services, which may include trips to the Antigo and Merrill offices, bank, lab and hospitals.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------|-------------|------------|
| Manager | 0.25 | 0.0 |
| Coordinator | 1.0 | 1.0 |
| Logistics Worker | 1.5 | 1.5 |
| TOTAL | 2.75 | 2.5 |

BUDGET HIGHLIGHTS

The Salaries and Benefits include moving .25 of the Manager FTE from Demand Transportation as this manager has assumed responsibility for this program. Departments that use the facility vehicles are direct charged for the usage based on miles, and this program receives the offset for those charges.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|---------------|---------------|---------------|
| Salaries | 89,953 | 90,896 | 103,420 |
| Benefits | 35,089 | 33,650 | 39,454 |
| Other Direct Expenses | (88,144) | (50,000) | (109,063) |
| TOTAL EXPENSES | 36,897 | 74,546 | 33,811 |



SUPPORT SERVICES

■ LAUNDRY

DESCRIPTION

Laundry provides laundry services for the nursing home, hospital, CBRF and MMT programs. The service includes linen as well as personal laundry. Laundry is also done for housekeeping and food service. This program is allocated based on pounds of laundry processed.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|------------------|------------|------------|
| Supervisor | 0.0 | 0.10 |
| Team Coordinator | 1.0 | 1.0 |
| Laundry Worker | 6.0 | 6.0 |
| TOTAL | 7.0 | 7.1 |

BUDGET HIGHLIGHTS

The change in Salary and Benefits includes the reduction of the .10 Supervisor position that was shared with Systems Maintenance. This position is included in the positions being transferred to Marathon County. Supervision of the program has been moved to the Assistant Nursing Home Administrator.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Other Revenue | 53 | - | - |
| TOTAL REVENUE | 53 | - | - |
| Salaries | 191,423 | 223,270 | 218,942 |
| Benefits | 73,811 | 82,607 | 83,525 |
| Other Direct Expenses | 93,350 | 107,600 | 74,019 |
| TOTAL EXPENSES | 358,585 | 413,477 | 376,486 |



■ MARKETING & COMMUNICATIONS

DESCRIPTION

Marketing and Communications is the central communication area for NCHC's internal and external communications. This includes working with staff communications internally, and media communications externally. The marketing of services is also provided through this program. This program is allocated based on direct expense.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------|------------|------------|
| Coordinator | 1.0 | 1.0 |
| TOTAL | 1.0 | 1.0 |

BUDGET HIGHLIGHTS

Salaries and Benefits remain consistent. There is a reduction in advertising planned for 2017 to help with overall cost reductions for the organization.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 72,610 | 73,523 | 73,382 |
| Benefits | 28,347 | 27,224 | 27,995 |
| Other Direct Expenses | 87,118 | 87,000 | 75,361 |
| TOTAL EXPENSES | 188,075 | 187,747 | 176,738 |



SUPPORT SERVICES

■ NURSING HOME HOUSEKEEPING

DESCRIPTION

Housekeeping has two programs in Support Services. The Housekeeping program provides services to all non-nursing home areas while the Nursing Home Housekeeping program provides housekeeping services to Mount View Care Center. These two programs are separated for cost reporting purposes but are under the same management structure. This program is allocated based on square footage.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------|--------------|-------------|
| Coordinator | 1.0 | 1.0 |
| Housekeeping Aides | 11.0 | 11.0 |
| Client Program | 0.0 | 0.75 |
| Homemaker | 3.85 | 3.85 |
| TOTAL | 15.85 | 16.6 |

BUDGET HIGHLIGHTS

The expenses of this program remain relatively consistent. There is a reduction of a client position to help with cost reduction in the nursing home.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 435,212 | 475,314 | 472,471 |
| Benefits | 163,059 | 175,830 | 180,245 |
| Other Direct Expenses | 88,056 | 112,500 | 108,355 |
| TOTAL EXPENSES | 686,327 | 763,644 | 761,071 |



SUPPORT SERVICES

■ NUTRITION SERVICES

DESCRIPTION

Nutrition Services provides meal service for the nursing home, hospital, CBRF, MMT and Pre Vocational Programs. Required Dietitian consulting is also provided to these locations based on regulatory requirements. This area provides service for the cafeteria, which is a revenue generating function. This program is allocated based on number of meals served.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|-------------|-------------|
| Director | 1.0 | 1.0 |
| Dieticians | 1.6 | 2.10 |
| Supervisor | 1.0 | 1.0 |
| Administrative Assistant | 1.0 | 1.9 |
| Cooks | 8.8 | 8.0 |
| Dietary Aides | 21.0 | 20.7 |
| Baker | 0.0 | 1.0 |
| TOTAL | 34.4 | 35.7 |

BUDGET HIGHLIGHTS

Salaries and Benefits includes a reduction in Dietitian time as well as modifications with the cook and dietary aide time due to decreasing census in the nursing home.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|------------------|------------------|------------------|
| Other Revenue | 141,314 | 130,000 | 120,000 |
| TOTAL REVENUE | 141,314 | 130,000 | 120,000 |
| Salaries | 1,266,124 | 1,250,898 | 1,181,731 |
| Benefits | 487,361 | 462,685 | 450,825 |
| Other Direct Expenses | 922,505 | 947,090 | 933,129 |
| TOTAL EXPENSES | 2,675,990 | 2,660,673 | 2,565,685 |



SUPPORT SERVICES

■ PATIENT ACCOUNTS

DESCRIPTION

Patient Accounts provides all billing services for all revenue programs of NCHC, which equates to approximately 10,000 bills per month. This program is allocated based on number of clients.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|------------|-------------|
| Director | 1.0 | 1.0 |
| Billing Analyst | 1.0 | 1.0 |
| Patient Account Rep. | 5.0 | 5.0 |
| Administrative Assistant | 1.3 | 2.5 |
| Provider Credentialing | 1.0 | 1.0 |
| TOTAL | 9.3 | 10.5 |

BUDGET HIGHLIGHTS

Salaries and Benefits include a 1.2 FTE decrease to offset some decreases in revenue. One position was transferred to Business Operations to staff the switchboard.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Other Revenue | 99,948 | 90,000 | 90,000 |
| TOTAL REVENUE | 99,948 | 90,000 | 90,000 |
| Salaries | 323,957 | 406,752 | 370,321 |
| Benefits | 121,604 | 150,472 | 141,276 |
| Other Direct Expenses | 110,544 | 77,000 | 83,536 |
| TOTAL EXPENSES | 556,105 | 634,224 | 595,133 |



SUPPORT SERVICES

■ PHARMACY

DESCRIPTION

Pharmacy fills prescriptions for the nursing home, hospital, some of the residential locations, Community Treatment and employees who are enrolled in NCHC's employee health insurance plan.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------|-------------|-------------|
| Director | 1.0 | 1.0 |
| Pharmacist | 2.25 | 2.5 |
| Pharmacy Tech. | 5.0 | 5.0 |
| Billing Specialist | 1.0 | 1.0 |
| TOTAL | 9.25 | 9.50 |

BUDGET HIGHLIGHTS

There is an increase in revenue for 2017 due to increasing the number of Community Treatment clients being served. This is being done through a new packaging system that is being implemented the fourth quarter of 2016. The new packager will also provide efficiencies in filling prescriptions, which results in the decrease of a .25 Pharmacist position. Drug expense increases in 2017 due to increase in pricing and an increase in the number of prescriptions being filled. Other direct expenses increases due to the maintenance agreement for the new packaging system.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Revenue | 3,876,737 | 4,047,000 | 4,048,000 |
| Contracted Services Revenue | 241,433 | 150,000 | 279,800 |
| Allocated Revenue | | | 16,390 |
| Cash Discounts and Rebates | 129 | 3,000 | - |
| County Appropriation | - | - | 115,445 |
| Marathon County Match (Maintenance) | - | - | 17,571 |
| TOTAL REVENUE | 4,058,031 | 4,200,000 | 4,491,206 |
| Salaries | 600,577 | 680,759 | 649,319 |
| Benefits | 225,098 | 251,809 | 247,712 |
| Drugs | 2,822,243 | 2,600,000 | 2,975,000 |
| Other Direct Expenses | 52,099 | 56,200 | 160,263 |
| TOTAL EXPENSES | 3,700,018 | 3,588,768 | 4,032,294 |



SUPPORT SERVICES

■ PURCHASING

DESCRIPTION

Purchasing is the central purchasing service for all of NCHC. This area orders and delivers purchases to all programs. This area is also responsible for monitoring proper purchasing based on the contract with the buying group that NCHC belongs to. This program is allocated based on number of requisitions.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|-------------|-------------|
| Manager | 1.0 | 1.0 |
| Administrative Assistant | 0.2 | 0.2 |
| Storekeeper | 2.0 | 2.0 |
| TOTAL | 3.35 | 3.35 |

BUDGET HIGHLIGHTS

The budget remains consistent.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Other Revenue | 63,656 | 50,000 | 60,000 |
| TOTAL REVENUE | 63,656 | 50,000 | 60,000 |
| Salaries | 127,835 | 130,752 | 131,402 |
| Benefits | 49,709 | 48,360 | 50,129 |
| Other Direct Expenses | 40,432 | 46,177 | 45,837 |
| TOTAL EXPENSES | 217,976 | 225,289 | 227,368 |



SUPPORT SERVICES

■ QUALITY

DESCRIPTION

Quality oversees the compliance and safety of all NCHC programs, and provides oversight for employee health. This area is also responsible for the required data reporting for the Medicare and Medicaid programs.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|----------------------------|------------|-------------|
| Quality & Clinical | | |
| Support Services Executive | 1.0 | 1.0 |
| Quality Data Analyst | 2.0 | 2.0 |
| Safety & Risk Manager | 1.0 | 1.0 |
| Employee Health Specialist | 1.0 | 0.0 |
| Phlebotomist | 0.5 | 1.63 |
| TOTAL | 5.5 | 5.63 |

BUDGET HIGHLIGHTS

The Salaries and Benefits include transferring the Employee Health Specialist from Human Resources and a decrease in Phlebotomist time. The Employee Health Specialist will also provide some Phlebotomy services. This program is allocated based on direct expense.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|----------------|----------------|----------------|
| Salaries | 311,868 | 420,705 | 437,570 |
| Benefits | 108,636 | 155,627 | 166,931 |
| Other Direct Expenses | 149,895 | 155,900 | 168,435 |
| TOTAL EXPENSES | 570,398 | 732,232 | 772,936 |



SUPPORT SERVICES

VOLUNTEER SERVICES

DESCRIPTION

Volunteer Services recruits and works with all the volunteers of NCHC. This area also works with the North Central Health Foundation in planning and carrying out fund raising events.

STAFFING

| Position | 2017 FTE's | 2016 FTE's |
|--------------------------|-------------|-------------|
| Manager | 1.0 | 1.0 |
| Administrative Assistant | 0.55 | 0.55 |
| TOTAL | 1.55 | 1.55 |

BUDGET HIGHLIGHTS

The Other Direct expense includes moving the NCHC gift shop into this budget.

BUDGET SUMMARY

| | 2015 Actual | 2016 Budget | 2017 Budget |
|-----------------------|---------------|---------------|----------------|
| Salaries | 60,339 | 63,612 | 64,955 |
| Benefits | 23,878 | 23,556 | 24,780 |
| Other Direct Expenses | 5,411 | 7,400 | 18,186 |
| TOTAL EXPENSES | 89,629 | 94,568 | 107,921 |



CAPITAL BUDGET

North Central Health Care has a multi-faceted process for capital budgeting and funding. Clarity was given to these processes in 2016 to define the relationship specifically with Marathon County's capital budgeting and approval process. For simplicity sake, similar approaches will be taken with both Langlade and Lincoln counties.

North Central Health Care's threshold to capitalize depreciable assets is \$2,500 or more and having a useful life of two or more years. Straight-line depreciation methods are used and funding for capital assets are available for the approved year and two consecutive years. Equipment with a value of less than \$2,500 are budgeted separately and expensed within a program's budget. Movable equipment of any cost is considered an operational expense and is the responsibility of NCHC budgeting policy and approval as either an expense or when eligible a capitalized asset.

North Central Health Care adheres to Marathon County's Capital Improvement Plan (CIP) for building alterations over \$30,000. Projects under \$30,000 are considered maintenance projects for Marathon County purposes and NCHC handles these projects operationally and financially.

North Central Health Care building projects in Marathon County of over \$30,000 must be requested as part of Marathon County's annual CIP process. Building projects in Lincoln and Langlade counties will be handled through each county's respective CIP process. Building projects which are requested to be ranked through Marathon County's CIP process but are not ranked high enough for CIP funding may be resubmitted for approval using NCHC restricted assets designated for capital purchase.

Rolling stock, including vehicles, and buses, intended for Marathon County programs, shall fall under Marathon County's policy and procedures on rolling stock in determining need and replacement schedule. Purchases over \$5,000 are eligible for capital improvement funds. Purchases under \$5,000 are considered operational expenses and are funded by North Central Health Care. Any rolling stock request that is requested for funding but does not receive funding approval by Marathon County CIP may be funded by NCHC if it receives approval by the NCHC Board. Rolling stock purchases of over \$5,000 in Langlade and Lincoln County will be part of the NCHC budget approval process.



CAPITAL IMPROVEMENT REQUESTS SUBMITTED TO MARATHON COUNTY

In 2016, NCHC submitted and prioritized ten (10) Capital Improvement Projects (CIP) requests and a rolling stock request. The requests were prioritized and submitted first to the Marathon County Health & Human Services Standing Committee and CIP Committee. The 2017 Marathon County budget did not fund any of the project requests with the exception of the rolling stock requests. The proposed NCHC budget for 2017 includes a number of these projects as proposed capital requests.

| PRIORITY | PROJECT | DESCRIPTION OF PROJECT | ESTIMATED COSTS |
|----------|--|--|-----------------|
| 1 | MVCC Domestic Hot Water and Boiler Replacement* | New boilers and water tanks | \$425,000 |
| 2 | MVCC Window Replacement* | Window replacement in the MVCC Building | \$437,750 |
| 3 | Air Handler 1 & 2 | Rebuild HVAC 1 & 2 – New coils, dampers, drive and fan unit | \$510,000 |
| 4 | Purchasing Cooler/Freezer Replacement | Replace 44 year old walk-in cooler and freezer units | \$68,000 |
| 5 | Asphalt Repair and Replacement | Replace the main road and small parking lot, crack fill all other parking lots | \$130,000 |
| 6 | Legacies Flooring | Replace flooring on Evergreen | \$48,000 |
| 7 | HCC Roofing | Replace roofing on MVCC, HCC link and Doctor's Suite | \$93,000 |
| 8 | Special Education Upgrades | Replace flooring, paint, and wallpaper in the entire Special Education space in LVPP | \$74,000 |

** Projects included in the Nursing Home remodel project scope that will need to be addressed if further delay in the remodel project occurs. If remodel project proceeds, these projects will not be additional separate requests.*

The following major projects would be funded by bonding if approved by Marathon County. It is unclear if these projects have followed the appropriate Capital Improvement Program (CIP) process in the past; therefore, NCHC submitted them again and for contextual awareness. The Marathon County Health and Human Services Committee voted to pull these out of the 2017 CIP process as they would have a separate approval process outside of CIP.

| PROJECT | DESCRIPTION OF PROJECT | ESTIMATED COSTS |
|----------------------------------|---------------------------------------|-----------------|
| MVCC Nursing Home Remodel | Remodel nursing home | \$15,000,000 |
| New Aquatic Building | Build a new therapy pool and building | \$7,400,000 |

ROLLING STOCK REQUEST

| PROJECT | DESCRIPTION OF PROJECT | ESTIMATED COSTS |
|---------------|------------------------|-----------------|
| Rolling Stock | Replace Rolling Stock | \$222,000 |



CAPITAL FUNDED IN 2017 BUDGET

| PROGRAM | DESCRIPTION OF REQUEST | COST OF REQUEST | REASON FOR REQUEST |
|---|---|--------------------|-----------------------------|
| Information Management Serv | TIER Barcode project for Behavioral Health Services MAR | \$65,000 | Reduce error |
| Information Management Serv | Data Analytics | \$50,000 | Assist with 2017 objectives |
| Information Management Serv | Phone replacement | \$12,000 | Replacement |
| Information Management Serv | Telehealth expansion | \$20,000 | New |
| Information Management Serv | Scanner replacement-Health Information | \$10,000 | Replacement |
| Laundry | Small Dryers (2) | \$18,600 | Replacement |
| NH Housekeeping | Blinds for MVCC Sunporches (97) | \$14,550 | Replacement |
| NH Housekeeping | Housekeeping cart (2) | \$2,800 | Replacement |
| NH Housekeeping | Water hog oval end rug | \$2,536 | Replacement |
| Maintenance | Replace air conditioning in MVCC basement | \$12,000 | Replacement |
| Food Service | Dishwasher | \$27,934 | Scheduled replacement |
| Food Service | Castors for hot conveyences | \$3,200 | New |
| Food Service | Waring blender-one gallon | \$4,000 | New |
| In-House Transportation | Wayne reliance fleet suction pump Model #G6203P | \$10,172 | Replacement |
| Hospital | Bariatric beds (2) | \$4,000 | New |
| Lakeside Recovery MMT | Vital sign machine | \$3,000 | Additional |
| Psychiatry-Marathon | Blood pressure/vitals machine | \$3,000 | Replacement |
| Crisis | Work stations (2) | \$4,800 | Additional |
| Adult Day Services-Wausau | EZ Way Lift | \$6,500 | Replacement |
| Adult Day Services-Wausau | Vital signs monitor with stand | \$3,000 | Replacement |
| Aquatic Services | Water wheelchair | \$2,500 | New |
| Chadwick Group Home | EZ lift with scale | \$6,500 | Replacement |
| NH Administration | 10 Patio Tables, Umbrellas and 40 chairs | \$7,600 | Replacement |
| Post Acute Care | IV Pumps (2) | \$7,000 | Additional |
| Post Acute Care | Air mattresses (2) | \$11,000 | Replacement |
| Post Acute Care | Bariatric bed frame (1) | \$5,000 | Additional |
| Post Acute Care | EZ Lift | \$6,500 | Replacement |
| Long Term Care | Common Area Furniture | \$35,000 | Replacement |
| Long Term Care | Air mattresses (3) | \$16,500 | Replacement |
| Long Term Care | Bariatric bed frames (3) | \$15,000 | Additional |
| Long Term Care | Office chairs (6) | \$2,100 | Replacement |
| Long Term Care | Bariatric sit to stand lift | \$6,500 | Additional |
| Legacies | Common Area Furniture | \$50,000 | Replacement |
| Legacies | Air mattresses (2) | \$11,000 | Replacement |
| Legacies | Reclining wheelchairs (6) | \$3,900 | Replacement |
| Legacies | Bariatric bed frames (2) | \$10,000 | Additional |
| Legacies | Patient lift | \$6,500 | Replacement |
| Administration-Langlade | OP Clinical desks (4) | \$10,000 | Replacement |
| Administration-Langlade | Client Chairs (21) | \$5,460 | Replacement |
| Administration-Langlade | Sedan | \$24,000 | Additional |
| Sub-Total | | \$519,152 | |
| ITEMS SUBMITTED TO MARATHON COUNTY CIP – NOT FUNDED BY CIP | | | |
| Purchasing | Freezer | \$68,000 | Replacement |
| Maintenance | Asphalt repair and replacement for NCHC campus | \$130,000 | Replacement |
| Maintenance | Boiler replacement (end of life cycle) | \$425,000 | Replacement |
| Maintenance | Air Handler (1 and 2) | \$510,000 | Replacement |
| TOTAL | | \$1,652,152 | |





North Central Health Care

Person centered. Outcome focused.

*Compassionately serving our community
through accessible, specialized care.*

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Administration Office at 715.848.4405.*



MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: October 21, 2016
RE: Attached Financials

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

BALANCE SHEET

Accounts remain consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

The month of September shows a gain of \$180,542, compared to the targeted gain of \$12,680. This results in a positive variance of \$167,861 which is an improvement over prior months.

Overall revenue exceeded targets for September. The nursing home census improved in September averaging 205 per day. The target is 210. The Medicare census also improved showing an average census of 20 per day. The hospital census averaged almost 16 per day, which continues to exceed the target of 14. Outpatient areas are remaining consistent with prior months. The revenue for September also includes an accrual for \$350,000 of the \$475,000 of the funds Marathon County has set aside for mental health services. Information has been submitted showing where expenses have been incurred.

Overall expenses are over target for September. The main areas that are over are the state institutes, over by almost \$302,000, and crisis. As has been indicated in prior months, the expenses for crisis services will continue to be over budget each month due to changes implemented in this area earlier in the year. Drug costs are also high due to flu shots being done. Employee benefits are within budget for September.

The cost reduction plans that were implemented in August are helping with improvements in controlling the expenses.

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

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
SEPTEMBER 2016**

| | <u>Human Services</u> | <u>Nursing Home</u> | <u>Total</u> | <u>Prior Year Combined</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------------|
| Current Assets: | | | | |
| Cash and cash equivalents | 4,137,174 | 1,034,532 | 5,171,706 | 7,364,005 |
| Accounts receivable: | | | | |
| Patient - Net | 3,386,500 | 2,733,610 | 6,120,110 | 6,990,216 |
| Outpatient - WIMCR | 620,000 | 0 | 620,000 | 444,500 |
| Nursing home - Supplemental payment program | 0 | 492,900 | 492,900 | 402,589 |
| Marathon County | 202,401 | 0 | 202,401 | 225,892 |
| Appropriations receivable | 0 | 0 | 0 | 0 |
| Net state receivable | 156,880 | 0 | 156,880 | 113,647 |
| Other | 498,481 | 0 | 498,481 | 167,589 |
| Inventory | 0 | 303,535 | 303,535 | 273,822 |
| Other | <u>405,685</u> | <u>325,279</u> | <u>730,964</u> | <u>417,787</u> |
| Total current assets | <u>9,407,120</u> | <u>4,889,857</u> | <u>14,296,977</u> | <u>16,400,048</u> |
| Noncurrent Assets: | | | | |
| Investments | 9,800,000 | 0 | 9,800,000 | 9,300,000 |
| Assets limited as to use | 1,928,315 | 813,867 | 2,742,182 | 2,132,651 |
| Restricted assets - Patient trust funds | 27,800 | 39,019 | 66,819 | 53,221 |
| Net pension asset | 2,690,051 | 2,156,887 | 4,846,938 | 0 |
| Nondepreciable capital assets | 342,171 | 713,580 | 1,055,751 | 1,556,072 |
| Depreciable capital assets - Net | <u>7,229,526</u> | <u>3,289,885</u> | <u>10,519,410</u> | <u>10,143,763</u> |
| Total noncurrent assets | <u>22,017,862</u> | <u>7,013,239</u> | <u>29,031,101</u> | <u>23,185,707</u> |
| Deferred outflows of resources - Related to pensions | <u>2,692,772</u> | <u>2,159,070</u> | <u>4,851,842</u> | <u>0</u> |
| TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES | <u>34,117,754</u> | <u>14,062,165</u> | <u>48,179,919</u> | <u>39,585,755</u> |

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
SEPTEMBER 2016**

| | <u>Human Services</u> | <u>Nursing Home</u> | <u>Total</u> | <u>Prior Year Combined</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------------|
| Current Liabilities: | | | | |
| Current portion of related-party note payable | 151,257 | 0 | 151,257 | 148,264 |
| Accounts payable - Trade | 949,464 | 761,282 | 1,710,746 | 2,267,842 |
| Appropriations advances | 0 | 0 | 0 | 0 |
| Accrued liabilities: | | | | |
| Salaries and retirement | 863,188 | 692,106 | 1,555,294 | 1,951,525 |
| Compensated absences | 813,592 | 652,339 | 1,465,931 | 1,467,350 |
| Health and dental insurance | 451,770 | 362,230 | 814,000 | 652,000 |
| Other Payables | 186,693 | 149,690 | 336,383 | 422,809 |
| Amounts payable to third-party reimbursement programs | 400,000 | 0 | 400,000 | 455,214 |
| Unearned revenue | <u>291,866</u> | <u>0</u> | <u>291,866</u> | <u>218,871</u> |
| Total current liabilities | <u>4,107,830</u> | <u>2,617,648</u> | <u>6,725,478</u> | <u>7,583,875</u> |
| Noncurrent Liabilities: | | | | |
| Related-party note payable | 636,181 | 0 | 636,181 | 787,438 |
| Patient trust funds | <u>27,800</u> | <u>39,019</u> | <u>66,819</u> | <u>53,221</u> |
| Total noncurrent liabilities | <u>663,981</u> | <u>39,019</u> | <u>703,000</u> | <u>840,659</u> |
| Total liabilities | <u>4,771,811</u> | <u>2,656,667</u> | <u>7,428,478</u> | <u>8,424,534</u> |
| Deferred inflows of resources - Related to pensions | <u>47,105</u> | <u>37,768</u> | <u>84,873</u> | <u>0</u> |
| Net Position: | | | | |
| Net investment in capital assets | 7,571,697 | 4,003,465 | 11,575,162 | 11,699,835 |
| Unrestricted | 16,603,667 | 4,172,898 | 20,776,564 | 18,887,338 |
| Restricted - Pension benefit | 5,329,949 | 4,273,563 | 9,603,512 | 0 |
| Operating Income / (Loss) | <u>(206,473)</u> | <u>(1,082,196)</u> | <u>(1,288,669)</u> | <u>574,047</u> |
| Total net position | <u>29,298,839</u> | <u>11,367,729</u> | <u>40,666,569</u> | <u>31,161,221</u> |
| TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION | <u>34,117,754</u> | <u>14,062,165</u> | <u>48,179,919</u> | <u>39,585,755</u> |

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 2016**

| TOTAL | CURRENT MONTH <u>ACTUAL</u> | CURRENT MONTH <u>BUDGET</u> | CURRENT MONTH <u>VARIANCE</u> | YTD <u>ACTUAL</u> | YTD <u>BUDGET</u> | YTD <u>VARIANCE</u> |
|-------------------------------------|--|--|--|------------------------------|------------------------------|--------------------------------|
| Revenue: | | | | | | |
| Net Patient Service Revenue | <u>\$3,690,470</u> | <u>\$3,558,691</u> | <u>\$131,779</u> | <u>\$32,644,234</u> | <u>\$32,406,768</u> | <u>\$237,466</u> |
| Other Revenue: | | | | | | |
| State Match / Addendum | 324,658 | 325,120 | (462) | 2,921,922 | 2,926,077 | (4,155) |
| Grant Revenue | 224,172 | 190,538 | 33,634 | 1,832,031 | 1,715,205 | 116,826 |
| County Appropriations - Net | 740,619 | 740,566 | 53 | 6,665,571 | 6,665,091 | 480 |
| Departmental and Other Revenue | <u>715,987</u> | <u>200,583</u> | <u>515,404</u> | <u>2,296,829</u> | <u>1,805,847</u> | <u>490,982</u> |
| Total Other Revenue | <u>2,005,436</u> | <u>1,456,807</u> | <u>548,629</u> | <u>13,716,354</u> | <u>13,112,220</u> | <u>604,134</u> |
| Total Revenue | 5,695,906 | 5,015,499 | 680,408 | 46,360,587 | 45,518,988 | 841,600 |
| Expenses: | | | | | | |
| Direct Expenses | 4,213,074 | 3,603,715 | 609,358 | 36,118,408 | 32,692,871 | 3,425,537 |
| Indirect Expenses | <u>1,315,372</u> | <u>1,406,604</u> | <u>(91,232)</u> | <u>11,643,252</u> | <u>12,759,042</u> | <u>(1,115,790)</u> |
| Total Expenses | <u>5,528,445</u> | <u>5,010,319</u> | <u>518,127</u> | <u>47,761,660</u> | <u>45,451,913</u> | <u>2,309,747</u> |
| Operating Income (Loss) | <u>167,461</u> | <u>5,180</u> | <u>162,280</u> | <u>(1,401,073)</u> | <u>67,075</u> | <u>(1,468,147)</u> |
| Nonoperating Gains (Losses): | | | | | | |
| Interest Income | 10,273 | 7,500 | 2,773 | 87,226 | 67,500 | 19,726 |
| Donations and Gifts | 2,543 | 0 | 2,543 | 20,020 | 0 | 20,020 |
| Gain / (Loss) on Disposal of Assets | <u>265</u> | <u>0</u> | <u>265</u> | <u>5,158</u> | <u>0</u> | <u>5,158</u> |
| Total Nonoperating Gains / (Losses) | <u>13,081</u> | <u>7,500</u> | <u>5,581</u> | <u>112,403</u> | <u>67,500</u> | <u>44,903</u> |
| Income / (Loss) | <u>\$180,542</u> | <u>\$12,680</u> | <u>\$167,861</u> | <u>(\$1,288,669)</u> | <u>\$134,575</u> | <u>(\$1,423,244)</u> |

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 2016**

| 51.42/.437 PROGRAMS | <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>\$1,583,276</u> | <u>\$1,518,063</u> | <u>\$65,213</u> | <u>\$14,642,385</u> | <u>\$13,858,136</u> | <u>\$784,250</u> |
| Other Revenue: | | | | | | |
| State Match / Addendum | 324,658 | 325,120 | (462) | 2,921,922 | 2,926,077 | (4,155) |
| Grant Revenue | 224,172 | 190,538 | 33,634 | 1,832,031 | 1,715,205 | 116,826 |
| County Appropriations - Net | 598,953 | 598,899 | 54 | 5,390,577 | 5,390,091 | 486 |
| Departmental and Other Revenue | <u>476,618</u> | <u>169,287</u> | <u>307,331</u> | <u>1,672,559</u> | <u>1,524,187</u> | <u>148,373</u> |
| Total Other Revenue | <u>1,624,401</u> | <u>1,283,844</u> | <u>340,557</u> | <u>11,817,090</u> | <u>11,555,560</u> | <u>261,530</u> |
| Total Revenue | <u>3,207,677</u> | <u>2,801,908</u> | <u>405,770</u> | <u>26,459,475</u> | <u>25,413,696</u> | <u>1,045,779</u> |
| Expenses: | | | | | | |
| Direct Expenses | 2,438,717 | 1,991,342 | 447,376 | 20,540,393 | 18,073,506 | 2,466,887 |
| Indirect Expenses | <u>595,195</u> | <u>804,279</u> | <u>(209,084)</u> | <u>6,231,934</u> | <u>7,295,467</u> | <u>(1,063,533)</u> |
| Total Expenses | <u>3,033,913</u> | <u>2,795,621</u> | <u>238,292</u> | <u>26,772,328</u> | <u>25,368,974</u> | <u>1,403,354</u> |
| Operating Income (Loss) | <u>173,765</u> | <u>6,287</u> | <u>167,478</u> | <u>(312,853)</u> | <u>44,722</u> | <u>(357,575)</u> |
| Nonoperating Gains (Losses): | | | | | | |
| Interest Income | 10,273 | 7,500 | 2,773 | 87,226 | 67,500 | 19,726 |
| Donations and Gifts | 1,494 | 0 | 1,494 | 13,997 | 0 | 13,997 |
| Gain / (Loss) on Disposal of Assets | <u>265</u> | <u>0</u> | <u>265</u> | <u>5,158</u> | <u>0</u> | <u>5,158</u> |
| Total Nonoperating Gains / (Losses) | <u>12,032</u> | <u>7,500</u> | <u>4,532</u> | <u>106,380</u> | <u>67,500</u> | <u>38,880</u> |
| Income / (Loss) | <u>\$185,796</u> | <u>\$13,787</u> | <u>\$172,010</u> | <u>(\$206,473)</u> | <u>\$112,222</u> | <u>(\$318,695)</u> |

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 2016**

| 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>\$2,107,194</u> | <u>\$2,040,628</u> | <u>\$66,566</u> | <u>\$18,001,849</u> | <u>\$18,548,632</u> | <u>(\$546,784)</u> |
| Other Revenue: | | | | | | |
| County Appropriations - Net | 141,666 | 141,667 | (1) | 1,274,994 | 1,275,000 | (6) |
| Departmental and Other Revenue | <u>239,369</u> | <u>31,296</u> | <u>208,073</u> | <u>624,270</u> | <u>281,660</u> | <u>342,610</u> |
| Total Other Revenue | <u>381,035</u> | <u>172,962</u> | <u>208,072</u> | <u>1,899,264</u> | <u>1,556,660</u> | <u>342,604</u> |
| Total Revenue | 2,488,228 | 2,213,590 | 274,639 | 19,901,113 | 20,105,292 | (204,180) |
| Expenses: | | | | | | |
| Direct Expenses | 1,774,356 | 1,612,373 | 161,983 | 15,578,015 | 14,619,365 | 958,650 |
| Indirect Expenses | <u>720,177</u> | <u>602,325</u> | <u>117,852</u> | <u>5,411,318</u> | <u>5,463,575</u> | <u>(52,257)</u> |
| Total Expenses | <u>2,494,533</u> | <u>2,214,698</u> | <u>279,835</u> | <u>20,989,332</u> | <u>20,082,940</u> | <u>906,393</u> |
| Operating Income (Loss) | <u>(6,305)</u> | <u>(1,108)</u> | <u>(5,196)</u> | <u>(1,088,220)</u> | <u>22,353</u> | <u>(1,110,572)</u> |
| Nonoperating Gains (Losses): | | | | | | |
| Interest Income | 0 | 0 | 0 | 0 | 0 | 0 |
| Donations and Gifts | 1,049 | 0 | 1,049 | 6,023 | 0 | 6,023 |
| 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>1,049</u> | <u>0</u> | <u>1,049</u> | <u>6,023</u> | <u>0</u> | <u>6,023</u> |
| Income / (Loss) | <u>(\$5,256)</u> | <u>(\$1,108)</u> | <u>(\$4,148)</u> | <u>(\$1,082,196)</u> | <u>\$22,353</u> | <u>(\$1,104,549)</u> |

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
September 30, 2016

| BANK | LENGTH | MATURITY DATE | INTEREST RATE | AMOUNT | Collateralized |
|------------------------|----------|------------------|------------------|-------------|----------------|
| People's State Bank | 365 Days | 10/30/2016 | 0.55% | \$500,000 | |
| Abby Bank | 365 Days | 1/6/2017 | 0.75% | \$500,000 | X |
| Abby Bank | 730 Days | 2/25/2017 | 0.80% | \$500,000 | X |
| People's State Bank | 395 Days | 3/28/2017 | 0.65% | \$250,000 | |
| CoVantage Credit Union | 455 Days | 3/30/2017 | 1.00% | \$500,000 | X |
| CoVantage Credit Union | 578 Days | 5/7/2017 | 1.05% | \$500,000 | X |
| BMO Harris | 365 Days | 5/28/2017 | 0.80% | \$500,000 | X |
| People's State Bank | 395 Days | 5/29/2017 | 0.75% | \$350,000 | |
| People's State Bank | 395 Days | 5/30/2017 | 0.75% | \$500,000 | |
| Abby Bank | 365 Days | 7/19/2017 | 0.85% | \$500,000 | X |
| CoVantage Credit Union | 578 Days | 7/28/2017 | 0.85% | \$300,000 | X |
| People's State Bank | 365 Days | 8/21/2017 | 0.75% | \$500,000 | |
| BMO Harris | 365 Days | 8/26/2017 | 0.80% | \$500,000 | X |
| Abby Bank | 365 Days | 8/29/2017 | 0.85% | \$500,000 | X |
| Abby Bank | 365 Days | 9/1/2017 | 0.85% | \$500,000 | X |
| Abby Bank | 730 Days | 10/29/2017 | 1.10% | \$500,000 | X |
| CoVantage Credit Union | 730 Days | 11/18/2017 | 1.10% | \$500,000 | X |
| Abby Bank | 730 Days | 12/30/2017 | 1.10% | \$500,000 | X |
| CoVantage Credit Union | 487 Days | 1/1/2018 | 1.10% | \$500,000 | X |
| Abby Bank | 730 Days | 3/15/2018 | 1.20% | \$400,000 | X |
| Abby Bank | 730 Days | 5/3/2018 | 1.20% | \$500,000 | X |
| TOTAL FUNDS AVAILABLE | | | | \$9,800,000 | |

NCHC-DONATED FUNDS**Balance Sheet**

As of October 10, 2016

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

| | |
|---------------------------------|-----------|
| Adult Day Services | 4,989.38 |
| Adventure Camp | 1,555.41 |
| Birth to 3 Program | 2,035.00 |
| Clubhouse | 31,152.86 |
| Community Treatment | 10,523.28 |
| Fishing Without Boundries | 3,913.00 |
| General Donated Funds | 60,919.78 |
| Housing - DD Services | 1,370.47 |
| Langlade HCC | 3,180.42 |
| Legacies by the Lake | |
| Music in Memory | 1,638.25 |
| Legacies by the Lake - Other | 3,338.99 |
| Total Legacies by the Lake | 4,977.24 |
| Marathon Cty Suicide Prev Task | 22,969.86 |
| National Suicide Lifeline Stipe | 3,176.37 |
| Northern Valley West | 1,966.00 |
| Nursing Home - General Fund | 4,722.29 |
| Outpatient Services - Marathon | 101.08 |
| Pool | 10,449.60 |
| Prevent Suicide Langlade Co. | 2,444.55 |
| Resident Council | 871.05 |
| United Way | 174.00 |

| | |
|------------------------|-------------------|
| Total CHECKING ACCOUNT | <u>171,491.64</u> |
|------------------------|-------------------|

| | |
|------------------------|-------------------|
| Total Checking/Savings | <u>171,491.64</u> |
|------------------------|-------------------|

| | |
|----------------------|-------------------|
| Total Current Assets | <u>171,491.64</u> |
|----------------------|-------------------|

| | |
|---------------------|--------------------------|
| TOTAL ASSETS | <u>171,491.64</u> |
|---------------------|--------------------------|

LIABILITIES & EQUITY**Equity**

| | |
|--------------------|------------|
| Opening Bal Equity | 123,523.75 |
| Retained Earnings | 35,991.07 |
| Net Income | 11,976.82 |

| | |
|--------------|-------------------|
| Total Equity | <u>171,491.64</u> |
|--------------|-------------------|

| | |
|---------------------------------------|--------------------------|
| TOTAL LIABILITIES & EQUITY | <u>171,491.64</u> |
|---------------------------------------|--------------------------|

North Central Health Care **Budget Revenue/Expense Report**

Month Ending September 30, 2016

| ACCOUNT DESCRIPTION | CURRENT MONTH ACTUAL | CURRENT MONTH BUDGET | YTD ACTUAL | YTD BUDGET | DIFFERENCE |
|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------|-----------------------|---------------------------|
| <u>REVENUE:</u> | | | | | |
| Total Operating Revenue | <u>5,695,906</u> | <u>5,015,499</u> | <u>46,360,587</u> | <u>45,518,988</u> | <u>841,599</u> |
| <u>EXPENSES:</u> | | | | | |
| Salaries and Wages | 2,389,181 | 2,551,520 | 22,379,094 | 23,203,842 | (824,748) |
| Fringe Benefits | 917,698 | 945,189 | 9,259,862 | 8,595,586 | 664,276 |
| Departments Supplies | 497,842 | 466,527 | 4,080,596 | 4,198,744 | (118,148) |
| Purchased Services | 662,852 | 265,981 | 4,269,373 | 2,433,832 | 1,835,541 |
| Utilitites/Maintenance Agreements | 377,212 | 328,097 | 2,985,942 | 2,942,870 | 43,072 |
| Personal Development/Travel | 41,439 | 39,229 | 309,976 | 353,063 | (43,087) |
| Other Operating Expenses | 103,002 | 153,317 | 922,036 | 1,379,851 | (457,815) |
| Insurance | 36,614 | 47,292 | 332,349 | 425,625 | (93,277) |
| Depreciation & Amortization | 132,752 | 138,167 | 1,166,313 | 1,243,500 | (77,187) |
| Client Purchased Services | <u>369,853</u> | <u>75,000</u> | <u>2,056,119</u> | <u>675,000</u> | <u>1,381,119</u> |
| TOTAL EXPENSES | 5,528,445 | 5,010,319 | 47,761,659 | 45,451,913 | 2,309,746 |
| Nonoperating Income | <u>13,081</u> | <u>7,500</u> | <u>112,403</u> | <u>67,500</u> | <u>44,903</u> |
| EXCESS REVENUE (EXPENSE) | <u>180,542</u> | <u>12,680</u> | <u>(1,288,669)</u> | <u>134,575</u> | <u>(1,423,244)</u> |

**North Central Health Care
Write-Off Summary
September 2016**

| | <u>Current Month</u> | <u>Current Year To Date</u> | <u>Prior Year To Date</u> |
|---|--------------------------|---------------------------------|-------------------------------|
| <i>Inpatient:</i> | | | |
| Administrative Write-Off | \$4,141 | \$136,386 | \$73,054 |
| Bad Debt | \$86 | \$10,989 | \$1,718 |
| <i>Outpatient:</i> | | | |
| Administrative Write-Off | \$25,218 | \$145,227 | \$89,993 |
| Bad Debt | \$428 | \$7,261 | \$2,371 |
| <i>Nursing Home:</i> | | | |
| Daily Services: | | | |
| Administrative Write-Off | \$0 | \$50,088 | \$31,173 |
| Bad Debt | (\$515) | \$17,923 | \$25,520 |
| Ancillary Services: | | | |
| Administrative Write-Off | \$832 | \$42,120 | \$49,818 |
| Bad Debt | (\$159) | (\$285) | \$576 |
| <i>Pharmacy:</i> | | | |
| Administrative Write-Off | \$0 | \$0 | \$0 |
| Bad Debt | \$0 | \$0 | \$0 |
| Total - Administrative Write-Off | \$30,192 | \$373,822 | \$244,038 |
| Total - Bad Debt | (\$159) | \$35,887 | \$30,185 |

**North Central Health Care
2016 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 | 6,510 | 6,441 | (69) | 87.50% | 86.57% |
| | Hospital | 434 | 402 | (32) | 87.50% | 81.05% |
| February | Nursing Home | 6,090 | 5,953 | (137) | 87.50% | 85.53% |
| | Hospital | 406 | 407 | 1 | 87.50% | 87.72% |
| March | Nursing Home | 6,510 | 6,363 | (147) | 87.50% | 85.52% |
| | Hospital | 434 | 458 | 24 | 87.50% | 92.34% |
| April | Nursing Home | 6,300 | 6,131 | (169) | 87.50% | 85.15% |
| | Hospital | 420 | 462 | 42 | 87.50% | 96.25% |
| May | Nursing Home | 6,510 | 6,467 | (43) | 87.50% | 86.92% |
| | Hospital | 434 | 377 | (57) | 87.50% | 76.01% |
| June | Nursing Home | 6,300 | 6,080 | (220) | 87.50% | 84.44% |
| | Hospital | 420 | 416 | (4) | 87.50% | 86.67% |
| July | Nursing Home | 6,510 | 6,149 | (361) | 87.50% | 82.65% |
| | Hospital | 434 | 452 | 18 | 87.50% | 91.13% |
| August | Nursing Home | 6,510 | 6,312 | (198) | 87.50% | 84.84% |
| | Hospital | 434 | 464 | 30 | 87.50% | 93.55% |
| September | Nursing Home | 6,300 | 6,155 | (145) | 87.50% | 85.49% |
| | Hospital | 420 | 468 | 48 | 87.50% | 97.50% |
| October | Nursing Home | | | 0 | 0.00% | 0.00% |
| | Hospital | | | 0 | 0.00% | 0.00% |
| November | Nursing Home | | | 0 | 0.00% | 0.00% |
| | Hospital | | | 0 | 0.00% | 0.00% |
| December | Nursing Home | | | 0 | 0.00% | 0.00% |
| | Hospital | | | 0 | 0.00% | 0.00% |

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

September 22, 2016

12:00 Noon

NCHC – Wausau Campus

Present:

| | | | | | |
|-----|---------------|-----|--------------|-----|------------------|
| X | Randy Balk | EXC | Steve Benson | X | Ben Bliven |
| X | Jean Burgener | X | Joanne Kelly | EXC | Holly Matucheski |
| X | Bill Metter | X | Bill Miller | X | Scott Parks |
| EXC | John Robinson | EXC | Greta Rusch | X | Robin Stowe |
| X | Bob Weaver | X | Jeff Zriny | | |

Meeting was called to order at 12:05 p.m., roll call taken, and a quorum noted.

Public Comment for Matters Appearing on the Agenda

- No public comment made.

Consent Agenda

- **Motion**/second, Metter/Stowe, to approve the Consent Agenda which includes the 9/15/16 NCCSP Board Meeting Minutes. It was noted that a correction of the 9/15/16 minutes be made to reflect the public hearing was held on 8/22/17. Motion carried to approve the minutes with the noted correction.

Chairman's Report and Announcements

- At the Marathon County Board meeting, following a short discussion on the Resolution to Withdraw from North Central Health Care, was unanimous approval of the revised resolution. All three counties will meet to revise the Tri-County Agreement to be presented for approval in December, 2016. Health & Human Services Committee will be apprised of the progress.

Executive Committee Report

- Committee prepared for the Sept. 20th meeting of the Marathon County Board of Supervisors.

Finance, Personnel & Property Committee Report

- The budget was discussed; a new investment policy was approved; collateralizing investments was discussed; and financial statements for August were reviewed.
- Committee feels converting to private rooms in the hospital would improve revenues and is a top priority to be addressed. Average daily census in the hospital is higher than average.
- Committee also discussed the possibility of decertifying some nursing home beds; tax levy from Lincoln County may increase for crisis services with no increase in Langlade County.
- Still working to balance the budget; one of the greatest expenses is health insurance which leads to considering different options in the health plan for next year.

- Wisconsin changed the law to bill other counties for care of their residents by creating commissions. Not all counties have county nursing homes therefore we could admit individuals from other counties as a potential new revenue source. We would be able to bill between the Medicaid rate and the full cost of care; potential revenue of \$100/day. As more counties become part of the health commission there will be more discussion on these charges, etc. Additional information will be brought back as it becomes available.
- Mobile crisis services will change in 2017 for Langlade County from 24/7 to general business hours. NCHC continues to work with Langlade County to improve mobile crisis services; will be reviewing calls and services in 2016; and working with our stakeholders.

Human Service Operations Committee Report

- Committee discussed the Counseling in Schools Pilot Program; 11 schools participate in Lincoln and Marathon Counties and we are working to develop a more robust program.
- Discussed behavioral health needs and approaches i.e. Marathon County Life Report and Collective Impact.
- Discussed data and outcomes in the crisis program; MMT continues to have a long wait list and is a major need in the community. Dr. Ticho moved from inpatient to outpatient which has increased access to outpatient services but poses unique challenges to inpatient also. There is a new forensic counselor to provide additional services in the jail.
- Crisis Process Improvement team is continuing to work on the transportation program and will begin to meet again on a weekly basis starting in October.
- Working through deficiencies identified in the Morningside report.
- Diversions to other facilities are at a cost of \$1,000/day. Committee feels having more private rooms would help offset this cost. Legislation is coming before the Federal Government on remodeling/redefining the IMD (Institute for Mental Disease) which would allow us to increase our bed capacity.

Nursing Home Operations

- Committee discussed the financial situation including revenue difficulties, high cost of health insurance, reduction in costs, etc.
- Annual survey is expected at any time. A mock survey has been conducted; we will be working with Pine Crest Nursing Home of Merrill in a cooperative agreement beginning in 2017 to conduct mock surveys.
- Will be reviewing and potentially recommending to decertify beds.
- Considering the challenges we are facing with health insurance, the committee is concerned about the impact it will have on employee premium contributions and co-pays.
- Most nursing homes are struggling with the similar staffing concerns.
- Question was asked and clarified that there is a specific agreement between NCHC and Marathon County to operate the nursing home but there is not a specific agreement to operate the therapeutic pool.

Quality Committee Report

- Committee met August 9 in closed session to discuss significant events.
- Committee also met September 15 and reviewed the outcome data particularly with patient experience; the inpatient behavioral health unit has struggled, however they have recently moved from a percentile rank of 1 to 56 with even greater success being seen this month. Leaders have been asked to identify specific action plans in this area.

- Committee also discussed the process for when we have a significant event i.e. how it is reported, analyzed, and determining corrective action.
- Reviewed the Organizational Quality Dashboard. Discussed turnover in the nursing home as well as access. Will be talking about recidivism rate with Laura Yarie, Marathon County Justice System.
- **Motion**/second, Kelly/Weaver to accept the Organizational Quality Dashboard. Motion carried.
- **Motion**/second, Bliven/Metter, to move into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. For the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency. ROLL CALL VOTE: Ayes = 10, Nays = 0. Motion carried.
 - Board was apprised of and discussed a report on a recent corporate compliance issue.
- **Motion**/second, Miller/Weaver, to come out of closed session. Motion carried.
- No announcements made regarding issues discussed in closed session.

Financial Report

- August showed a gain of just under \$128,000, Revenues showed improvement; Outpatient Services is busier now that summer is over.
- Program Leaders were given an assignment last month to identify cost avoidance and reductions; positive results are being seen already in August.
- Health insurance costs continue to be high.
- Salary increases for next year is under review. Board members expressed concern that employee work performance is not equal and should not be treated as such.
- **Motion**/second, Weaver/Miller, to accept the financial report and financial statements. Motion carried.

Medical Staff Credentialing

- **Motion**/second, Metter/Weaver, to approve the reappointments as recommended by the Medical Staff. Motion carried.

| | |
|------------------|---------------------|
| ○ Debra Ciasulli | ○ Brigitte Espinoza |
| ○ Brian Smith | ○ William Nietert |
| ○ Betsy Bittman | |

Update on Marathon County's Decision Regarding the Future of their Relationship with North Central Health Care – Discuss Go Forward Strategy

- Meetings will begin next week to discuss the revisions to the Tri-County Agreement.
- Collaborative Care Model information has been provided to include in the discussions; we hope the Collaborative Care Model becomes a key piece of the agreement.
- NCHC has not yet been invited to the meetings but hope that they will be included and have input in future meetings.
- Meetings are not noticed or being made public at this time. Bill Miller will ask Scott Corbett about others attending the meetings.

Presentation of 2017 Operational Objectives

- Our goal is to have strategic plans and objectives approved prior to the budget, endorsed by board, and incorporated in the budget document.
- 2017 objectives are in three broad areas: Advanced Service Excellence, Complex Care Delivery; and Electronic Medical Record Interoperability. Work plans will be created for next year. An update on 2016 Operational Objectives will be provided at the next meeting of the Board.
- **Motion**/second, Metter/Weaver, to approve the 2017 Operational Objectives. Motion carried.

Adopt the Collaborative Care Quality Charter and Amend NCCSP Bylaws Article 7 Section 7.1 to Add (f)(1) Collaborative Care Committee as a standing committee of the NCCSP Board

- A review of the Collaborative Care Quality Charter was provided; this structure provides protection to discuss sensitive issues between parties.
- Request is being made to amend the Bylaws and insert Article 7 Section 7.1 adding the Collaborative Care Committee as a standing committee of the NCCSP Board.
- **Motion**/second, Stowe/Balk, to adopt the Collaborative Care Quality Charter and Amend the NCCSP Bylaws Article 7 Section 7.1 to add (f)(1) Collaborative Care Committee as a standing committee of the NCCSP Board.
 - Responsibility will be to have framework to oversee performance and quality along with a mechanism to discuss issues, etc.
 - Motion carried.

CEO Report

- An anonymous letter expressing care and leadership concerns was provided to the Marathon County Board this week. We will investigate as we do when any information like this is received and within 7 days we will provide a report to the state.
 - Members of the Board highly encouraged that the investigation is handled by a third party; staff agreed.
 - It was noted that none of our internal processes for reporting the concerns were utilized i.e. occurrence reporting, whistleblowing, an anonymous hotline.
 - Michael will speak with Brad Karger about whether the Marathon County Board should receive an update following the investigation.
- Aging and Disability Resource Center (ADRC) will be moving to a new location from this campus which will have a financial impact. Brad Karger and Lance Leonhard toured the space. We anticipate all community programs currently using space at the ADRC will continue next year.
- Nursing Home Operations Committee will be discussing staffing challenges and strategies at their next meeting.
- An inpatient psychiatrist has been hired, Dr. Dibala. She has over 30 years of experience. We anticipate a start date in January or February 2017. We have extended an offer to another psychiatrist and another physician is coming next week.
- Applications received for the psychiatry residency program exceeds 500 with only three spots to fill.

Future agenda items

- No new items noted

Motion/second, Metter/Miller, to adjourn the meeting at 1:30 p.m. Motion carried.

dko

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

October 5, 2016

2:30 PM

North Central Health Care – Board Room

| | | | | |
|----------|---|---------------|---|-------------------------|
| Present: | X | Jeff Zriny | X | Bob Weaver |
| | X | Jean Burgener | X | Robin Stowe (via phone) |

Also Present: Michael Loy

Chairman Zriny called the meeting to order at 2:32 pm.

Public Comment for Matters Appearing on the Agenda

No public comment made.

Action: Approve 09/07/2016 Executive Committee Meeting Minutes

- **Motion** to approve the 09/07/2016 Executive Committee meeting minutes made by B. Weaver, seconded by J. Burgener, motion passed 4-0.

2017 Budget Update

- 2017 Budget will be presented at a joint meeting of the Board and Finance, Personnel & Property Committee this month.
- Have met with Marathon County several times on the budget; no new levy will be received however, Marathon County will continue to provide the \$475,000 for their request of additional mental health services to the jail. With the current support and the offset for the maintenance transition, we anticipate a deficit of about \$500,000 which is mostly in the nursing home area and does not include any salary increases for 2017. We continue to work on the budget deficit in order to build in salary increases. As a reminder, patient experience scores determine salary increases; scores continue to decrease which we need to relate strongly to the staff.
- Marathon County Executive Committee will review the nursing home and pool in the first quarter of 2017 following the completion of the Tri-County Agreement in December.
- The budget presentation will be more comprehensive this year. Board will be asked to approve a budget with deficit spending (nursing home side); goal will be to shore up and fix the revenue during the year.
- Joint Finance/Board will begin simultaneously at 11:30 a.m. Following the presentation the Finance Committee will consider recommending approval of the 2017 Budget to the Board for final approval. The Board will then vote on the 2017 Budget.
 - Budget input is received from Lincoln and Langlade County Finance Directors; following direction from the two counties, a meeting with Marathon County Administrator and Finance Director is held. Budget is adjusted after receiving direction from the counties.
 - It was felt that a discussion for a future meeting would be to better understand 'shared services' with the three counties including funding mechanisms and the multi-county operation.
 - Management will be working with leadership on new revenue sources for 2017.

Discuss Board Appointments and Officer Nominations for 2017

- Terms of six board members are up in December 2016; Dr. Steve Benson, Bill Metter, and John Robinson from Marathon County, Robin Stowe from Langlade County, and Greta Rusch and Bob Weaver from Lincoln county. All individuals are interested in reappointment and requests for reappointments will be forwarded to each county.
- Dr. Corrie Norrbom will be joining the board this month to replace Joanne Kelly.
- Officers of the board are one year terms and appointed at the Board's annual meeting in November. A nominating committee needs to be appointed and traditionally this appointment has been the Executive Committee.
- **Motion** to appoint the Executive Committee as the Nominating Committee was made by B. Weaver, second by J. Burgener. Motion carried.
- **Motion** made by B. Weaver to retain the same slate of officers from 2016 to 2017, second by R. Stowe. Slate of officers for recommendation include:
 - Jeff Zriny, President
 - Bob Weaver, Vice President
 - Jean Burgener, Secretary/Treasurer
- Motion carried by unanimous vote, 4-0. Slate of officers will be presented at the November meeting of the Board.

CEO Report

- Physician recruitment
 - Dr. Dibala has accepted our offer and will be starting in early 2017.
 - Offer has been extended to Dr. Levitt for outpatient psychiatry.
 - Dr. Carter, who is finishing his fellowship at Stanford in geriatric psychiatry, is strongly considering our offer. He would be involved in inpatient, emergency medicine, and for geriatric consults. He is available next summer.
 - Several former psychiatrists of NCHC have expressed interest in returning; we are in conversations with them.
- Marathon County is considering a trial program focused on reducing jail bed days (in Florida) resulted in actually closing a jail because of its success. Program was data driven justice for non-violent offenders, providing the right treatment, and then returning to the community. Milwaukee and Eau Claire Counties are looking into this program.
- Update on complaint letter
 - An independent investigation has been completed on the behavioral health unit by Dr. Laurie Roberts, Inpatient Director at St. Michaels, Stevens Point.
 - State Surveyors arrived this week on the inpatient unit with the complaint letter in hand; staff and patients on the inpatient unit were interviewed. A self-report had already been submitted to the State but the State received the letter from another source. No citations were received from the State.
 - The letter is relatively unsubstantiated with exception where there is an element of injury in a Dr. Green event and as result we began initiatives to improve safety which were identified and implemented prior to the letter. We have reviewed all adverse actions for staff on the inpatient unit and provided to our attorney to identify if any retaliation occurred.

- Attorney Fisher and Jeff Zriny met with Marathon County Corporation Counsel, Scott Corbett, Matt Bootz, and Lance Leonhard about how Marathon County wants to investigate this letter further.
- Following a meeting on Monday Marathon County retracted their request of email records. City Pages also submitted a public records request. We will be working with IT and John Fisher on this request.
- Parties will be working together under the Collaborative Care Subcommittee of the Board beginning this week. John Fisher is acting on behalf of NCHC to make sure quality compliance efforts are in place, to prepare a timeline and summary of findings to report to the Board. Subcommittee is advisory only and has no authority. J. Fisher will provide direction and will take the responsibility of reporting to the Board.
- Committee wanted to stress that all of the above actions comes with a cost and that it is important to share the magnitude of the investigation and costs associated with it to the parties involved.
- Committee questioned if Marathon County has the authority to complete their own investigation and concerned that one county should not do anything detrimental to the other two counties.
- R. Stowe shared a recent experience in Langlade County where stakeholders, including NCHC, met and the outcome was good. Having all parties together to discuss the situation is very beneficial and positive and feels this level of communication can only be helpful.
- Nursing Home Operations Committee will be dealing with the recently released CMS requirements that overhauls the nursing home regulations (over 700 pages). Within the next 30-90 days we must be in compliance with all of the regulations.
- Marathon County Executive Committee indicated they anticipate discussing the nursing home and pool during the first quarter of 2017 following the completion of the Tri-County Agreement.
- Maintenance transfer continues to progress; location of maintenance staff is being worked on.
- Weekly meetings, Mondays from 8-9 a.m. are scheduled through end of Nov. to work on the Tri-County agreement. Board will receive an update at the end of the month.
- Marathon County will only charge “rent” for the space we are occupying from that being vacated by ADRC.

Agenda for 10/27/16 Board Meeting

- 2017 Budget
- Update on investigation / collaborative care

Future agenda items for committee consideration

- Invite Brian Schoeneck or Larry Lester to brainstorm where reductions can be made in the nursing home operations; financial consultant to determine if exceeding the norms.

Motion by R. Stowe to adjourn at 3:30 p.m., seconded by B. Weaver, motion carried 4-0.

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

September 22, 2016

11:00 a.m.

NCHC – Wausau Campus

Present:

| | | | | | |
|---|------------|---|-------------|-----|-------------|
| X | Randy Balk | X | Bill Miller | EXC | Robin Stowe |
| X | Bob Weaver | X | Jeff Zriny | | |

Others Present: Michael Loy, Brenda Glodowski

The meeting was called to order at 11:04 AM, roll call taken, and a quorum noted.

Public Comment for Matters Appearing on the Agenda

None were made.

Consent Agenda

- **Motion**/second, Miller/Weaver, to approve the consent agenda which includes the 7/28/16 Finance, Personnel & Property Committee Meeting minutes. Motion carried.

August Financials

- There was a gain of just under \$128,000 for the month of August; programs have been working on expense reduction and results are being seen.
- Revenues are shifting with the nursing home census increasing in August. September is showing an even higher census with Medicare improving as well. Hospital census improved in both August and so far in September; Outpatient has also seen improvement which typically happens when schools are back in session. We continue to monitor revenues and expenses closely.
- The Marathon County payment of \$475,000 for the requested increase of mental health services has not yet been received. Following a conversation this week with Kristi Kordus and Brad Karger, we have been asked to send an itemization on what has been spent to date for crisis, jail, and the MMT program.
- Lincoln and Langlade County leadership expressed their desire to keep the nursing home separate from the other services. Staff felt discussion with Marathon County was very productive in talking about budget this week.
- **Motion**/second, Balk/Miller, to accept the Financial Report and August Financial Statements. Motion carried.

CFO Report

- Board members may contact Kim Heller, Wipfli, if any questions or comments come up about the upcoming audit. Kim has offered several different options/methods of presenting the audit. Committee would like the complete review/presentation continue to be provided to the Board as in previous years. Finance Committee is interested in meeting with Wipfli during the audit. Brenda will connect with Kim Heller to schedule this meeting in February.
- CoVantage has indicated they can issue an irrevocable letter of credit through their bank in Chicago which is an approved method for collateralizing assets in Wisconsin. We continue to work with BMO and Peoples Banks as well. With CoVantage deposits we will have 68% of funds secured. Investment policy requires all funds to be secured now.

2017 Budget Update/Discussion

- Handout, 2017 Budget Planning Review/Discussion, was reviewed.
- Our Medicare average reimbursement is about \$400/day but varies depending on diagnosis (includes rehab services); Medical Assistance is \$160/day and rehab is separate.
- Discussed the option to convert double occupancy rooms to single in the Inpatient Hospital; before addressing this we must do a master facility plan and feel this project would pay for itself quickly. Michael and Brenda will work with Marathon County on moving this project forward.
- The question was asked if the Fund Balance has been used for other capital or investment purposes; not to this magnitude. Feel hospital remodel is \$4 mil.
- Decreased crisis services were requested in Langlade County. Will be discussing options with them and the Langlade Hospital.
- Handouts, 2017 Capital Requests and Memorandum of Understanding between NCHC and Marathon County for Capital Expenditures, were reviewed. CIP did not approve any NCHC capital requests; at the top of the list were boiler and windows in MVCC (\$900,000).
- Committee agreed with \$75,000 as a placeholder for undesignated capital needs.
- Nursing Home Operations Committee is working diligently to explore additional revenue options as well as expense reductions including decertifying some nursing home beds. Nursing Home remodel would increase levy but not to the degree of the 'do nothing' approach as predicted by Wipfli in 2013.
- May consider allocating pharmacy costs to programs in the future.
- \$516,000 has been invested in the nursing home project for project planning that was going to be expensed if the project doesn't resume this year. The plan is largely salvageable. Michael asked Bill Miller to share with the county about the expenses already used in the project planning of the nursing home to remind them of the investment already committed.

Investment Policy Discussion

- The updated Investment Policy was reviewed.
- All three county finance directors are in agreement with the Policy.
- Language was added to allow for an investment advisor if needed.
- With the added language for an investment advisor, the Policy also needs to allow for investments outside of Wisconsin. Policy will be corrected.
- **Motion**/second, Miller/Balk, to approve the Policy subject to the correction noted above. Motion carried.

Motion/second, Weaver/Miller, to adjourn at 12:00 p.m. Motion carried.

dko

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES**

September 23, 2016

8:00 A.M.

NCHC – Wausau Campus

| | | | | | | |
|----------|-----|---------------|---|-------------------|---|-------------|
| Present: | EXC | Jean Burgener | X | Bill Metter | X | Bill Miller |
| | X | John Robinson | X | Margaret Donnelly | | |

Also Present: Kim Gochanour, Brenda Glodowski, Becky Schultz, Craig McEwen

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

Public Comments

No comments were made.

Minutes

- **Motion**/second, Robinson/Miller, to approve the 8/19/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report

- Nursing home showed a loss for August but it was less than the previous month.
- Nursing home census improved with an average of 204; Medicare was stable at 19. September census has improved again averaging 206 to date with Medicare at an average of 20.
- Expenses are below target overall in August. Biggest hurdle is with health insurance due mostly to several unusually high cost claims. We are evaluating our stop loss, working on plan design changes for 2017.
- Received the most number of referrals this month, 82, with 31 admissions. We are aware of several individuals who chose other facilities mostly due to location; majority went to Wausau Manor, Rennes, or Colonial Manor. Some had already been at these places and decided to return. Seeing a good month with admissions in September; beginning to see a good trend.
- Referral sources from other facilities are often times Medicaid (about 75%). Wisconsin is one of the lowest reimbursing states for Medicaid. We continually work to educate legislators as to why reimbursement needs to be increased.
- We are focusing on where we can meet the needs of individuals due to staffing. We have a 25-bed Medicare rehab unit; if it is full it is not ideal to place them on the long term care unit. With semi-private rooms individuals choose to go elsewhere for a private room.
- Received 7 vent referrals and admitted 2 based on bed availability.
- Legacies is considered long term care but is memory specific; 107 beds and budgeted at 100; currently running 102. Upstairs budget is 64 currently at 58. Southern Reflections has open beds. Northwinds Vent has 27 beds with 26 full; and 25 beds on South Shore (rehab unit) with 5 openings currently.
- Anticipate our annual survey at any time.
- Wisconsin's top 10 federal citations were reviewed.
- MDS is changing in October. The MDS determines how we are reimbursed.

- The survey process is changing in 2017; anticipate a combination between our current standard survey with additional focus on quality indicator measures.
 - What is the significance of a survey and why is it important to us? Survey is how we are measured in the industry and it determines quality of care which can impact admissions, financials, civil money penalties, CNA training, Star rating, etc.

Senior Executive Nursing Home Operations and Quality Report

- We are part of Aspirus Post-Acute SNF affiliation group and will meet regularly. Information on upcoming meetings will be forwarded. A presentation could be provided later this year.
- Need to educate Marathon County on what the implications are if they move toward splitting the nursing home off from NCHC i.e. how this will affect residents, employees, etc. Brenda and Michael are talking with Brad Karger and Kristi Kordus on the details of the nursing home.

The Long Term Care Workforce Crisis

- This a joint effort between WHCA (Wisconsin Health Care Association) and Leading Age (organization of non-profit and county homes) talking about the workforce crisis i.e. the lack of people going into the healthcare industry.
- Press releases have been received regarding what changes in legislation are being requested regarding reimbursement to long term care facilities. Local legislators need to be contacted.
 - The January WACH annual conference will be another opportunity to talk to legislators.
 - It was suggested to invite legislators to NCHC during winter months. Kim and John will work together for an event with legislators at NCHC.
 - Margaret added that everyone in health care takes a loss with Medicaid. However, in the past we were able to balance it with Medicare and private insurance. Now, with the length of stay on patients reduced from 30 to 12 and with CMS bundled payments, the push will be not to admit to a skilled nursing facility (SNF) but rather to the home environment. Potentially 1:1 home care will be cheaper than in the hospital and SNFs.
- With Family Care the push is to keep individuals in assisted living and home health settings but the concern is for safety; lack of requirements for CNA's., etc.
- Kim will explore if additional information is available on how NCHC compares nationwide to the workforce crisis.
- We are currently in a staffing crisis mode with 33 CNA and 8 nursing position openings. Aggressive recruitment measures have been in progress for over a year; wage studies and comparisons completed, paying premium level wage higher than other area nursing home's with a \$1000 sign on bonus. Unfortunately, we have not had many applications for CNA's and the need is great to hire additional staff. Currently staff is being asked to work 12 hour shifts, an on occasion up to 16 hours, and are burnt out. Looking at creative staffing, work/life balance, Senior Workforce program, etc. Admissions will be held on long term care units until staffing improves. Workforce philosophy has changed where the employee dictates when they can work vs employers dictating hours. Also discussing wage increase for staff but may not be across the board due to current financial situation; need to keep high performers and front line direct care givers.
- The past nine months have been very tough with the instability of the relationship between NCHC and the county.

- Committee expressed concern with the number of work hours being required of staff and that a policy should be developed that there will not be shifts longer than 12 hours. Committee requested a proposal be developed on what it would take to maximize shift no more than 12 hours, cost of an improvement plan, impact to bottom line, and long term prospects. Also, look at context of living wage (\$15.25/hour) what the cost of implementing a living wage would be including impact on reducing overtime, enhancing tenure, etc.
- Education for CNA's on the floor is being reviewed.
- We all tend to recruit from the same pool. Somehow we need recruit outside of Marathon County even considering exploring recruitment on an international level i.e. training, pay for certification, coordinated housing, etc.

Leading Choice Network Update

- See Leading Choice Network PowerPoint slide information in meeting packet.
- Brenda will be attending the annual meeting, trying to participate on committees and have voice at the table.

Motion/second, Robinson/Miller, to adjourn the Nursing Home Operations Committee meeting at 9:02 a.m. Motion carried.

dko

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION**

September 15, 2016

10:30 a.m.

NCHC – Wausau Campus

| | | | | | |
|------------|----------------|-----|------------------|-----|------------------|
| Present: X | Steve Benson | X | Darren Bienvenue | X | Ben Bliven |
| X | Heidi Keleske | EXC | Joanne Kelly | EXC | Holly Matucheski |
| X | Jeannine Nosko | | | | |

Others Present: Becky Schultz, Michael Loy, Kim Gochanour, Laura Scudiere

The meeting was called to order at 10:40 a.m.; roll call noted; a quorum declared.

Public Comment for Matters Appearing on the Agenda

There were none.

Consent Agenda

- **Motion**/second, Bienvenue/Nosko, to approve the consent agenda which includes the 8/19/16 Quality Committee Meeting Minutes. Motion carried.

Outcomes Review

- Organizational Outcomes
 - We are working diligently on the challenges in the nursing home as it relates to turnover and particularly CNA turnover. An Action Group has been established which is looking at the staffing model, scheduling, and retention. Wisconsin is experiencing a shortage of CNA's and area nursing homes have even closed units. We are lobbying the State legislature to improve the reimbursement model as Wisconsin is currently 50th in the nation for reimbursement for Medicaid.
 - Patient experience is also a top priority as the score has remained relatively flat. On average we receive 190 surveys; 67.8% are rating us with a 9 or 10 which still places us in the 40-50th percentile. Of the remaining services 25% rate us at a 7 or 8 and just a handful score us less than a 7.
 - Staff will explore the following: In comparison to other organizations, what percent of those have scores below 7? It was felt that it is important to help staff understand that the majority of individuals are ranking NCHC with 7-10 and the reason the percentile ranking is lower than we would like it is because the parameters are very tight.
 - The Executive Team has discussed possibly changing the target to the percent 9 and 10 ratings rather than percentile rank to provide for better understanding by employees. Various options were discussed. Staff may be recommending changes for 2017.
 - Feedback is also received from families of our patients. Patient Experience Team is working on obtaining more input.

- A trend that has been identified through comments received has been that the patient didn't feel as involved in the decision-making process as they would like. This information is being used to guide action plans.
- o Tracking fairly well in all other measures. Will be following up with Laura Yarie, Marathon County, to see how we can expand OWI recidivism data to a community-wide goal.
- o Access to behavioral health services has dropped primarily due to the pool being closed for two weeks for cleaning/maintenance.
- Program-Specific Outcomes
 - o Committee would like to invite program leaders to attend and review their data for their program.
 - o Committee would like to change the format of the agenda to have standard reports in the Consent Agenda to provide for more program-specific review.
 - o **Motion**/second, Bienvenue/Nosko, to approve the Organizational and Program-Specific Outcomes including the Organizational Dashboard. Motion carried.

Occurrence Process Review

- Distributed and reviewed summary of the occurrence process.
- Staff is encouraged to report all occurrences no matter how small.
- Significant/reportable events are reviewed in closed session.
- Extensive process is in place to protect patients/clients/residents.
- Occurrence data is collated and presented to the appropriate committees.
- Any significant trends are reported to the Quality Committee.

CLOSED SESSION

- **Motion**/second, Benson/Nosko, to move into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency. Roll call taken: Yes=5, No=0 Motion carried and moved into closed session at 11:26 a.m.
- **Motion**/second, Benson/Bienvenue, to come out of closed session. Motion carried unanimously.

Possible Announcements Regarding Issues Discussed in Closed Session

- Committee advised staff to inform the full board in a closed session of one of the Adverse Event items that occurred including all actions taken, and to prepare a media action plan in the event the media is informed.

Quality Measures Education

- Will hold for the next meeting.

Process Improvement Project – Crisis Services

- Transportation program had a slight interruption while repairs were needed on the van.
- Data is being gathered and will be presented soon.
- Crisis PI Team will be discussing how to make improvements.
- Another team was created to address crisis needs for youth i.e. being proactive with youth in schools due to an increase in youth crisis assessments. Will be working first with DC Everest; working with students with more frequent crisis needs, continuing discussion on key problem areas such as information sharing and HIPAA. Team has been working with community providers on medical clearance. Team has become very collaborative is working smoothly. The group will be visiting Winnebago to see how we can work together better on medical clearance.
- Dr. Benson recommended utilizing the Medical College for community-wide training on collaboration, etc.

Annual Review of Confidentiality Statements

- Distributed Confidentiality Statements asking each member of the committee to sign and return.

Future agenda items

- No new items noted.

Motion/second, Bienvenue/Keleske, to adjourn the meeting at 11:57 a.m. Motion carried.

dko

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2016

| PRIMARY OUTCOME GOAL | Continuous Improvement Target | Benchmark | ↑ ↓ | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | YTD | 2015 |
|---|-------------------------------|-----------|--------|-------|-------|-------|-------|--------|-------|--------|-------|-------|-----|-----|-----|-------|-------|
| PEOPLE | | | | | | | | | | | | | | | | | |
| Vacancy Rate | 6-8% | N/A | ↓ | 8.0% | 5.8% | 4.8% | 5.2% | 3.9% | 6.2% | 4.7% | 7.0% | 8.1% | | | | 6.0% | 7.6% |
| Employee Turnover Rate* | 20-23% | 17% | ↓ | 19.6% | 29.2% | 29.3% | 28.4% | 26.3% | 27.6% | 28.2% | 30.2% | 31.0% | | | | 31.0% | 28.9% |
| SERVICE | | | | | | | | | | | | | | | | | |
| Patient Experience: Satisfaction Percentile Ranking | 70-84th Percentile | N/A | ↑ | 53rd | 48th | 45th | 46th | 53rd | 48th | 42nd | 40th | 37th | | | | 43rd | 51st |
| Community Partner Satisfaction | 75-80% | N/A | ↑ | \ | \ | 77% | \ | \ | 72% | \ | \ | 70% | \ | \ | | 75% | 76% |
| CLINICAL | | | | | | | | | | | | | | | | | |
| Nursing Home Readmission Rate | 11-13% | 18.2% | ↓ | 13.8% | 6.7% | 12.0% | 10.7% | 14.8% | 21.1% | 12.5% | 3.2% | 8.7% | | | | 11.0% | 13.7% |
| Psychiatric Hospital Readmission Rate | 9-11% | 16.1% | ↓ | 12.8% | 11.1% | 3.2% | 5.0% | 7.2% | 11.4% | 11.7% | 21.4% | 11.5% | | | | 10.6% | 10.8% |
| AODA Relapse Rate | 18-21% | 40-60% | ↓ | 30.0% | 33.3% | 20.7% | 25.0% | 24.3% | 27.3% | 36.1% | 28.6% | 31.8% | | | | 28.6% | 20.7% |
| COMMUNITY | | | | | | | | | | | | | | | | | |
| Crisis Treatment: Collaborative Outcome Rate | 90-97% | N/A | ↑ | \ | \ | \ | \ | 100.0% | 97.9% | 100.0% | 93.6% | 83.3% | | | | 93.4% | N/A |
| Access to Behavioral Health Services | 90-95% | NA | ↑ | 58% | 65% | 87% | 86% | 92% | 93% | 80% | 84% | 75% | | | | 80% | 73% |
| Recidivism Rate for OWI | 27-32% | 44.7% | ↓ | 22.6% | 20.5% | 29.2% | 28.2% | 18.2% | 7.7% | 28.6% | 19.4% | 20.0% | | | | 22.4% | 26.4% |
| FINANCE | | | | | | | | | | | | | | | | | |
| *Direct Expense/Gross Patient Revenue | 58-62% | N/A | ↓ | 71% | 65% | 66% | 64% | 65% | 67% | 67% | 60% | 60% | | | | 65% | 63% |
| Days in Account Receivable | 60-65 | 54 | ↓ | 70 | 65 | 64 | 64 | 58 | 53 | 64 | 54 | 53 | | | | 53 | 68 |

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

| PEOPLE | |
|--|---|
| Vacancy Rate | Total number of vacant positions as of month end divided by total number of authorized positions as of month end. |
| 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 | |
| Patient Experience: Satisfaction Percentile Ranking | 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 | Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey. |
| 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 for Mental Health primary diagnosis. <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> |
| COMMUNITY | |
| Crisis Treatment: Collaborative Decision Outcome Rate | Total number of positive responses(4 or 5 response on a 5 point scale) on the collaboration survey distributed to referring partners in each encounter in which a referral occurs. |
| NCHC Access | % 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 people who receive there OWI services from NCHC and then reoffend. <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> |



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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Jean Baribeau-Anaya, PA-C Appointment Period 06-30-2016 to 06-30-2018
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☐ Psychiatry ☐ Medical Director
☒ Mid-Level Practitioner

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☒ Employee
☐ Locum Locum Agency: _____
☐ Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

_____ Status Reason: _____

☒ Type Reason: Jean transitioned from being a locum
provider to being an NCHC employee on 09-01-2016

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

(Medical Executive Committee Signature)

10-12-16

(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

- _____ The amendment(s) be approved
_____ Action be deferred on the amendment(s)
_____ The amendment(s) be denied

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: _____ Concur
_____ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

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Delineation of Clinical Privileges

COPY

Name: Jean L. Baribeau-Anaya, PA-C
Specialty: General Medical - Physician Assistant

Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of an accredited physician assistant program

Experience: 3-5 years psychiatric or mental health experience preferred

Certification: Current Wisconsin License to practice as a physician assistant in the State of Wisconsin, Current DEA registration

Specialty Description: Assessment, treatment, and prevention of co-existing medical and detoxification conditions in patients receiving behavioral health services with special populations such as adolescents, geriatric, and substance abuse patients and their families.

Core Privileges – General Medical

- ☒ Requested (Initial)
- ☐ Children (12 y.o. and under)
- ☐ Adolescents (13-17 y.o.)
- ☒ Adult (18 y.o. and older)

| Privilege Description |
|--|
| ● Evaluation, treatment and integrated management of medical conditions |
| ● Evaluation and medical management of patients receiving behavioral health services within the Scope of Psychiatric Hospital services |
| ● Emergency medical treatment when indicated |
| ● Prescribing of medications indicated in medical management |
| ● Pharmacology management |

Special Privileges (Reference specific privilege criteria) Requested:

| Requested | Privilege Description |
|-----------|-----------------------|
| | |
| | |

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Delineation of Clinical Privileges

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

Before interim, case limited, time limited, or temporary privileges are granted, my signature acknowledges in writing that I have received and read the Medical Staff Bylaws, and the rules and regulations, and I agree to be bound by the terms thereof in all matters relating to my privileges.

Applicant
Signature

Date

22 Sep 16

Supervising
Physician
Signature

Date

9/27/16

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.

Privileges Reviewed and Recommended by:

Date

10-4-16

Chair, Medical Executive Committee

MD/DO

Date

Chief Executive Officer with Board of Directors Approval

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Supervising Physician Statement

The following practitioner is under my supervision as PA-C

Name: Jean L. Baribeau, Anaya From: 09-01-2016 To: 06-30-2018
Practitioner

I, David Tange, M.D., M.D. do hereby make the following statement on behalf of the above-referenced Practitioner, in accordance with the medical staff by-laws, rules and regulations and/or provider services agreement.

1. I am a member of the hospital's medical staff and accept full legal and ethical responsibility for the above Practitioner's performance. Any designee shall have the same status and accept the same responsibility.
2. I (or my designee) accept full responsibility for the proper conduct of the above Practitioner in accordance with all hospital bylaws, policies and rules and/or provider service agreement, and for the correction and resolution of any problems that may arise.
3. I (or my designee) will be immediately available in person or by telephone to provide further guidance when the Practitioner performs any task or function at the hospital.
4. I will maintain ultimate responsibility for directing the course of the patient's treatment.
5. I (or my designee) assure that the above Practitioner provides specified services or scope of practice in accordance with accepted medical standards, and I will provide active and continuous overview of the Practitioner's activities in the hospital to ensure that directions and advice are being implemented.
6. North Central Health Care (NCHC) assumes responsibility for the professional liability insurance coverage of the NCHC employed Practitioner in accordance with State statute (at least \$1,000,000 for each occurrence and \$3,000,000 for all occurrences in any one policy year). In accordance with coverage under the State of Wisconsin's Injured Patient and Families Compensation Fund, the Practitioner will perform all duties and acts under my supervision.
7. I (or my designee) agree to notify the hospital immediately in the event any of the following occur:
 - The Practitioner's employment or professional arrangement changes or is terminated;
 - My approval to supervise the Practitioner is revoked, limited, or otherwise altered by action of the Wisconsin Licensing board;
 - I receive notification of an investigation of the Practitioner or of my supervision of the Practitioner by the Wisconsin Licensing Board, or the Practitioner's professional license or certification is suspended or revoked;
 - My professional liability insurance coverage is changed insofar as coverage of the acts of the Practitioner is concerned or the Limited Health Practitioner's liability coverage is changed.
8. I (or my designee) agree to co-sign all reports, chart entries, and orders made by the Practitioner in accordance with Medical Staff By-laws/Rules & Regulations and Hospital policy.
9. All recommendations by the Medical Staff to not grant privileges to an applicant, or to suspend, terminate or discontinue the privileges of a Practitioner, or such decision by the Board, shall be final. The Practitioner designated sponsor shall not be entitled to any further review of the application or decision, or any procedural rights set forth in the Medical Staff By-laws and Rules & Regulations or other documents approved by the Board of Directors.

Signature, Practitioner

Signature, Supervising Physician

Date

Date


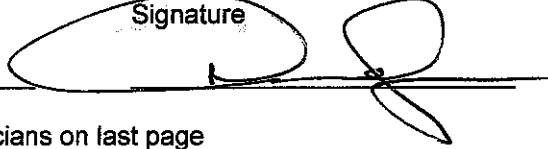
**GUIDELINES FOR
PHYSICIAN ASSISTANT PRESCRIPTIVE PRACTICE**

COPY

Physician assistants are allowed to prescribe, dispense and administer medications under the supervising physician's authorization. It is required that the supervising physician and PA establish written guidelines for issuing prescription orders.

Please identify the Physician Assistant and Supervising Physician(s) as well as the primary and any secondary practice sites. Use the practice setting codes below to which most closely describes your practice setting.

IDENTIFICATION

| | | | |
|----------------------------|---|--------------|---------------|
| Physician Assistant Name | Signature | License # | Practice Type |
| <u>Jean Barbeau-Anaya</u> |  | <u>2905</u> | <u>PA</u> |
| Supervising Physician Name | Signature | License # | Practice Type |
| <u>David Tange</u> |  | <u>20943</u> | <u>M.D.</u> |

*Additional supervising physicians on last page

PRACTICE SITES

| | |
|--|--|
| Name of Primary Practice Site | Practice Setting |
| <u>Noon Central Health Care</u> | <u>H + OO (Hospital + Ambulatory Doctor)</u> |
| Address | |
| <u>1100 Lake View Drive, Wausau, WI 54403-6785</u> | |

| | |
|-----------------------------|------------------|
| Name of Other Practice Site | Practice Setting |
| _____ | _____ |
| Address | |
| _____ | |

| | |
|-----------------------------|------------------|
| Name of Other Practice Site | Practice Setting |
| _____ | _____ |
| Address | |
| _____ | |

- Practice Setting Codes
- C – Office/Clinic
 - UC – Urgent Care Center
 - H – Hospital
 - ER – Hospital Emergency Room
 - LT – Long Term Care Facility
 - OO – Outpatient Other
 - HO – Hospital Other

If additional practice sites, add additional pages

**GUIDELINES FOR
PHYSICIAN ASSISTANT PRESCRIPTIVE PRACTICE**

Chapter Med 8.08 requires the supervising physician and PA to specify policies and procedures, which will guide the PA's prescribing, administering and dispensing of drugs including controlled substances. Med 8.08(2) (a) required the prescribing guideline to including the categories of drugs for which prescribing authority has been authorized.

The Physician Assistant may prescribe from those categories checked in the following list:

| A. Drugs | Exceptions applicable to each category: |
|---|---|
| <input checked="" type="checkbox"/> 01 Anesthetics | _____ |
| <input checked="" type="checkbox"/> 02 Anti-infective | _____ |
| <input checked="" type="checkbox"/> 03 Anti-neoplastics/Immunosuppressants | _____ |
| <input checked="" type="checkbox"/> 04 Cardiovascular Medications | _____ |
| <input checked="" type="checkbox"/> 05 Autonomic/Central Nervous System Drugs | _____ |
| <input checked="" type="checkbox"/> 06 Dermatological Drugs | _____ |
| <input checked="" type="checkbox"/> 07 Diagnostic Agents | _____ |
| <input checked="" type="checkbox"/> 08 Ear-Nose-Throat Medications | _____ |
| <input checked="" type="checkbox"/> 09 Endocrine Medications | _____ |
| <input checked="" type="checkbox"/> 10 Gastrointestinal Medications | _____ |
| <input checked="" type="checkbox"/> 11 Immunologicals & Vaccines | _____ |
| <input checked="" type="checkbox"/> 12 Musculoskeletal Medications | _____ |
| <input checked="" type="checkbox"/> 13 Nutritional Products, Blood Modifiers & Electrolytes | _____ |
| <input checked="" type="checkbox"/> 14 Obstetrical & Gynecological Medications | _____ |
| <input checked="" type="checkbox"/> 15 Ophthalmic Medications | _____ |
| <input checked="" type="checkbox"/> 16 Respiratory Medications | _____ |
| <input checked="" type="checkbox"/> 17 Urological Medications | _____ |
| <input checked="" type="checkbox"/> 18 Poisoning & Drug Dependence | _____ |
| <input checked="" type="checkbox"/> 19 Analgesics | _____ |
| _____ 20 Stimulants | _____ |
| _____ 21 Tranquilizers | _____ |

B. Controlled Substances:

Check appropriate categories:

SCHEDULE

| | |
|-----|-------------------------------------|
| II | <input checked="" type="checkbox"/> |
| III | <input checked="" type="checkbox"/> |
| IV | <input checked="" type="checkbox"/> |
| V | <input checked="" type="checkbox"/> |

**PRESCRIBING GUIDELINES FOR
PHYSICIAN ASSISTANTS**

Physician assistants are allowed to prescribe, dispense and administer medications with the supervising physician's authorization. The supervising physician is responsible for determining if the PA is qualified and knowledgeable to prescribe the categories of medications for which prescribe practice is authorized. It is required that the supervising physician and PA establish written guidelines for issuing prescription orders including categories of medications for which prescribing authority has been authorized and a minimal schedule for review of prescribing practice. This agreement may be altered by mutual agreement between the supervising physician and PA at any time as long as the supervising physician may wish to maintain sufficient documentation regarding the PA's qualifications to provide legal and professional protection when authorizing prescription writing privileges.

Med 8.02(06) states: "Supervision" means to coordinate, direct, and inspect the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

"Supervising physician" means a physician licensed in the State of Wisconsin who accepts responsibility for the supervision of medical services provided by physician assistant. Per Med 8.10, no physician may concurrently supervise more than 2 (two) physician assistant without a Medical Exam Board approved plan. The constant physical presence of the supervising physician is not required on site so long as the supervising physician is available within 15 minutes by telecommunication or other electronic means as per Med 8.10(3).

Med 8.08(3)(a) states: A physician who supervises the prescribing practice of a physician assistant shall conduct a periodic review of the prescription orders prepared by the physician assistant to ensure quality of care. This review must take place as outlined in the written guidelines. The process and schedule for the review must be outlined in the written prescribing guideline, including the minimum frequency of review and identify the representative sample per Med 8.08(3)(b).

1. Please indicate the process for review. (It is acceptable to write a narrative here if desired)

☐ Review and countersign of a representative sample of patient care notes or prescriptive orders

☒ Chart audit

☐ Case discussion between supervising physician and physician assistant

☐ Other (please specify) _____

2. Please identify the representative sample of prescriptive orders or patient charts to be reviewed.

_____ *General* _____

3. Please indicate the minimum schedule for this review

☐ Daily

☐ Weekly

☐ Monthly

☒ Quarterly

☐ Other (please specify) _____

ATTEST**A. PHYSICIAN ASSISTANT**

I hereby certify that I have reviewed and understand the current laws pertaining to physician assistants and fully understand my responsibilities and that I have a physician and physician assistant agreement in force and on file at the practice site.

PA NAME (printed) Jean Baribeau-Araya, PA-C
PA SIGNATURE [Signature]
WISCONSIN LICENSE # 2905
DATE 22 Sep 16

B. SUPERVISING PHYSICIAN(S)

I hereby certify that I have reviewed and understand the current laws pertaining to physician assistants. I have reviewed and understand the physician and physician assistant agreement between the physician assistant and myself. I have reviewed and agree to abide by the terms of the Prescribing Guidelines, applicable state laws and rules. I agree to provide adequate supervision and to accept full medical responsibility for medical care rendered by the physician assistant named above.

PHYSICIAN NAME (printed) David Tange, M.D.
PHYSICIAN SIGNATURE [Signature]
WISCONSIN LICENSE # 20943
PHONE # 715-848-4600
DATE 9/27/16

PHYSICIAN NAME (printed) _____
PHYSICIAN SIGNATURE _____
WISCONSIN LICENSE # _____
PHONE # _____
DATE _____

PHYSICIAN NAME (printed) _____
PHYSICIAN SIGNATURE _____
WISCONSIN LICENSE # _____
PHONE # _____
DATE _____

PHYSICIAN NAME (printed) _____
PHYSICIAN SIGNATURE _____
WISCONSIN LICENSE # _____
PHONE # _____
DATE _____


North Central Health Care
Person centered. Outcome focused.

COPY

Delineation of Clinical Privileges
Specific Prescription Privileges - Physician Assistant

Applicant Name: Jean L. Baribeau-Anaya, PA-C

Categories of drugs for which prescribing authority is granted:

| Privilege Authorized | Drug Category | Exceptions |
|--|-------------------------------------|------------|
|  | Anti-infective | |
| | Anti-neoplastic/Immuno-suppressants | |
| | Cardiovascular | |
| | Autonomic/Central Nervous System | |
| | Dermatologic | |
| | Ear-Nose-Throat | |
| | Endocrine | |
| | Gastrointestinal | |
| | Immunologic/Vaccines | |
| | Musculoskeletal | |
| | Nutritional/Electrolytes | |
| | Obstetrical/Gynecologic | |
| | Ophthalmic | |
| | Respiratory | |
| | Urologic | |
| | Analgesics | |
| | Stimulants | |
| | Tranquilizers | |
| | Controlled Substances: Schedule II | |
| | Controlled Substances: Schedule III | |
| | Controlled Substances: Schedule IV | |
| | Controlled Substances: Schedule V | |

Applicant Signature

Supervising Physician Signature

Date

Date



Wendell D. Bell, M.D.

Enhanced Credentialing Activity

Primary Address

North Central Health Care
1100 Lake View Drive
Wausau, WI 54403-6785
(715) 848-4600

Other Provider Information

ID#: _____
SSN: _____
Date of Birth: _____
Provider Specialties: Psychiatry

NPI: 1922102508
UPIN: _____
Medicare#: _____
Medicaid#: _____

Application

Application Sent Date: 07/05/2016
Attestation Date: 07/09/2016
Received Date: 07/09/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 10/05/2016

Credentialing

Completed: ☐

Issues: ☐

Aspirus Network, Inc.

Information Upon Credentialing Completion

Status: ANI Application in Process
Category: ANI Locum Tenens
Category Applied For: ANI Locum Tenens
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity

Completed: ☐

North Central Healthcare

Information Upon Credentialing Completion

Status: NCHC Application in Process
Category: NCHC Locum Tenens
Category Applied For: NCHC Locum Tenens
Network:
Cred Activity Notes:

Committee Progress


Started:
Status:


Issues: ☐

Activity


Completed: ☐


Medical College of Wisconsin

Program: Medical School
Dept./Specialty:
Start Date: 08/20/1984
End Date: 05/29/1988
Graduated/Completed: 


Verified: 
Verified Date: 07/20/2016
Verified By: Jill A. Patraw
Verified How: E-Student Clearinghouse Website
Notes: MD


Sheppard - Pratt Hospital

Program: Internship
Dept./Specialty: Psychiatry
Start Date: 07/01/1988
End Date: 06/30/1989
Graduated/Completed: 


Verified: 
Verified Date: 08/16/2016
Verified By: Andie L Jamerson
Verified How: E-NCS Education Verif Ltr
Notes:


Sheppard - Pratt Hospital

Program: Residency
Dept./Specialty: Psychiatry
Start Date: 07/01/1989
End Date: 06/30/1992
Graduated/Completed: 

Verified: 
Verified Date: 08/16/2016
Verified By: Andie L Jamerson
Verified How: E-NCS Education Verif Ltr
Notes:

University of Pittsburgh School of Medicine

Program: Fellowship
Dept./Specialty:
Start Date: 07/24/2006
End Date: 07/28/2006
Graduated/Completed: 

Verified: 
Verified Date: 07/28/2016
Verified By: Andie L Jamerson
Verified How: E-NCS Education Verif Ltr
Notes: Electroconvulsive Therapy Fellowship

License Type: State License
 State: AL
 License Number: 19631
 Status: Active
 Expiration Date: 12/31/2016

Verified: ☒
 Verified Date: 07/20/2016
 Verified By: Andie L Jamerson
 Verified How: L-State License
 Notes:

License Type: State License
 State: OR
 License Number: MD175363
 Status: Active
 Expiration Date: 12/31/2017

Verified: ☒
 Verified Date: 07/20/2016
 Verified By: Andie L Jamerson
 Verified How: L-State License
 Notes:

License Type: State License
 State: WI
 License Number: 33149
 Status: Active
 Expiration Date: 10/31/2017

Verified: ☒
 Verified Date: 07/20/2016
 Verified By: Andie L Jamerson
 Verified How: L-WI DRL Website
 Notes:

License Type: DEA Certificate
 State: WI
 License Number: BB2383266
 Status: Active
 Expiration Date: 07/31/2017

Verified: ☒
 Verified Date: 07/20/2016
 Verified By: Andie L Jamerson
 Verified How: L-DEA Website
 Notes: source date 7/1/2016

License Type: Government Issued Photo ID
 State: AL
 License Number:
 Status:
 Expiration Date:

Verified: ☒
 Verified Date: 07/26/2016
 Verified By: Andie L Jamerson
 Verified How: O-FYI Only
 Notes:

License Type: Out of State background Check
 State: AL
 License Number:
 Status:
 Expiration Date:

Verified: ☒
 Verified Date: 07/25/2016
 Verified By: Jill A. Patraw
 Verified How: L-Out of State Caregiver
 Bckgrd Ck Website
 Notes:

License Type: Federated State Medical
 Boards
 State:
 License Number:
 Status:
 Expiration Date:

Verified: ☒
 Verified Date: 10/05/2016
 Verified By: Jill A. Patraw
 Verified How: L-FSMB Website
 Notes: AL, IL, OR, WI

License Type: DEA Certificate
 State:
 License Number: BB1272155
 Status: Active
 Expiration Date: 07/31/2018

Verified: ☒
 Verified Date: 10/05/2016
 Verified By: Jill A. Patraw
 Verified How: O-Unable to Verify
 Notes:

License Type: WI Caregiver Background
 Check
 State: WI
 License Number:
 Status:
 Expiration Date: 07/25/2020

Verified: ☒
 Verified Date: 07/25/2016
 Verified By: Jill A. Patraw
 Verified How: L-Out of State Caregiver
 Bckgrd Ck Website
 Notes:

Continental Casualty Company (CHG Companies Inc)

Policy Number: HAZ1040025509
Coverage Type:
Expiration Date: 02/01/2017

Verified: ☒
Verified Date: 07/28/2016
Verified By: Andie L Jamerson
Verified How: I-Verification from Carrier
Notes: \$1M/\$3M. No Claims.
future insurance

MMIC

Policy Number: MCL001185
Coverage Type:
Expiration Date: 10/04/2011

Verified: ☒
Verified Date: 07/27/2016
Verified By: Andie L Jamerson
Verified How: I-Verification from Carrier
Notes: \$1M/\$3M. No Claims.

UAB Professional Liability Trust Fund

Policy Number: SELF INSURED
Coverage Type:
Expiration Date: 07/11/2014

Verified: ☒
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: I-Verification from Carrier
Notes: \$1M/\$3M. No Claims.

Am Bd Psyc&Neur (Psychosomatic Medicine)

Board Status: Certified
Cert Number:
Expiration Date: 12/31/2021

Verified: ☒
Verified Date: 07/20/2016
Verified By: Andie L Jamerson
Verified How: B-ABMS Website-Board
Certification
Notes:

Am Bd Psyc&Neur-Psychiatry


Board Status: Certified
Cert Number:
Expiration Date: 12/31/2018

Verified: ☒
Verified Date: 07/20/2016
Verified By: Andie L Jamerson
Verified How: B-ABMS Website-Board
Certification
Notes:

Adventist Medical Center

Affiliation Type: Medical Staff
Category: Active
Dept./Specialty: Psychiatry


Start Date: 12/22/2015
End Date:

Verified: 
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: A-Health Care Facility Verif Ltr Online
Notes:

Alabama Department of Corrections

Affiliation Type: Medical Staff
Category:
Dept./Specialty:


Start Date: 03/01/2001
End Date: 10/30/2004

Verified: 
Verified Date: 07/27/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: No record of employment, may have contracted services.

Baptist Medical Center East*

Affiliation Type: Medical Staff
Category:
Dept./Specialty:


Start Date: 04/01/1996
End Date: 12/30/1997

Verified: 
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Per Dianne Patterson, Med Staff Coordinator at Baptist Med Center East, he was never on staff at Baptist East, only Baptist South.
 -aj

Crenshaw Baptist Hospital

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry


Start Date: 04/01/1998
End Date: 04/30/1999

Verified: 
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes: Unable to verify end date

Jackson Hospital and Clinic

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry


Start Date: 11/04/1996
End Date: 08/15/2001

Verified: 
Verified Date: 07/27/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

L.V. Stabler Memorial Hospital

Affiliation Type: Medical Staff
Category: Inactive
Dept./Specialty: Psychiatry


Start Date: 04/19/1999
End Date: 04/19/2000

Verified: 
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: A-Health Care Facility Verif Ltr
Notes:

St. Mary's Hospital

Affiliation Type: Medical Staff
Category: Resigned
Dept./Specialty: Psychiatry


Start Date: 05/18/2010
End Date: 10/03/2011

Verified: 
Verified Date: 07/27/2016
Verified By: Andie L Jamerson
Verified How: A-Health Care Facility Verif Ltr
Notes:

Gunderson Health System

Affiliation Type: Medical Staff
Category: Locum Tenens
Dept./Specialty: Psychiatry


Start Date: 09/29/2014
End Date: 10/31/2015

Verified: 
Verified Date: 07/28/2016
Verified By: Andie L Jamerson
Verified How: A-Health Care Facility Verif Ltr
Notes:

Cumberland Memorial Hospital


Affiliation Type: Medical Staff
Category: Locum Tenens
Dept./Specialty: Psychiatry

Start Date: 12/01/1996
End Date: 03/28/1997

Verified: 
Verified Date: 08/02/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
 Affiliation Verif Ltr
Notes:

Alton Memorial Hospital


Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 10/01/1993
End Date: 03/30/1996

Verified: 
Verified Date: 08/09/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Per Robin Z. in the Medical Staff Office, their affiliations are verified through an online portal. Dr. Bell's affiliation information is no longer available through the portal, and is unable to be accessed due to the age of the record. Dr. Bell indicates that he was affiliated with Alton Memorial Hospital from 10/1993 to 03/1996; however, we are unable to verify this affiliation at this time. -aj

Heartland Regional Medical Center East


Affiliation Type: Medical Staff
Category: Associate
Dept./Specialty: Psychiatry

Start Date: 04/01/1995
End Date: 12/31/1995

Verified: 
Verified Date: 08/09/2016
Verified By: Andie L Jamerson
Verified How: A-Health Care Facility Verif Ltr
Notes:


Monroe Clinic & Hospital

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 07/01/1992
End Date: 06/30/1993

Verified: 
Verified Date: 08/10/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Per Pam Flannery, "we have no record of this provider in our software. It is possible he was employed 20 years ago, in which case it would not appear." -aj


Taylor Manor Hospital

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 09/01/1990
End Date: 06/30/1992

Verified: 
Verified Date: 08/15/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Unable to verify due to age of records

Montgomery Regional Medical Center

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 04/01/1996
End Date: 12/30/1997

Verified: 
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: This facility is closed, unable to verify dates of affiliation. -aj

Bradford Health Services at Birmingham*Affiliation Type:* Medical Staff*Category:**Dept./Specialty:**Start Date:* 01/01/1999*End Date:* 04/30/2001**Verified:** *Verified Date:* 08/31/2016*Verified By:* Andie L. Jamerson*Verified How:* O-Unable to Verify*Notes:* After multiple attempt to contact this facility by phone and fax, we have been unsuccessful in obtaining an affiliation verification. Dr. Bell indicates he was affiliated with Bradford Health Services at Birmingham from 01/1999 to 04/2001; however we are unable to verify this affiliation. -aj**North Central Health Care***Affiliation Type:* Medical Staff*Category:**Dept./Specialty:**Start Date:**End Date:***Verified:** *Verified Date:* 07/12/2016*Verified By:* Jill A. Patraw*Verified How:* O-FYI Only*Notes:* future practice location**Ministry St. Michael's Hospital****Affiliation Type:* Medical Staff*Category:* Locum Tenens*Dept./Specialty:* Psychiatry*Start Date:* 09/29/2014*End Date:* 06/01/2015**Verified:** *Verified Date:* 07/12/2016*Verified By:* Jill A. Patraw*Verified How:* A-Health Care Facility Verif Ltr Online*Notes:* 9/29/2014 - 9/30/2014
Temp Priv.
9/30/2014 - 6/1/2015
Locum tenens**Ministry St. Joseph's Hospital****Affiliation Type:* Medical Staff*Category:* Active*Dept./Specialty:* Psychiatry*Start Date:* 12/22/2004*End Date:* 02/26/2010**Verified:** *Verified Date:* 07/12/2016*Verified By:* Jill A. Patraw*Verified How:* A-Health Care Facility Verif Ltr Online*Notes:***Baptist Medical Center South ****Affiliation Type:* Medical Staff*Category:* Inactive*Dept./Specialty:* Psychiatry*Start Date:* 04/01/1996*End Date:* 08/15/2001**Verified:** *Verified Date:* 07/12/2016*Verified By:* Jill A. Patraw*Verified How:* A-Health Care Facility Verif Ltr Online*Notes:***Emily Rai-Stuart, M.D.***Affiliation Type:* Reference*Category:**Dept./Specialty:**Start Date:**End Date:***Verified:** *Verified Date:* 08/18/2016*Verified By:* Andie L. Jamerson*Verified How:* A-NCS-Professional Ref Verif Ltr*Notes:***David Metzler, M.D.***Affiliation Type:* Reference*Category:**Dept./Specialty:**Start Date:**End Date:***Verified:** *Verified Date:* 09/29/2016*Verified By:* Andie L. Jamerson*Verified How:* O-Telephone Verif*Notes:*

Kristy Frier, M.D.

Affiliation Type: Reference
Category:
Dept./Specialty:
Start Date:
End Date:

Verified: ☒
Verified Date: 09/09/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Per phone call, will not complete, has done several for him already

Gabriel Ticho, MD

Affiliation Type: Reference
Category:
Dept./Specialty:

Start Date:
End Date:

Verified: ☒
Verified Date: 10/04/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

University of Alabama Birmingham

Affiliation Type: Teaching Appointment/Adjunct
Category:
Dept./Specialty:
Start Date: 04/01/2012
End Date: 07/11/2014

Verified: ☒
Verified Date: 07/26/2016
Verified By: Andie L Jamerson
Verified How: O-Telephone Verif
Notes: Assistant Professor

| | | |
|--|--|--|
| Review of Work History & Explanation of Gaps | <i>Date & Initials</i> 10/5/2016 jap | <i>Comments</i> 1/20/12 to 4/1/2012 between jobs 11/1/2015 to 12/1/2015 between jobs 8/20/2014 to 10/1/2014 between jobs |
| SAM Website | <i>Date & Initials</i> source date 7/12/2016 conducted date 7/20/2016 aj | <i>Comments</i> |
| NPDB Website query through Cactus | <i>Date & Initials</i> 10/4/2016 jap | <i>Comments</i> |
| OIG Website | <i>Date & Initials</i> 7/20/2016 aj | <i>Comments</i> |
| WI Circuit Court | <i>Date & Initials</i> 8/1/2016 | <i>Comments</i> |
| Medicare Opt Out Website | <i>Date & Initials</i> report run date 8/18/2016 jap reviewed date 10/4/2016 jap | <i>Comments</i> |
| Consent Form | <i>Sign Date & Initials</i> 7/8/2016 jap | <i>Comments</i> |
| Health Requirements Met | <i>Date & Initials</i> 7/20/2016 jap | <i>Y/N & Comments</i> yes |
| Privilege Form | <i>Sign Date & Initials</i> 7/9/2016 jap | <i>Comments</i> |
| Verifications within 180 days | <i>Date & Initials</i> 10/4/2016 jap | <i>Comments</i> yes |
| CVO Review | <i>Date</i> 10/05/2016 | <i>Signature</i> Electronically signed by Jill Patraw |
| ANI Provisional Approval (if applicable) | <i>Date</i> | <i>Signature</i> |
| Entity Committee Review | <i>Date</i> | <i>Signature</i> |
| ANI Only - All Disclosure Questions Answered YES ___ NO ___ | | |
| ANI Only - Issues Identified YES ___ NO ___ | | |



Robert E. Most, M.D.

Enhanced Credentialing Activity

Primary Address

North Central Health Care
1100 Lake View Drive
Wausau, WI 54403-6785
(715) 848-4600

Other Provider Information

ID#: 0947
SSN:
Date of Birth:
Provider Specialties: Psychiatry

NPI: 1417029711

UPIN:

Medicare#:

Medicaid#:

Application

Application Sent Date: 06/14/2016
Attestation Date: 06/14/2016
Received Date: 07/14/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 09/13/2016

Credentialing

Completed: ☐

Issues: ☐

Aspirus Network, Inc.

Information Upon Credentialing Completion

Status: ANI Application in Process
Category: ANI Locum Tenens
Category Applied For: ANI Locum Tenens
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity
Completed: ☐

North Central Healthcare

Information Upon Credentialing Completion

Status: NCHC Application in Process
Category: NCHC Locum Tenens
Category Applied For: NCHC Locum Tenens
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity
Completed: ☐

University of North Carolina

Program: Medical School

Dept./Specialty:

Start Date: 08/01/1985

End Date: 05/14/1989

Graduated/Completed: ☒

Verified: ☒

Verified Date: 06/30/2016

Verified By: Andie L Jamerson

Verified How: E-Student Clearinghouse
Website

Notes: MD

University of Colorado Anschutz Medical Campus

Program: Internship

Dept./Specialty: General Medicine

Start Date: 06/23/1989

End Date: 06/22/1990

Graduated/Completed: ☒

Verified: ☒

Verified Date: 06/30/2016

Verified By: Andie L Jamerson

Verified How: E-NCS Education Verif Ltr

Notes:

University of Colorado at Denver

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 07/01/1990

End Date: 06/30/1994

Graduated/Completed: ☒

Verified: ☒

Verified Date: 06/30/2016

Verified By: Andie L Jamerson

Verified How: E-NCS Education Verif Ltr

Notes:

License Type: State License
 State: CO
 License Number: DR.0031203
 Status: Expired
 Expiration Date: 05/31/1997

Verified: ☒
 Verified Date: 06/30/2016
 Verified By: Andie L Jamerson
 Verified How: L-State License
 Notes:

License Type: State License
 State: MN
 License Number: 52498
 Status: Active
 Expiration Date: 04/30/2017

Verified: ☒
 Verified Date: 06/30/2016
 Verified By: Andie L Jamerson
 Verified How: L-State License
 Notes:

License Type: State License
 State: MT
 License Number: MED-PHYS-LIC-36183
 Status: Expired
 Expiration Date: 03/31/2016

Verified: ☒
 Verified Date: 06/30/2016
 Verified By: Andie L Jamerson
 Verified How: L-State License
 Notes:

License Type: State License
 State: WI
 License Number: 35500
 Status: Active
 Expiration Date: 10/31/2017

Verified: ☒
 Verified Date: 06/30/2016
 Verified By: Andie L Jamerson
 Verified How: L-WI DRL Website
 Notes:

VOK JP

License Type: Federated State Medical
 Boards
 State:
 License Number:
 Status:
 Expiration Date:

Verified: ☒
 Verified Date: 06/30/2016
 Verified By: Andie L Jamerson
 Verified How: L-FSMB Website
 Notes:

License Type: DEA Certificate
 State: WI
 License Number: BM2973279
 Status:
 Expiration Date: 01/31/2019

Verified: ☒
 Verified Date: 06/30/2016
 Verified By: Andie L Jamerson
 Verified How: L-DEA Website
 Notes: source date 6/1/2016

OK JP

License Type: Government Issued Photo ID
 State: MN
 License Number:
 Status:
 Expiration Date:

Verified: ☒
 Verified Date: 06/16/2016
 Verified By: Jill A. Patraw
 Verified How: O-FYI Only
 Notes:

JP

License Type: Out of State background Check
 State: MN
 License Number:
 Status:
 Expiration Date:

Verified: ☒
 Verified Date: 06/24/2016
 Verified By: Jill A. Patraw
 Verified How: L-Out of State Caregiver
 Bckgrd Ck Website
 Notes:

License Type: WI Caregiver Background
 Check
 State: WI
 License Number:
 Status:
 Expiration Date: 06/24/2020

Verified: ☒
 Verified Date: 06/24/2016
 Verified By: Jill A. Patraw
 Verified How: L-Out of State Caregiver
 Bckgrd Ck Website
 Notes:

JP OK

Evanston Ins Co (Barton & Assoc)

Policy Number: MM826031

Coverage Type:

Expiration Date: 01/01/2017

Verified: ☒

Verified Date: 07/06/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.
Covers at NCHC

Verified: ☒

Verified Date: 07/12/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

Verified: ☒

Verified Date: 07/21/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

Verified: ☒

Verified Date: 08/09/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

Verified: ☒

Verified Date: 07/14/2016

Verified By: Jill A. Patraw

Verified How: I-Verification from Carrier

Notes: Western Litigation

No Claims

Fair American Ins & Reins Co (LocumTenens.com)

Policy Number: GP-FCO01-0333 5890

Coverage Type:

Expiration Date: 05/01/2017

ProAssurance Companies

Policy Number: MP70510

Coverage Type:

Expiration Date: 08/10/2017

Lockton Companies

Policy Number: MM822522

Coverage Type:

Expiration Date: 10/31/2013

Gallagher Healthcare Insurance Services, Inc.

Policy Number: 4700000128-051

Coverage Type:

Expiration Date: 06/04/2006

Am Bd Psyc&Neur-Psychiatry

Board Status: Certified

Cert Number:

Expiration Date: 12/31/2020

Verified: ☒

Verified Date: 06/30/2016

Verified By: Andie L Jamerson

Verified How: B-ABMS Website-Board
Certification

Notes:

Human Services Inc

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty:

Start Date: 06/01/2009
End Date: 10/20/2014

Verified: ☒

Verified Date: 06/29/2016

Verified By: Andie L Jamerson

Verified How: O-Primary Source Verification

Notes: Via email from Nan Oliviero, Credentialing Specialist with Canvas Health. See Base File

Center for Integrative Therapies

Affiliation Type: Medical Staff
Category: Active
Dept./Specialty: Psychiatry

Start Date: 07/01/2014
End Date:

Verified: ☒

Verified Date: 06/29/2016

Verified By: Andie L Jamerson

Verified How: A-NCS-Health Care Affiliation Verif Ltr

Notes: Note: This is the subject's private practice

LaCrosse County Mental Health Recovery

Affiliation Type: Medical Staff
Category:
Dept./Specialty:

Start Date: 01/01/2003
End Date: 12/30/2008

Verified: ☒

Verified Date: 06/29/2016

Verified By: Andie L Jamerson

Verified How: O-Unable to Verify

Notes: Per Wendy in the Personnel Department at La Crosse County Human Services Department, she was unable to locate Dr. Most in her employment records. She stated that he was likely working there as a contracted employee, in which case she would have no record. Dr. Most indicates that he worked with La Crosse County Mental Health Recovery from 01/01/2003 through 12/31/2008; however, we are unable to verify these dates at this time. -aj

Ministry St. Michael's Hospital*

Affiliation Type: Medical Staff
Category: Locum Tenens
Dept./Specialty: Psychiatry

Start Date: 05/26/2015
End Date:

Verified: ☒

Verified Date: 06/29/2016

Verified By: Andie L Jamerson

Verified How: A-Health Care Facility Verif Ltr Online

*Notes:***Fairview University Medical Center**

Affiliation Type: Medical Staff
Category: Courtesy
Dept./Specialty: Psychiatry

Start Date: 08/20/2014
End Date: 05/18/2016

Verified: ☒

Verified Date: 06/30/2016

Verified By: Andie L Jamerson

Verified How: A-Health Care Facility Verif Ltr

*Notes:***Montana State Hospital**

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 03/30/2015
End Date: 05/15/2015

Verified: ☒

Verified Date: 08/30/2016

Verified By: Andie L Jamerson

Verified How: A-NCS-Health Care Affiliation Verif Ltr

Notes:

Southwest Health Center

Affiliation Type: Medical Staff
Category:
Dept./Specialty: Psychiatry
Start Date: 05/01/2004
End Date: 05/31/2006

Verified: ☒
Verified Date: 06/30/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
 Affiliation Verif Ltr
Notes: Platteville location

Southwest Health Center

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 05/01/2004
End Date: 05/31/2006

Verified: ☒
Verified Date: 06/30/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
 Affiliation Verif Ltr
Notes: Cuba City location

Stein Counseling & Consulting, LLC

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 09/01/2008
End Date: 07/01/2009

Verified: ☒
Verified Date: 06/30/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
 Affiliation Verif Ltr
Notes:

Crawford County Human Services Dept

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 08/31/2005
End Date: 08/07/2009

Verified: ☒
Verified Date: 07/01/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
 Affiliation Verif Ltr
Notes:

Gundersen Lutheran

Affiliation Type: Medical Staff
Category: Active
Dept./Specialty: Psychiatry
Start Date: 08/16/1994
End Date: 01/30/2003

Verified: ☒
Verified Date: 06/30/2016
Verified By: Andie L Jamerson
Verified How: A-Health Care Facility Verif
 Ltr
Notes:

St. Mary's Hospital

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 09/01/2015
End Date:

Verified: ☒
Verified Date: 06/30/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Per Mandy in the Medical
 Staff Office at St. Mary's,
 no record of Dr. Most exists
 in their system. -aj

University of Wisconsin-La Crosse

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 09/01/2008
End Date: 07/01/2009

Verified: ☒
Verified Date: 07/08/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Equifax - The Work
 Number was unable to
 verify this affiliation due to
 non-response.

Additional contact was
 made by phone with Cedric
 in the HR Dept at UW La
 Crosse. Dr. Most is not in
 their records as an
 employee - he was likely an
 independent contractor for
 services through the
 Student Health Center. -aj

Beloit Memorial Hospital

Affiliation Type: Medical Staff
Category: Locum Tenens
Dept./Specialty: Psychiatry

Start Date: 08/04/2014
End Date: 10/02/2014

Burkwood Treatment Center

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 05/01/2015
End Date:

Catholic Charities of the Diocese of LaCrosse

Affiliation Type: Medical Staff
Category:
Dept./Specialty:

Start Date: 01/01/1995
End Date: 12/31/1996

Colorado Mental Health

Affiliation Type: Medical Staff
Category: Consulting
Dept./Specialty: Psychiatry

Start Date: 04/03/1992
End Date: 06/30/1993

Family & Children's Center

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 03/01/2008
End Date: 02/28/2009

Regions Hospital

Affiliation Type: Medical Staff
Category: Associate
Dept./Specialty: Psychiatry

Start Date: 05/22/2013
End Date: 10/01/2013

Verified: 

Verified Date: 06/30/2016

Verified By: Andie L Jamerson

Verified How: A-Health Care Facility Verif Ltr

Notes:

Verified: 

Verified Date: 07/08/2016

Verified By: Andie L Jamerson

Verified How: A-NCS-Health Care Affiliation Verif Ltr

Notes:

Verified: 

Verified Date: 07/12/2016

Verified By: Andie L Jamerson

Verified How: O-Unable to Verify

Notes: Per Darcie M., "I have no information regarding an affiliation with Mr. Most. The dates you have listed are prior to the existence of Catholic Charities in its current form. In 1997, I believe what was called Catholic Social Services at the time, split into two entities- Catholic Residential Services and Catholic Charities." -aj

Verified: 

Verified Date: 07/12/2016

Verified By: Andie L Jamerson

Verified How: A-Health Care Facility Verif Ltr

Notes:

Verified: 

Verified Date: 07/12/2016

Verified By: Andie L Jamerson

Verified How: A-NCS-Health Care Affiliation Verif Ltr

Notes:

Verified: 

Verified Date: 07/13/2016

Verified By: Andie L Jamerson

Verified How: A-Health Care Facility Verif Ltr

Notes:

Stillwater Medical Group

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 01/01/2010
End Date: 08/01/2014

Verified: ☒
Verified Date: 07/18/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: Per Lori Martin in the Medical Staff Office, the request was forwarded to Human Resources as Dr. Most was a contracted employee. Per HR, they will not fill out verification forms for contracted services as they were not employees of Stillwater Medical Group. Dr. Most indicates he was affiliated with Stillwater from 1/1/2010 to 8/01/2014; however, we are unable to verify these dates at this time. -aj

Working Well MHC

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 02/01/2015
End Date: 12/31/2015

Verified: ☒
Verified Date: 07/18/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

North Central Health Care

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 06/20/2016
End Date:

Verified: ☒
Verified Date: 06/23/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes: future practice location

Behrend Psychology Consultants

Affiliation Type: Medical Staff

Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 02/01/2005
End Date: 10/31/2009

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 09/13/2016
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 09/13/2016

Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Bruce Eisenmenger, MA, ABD, LP

Affiliation Type: Reference
Category:
Dept./Specialty:

Start Date:
End Date:

Verified: ☒
Verified Date: 06/30/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Bruce Smith, MD

Affiliation Type: Reference
Category:
Dept./Specialty:

Start Date:
End Date:

Verified: ☒
Verified Date: 07/14/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Debra Betow, MD

Affiliation Type: Reference
Category:
Dept./Specialty:

Start Date:
End Date:

Verified: ☒
Verified Date: 08/05/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

| | | |
|--|--|--|
| Review of Work History & Explanation of Gaps | <i>Date & Initials</i> 9/13/2016 jap | <i>Comments</i> no gaps |
| SAM Website | <i>Date & Initials</i> 06/30/2016 aj | <i>Comments</i> |
| NPDB Website query through Cactus | <i>Date & Initials</i> 9/13/2016 jap | <i>Comments</i> |
| OIG Website | <i>Date & Initials</i> source date 6/10/2016 jap conducted date 06/30/2016 aj | <i>Comments</i> |
| WI Circuit Court | <i>Date & Initials</i> 7/18/2016 aj | <i>Comments</i> no matches |
| Medicare Opt Out Website | <i>Date & Initials</i> report run date 8/18/2016 jap reviewed date 9/13/2016 jap | <i>Comments</i> |
| Consent Form | <i>Sign Date & Initials</i> 06/16/2016 jap | <i>Comments</i> |
| Health Requirements Met | <i>Date & Initials</i> 9/13/2016 jap | <i>Y/N & Comments</i> Yes |
| Privilege Form | <i>Sign Date & Initials</i> 6/14/2016 jap | <i>Comments</i> |
| Verifications within 180 days | <i>Date & Initials</i> 9/13/2016 jap | <i>Comments</i> Yes |
| CVO Review | <i>Date</i> 09/13/2016 | <i>Signature</i> Electronically signed by Jill Patraw |
| ANI Provisional Approval (if applicable) | <i>Date</i> | <i>Signature</i> |
| Entity Committee Review | <i>Date</i> | <i>Signature</i> |
| ANI Only - All Disclosure Questions Answered YES ____ NO ____ | | |
| ANI Only - Issues Identified YES ____ NO ____ | | |

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Chandra K. Shekar, M.D. Appoint/Reappoint 10-27-2016 to 10-31-2017
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☒ Psychiatry ☐ Medical Director
☐ Mid-Level Practitioner

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☒ Locum Locum Agency: LocumTenens.Com
☐ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____


(Medical Executive Committee Signature)

10-13-16
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

- ☐ He/she be appointed/reappointed to the Medical Staff as requested
☐ Action be deferred on the application
☐ The application be denied


(Medical Staff Position Signature)


(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



Chandra K. Shekar, M.D.

General Profile

Enhanced Credentialing Activity

Primary Address

North Central Health Care
1100 Lake View Drive
Wausau, WI 54403-6785
(715) 848-4600

Other Provider Information

ID#: 0515
SSN:
Date of Birth:
Provider Specialties: Psychiatry

NPI: 1982795357
UPIN: F88826
Medicare#: 000000825
Medicaid#:

Credentialing Activity

Application

Application Sent Date: 02/23/2016
Attestation Date: 03/13/2016
Received Date: 03/25/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 05/10/2016

Credentialing

Completed: ☐

Issues: ☐

Aspirus Network, Inc.

Information Upon Credentialing Completion

Status: ANI Application in Process
Category: ANI Specialty Provider
Category Applied For: ANI Specialty Provider
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity
Completed: ☐

North Central Healthcare

Information Upon Credentialing Completion

Status: NCHC Application in Process
Category: NCHC Active
Category Applied For: NCHC Active
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity
Completed: ☐

Education

Chandra K. Shekar, M.D.

Kakatiya Medical College

Program: Medical School

Dept./Specialty:

Start Date:

End Date: 04/01/1979

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

Mahatma Gandhi College of Med Scien

Program: Internship

Dept./Specialty: Psychiatry

Start Date: 06/01/1979

End Date: 05/01/1980

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

Fair Mile Hospital

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 02/01/1983

End Date: 06/01/1986

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: O-Unable to Verify

Notes: This hospital closed in 04/2003. No records exist.

St. James Hospital

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 06/01/1986

End Date: 05/01/1989

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

South East Essex

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 07/01/1989

End Date: 08/01/1991

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: E-ECFMG Website-Foreign Medical School

Notes:

Medical College of Georgia

Program: Fellowship

Dept./Specialty:

Start Date: 12/01/1992

End Date: 06/30/1993

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/29/2016

Verified By: Andie L Jamerson

Verified How: E-NCS Education Verif Ltr

Notes: Clinical Psychopharmacology Fellowship

University of South Alabama

Program: Residency

Dept./Specialty: Psychiatry

Start Date: 07/01/1993

End Date: 06/30/1994

Graduated/Completed: ☒

Verified: ☒

Verified Date: 04/18/2016

Verified By: Andie L Jamerson

Verified How: E-NCS Education Verif Ltr

Notes: Per Allison Britt, Residency Program Coordinator, Dr. Shekar only completed his PGY1 year at the University of South Alabama. -aj

Licenses**Chandra K. Shekar, M.D.**

License Type: WI Caregiver Background
Check

State: WI

License Number:

Status:

Expiration Date: 03/21/2020

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: L-WI Caregiver
Background Ck Website

Notes:

License Type: State License

State: WI

License Number: 34315

Status: Active

Expiration Date: 10/31/2017

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: L-WI DRL Website

Notes:

License Type: Federated State Medical
Boards

State:

License Number:

Status:

Expiration Date:

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: L-FSMB Website

Notes:

License Type: ECFMG

State:

License Number: 0-348-669-3

Status:

Expiration Date:

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: E-ECFMG Website-Foreign
Medical School

Notes:

License Type: DEA Certificate

State: WI

License Number: BS4111744

Status: Active

Expiration Date: 02/28/2018

Verified: ☒

Verified Date: 03/29/2016

Verified By: Andie L Jamerson

Verified How: L-DEA Website

Notes: Source date 3/1/16

License Type: Government Issued Photo ID

State: WI

License Number:

Status:

Expiration Date:

Verified: ☒

Verified Date: 03/18/2016

Verified By: Andie L Jamerson

Verified How: O-FYI Only

Notes: rec'd 3/18/2016 by Jill

Insurance

Chandra K. Shekar, M.D.

Fair American Insurance and Reinsurance Company

Policy Number: GP-FCO02-033315890

Coverage Type:

Expiration Date: 05/01/2016

Verified: ☒

Verified Date: 03/23/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. Loss history too early to determine.

Verified: ☒

Verified Date: 03/29/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

Verified: ☒

Verified Date: 03/29/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

Verified: ☒

Verified Date: 03/29/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

Verified: ☒

Verified Date: 04/25/2016

Verified By: Andie L Jamerson

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M. No Claims.

ProAssurance

Policy Number: 109680

Coverage Type: Occurrence

Expiration Date: 01/01/2008

ProAssurance

Policy Number: MP91625

Coverage Type: Claims Made

Expiration Date: 07/01/2015

ProAssurance Companies

Policy Number: MP96580

Coverage Type: Claims Made

Expiration Date: 07/01/2016

ProAssurance Companies

Policy Number: MP71149

Coverage Type: Occurrence

Expiration Date: 11/01/2016

Boards

Am Bd Psyc&Neur-Psychiatry

Board Status: Certified

Cert Number:

Expiration Date: 12/31/2016

Verified: ☒

Verified Date: 03/22/2016

Verified By: Andie L Jamerson

Verified How: B-ABMS Website-Board Certification

Notes:

Affiliations

Chandra K. Shekar, M.D.

North Central Health Care

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 07/01/1994
End Date: 08/20/2007

Verified: ☒
Verified Date: 03/22/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
Affiliation Verif Ltr
Notes:

VOK
JP

Garlands Hospital

Affiliation Type: Medical Staff
Category:
Dept./Specialty:

Start Date: 09/01/1991
End Date: 08/11/1992

Verified: ☒
Verified Date: 03/22/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: International affiliation
This hospital is closed, no
records exist. aj

Winnebago Mental Health Institute

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 08/01/2007
End Date: 12/01/2010

Verified: ☒
Verified Date: 03/23/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
Affiliation Verif Ltr
Notes:

Cornwall Regional Hospital

Affiliation Type: Medical Staff
Category:
Dept./Specialty:

Start Date: 08/01/1981
End Date: 04/30/1982

Verified: ☒
Verified Date: 04/01/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: International affiliation
Multiple attempts were
made to contact this facility
by phone, fax and internet
with no success. We have
been unable to verify this
affiliation. aj

Spanish Town Hospital

Affiliation Type: Medical Staff
Category:
Dept./Specialty:

Start Date: 04/01/1982
End Date: 06/30/1982

Verified: ☒
Verified Date: 04/01/2016
Verified By: Andie L Jamerson
Verified How: O-Unable to Verify
Notes: International affiliation
Multiple attempts were
made to contact this facility
by phone, fax and internet
with no success. We have
been unable to verify this
affiliation. aj

Oneida Behavior Health

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 07/01/2008
End Date:

Verified: ☒
Verified Date: 03/29/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
Affiliation Verif Ltr
Notes:

Wisconsin Resource Center

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 01/01/2011
End Date: 06/26/2015

Verified: ☒
Verified Date: 03/30/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Professional Ref
Verif Ltr
Notes:

Outagamie County Department of Health and Human Services

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 08/01/2007
End Date:

Verified: ☒
Verified Date: 04/18/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Health Care
Affiliation Verif Ltr
Notes:

Affiliations - continued

Chandra K. Shekar, M.D.

Aspirus Wausau Hospital *

Affiliation Type: Medical Staff

Category: Courtesy

Dept./Specialty: Psychiatry

Start Date: 09/27/1994

End Date: 08/12/2007

Verified: 

Verified Date: 03/17/2016

Verified By: Dana Amacher

Verified How: A-Health Care Facility Verif
Ltr Online

Notes:

North Central Health Care

Affiliation Type: Medical Staff

Category: Active

Dept./Specialty: Psychiatry

Start Date:

End Date:

Verified: 

Verified Date: 03/17/2016

Verified By: Jill A. Patraw

Verified How: O-FYI Only

Notes: future practice location

Brian Eggener, MD

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Verified: 

Verified Date: 03/29/2016

Verified By: Andie L Jamerson

Verified How: A-NCS-Professional Ref
Verif Ltr

Notes:

Trilok Shahy, M.D.

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Verified: 

Verified Date: 04/04/2016

Verified By: Andie L Jamerson

Verified How: A-NCS-Professional Ref
Verif Ltr

Notes:

Gabriel Ticho, MD

Affiliation Type: Reference

Category:

Dept./Specialty:

Start Date:

End Date:

Verified: 

Verified Date: 05/10/2016

Verified By: Dana Amacher

Verified How: A-NCS-Professional Ref
Verif Ltr

Notes:

| | | |
|--|--|--|
| Review of Work History & Explanation of Gaps | <i>Date & Initials</i> 5/9/16 dja | <i>Comments</i> no gaps |
| SAM Website | <i>Date & Initials</i> 03/22/2016 aj | <i>Comments</i> |
| NPDB Website query through Cactus | <i>Date & Initials</i> 5/10/2016 jap | <i>Comments</i> |
| OIG Website | <i>Date & Initials</i> 03/22/2016 aj Source date 3/17/16 | <i>Comments</i> |
| WI Circuit Court | <i>Date & Initials</i> 03/22/2016 aj | <i>Comments</i> |
| Medicare Opt Out Website | <i>Date & Initials</i> Report run 2/12/16 Reviewed 5/13/16 dja | <i>Comments</i> |
| Consent Form | <i>Sign Date & Initials</i> 3/11/2016 jap | <i>Comments</i> |
| Health Requirements Met | <i>Date & Initials</i> 5/13/16 dja | <i>Y/N & Comments</i> yes |
| Privilege Form | <i>Sign Date & Initials</i> 3/3/2016 jap | <i>Comments</i> |
| Verifications within 180 days | <i>Date & Initials</i> 5/13/16 dja | <i>Comments</i> yes |
| CVO Review | <i>Date</i> 05/13/2016 | <i>Signature</i> Signed electronically by Dana Amacher |
| ANI Provisional Approval (if applicable) | <i>Date</i> | <i>Signature</i> |
| Entity Committee Review | <i>Date</i> | <i>Signature</i> |
| ANI Only - All Disclosure Questions Answered YES ____ NO ____ | | |
| ANI Only - Issues Identified YES ____ NO ____ | | |



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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Gabriel C. Ticho, M.D. Appointment Period 11-01-2015 to 10-31-2017
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☒ Psychiatry ☒ Medical Director
☐ Mid-Level Practitioner

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☐ Locum Locum Agency: _____
☒ Contract Contract Name: Gabriel Ticho, LLC

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Term Medical Director privileges effective 9-30-2016

☐ Status Reason: _____

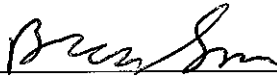
☒ Type Reason: Dr. Ticho transitioned from being an NCHC employee to being a contract provider on 7-8-2016.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____



(Medical Executive Committee Signature)



(Signature Date)

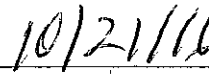
MEDICAL STAFF

Medical Staff recommends that:

- ☐ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied



(Medical Staff President Signature)



(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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Delineation of Clinical Privileges

COPY

Name: Gabriel C. Ticho, M.D.
Specialty: Psychiatry - MD or DO

Minimal Formal Training & Experience/Specialty Description

Training: Successful completion of a accredited residency training program in psychiatry.

Experience: Can be demonstrated in one of the following ways:

1. An applicant who has just completed a residency shall provide his/her residency log.
2. An applicant who is not applying directly out of a residency shall provide a quality profile from hospital(s) where he/she currently has privileges showing his or her clinical activity for the past 12 months.
3. If a quality profile is not available from the hospital(s) where the applicant currently has privileges, documentation of the applicant's hospital-based clinical activity for the past 12 months.

Certification: current DEA registration

Specialty Description: Assessment, multi-modal treatment and prevention of psychopathology, in a wide range of settings, with special populations such as children, adolescents, geriatric, and substance abuse patients and their families.

Clinical Privileges - Psychiatry



Requested (initial)

- ☐ Children (12 y.o. and under)
☒ Adolescents (13-17 y.o.)
☒ Adult (18 y.o. and older)

Privilege Description

- Acute mental disorders/conditions- assessment, diagnosis, and treatment
- Addiction psychiatry- assessment, diagnosis, and treatment
- Biopsychosocial assessment
- Chronic mental disorders/conditions,- assessment, diagnosis, and treatment
- Cognitive-behavioral therapy
- Crisis intervention
- Developmental disabilities- assessment, diagnosis, and treatment
- Drug and alcohol dependency and detoxification- assessment, diagnosis, and treatment
- Emergency psychiatry, evaluation, crisis management, and triage of psychiatric patients
- Family therapy
- Forensic psychiatry- assessment, diagnosis, and treatment
- Geriatric patients with psychiatric disorders- assessment, diagnosis, and treatment
- Group therapy
- Major psychotic psychiatric diagnoses/conditions- assessment, diagnosis, and treatment



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Delineation of Clinical Privileges

- Medical disorders encountered in psychiatric practice- assessment, diagnosis, and treatment
- Mood disorders,- assessment, diagnosis, and treatment
- Neurophysiologic/neuropsychological testing,
- Non-psychotic categories of psychiatric diagnoses/conditions- assessment, diagnosis, and treatment
- Physical, neurological, and mental status examination of
- Psychiatric consultation in Nursing Home
- Psychiatric history and physical examination
- Psychodynamic psychotherapy
- Psychological testing, interpretation of
- Psychopharmacology- management of
- Psychosocial rehabilitation techniques- management of
- Short-term individual psychotherapy
- Social therapies, (ie., community-based interventions/vocational rehabilitation
- Suicidality, evaluation of
- Therapeutic interviewing

Special Privileges (Reference specific privilege criteria) Requested

| Requested | Privilege Description |
|-----------|-----------------------|
| | |
| | |



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Delineation of Clinical Privileges

ACKNOWLEDGEMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform at this facility. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested.

I understand that in exercising any clinical privileges granted, I am constrained by North Central Health Care and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

Before interim, case limited, time limited, or temporary privileges are granted, my signature acknowledges in writing that I have received and read the Medical Staff Bylaws, and the rules and regulations, and I agree to be bound by the terms thereof in all matters relating to my privileges.

Applicant
Signature

Date

10-12-16

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, the clinical privileges requested are recommended as indicated with any exceptions or conditions documented.

Privileges Reviewed and Recommended by

Date

10/12/16

Chair, Medical Executive Committee

MD/DO

Date

Chief Executive Officer with Board of Directors Approval



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MEMO

DATE: October 27, 2016
TO: NCHC Board
FROM: Sue Matis, Interim Senior Executive Human Resources
Kim Gochanour, Nursing Home Administrator
RE: Certified Nursing Assistant Recruitment/Retention Compensation Strategy

Purpose

To obtain approval to implement an accelerated compensation strategy for Certified Nursing Assistant (CNA) staff in the Nursing Home and Inpatient Hospital.

Background

The Wisconsin DWD has projected the expected growth in the CNA occupation to be 13.4% through 2024. In terms of job openings, this constitutes 458 openings due to growth and an additional 773 openings due to replacements resulting in a combined total of 1,231 openings.

Regionally, the quality and size of the available labor pool for CNA staff in Central Wisconsin is dwindling. The labor pool is facing escalating staffing shortage pressures as both the working age demographic decreases and real wages increase in other industries and employers. A recent group paper from Wisconsin Health Care Association (WHCA) and Leading Age Wisconsin provides the following snapshot:

"Wisconsin faces a crisis in the shortage of available frontline caregivers. Two factors are causing this serious shortage among Wisconsin's nearly 400 nursing facilities:

- 1. Wisconsin has the **worst Medicaid reimbursement** system for nursing facilities in the country*
- 2. **One in seven** caregiver staff positions in Wisconsin are vacant."*

The supply/demand threat continues to grow political advocacy and response for minimum wage adjustments. Major employers are increasing hourly wages considerably in fields that are not as demanding as direct care settings. A 2014 report from the Wisconsin Hospital Association (WHA) identifies entry level positions that do not have the same demands and training required of CNAs starting between \$10.00/hr. (Wal-Mart) to \$19.23/hr. (Kwik Trip – entry level – 2 week training).

The following pattern is specific to Mount View Nursing home. In 2014, the Nursing Home experienced a 41.5% turnover rate. In spite of the actions taken in 2015 to decrease turnover, the 2016 turnover rate rose to 56%. This is slightly higher than the industry turnover rate of 53%. Both are reflective of the state shortage trends. There continues to be significant reduction in applicant flow and available labor within the Wausau Market. We also continue to be challenged to fill full-time equivalents as a number of staff has chosen to drop FTE status with NCHC. Without adequate supply NCHC is being placed in a position to have less choice in hiring which is detrimental to quality and our culture.

A review of current starting wages in the Wausau Market was conducted for CNAs in August 2016. The starting advertised rate for CNA positions was a range of \$11/hr. to \$16/hr. with the majority at \$13/hr. Notably, those companies offering \$13/hr. and lower also offered sign-on bonuses ranging from \$850 to \$2,000.

Recommendation

Staff recommends increasing CNA compensation and markedly improving our CNA hiring rates to remain competitive in the Wausau Market. The proposal is to increase current staff to \$15.00/hr. with hiring rates also targeted at \$15.00/hr. for individuals with prior experience. Current new hire rate of pay is \$12.50/hr. An annual market analysis will be conducted with current data to remain competitive with the intent to pay at the 90th percentile of the market.

Approximately 71% (106/149) of current CNA staff are below the \$15/hr. Therefore, given the current competitive environment, workforce demands, both present and projected, in addition to local competitive pressures for entry level workers, it would seem imperative that NCHC more competitively position ourselves in the labor market for CNA staff.

Financial Analysis

The impact to the 2017 budget is projected to be \$137,000 and was included in the 2017 budget proposal. Immediate impact for the remainder of 2016 if wages are increased for those CNAs that are in good standing (no performance or attendance issues) is \$12,506.

These projections do not include anticipated offsetting reductions in other personnel costs, such as contract staff and overtime, which are highly probable results of decreased vacancy rates and higher staff stability. Further, a strong CNA staff foundation has the potential to increase quality, employee partnership, nursing staff satisfaction and patient satisfaction in the Nursing Home. These outcomes would be aligned with NCHC's Strategic objectives.

| Objective | Outcome | Activity | Timeline | Progress |
|---|---|--|----------------|---|
| OVERARCHING OPERATIONAL OBJECTIVE #1: ALIGN ALL EMPLOYEES AND SUPPORTING HUMAN RESOURCE SYSTEMS TO OVERALL PATIENT SERVICE EXCELLENCE RESULTS WITH SPECIFIC LEADERSHIP FOCUS ON THE EVALUATION AND DEVELOPMENT OF FRONT-LINE STAFF SERVICE EXCELLENCE. | | | | |
| 1) Strengthen role clarity and job design. Responsible person(s): Sue Matis | Clarity of expectations for staff to achieve role excellence. | a. Finish job description updates to establish department and job specific competencies. b. Rollout new Performance Management System. c. Organization Wide customer services training deployed. | a. Q4 b. Q3 | <p>-Managers have been given an 11/11/2016 deadline to complete Job Descriptions and return to Organizational Development. Focus of clinical positions is priority. To date Nurse competencies are 95% complete.</p> <p>- Structure of new Performance Management System has been developed electronically and test is in HealthStream. This will be introduced to leaders at the 11/16/16 Leadership meeting with training on how to introduce to employees.</p> <p>-Person Centered Service Training (customer service) has been completed. A series of makeup sessions have been provided for those employees who have missed. Leaders have been made aware that</p> |

| | | | | |
|--|--|--|-----------|---|
| | | | | <p>they must get their employees who have missed the training to one of these sessions.</p> <p>-Hired Organizational Development Manager</p> <p>-Performance Management System has been reviewed with Leaders. Recommend moving current paper based performance evaluation process to an online format for February 2017, doing bi-annual performance evaluations in 2017, and quarterly performance evaluations in 2018.</p> <p>-Reviewing 2016 Core Competency training plan</p> <p>-Training for Technology backbone for performance and competency centers complete</p> |
| <p>2) Improve employee sourcing and development.</p> <p>Responsible person(s): Sue Matis</p> | <p>Decrease turnover, increase employee retention and skill level.</p> | <p>Develop Workforce planning strategy with key actions and deliverables</p> | <p>Q3</p> | <p>-Identification has begun relative to those staff positions at high risk of shortage starting with the Certified Nursing Assistant, Registered Nurse. Assessment of what is needed to attract and retain is in process. Initial</p> |

| | | | | |
|---|---|---|---|--|
| | | | | <p>findings are compensation and onboarding need to be improved and structured to retain this talent.</p> <p>HR Recruiter /Business Partner Candidate has hired with solid healthcare background. Strategizing how to fill additional position via -FTE neutral.</p> <p>-Established weekly recruitment meeting to discuss strategy, sourcing and success measures.</p> |
| <p>3) Enhance recognition programs.</p> <p>Responsible person(s): Sue Matis</p> | <p>Increase level of employee engagement and satisfaction.</p> | <p>a. Review Employee of the Month program</p> <p>b. Revitalize Witnessing Excellence program</p> <p>c. Develop local (program level) recognition support structure</p> <p>d. Deploy Service and Operational Excellence Award</p> | <p>Q4</p> | <p>-A new form of Recognition is being launched 4th quarter that is tied specifically to patient experience.</p> <p>Scheduled key events.</p> <p>-Complete: Ordered and will be delivering badge buddies to Nurses and CNAs for Nurses week.</p> <p>-Employee Recognition Week was held during the week of 8/17/2016</p> <p>-Chili lunch will be the week before Christmas.</p> |
| <p>4) Provide the tools and resources for serving patients directly.</p> | <p>The development of a new patient centered experience training module</p> | <p>a. Establish Patient Experience Team to define the model.</p> | <p>a. Q1</p> <p>b. Q2</p> <p>c. Q2 &3</p> | <p>a. Team has defined purpose and model.</p> <p>b. Training provided at</p> |

2016 WORK PLAN

Updated – October 2016

| | | | | |
|---|---|---|-------|--|
| Responsible person(s): Kim Gochanour and Becky Schultz | for North Central Health Care Center. To increase our patient satisfaction scores by providing a positive patient experience. | <ul style="list-style-type: none"> b. Roll out model/branding at Leadership meeting c. All Staff education on new patient experience model. d. Program-specific training and actions | d. Q3 | <ul style="list-style-type: none"> May leadership meeting. c. All staff training complete. Training is incorporated for new employee orientation starting in September 2016. d. Program-specific actions initiated. |
|---|---|---|-------|--|

| Objective | Outcome | Activity | Timeline | Progress |
|---|---|--|---|--|
| OVERARCHING OPERATIONAL OBJECTIVE #2: CONTINUE TO DEVELOP THE AVAILABILITY AND DIVERSE EXPERTISE OF BEHAVIORAL HEALTH SERVICES. | | | | |
| <p>1) Provide leadership in the delivery of the Psychiatry Residency program with the Medical College of Wisconsin.</p> <p>Responsible person(s): Michael Loy</p> | <p>The successful creation of the Psychiatry Residency program will increase the available Psychiatry from the residents and long-term employment of those who complete residency in 4-5 years.</p> | <p>The application for accreditation has been submitted and all partner sites have been committed along with securing a training director.</p> <p>Site visit was completed in February.</p> <p>Resident recruitment</p> | <p>Matching process is underway in fall 2017</p> <p>Residency program launch will be in summer of 2017.</p> | <p>The application for accreditation was approved on May 2, 2016.</p> <p>A new Inpatient Medical Director has been recruited.</p> <p>Reviewing residency program experience structure, facility needs and operational support to prepare for program launch next summer.</p> <p>Supporting residency recruitment and matching process.</p> |
| <p>2) Source appropriate mental health and substance abuse professionals to meet community needs.</p> <p>Responsible person(s): Sue Matis</p> | <p>Provide appropriate level of service to meet the needs.</p> | <p>a. Evaluating staffing model in Behavioral Health Services</p> <p>b. Develop detailed sourcing strategy plan</p> <p>Achieve <10% vacancy rate in mental health staffing (Need clarification on what is included in Mental Health Staffing)</p> | <p>a. Q2 and ongoing</p> <p>b. Q4</p> | <p>Connecting with Wisconsin Schools for Bachelor's and Master's trained professionals.</p> <p>Connections made with UWSP for Bachelor's Level professionals</p> <p>Evaluating staffing models in Crisis and Outpatient Services</p> <p>Vacancy report created</p> <p>Hired an additional</p> |

| Objective | Outcome | Activity | Timeline | Progress |
|---|---|--|--|--|
| | | | | <p>therapist in Wausau and Clinical Coordinator for Outpatient.</p> <p>Crisis services staffing has been increased to provide adequate 24/7 mobile crisis.</p> |
| <p>3) Strengthen NCHC's comprehensive crisis services care delivery model.</p> <p>Responsible person(s): Laura Scudiere and Becky Schultz</p> | <p>The strengthened partnership will result in improved partner satisfaction as evidenced by improved scores for the crisis unit.</p> | <p>Developed Crisis PI Team in October 2015- Action Plan includes:</p> <ul style="list-style-type: none"> a. Advancement of Crisis Staff competency b. Provide Crisis Intervention training for partners c. Restructure Crisis Services Management Transportation service d. Expanded Crisis Care Model e. Establishment of Advancement of Medical Clearance capabilities at NCHC | <ul style="list-style-type: none"> a. Q1 and Q2 b. Q1 and Q2 c. Q2 and Q3 d. Q3 and Q4 e. Q3 and Q4 | <p>All new crisis workers have Bachelors or above educational requirement and competency validation process is in place.</p> <p>The first round of Crisis intervention education complete through Marathon County law enforcement.</p> <p>Phase 2 Plan for crisis restructure has been developed and was discussed and approved by HSO NCHC Board Committee and NCHC Board.</p> <p>The transport program has been instituted and the data collected is shared with Crisis P&I Group. To date, 22 transports have occurred.</p> <p>Revised policies and practices for medical clearance have been</p> |

| Objective | Outcome | Activity | Timeline | Progress |
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| | | | | <p>determined by medical partners, and communicated to partners May 2016. Crisis P&I Workgroup members met with Winnebago to discuss medical clearance process on a relationship-building mission.</p> <p>Corporation Counsels of the three counties met and agreed upon requirements for emergency detentions. These are being developed into procedures. NCHC Court Liaison has been hired and trained.</p> <p>Crisis partner feedback cards have been developed and results are communicated on the NCHC Board dashboard on monthly basis.</p> <p>Law Enforcement Liaison position hired (Ret. Officer Box Wilcox) and starting work as of Oct. 24.</p> |
| <p>4) Effectively partnering with the criminal justice system to reduce recidivism associated with mental health and substance abuse.</p> <p>Responsible person(s): Laura Scudiere</p> | Improved partnership with law enforcement, as evidenced by partner satisfaction survey scores. | <p>a. Crisis Intervention Training (CIP and CIT)</p> <p>b. Explore innovation in crisis response with law enforcement</p> <p>c. Develop strategy for improved communication</p> | <p>a. Q1 and Q2</p> <p>b. Ongoing</p> <p>c. Ongoing</p> | <p>a. First round of CIP trainings has occurred.</p> <p>b. Staff from NCHC and MC Sheriff's department. Attended conference and explored options. Team initiated to</p> |

| Objective | Outcome | Activity | Timeline | Progress |
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| | | | | <p>explore new models</p> <p>c. Regularly scheduled meetings with all partners within the criminal justice system are scheduled and occurring consistently.</p> <p>d. Crisis workers will be dispatching from WPD starting in December.</p> |
| <p>5) Advancing practitioner development and competency.</p> <p>Responsible person(s): Sue Matis</p> | Create a well-defined development system outlining job specific competencies needed in each position that will meet the needs of NCHC patient centered model. | <p>a. Build electronic competency based checklist for all advanced practitioners</p> <p>b. Training plan developed and validation outcomes met</p> | <p>a. Q3</p> <p>b. Q3</p> <p>c. Q4</p> | <p>a. Working with Quality and Aspirus specifically to nurse competency development.</p> <p>b. Competency Model has been built and rolled out to leader. Next steps are to confirm accuracy of models.</p> <p>c. Competencies are being added to the New Hire Orientation Checklists and NHO checklists will be used to develop competency checklists for all positions to test competency of current employees</p> |
| 6) Continued development of innovative services to address community | Additional treatment options (beds) in the community. | a. Develop a community group, much like Crisis P&I to discuss Substance Use in the | Q3 and Q4 | a. Speaking with MCHD partners and the HSO Committee to determine next steps |

2016 WORK PLAN

Updated – October 2016

| Objective | Outcome | Activity | Timeline | Progress |
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| <p>mental health and substance abuse needs.</p> <p>Responsible person(s): Laura Scudiere & Becky Schultz</p> | | <p>community.</p> <p>b. Increase the number of beds for MMT and for Crisis CBRF.</p> | | <p>on developing a plan for Collective Impact model for substance abuse in our communities. Discussions with the health department and WIPPS has occurred on framing the model.</p> <p>b. Meeting with United Way, Peaceful Solutions, MCHD to start the process.</p> <p>c. Initial capital improvement plan submitted to Marathon County.</p> |
| <p>7) Deploy an internal Accountable Care Organization (ACO) model within the mental health and substance abuse services continuum of care by:</p> <p>a. Enhancing clinical coordination between programs to ensure effective transitions of care.</p> <p>b. Creating individual patient cost and outcome tracking mechanisms</p> | | <p>This item will be addressed in future year plans.</p> | | |

| Objective | Outcome | Activity | Timeline | Progress |
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| OVERARCHING OPERATIONAL OBJECTIVE #3: HEIGHTENED FOCUS ON ELECTRONIC MEDICAL RECORD (EMR) SYSTEMS FUNCTIONING WITH THE FOLLOWING OUTCOMES: | | | | |
| 1) High clinical satisfaction with the interaction and functioning within EMR applications Responsible person(s): Brenda Glodowski & Becky Schultz | Both EMR systems, Tier and ECS, are working effectively to provide clinical functionality for NCHC. Staff is well trained and uses the system appropriately. | A consultant was contracted with in December 2015 to review specific areas within the IT area. This work has been completed and a 2 part report has been released. The consultant has met with the Executive Team to review both reports. | Q1 | The recommendations from the consultant have been finalized and reviewed. There has been a change in leadership which should help redirect priorities and results. Planning session has been held with Net Smart staff, |
| | | Recommendations on changes will be presented to the Executive Team by February 19. | Q1 | IT Governance Committee established and initiated. Outstanding Tier issues undergoing a prioritization process. |
| | | An Action Plan is being worked on. The action plan will be completed for presentation once the recommendations are reviewed. | Q3 | Outstanding Tier issues have been prioritized and are being reviewed by IT Governance. The outstanding items have decreased and are now being managed and reviewed by IT Governance. |
| | | A draft charter for an IT Governance Committee is completed and has been distributed to the Executive Team for review and comment. | Q1 | The Governance Committee has met, and has completed first workshop. The second workshop is scheduled for June. The list of open IT |

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| | | | Q3 | <p>items has been reviewed and significantly reduced The second workshop has been completed, as well as the committee's first meeting on its own.</p> <p>The ECS vendor has been on site and is building the nursing home billing system. This project is still on target.</p> <p>Billing from the ECS system is in the testing phase.</p> <p>The billing system is being used and is working well. A few glitches are still being worked out. The nursing home payments are coming in timelier.</p> |
| <p>2) Systems communicate effectively to inform clinical decision making and patient care coordination.</p> <p>Responsible person(s): Becky Schultz</p> | Implement process improvement team to ensure a centralized treatment planning process is utilized in the EMR | Initiate cross-functional team utilizing process improvement methodology to make decisions and necessary changes in the EMR | Q2 –Q4 | The team has identified required treatment plan elements for all behavioral health programs and current EMR capabilities. Revisions to core treatment plan template underway. |
| <p>3) Data is interfaced, processes, managed and easily accessed for evaluation and outcome reporting.</p> <p>Responsible person(s):</p> | All systems work together as needed so information needed from the systems is accessible as needed. Outcome reporting will work as needed to comply with requirements. | | Q4 | This will be part of the upcoming action plan. Information output has improved. |

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| Brenda Glodowski | | | | |
| <p>4) Ability to exchange data with patient and other healthcare partners.</p> <p>Responsible person(s): Brenda Glodowski</p> | Exchange of needed data between patient and other health providers. | | Q4 | Continuing to work with vendor for proper set up and meaningful use requirements. |



North Central Health Care

Person centered. Outcome focused.

POLICY BRIEFING

DATE: October 21, 2016
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim CEO
RE: Amendment to the North Central Community Services Program Board Bylaws

Purpose

The North Central Community Services Program (NCCSP) Board has reviewed and approved the creation of the Collaborative Care Quality Committee over the course of the last several months. As a final step, the Bylaws of the NCCSP Board must be amended to formalize this Committee within the Board's structure.

Recommendation

The pertinent articles for amendment include Article 7 – Board Committees Sections 7.1 and 7.2. The following amendments to the bylaws are necessary to implement the Collaborative Care Quality Committee. Once adopted, the Bylaws changes will be noticed to each County Clerk's office.

Add ()

~~Delete~~

Section 7.1 (f) Collaborative Care Quality Committee. The Collaborative Care Quality Committee is created to perform quality assessment and review of the collaborative functions of North Central Health Care and various County and Community stakeholders. The purpose of the Committee is to assist the NCCSP Board and its Quality Committee with review and evaluation of the quality of care provided to the Managed Population within the scope of the Collaborative Responsibilities.

- (1) NCHC has been delegated various responsibilities from Marathon, Lincoln and Langlade Counties under Wisconsin Statutes 51.42 including, skilled nursing and long term care (in the case of Marathon County), mental health, developmental disability, and alcohol and drug abuse responsibilities and other services (the "Delegated Responsibilities").
- (2) The scope of NCHC's responsibilities include the obligation to coordinate and collaborate with various community resources in furtherance of its Delegated Responsibilities. For purposes of this Charter, the scope and jurisdiction of this Committee include the programs and services of NCHC as they relate to coordination and collaboration with other County Stakeholders and Community Resources. This scope shall be referred to herein as (the "Collaborative Responsibilities").
- (3) The Collaborative Care Quality Committee is constituted as an advisory committee to the NCCSP Board of Directors and as a part of the review and evaluation of NCHC related to the Collaborative Responsibilities. The Committee shall operate as part of the NCHC quality review and assessment program and may make recommendations to the NCHC Quality Committee and to the NCCSP Board of Directors within the scope of the Collaborative Responsibilities. The Committee shall be operated in furtherance of quality health care.

- (4) Although the Collaborative Care Model is built around the responsibilities that are delegated from Marathon County to NCHC under Wis. Stats. 51.42, it recognizes that the activities and responsibilities of a broad range of County Stakeholders and Community Resources have an opportunity to have a positive impact on the Collaborative Responsibilities and the overall health of the population served by NCHC (the "Managed Population"). County Stakeholders may include County courts, law enforcement, corrections, probation and parole, social services, welfare, various other components of the County governmental structure and private community organizations ("Community Resources") that may have a collective impact on the Collaborative Responsibilities, health and welfare of the Managed Population.
- (5) In order to more efficiently and effectively meet its obligations, NCHC has developed a formal system of collaborative and interactive activity between NCHC and the various County Stakeholders and Community Resources (the "Collaborative Care System" or "System"). The Collaborative Care System creates a formal mechanism for participation by county and other community stakeholders in the quality assessment process of NCHC relating to the Collaborative Responsibilities.
- (6) Goals of the Committee. The overall goals of the Committee are:
- i. To create an integrated and innovative system to coordinate and promote collaboration between and among various resources, including County Stakeholders and Community Resources, that may have a positive impact on the health of the Managed Population within the scope of the Collaborative Responsibilities.
 - ii. To leverage the expertise and perspective of County Stakeholders and Community Resources in the review and assessment of the quality of services related to the Collaborative Responsibilities.
 - iii. To apply a population health management approach to the review and assessment of the services provided as part of the Collaborative Responsibilities.
 - iv. To encourage and promote collaborative solutions, protocols and operating procedures across various components of the System.
 - v. To evaluate, assess, measure and reevaluate results of Collaborative Care System solutions.
 - vi. To further additional goals as defined by the Board.
- (7) Committee Structure. The Committee will be advisory to the Board of Directors of NCHC on matters relating to the Collaborative Responsibilities and on other matters requested by the Board of Directors. The Committee will work functionally as part of the NCHC quality assessment process through the Committee Chairperson and will make regular reports to the NCCSP Board and to the Quality Committee.
- (8) Voting Members and Membership. Composition of Committee. The Committee shall consist of seven members (7) members, of which five (5) members shall be Voting Members. Committee members will be as appointed by the NCCSP Board and shall serve subject to the will of the Board. The initial Committee shall be comprised of the top appointed official in Marathon County, the top appointed official in Lincoln County, the top appointed official in Langlade County, the

NCCSP Chairman of the Board of NCHC, the NCCSP Quality Committee Chair, the Chief Executive Officer of NCHC and the Quality Executive of NCHC. The Chief Executive Officer and Quality Executive shall not be voting members of the Committee but will have all other rights and obligations as a member. The Board is authorized to change the composition of the Committee. No participant on the Committee may have at any time been excluded from participation in any government-funded health care program, including Medicare and Medicaid. Members of the Committee must meet such other qualification that are established by the Board. Appointees to the Committee and any Subcommittee and Work Group, will be asked to accept their responsibilities. In the event that a designated position remains open or is not accepted, the Committee, Subcommittee or Work Group shall have the authority to convene and operate.

(9) Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee or any subcommittee or work group of the Committee at any time with or without cause and may restructure the Committee and any subcommittee or work group in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is otherwise unavailable or unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

(10) Subcommittees and Work Groups. It is the intent and desire of the Board for the Committee to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Committee. The Committee is authorized to create subcommittees and work groups to work on specific issues relating to the Collaborative Responsibilities and to advise the Committee with respect to those issues. Members of the Committee, any subcommittee, work group, or other panel shall be considered to be participants in the assessment and review of the quality of NCHC services. Members of committees, subcommittees and work groups will meet the same qualifications as are required of members of the Committee. The Committee shall keep the NCCSP Quality Committee and Board advised regarding the activity of the Committee, subcommittees and work groups. The Board may assign representatives to Subcommittees and work groups in its discretion and to maximize expertise available to address specific issues.

(11) Structure and Operation of Committee

- i. Chairperson of Committee. The Chairman of the Board of NCHC shall be the Chairperson of the Committee.
- ii. Regular Committee Meetings. The Committee shall meet as frequently as required to fulfill its duties and responsibilities. Meetings shall be at such times and places as the Committee deems necessary to fulfill its responsibilities. The Board shall also have the authority to convene a meeting of the Committee for any purpose.
- iii. Special Committee Meetings. The Chairman of the NCCSP Board or the CEO may call a special meeting of the Committee or any subcommittee or work group.

- iv. Committee Agenda. The Committee will sets its own general agenda based on issues that it deems to be of importance in furtherance of quality review and assessment of the Collaborative Responsibilities. The Chairman of the NCCSP Board, the Chair of the County Board of Marathon, Langlade or Lincoln Counties, and any Member of the Committee may also request that an item be placed on the agenda of the Committee at a regular or a special meeting. Upon receipt of any such request, the Chairperson of the Committee shall place the requested item on the Agenda for the next regularly scheduled meeting of the Committee; provided that the issue is within the scope of the Collaborative Responsibilities. The requesting party shall be responsible for summarizing and presenting the issue. The Committee shall vote whether to take further action on the recommended agenda item. Proposed agenda items that are declined because they are not within the scope of Committee authority will be reported to the Board. Approved agenda items will be assigned for further action by the Committee, a subcommittee, or a work group. The Board of Directors of NCCSP may also direct the Committee to place any item on its agenda.
- v. Committee Reporting. The Committee shall report regularly and upon request to the Board regarding its actions and the activities of subcommittees and work groups and make recommendations to the Board as appropriate.
- vi. Governing Rules. The Committee is governed by the same rules regarding meetings (including meetings in person or by telephone or other similar communications equipment), action without meetings, notice, waiver of notice, and quorum and voting requirements as are applicable to the Board.
- vii. Review of Charter. The Committee shall review this Charter at least annually and recommend any proposed changes to the Board for approval.
- viii. Manner of Acting. The Committee shall be advisory to the Board and shall have reporting responsibilities to the Quality Committee of NCHC and the Board. The Committee shall make recommendations to the Quality Committee of NCHC regarding suggested quality measures and other program changes relating to the Collaborative Responsibilities that are consistent with the objectives and goals set forth in this Charter, or as otherwise requested by the Board. The Committee can also make recommendations to other Stakeholders regarding their participation in the Collaborative Responsibilities. Formal recommendation by the Committee may be made based on a majority vote of the Committee Members in attendance at a meeting at which a quorum is present. All votes taken shall be reported to the Board and the Quality Committee. A quorum shall not be required to conduct business, to deliberate, and to provide information as an advisory committee to the Board. The Chairperson of the Committee shall provide regular reports to the Board and to the Quality Committee regarding the activities, discussions, actions, votes, and other issues relative to the Committee. The Board may direct or take further action with respect to any issues with or without a formal recommendation from the Committee.

(12) Duties and Responsibilities of Committee. The Committee shall have the following duties and responsibilities within and across the scope of the Collaborative Responsibilities:

- i. Review and recommend standards for reporting information regarding the Collaborative Responsibilities to County Stakeholders to assist the County Stakeholders in performing their Collaborative Responsibilities. Standards shall be within the confines of all applicable laws, including but not limited Wisconsin and Federal laws protecting patient confidentiality and health information.
- ii. Review and make recommendations on the content and format of the System-wide quality dashboard.
- iii. Recommend priorities for System-wide quality initiatives that emphasize improving quality and patient safety while managing resource consumption and cost.
- iv. Maintain awareness of external factors influencing the direction of quality improvement and reporting.
- v. Utilize evidence-based criteria and standards to recommend quality benchmarks, identify defined scope areas of focus, create achievable quality and performance standards, establish objectively measureable goals, and create reliable methods to measure of achievement of goals.
- vi. Facilitate transparency by providing insight into the process of reporting quality and cost information to the public and various Stakeholders.
- vii. Benchmark with other organizations to broaden insight into innovation in quality improvement.
- viii. Annually review programs and practices related to quality of Collaborative Responsibilities and recommend any proposed changes.
- ix. Receive notice of complaints and allegations relating to the Collaborative Responsibilities received through an anonymous complaint procedure or otherwise, that are deemed to be material by the Chairperson of the Committee, and consult with management regarding the resolution of all such material complaints and allegations through the appropriate channels.
- x. Review and make recommendations for processes to achieve excellent performance and meeting quality performance benchmarks.
- xi. Consider risks relating to quality, including compliance with applicable legal, regulatory, operational, health and safety requirements as well as high ethical standards in compliance with NCHC compliance programs.
- xii. Form and delegate authority to subcommittees if determined to be necessary or advisable, provided that any subcommittee shall report any actions taken by it to the whole Committee at its next regularly scheduled meeting.
- xiii. Make reports to the NCCSP Quality Committee and Board at their next regularly scheduled meeting (or sooner as deemed to be necessary) following the meeting of the Committee accompanied by any recommendation.
- xiv. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.

- xv. Annually review its own performance.
- xvi. Make recommendations regarding use of Population Management tools and processes to assess the provision and quality of services.
- xvii. Exercise such other authority and responsibilities as may be assigned to it from time to time by the Board.
- xviii. Review and make recommendations for adjustments to performance metrics and targets.
- xix. Recommend operational standards, protocols and processes.
- xx. Recommend quality goals and metrics.

(13) Relationship with NCHC Quality Review Functions. The Committee may advise the NCCSP Quality Committee regarding issues that are within the scope of the Collaborative Responsibilities. The Committee shall not have the power or authority to discipline any party, medical staff members, health care provider or any other person or entity or to take any direct action except as a recommendation to the Board and the Quality Committee. The Committee can make referral recommendations to the Quality Committee for consideration if legitimate quality deficiencies are identified with respect to NCHC or any health care professional providing service within the Collaborative Responsibilities through NCHC. Further action within the NCHC Quality process shall be at the discretion of the Quality Committee and Board. The Committee shall have no power or authority to make recommendations to or compel participation from any component of NCHC except through the reporting structure to the Quality Committee and the Board.

(14) Quality Planning Activities of Committee.

- i. Collaborative Responsibility Strategic Plan. The Committee shall conduct an annual assessment of the strengths, weaknesses, opportunities and challenges relating to the Collaborative Responsibilities and shall develop an annual strategic plan, or an update to a prior strategic plan, that identifies the strategies, goals, objectives and budget of the Collaborative Responsibilities. Further, the Committee shall develop and recommend annual service, outcomes, goals and objectives for the Collaborative Responsibilities. The annual work product of the Committee is defined as the "Collaborative Responsibility Strategic Plan." The Collaborative Responsibility Strategic Plan shall be subject to approval by the Board.
- ii. Quality Improvement. The Committee shall be responsible to conduct an annual evaluation of the quality of services provided on a unified basis by all Stakeholders involved in the Collaborative Responsibilities including patient satisfaction surveys, satisfaction of various Stakeholders, and develop annual initiatives for recommendation to the Board to enhance the ability of the various Stakeholders to improve the quality of care delivered in connection with the Collaborative Responsibilities through improvement by individual Stakeholders, enhancements to coordination and collaboration between the Stakeholders, and other improvements to benefit the System, (defined as "Quality Improvement Initiatives").
- iii. Annual Quality Work Plan. The Committee shall develop an annual quality work plan for the Collaborative Responsibilities that establishes priorities for and that allocates responsibility among Stakeholders in a manner designed to achieve the performance objectives and

improvement priorities, and identifies the Quality Improvement Initiatives (the "Quality Work Plan").

- iv. Work Plan Standards. The Committee shall submit Quality Work Plans that meet or exceed standards relevant to the Collaborative Responsibilities established by any independent or governmental health care quality organizations.
- v. Work Plan Review. The Committee shall submit all required Work Plans to the Board for consideration and action.

(15) Quality Assessment Protections

- i. Activities in Furtherance of Quality Healthcare. All quality evaluation activities pursuant to this Charter and in connection with the Collaborative Care System shall be performed in furtherance and as a review of the quality of health care by NCHC in accordance with Wisconsin and Federal law.
- ii. Confidentiality of Information. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care and patient safety as part of the operation of the Collaborative Care Quality Committee or otherwise in connection with NCHC or any other health care facility, shall be privileged and confidential to the fullest extent permitted by law. No person who participates in the review or evaluation of the services of health care providers or charges for such services may disclose an incident or occurrence report or any information acquired in connection with such review or evaluation except as required by law. All persons, organizations, or evaluators, as part of the NCHC Collaborative Care Quality Committee and subcommittees, who review or evaluate the services of health care providers in order to help improve the quality of health care, to avoid improper utilization of the services of health care providers, or to determine the reasonable charges for such services, shall keep a record of their investigations, inquiries, proceedings and conclusions. Any person who testifies during or participates in the review or evaluation may testify in any civil or criminal action as to matters within his or her knowledge, but may not testify as to information obtained through his or her participation in the review or evaluation, nor as to any conclusion of such review or evaluation. Any breach of confidentiality may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive the peer review privilege. Any member of the applicable committee or subcommittee who becomes aware of a breach of confidentiality must immediately inform the NCHC Quality Executive.
- iii. Quality Review Immunity. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. No person acting in good faith who participates in the review or evaluation of the services of NCHC or the charges for such services conducted in connection with the NCHC quality review process, including but not limited the operation of the Collaborative Care Quality Committee, which is organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information in performance of such tasks is liable for any civil damages as a result of any act or

omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, any recommendations or actions taken within the scope of authority granted to the Collaborative Care Quality Committee or against a health care provider or other party involved in the delivery of care. Such privileges shall extend to members of the Collaborative Care Quality Committee, subcommittees of the Collaborative Care Quality Committee, administration and, the governing body, and any of their designated representatives and to third parties who supply information to or receive information from any of the foregoing authorized to receive, release, or act upon the same. For the purposes of this Section, the term "third parties" means both individuals and organizations who have supplied information to or received information from an authorized representative of NCHC or the applicable reviewing committee or subcommittee (including the committee members, subcommittee members, governing body, the medical staff, or administration) and includes but is not limited to individuals, health care facilities, governmental agencies, quality improvement organizations and any other person or entity with relevant information.

Section 7.2 Each of the above committees, with the exception of the Collaborative Care Quality Committee, shall consist of at least four (4) appointed members, at least two (2) of which must be Board members. *The remaining language in Section 7.2 would remain unmodified.*