

OFFICIAL NOTICE AND AGENDA

of a meeting of the **North Central Community Services Program Board** to be held at **Lincoln County Administrative Office Building, 801 N Sales Street, Merrill, WI 54452** at **12:00 pm** on **Thursday December 15th, 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
2. Public Comment for Matters Appearing on the Agenda
3. Educational Presentation
 - a. Person Centered Care – Judy Rannow, Cagney Martin, Jessica Meadows
4. Consent Agenda
 - a. ACTION: Approval of 11/17/2016 NCCSP Board Meeting Minutes
5. Chairman's Report and Announcements– J. Zriny
6. Committee Reports
 - a. Executive Committee Report – J. Zriny
 - i. Overview of 12/08/2016 Meeting
 - b. Finance, Personnel & Property Committee Report – B. Weaver
 - i. Overview of 12/15/16 Meeting
 - ii. November Financials
 1. CFO Report
 2. ACTION: Accept the November Financial Report and Financial Statements
 - c. Human Service Operations Committee Report – J. Robinson
 - i. Overview of the 12/09/2016 Meeting
 - d. Nursing Home Operations Committee Report – J. Burgener
 - i. Review Draft Minutes of the 11/18/16 Meeting
 - ii. Overview Agenda for 12/16/16 Meeting
 - e. Quality Committee Report
 - i. Organizational Quality Dashboard
 1. ACTION: Motion to Accept Dashboard as Presented
7. Medical Staff Credentialing – B. Schultz
 - a. ACTION: Motion to Approve Appointment of Terry Gander, PAC
8. ACTION: Designate \$500,000 of Assets for Contingency from the Unrestricted Fund Balance and Require Board Authorization for Access to Contingency Funds – M. Loy
9. ACTION: Designate Assets Limited as Funds for Approval Capital – M. Loy
10. ACTION: Facilities Management Services Transition and Implementation Plan – M. Loy
11. ACTION: Approval of Capital Expenditure for Marathon County Facilities Office – M. Loy
12. Update on Tri-County Tentative Agreement Discussions – M. Loy
13. CEO Report – M. Loy
14. Discussion and Future Agenda Items for Board Consideration or Committee Assignment
15. 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: 12/13/16 TIME: 4:00 p.m. BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

November 17, 2016

12:00 p.m.

NCHC – Wausau Campus

Present:

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

Also Present: Brenda Glodowski, Michael Loy, Sue Matis, Laura Scudiere

Finance, Personnel & Property Committee Meeting was called to order at 12:12 p.m. by Committee Chair Weaver and the NCCSP Board meeting was called to order by Chairman Zriny at 12:12 p.m. for a Joint meeting of the North Central Community Services Program Board and Finance, Personnel & Property Committee meeting, roll call taken, and a quorum noted.

Public Comment for Matters Appearing on the Agenda

- No public comment made.

Chairman's Report and Announcements

- Collaborate Care Committee, with members appointed by the three counties, has been meeting regarding concerns expressed in the anonymous letter that was provided to many Marathon County Board members. Meetings are continuing and will report out on findings.
- Chairman Zriny addressed the NCCSP Board on his 2016 reflections. This year has been frustrating. Crisis became an issue this year and continued to ferment from 2015 into 2016 with the attempt from Marathon County to withdraw from the Tri-County Agreement. This situation has had a negative impact on the entire organization; have been reacting to allegations with little substance behind them; have also been responding to regulators as well. This year has been particularly challenging for the leadership team. They are to be commended for all they have done. These situations have kept the organization from implementing other opportunities. On a positive note, Michael has had a tremendous growth opportunity through 'baptism by fire' and being thrown into difficult situations this year. He has taken them head on. Mr. Zriny feels Michael has strengthened the leadership team and helped them to identify issues to focus on in 2017.
- Elements of Success for 2017: Put the patient back into perspective; psychiatry recruitments will be key with residency program; capital improvement i.e. hospital, crisis center, youth crisis and we need to spend money to improve quality services. Where/how is Marathon County going to go with the nursing home? Once the Tri-county Agreement is completed then renewing the trust with organizations, the three counties, and leadership team at NCHC. We will communicate and be as transparent as possible. Looking at 2017 with excitement after a difficult year. Commend leadership team for keeping things together and responding to needs of the three counties.

OPEN for Public Hearing on the Proposed 2017 Budget

- No public comments made.

Finance, Personnel & Property Committee Report

- **Motion**/second, Balk/Miller, to approve the 10/27/16 Finance, Personnel & Property Committee Meeting Minutes. Motion carried.
- October Financials showed a small deficit for October just over \$65,000. Revenues overall were above target with expenses continuing to be an issue. The nursing home was down with an average census of 199 and a target at 210. The hospital continues to be busy with an average census of 18 and a target of 14. Outpatient areas are consistent with Community Treatment revenues doing very well.
- Expenses that are high include health insurance, state institutes, crisis, and the hospital.
- Lincoln and Langlade Counties are within budget parameters; Marathon County is not within budget parameters.
- **Motion**/second, Weaver/Balk, for the Finance, Personnel & Property Committee to approve the October Financials. Motion carried.
- **Motion**/second, Metter/Burgener, for the Board to approve the October Financials. Motion carried.

Discussion of Potential Write-Off of CIP for Nursing Home Project

- The 'construction in progress' account shows \$518,000 related to the entire nursing home project since 2014; much relates to professional fees for the project. If the project does not move forward, the entire amount would be written off. Our auditors indicate if construction moves forward in 2017 we would be able to roll most of it into assets of the project. However, about \$20,000 in fees would need to be written off. At this point, there is potential for 70% or more of Angus Young work previously done to be usable.
- We are not able to amortize because the project is in progress yet.
- It has not yet been determined who will oversee the governance of the nursing home. Marathon County is on record saying they would like a decision on the nursing home project in the first quarter of 2017. Because Marathon County won't have a resolution by 12/31/16 we will need to estimate as best we can how much is salvageable. At this point, write off the \$20,000 of fees that are not usable and hold on the rest since there is still potential to move the project forward.

CFO report

- All investments are collateralized.
- Working with PFM Asset Management Group who Marathon County utilizes.
- Preliminary audit work has been completed. Early indications focused on receivables, health insurance, and third party liabilities, looks good at this point.

Consideration of Adoption of the 2017 Proposed Budget

- **Presentation of stop loss considerations for health insurance** - Sue Matis has worked with a consultant and reviewed our reports. Since 2012 targeted vs actual was accurate; 2013 projected was over actual; in 2016 it flipped upside down. Still at a positive actual projected over the median term. Industry standard shows there are typically about three good years before a poor year. We are still running favorably overall. After review of the stop loss level with M3 and the NCCSP it was recommended to stay at \$225,000 for stop loss.

- **Review fund balance policy and status** – Request is being made to approve a budget that is not balanced overall but not balance between the nursing home and human services programs. Do we have the authority to balance the budget with reserves?
- Health insurance enrollments came back better than originally budgeted for; will be looking at revenue options and closely watching expenses to close the deficit into 2017.
- **Recommendations for address the nursing home operational deficit** - The Nursing Home Operations Committee was tasked with identifying what it would take to balance the nursing home budget. In order to do so the Committee has determined that a massive change would be necessary i.e. reducing the number of nursing home beds by 30%. The Committee is carefully considering this drastic change due to the impact to the community, types of care provided, revenue affected, ability to access staff, etc. The Committee recognizes that our staff continue to be concerned about the future of the organization and their jobs. A change of this magnitude cannot be pursued without the input from Marathon County and a strategic plan for the nursing home. Mr. Karger, who fully appreciates the situation, will assist in moving the nursing home strategic plan and operational assessment through the county process. It was noted that:
 - Marathon County was presented with this situation three years ago and did not approve the recommended remodeling/restructuring. In 2013, the projection was accurate on the 'doing nothing' scenario which is what is being experienced today.
- **Hospital census and diversion** data was reviewed. It is projected diversion costs for 2016 will reach \$1.6 million and next year \$1 million. The Department of Health Services will be meeting with us and Winnebago to review why our costs are higher than others in the state and what has driven the diversions up. From 2015 to 2016 our diversions have doubled. Laura Scudiere provided a review of diversions for 2015-2016.
 - It is felt diversion costs would decrease if we could convert double occupancy rooms to single giving the ability to increase capacity and add additional CBRF beds for crisis residential (currently 6 bed capacity). The Board requested additional comparison data: types of patients served compared to other counties i.e. Brown County; breakdown of costs and projected impact on how it would lower costs for diversions; how many track from methadone clinic and impacts utilization of our services. Once the tri-county agreement is finalized we can move to make definite changes to programming.
- \$500,000 is being requested for contingency funding. This would be designated from cash. It is not part of the operational budget. Request has also been made to designate \$500,000 from Unrestricted Fund Balance as contingency. Any use of these contingency dollars would need NCCSP Board approval.
- **Motion/second**, Weaver/Stowe, to approve for consideration of the Board for the adoption of the 2017 budget with the Finance, Personnel and Property committee. Motion carried.
- **Motion/second**, Burgener/Bliven, to approve the Proposed 2017 Budget. No further discussion. Motion carried.

Agreement for Facilities Management Services Transition and Implementation Plan

- Marathon County wanted to see the maintenance of the NCHC buildings transition to Marathon County since Marathon County owns the property and building.
- Draft Maintenance Agreement was provided in your meeting packet for your review. Updates to the agreement will be brought back in December. We have identified four concerns: 1) Marathon County would assume preventative maintenance on NCCSP equipment. 2) Transfer of housekeeping department to Marathon County in 2018. We have not agreed to this and would like it removed at this time. 3) Regulatory Compliance – we have to be in compliance with life safety codes and we don't feel there is enough clarity when surveyors come in about who takes on the responsibility for it. Someone must know the code which is in the statutes. If Marathon County doesn't take that over we would need to hire for that. Because this has to do with our license, it was suggested that we contact the State for their recommendation. 4) On occasion, our maintenance staff would travel to Langlade and Lincoln Counties. Moving forward we would need to work with the respective county's maintenance departments and possibly develop a similar agreement.

Adjourn Joint Meeting with Finance, Personnel & Property Committee

Motion/second, Stowe/Balk, to adjourn the Finance, Personnel & Property Committee meeting at 1:26 p.m.

Approval of 10/27/2016 NCCSP Board Meeting Minutes

- **Motion**/second, Metter/Burgener, to approve the 10/27/16 NCCSP Board Minutes. Motion carried.

Executive Committee

- Committee reviewed the 2017 budget and noted Mr. Karger was very complimentary about the budget this year with the additional detail provided compared to previous years.
- Committee assignments and chairs for 2017 were also reviewed; felt that committee assignments would remain the same with the changes anticipated in the Tri-county Agreement.
- Update provided on the Tri-county Agreement discussions.

Human Service Operations Committee Report

- Laura Scudiere provided an overview of the meeting.
- An excellent presentation was provided by Dr. Tanya Simonis, Dr. Jonathan Snider, and Michelle Jensen on the services provided in the jail. Crisis services and groups have begun in the jail. Forensic counselor has been hired and individuals can transfer into her care if she has available appointment times; Sheriff Parks also indicated he has received nothing but compliments about these three staff. Dr. Snider also indicated he enjoyed working at the jail with a great team.
- Warm Water Works also provided their independent report for a pool renovation and intend to let their voices to be heard at the County Board also.

Nursing Home Operations Committee Report

- Committee was asked to balance the nursing home budget; possibly reducing beds by 30% (70 beds). The committee is asking for assistance in identifying which beds would be most appropriate to remove, how to begin the reduction in beds, etc. It was felt that additional expertise was important when considering cutting 1/3 of the nursing home operation.
- The committee directed staff to work with the county to conduct an operational assessment and strategic plan for the nursing home.

Quality Committee

- Organizational Quality Dashboard was reviewed.
- **Motion**/second, Weaver/Benson, to accept the Dashboard as presented. Motion carried.

Approve Slate of Nominations of NCCSP Board Officers for 2017

- 2017 Slate of Officers was presented:
 - Chair: Jeff Zriny
 - Vice Chair: Jean Burgener
 - Secretary/Treasurer: Bob Weaver
- A call for additional nominations was made. No additional nominations were received.
- **Motion**/second, Miller/Metter, to close nominations. Motion carried.
- **Motion**/second, Metter/Weaver, to accept the 2017 Slate of Officers as presented. Motion carried.

Committee Assignments for 2017

- Given that the Tri-county Agreement has not been finalized, it is being recommended to keep the committee structure the same as 2016.
- 2017 Committee and Board proposed meeting dates and times were distributed.
- An email will be sent to committee and board members prior to meetings to verify attendance in an effort to avoid cancelling at the last minute due to lack of quorum.

Tri-County Agreement Discussions

- Meetings of the three counties are held Monday mornings from 8-9:30 a.m.
- Marathon County held a special closed meeting with to discuss one area of concern regarding a proposal to add a level of 'retained authority' which would require a body outside of this Board to handle four areas: The hiring/firing and evaluation of the CEO, budget direction and approval, assessment of services, and approval of employee compensation plans. Retained Authority Committee (RAC) would oversee those items rather than this board. This is a major change and is allowable within the state statutes. Marathon County's proposal is to retain all authorities they can. This revised agreement will create a different relationship between the NCHC board and the county board.
- The structure of the NCHC Board has the potential to be different. Each County Board Chair will appoint a minimum of 1 and no more than 3 members from each county (for a total of 9 members). The remaining 5 are at large with no more than 3 from Marathon County.
- This agreement is between the 3 counties; NCHC does not sign the agreement.
- Several questions/concerns were noted:
 - How is the RAC going to assure continuity of leadership when potential is for elected officials to go out of office?
 - What criteria will be used for evaluating so this Board can make decisions?
 - When NCHC was first developed the intent was on community needs and now it is on finances.
 - How do the members of the RAC get chosen, apply? What are their credentials?
 - Many feel the county board members do not have the needed understanding of health care, mental health, geriatrics, etc. of this \$60 million organization.

- Robin Stowe indicated he does not see the RAC doing any 'heavy lifting' but will rely on others bringing information to them. At any time RAC could have and can give more expectations and direction to NCHC and not create these levels of authority. There have been 6 meetings on the contract at which Michael has only been asked to participate in the last one, however the expectation is for Michael to be at the table moving forward. Still hopeful the 3 county boards will have an agreement to adopt. If not adopted, Mr. Karger doesn't know what the plan will be for Marathon County. After 5 years, all 3 counties will have to approve a resolution to continue; if not there will be a one year withdrawal.
- Having a mechanism like the RAC as a conduit works both ways. Lincoln and Langlade Counties indicate they don't need the RAC but Marathon County insists it is needed.
- A Langlade County representative made the statement that this is no longer about people but about politics – not how it was when the organization got started.

CEO Report

- A hard copy of the adopted 2017 budget will be provided to everyone.

Discussion and Future Agenda Items for Board Consideration or Committee Assignment

- None were noted.

Motion/second, Benson/Weaver, to adjourn the NCCSP Board meeting at 2:05 p.m.

Note: The December meeting of the Board will be December 15 in Merrill.

dko

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: December 13, 2016
RE: Attached Financials

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

BALANCE SHEET

The investments have increased compared to the prior month due to additional \$500,000 investment. Other accounts remain consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

The month of November shows a loss of \$253,702 compared to the budgeted loss of \$24,493, resulting in a negative variance of \$229,209.

Overall revenue was close to target for the month. The nursing home census continues to struggle, dropping in November to an average census of 197. The target is 210. The Medicare census averaged 18, compared to the target of 23. The hospital census averaged just below 14, compared to the target of 14. Outpatient areas remaining consistent.

Expenses continue to exceed budget targets with the same areas as prior months showing the overage. Health insurance exceeded targets by \$193,000. The state institutes are over by \$164,000, and crisis is over by \$75,000. Many support areas continue to be below targets.

It is anticipated that December will show expenses exceeding targets. In addition to the items above, it is anticipated the legal will show a significant expense as year-end invoices come in for many services currently being provided.

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

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	4,715,949	1,419,049	6,134,998	4,453,684
Accounts receivable:				
Patient - Net	3,125,696	2,495,243	5,620,939	7,981,249
Outpatient - WIMCR	630,000	0	630,000	462,167
Nursing home - Supplemental payment program	0	821,500	821,500	735,921
Marathon County	85,422	0	85,422	191,306
Appropriations receivable	0	0	0	0
Net state receivable	165,880	0	165,880	214,101
Other	595,845	0	595,845	137,963
Inventory	0	303,535	303,535	273,822
Other	<u>186,380</u>	<u>149,440</u>	<u>335,819</u>	<u>227,479</u>
Total current assets	<u>9,505,172</u>	<u>5,188,767</u>	<u>14,693,940</u>	<u>14,677,691</u>
Noncurrent Assets:				
Investments	10,300,000	0	10,300,000	9,800,000
Assets limited as to use	1,955,848	823,248	2,779,096	2,026,408
Restricted assets - Patient trust funds	21,491	36,677	58,169	58,291
Net pension asset	2,690,051	2,156,887	4,846,938	0
Nondepreciable capital assets	380,985	713,580	1,094,565	2,100,588
Depreciable capital assets - Net	<u>7,034,636</u>	<u>3,222,152</u>	<u>10,256,788</u>	<u>9,987,705</u>
Total noncurrent assets	<u>22,383,011</u>	<u>6,952,545</u>	<u>29,335,556</u>	<u>23,972,991</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>34,580,955</u>	<u>14,300,382</u>	<u>48,881,337</u>	<u>38,650,683</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
NOVEMBER 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	1,071,373	859,029	1,930,402	1,492,316
Appropriations advances	506,722	141,667	648,389	678,589
Accrued liabilities:				
Salaries and retirement	796,562	638,685	1,435,248	1,204,295
Compensated absences	838,170	672,046	1,510,216	1,529,613
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	433,333	0	433,333	495,214
Unearned revenue	<u>481,264</u>	<u>0</u>	<u>481,264</u>	<u>188,655</u>
Total current liabilities	<u>4,917,144</u>	<u>2,823,347</u>	<u>7,740,492</u>	<u>6,811,754</u>
Noncurrent Liabilities:				
Related-party note payable	636,181	0	636,181	787,438
Patient trust funds	<u>21,491</u>	<u>36,677</u>	<u>58,169</u>	<u>58,291</u>
Total noncurrent liabilities	<u>657,672</u>	<u>36,677</u>	<u>694,350</u>	<u>845,729</u>
Total liabilities	<u>5,574,817</u>	<u>2,860,025</u>	<u>8,434,841</u>	<u>7,657,482</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	7,415,621	3,935,732	11,351,353	12,088,293
Unrestricted	16,773,780	4,240,632	21,014,412	18,498,881
Restricted - Pension benefit	5,329,949	4,273,563	9,603,512	0
Operating Income / (Loss)	<u>(560,317)</u>	<u>(1,047,337)</u>	<u>(1,607,654)</u>	<u>406,027</u>
Total net position	<u>28,959,034</u>	<u>11,402,589</u>	<u>40,361,623</u>	<u>30,993,200</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>34,580,955</u>	<u>14,300,382</u>	<u>48,881,337</u>	<u>38,650,683</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 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>\$3,496,890</u>	<u>\$3,527,518</u>	<u>(\$30,628)</u>	<u>\$39,878,305</u>	<u>\$39,564,232</u>	<u>\$314,073</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	3,571,238	3,576,316	(5,078)
Grant Revenue	196,419	190,538	5,881	2,267,614	2,096,372	171,242
County Appropriations - Net	740,619	740,566	53	8,146,809	8,146,222	587
Departmental and Other Revenue	<u>231,944</u>	<u>200,583</u>	<u>31,361</u>	<u>2,757,765</u>	<u>2,207,163</u>	<u>550,602</u>
Total Other Revenue	<u>1,493,641</u>	<u>1,456,807</u>	<u>36,834</u>	<u>16,743,426</u>	<u>16,026,073</u>	<u>717,353</u>
Total Revenue	4,990,531	4,984,326	6,206	56,621,730	55,590,305	1,031,426
Expenses:						
Direct Expenses	3,868,083	3,603,715	264,367	43,969,928	39,992,181	3,977,747
Indirect Expenses	<u>1,389,909</u>	<u>1,412,604</u>	<u>(22,695)</u>	<u>14,397,563</u>	<u>15,609,904</u>	<u>(1,212,341)</u>
Total Expenses	<u>5,257,991</u>	<u>5,016,319</u>	<u>241,672</u>	<u>58,367,491</u>	<u>55,602,085</u>	<u>2,765,406</u>
Operating Income (Loss)	<u>(267,460)</u>	<u>(31,993)</u>	<u>(235,467)</u>	<u>(1,745,761)</u>	<u>(11,780)</u>	<u>(1,733,981)</u>
Nonoperating Gains (Losses):						
Interest Income	10,022	7,500	2,522	107,684	82,500	25,184
Donations and Gifts	3,736	0	3,736	25,265	0	25,265
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,158</u>	<u>0</u>	<u>5,158</u>
Total Nonoperating Gains / (Losses)	<u>13,759</u>	<u>7,500</u>	<u>6,259</u>	<u>138,107</u>	<u>82,500</u>	<u>55,607</u>
Income / (Loss)	<u>(\$253,702)</u>	<u>(\$24,493)</u>	<u>(\$229,209)</u>	<u>(\$1,607,654)</u>	<u>\$70,720</u>	<u>(\$1,678,374)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 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>\$1,554,207</u>	<u>\$1,486,890</u>	<u>\$67,317</u>	<u>\$17,767,893</u>	<u>\$16,888,598</u>	<u>\$879,295</u>
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	3,571,238	3,576,316	(5,078)
Grant Revenue	196,419	190,538	5,881	2,267,614	2,096,372	171,242
County Appropriations - Net	598,953	598,899	54	6,588,483	6,587,889	594
Departmental and Other Revenue	<u>172,850</u>	<u>169,287</u>	<u>3,562</u>	<u>2,009,798</u>	<u>1,862,912</u>	<u>146,887</u>
Total Other Revenue	<u>1,292,880</u>	<u>1,283,844</u>	<u>9,036</u>	<u>14,437,133</u>	<u>14,123,489</u>	<u>313,645</u>
Total Revenue	<u>2,847,087</u>	<u>2,770,735</u>	<u>76,353</u>	<u>32,205,027</u>	<u>31,012,087</u>	<u>1,192,940</u>
Expenses:						
Direct Expenses	2,251,951	1,991,342	260,609	25,123,952	22,109,818	3,014,134
Indirect Expenses	<u>779,974</u>	<u>807,710</u>	<u>(27,736)</u>	<u>7,772,188</u>	<u>8,925,556</u>	<u>(1,153,367)</u>
Total Expenses	<u>3,031,925</u>	<u>2,799,052</u>	<u>232,873</u>	<u>32,896,140</u>	<u>31,035,373</u>	<u>1,860,767</u>
Operating Income (Loss)	<u>(184,837)</u>	<u>(28,317)</u>	<u>(156,521)</u>	<u>(691,113)</u>	<u>(23,286)</u>	<u>(667,827)</u>
Nonoperating Gains (Losses):						
Interest Income	10,022	7,500	2,522	107,684	82,500	25,184
Donations and Gifts	2,878	0	2,878	17,955	0	17,955
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,158</u>	<u>0</u>	<u>5,158</u>
Total Nonoperating Gains / (Losses)	<u>12,900</u>	<u>7,500</u>	<u>5,400</u>	<u>130,796</u>	<u>82,500</u>	<u>48,296</u>
Income / (Loss)	<u>(\$171,937)</u>	<u>(\$20,817)</u>	<u>(\$151,121)</u>	<u>(\$560,317)</u>	<u>\$59,214</u>	<u>(\$619,531)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING NOVEMBER 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>\$1,942,683</u>	<u>\$2,040,628</u>	<u>(\$97,945)</u>	<u>\$22,110,411</u>	<u>\$22,675,633</u>	<u>(\$565,222)</u>
Other Revenue:						
County Appropriations - Net	<u>141,666</u>	<u>141,667</u>	<u>(1)</u>	<u>1,558,326</u>	<u>1,558,333</u>	<u>(7)</u>
Departmental and Other Revenue	<u>59,095</u>	<u>31,296</u>	<u>27,799</u>	<u>747,967</u>	<u>344,251</u>	<u>403,715</u>
Total Other Revenue	<u>200,761</u>	<u>172,962</u>	<u>27,798</u>	<u>2,306,293</u>	<u>1,902,585</u>	<u>403,708</u>
Total Revenue	<u>2,143,443</u>	<u>2,213,590</u>	<u>(70,146)</u>	<u>24,416,704</u>	<u>24,578,218</u>	<u>(161,514)</u>
Expenses:						
Direct Expenses	<u>1,616,131</u>	<u>1,612,373</u>	<u>3,758</u>	<u>18,845,976</u>	<u>17,882,363</u>	<u>963,613</u>
Indirect Expenses	<u>609,935</u>	<u>604,894</u>	<u>5,041</u>	<u>6,625,375</u>	<u>6,684,348</u>	<u>(58,973)</u>
Total Expenses	<u>2,226,066</u>	<u>2,217,267</u>	<u>8,799</u>	<u>25,471,351</u>	<u>24,566,712</u>	<u>904,639</u>
Operating Income (Loss)	<u>(82,624)</u>	<u>(3,677)</u>	<u>(78,946)</u>	<u>(1,054,647)</u>	<u>11,506</u>	<u>(1,066,154)</u>
Nonoperating Gains (Losses):						
Interest Income	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Donations and Gifts	<u>858</u>	<u>0</u>	<u>858</u>	<u>7,310</u>	<u>0</u>	<u>7,310</u>
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>858</u>	<u>0</u>	<u>858</u>	<u>7,310</u>	<u>0</u>	<u>7,310</u>
Income / (Loss)	<u>(\$81,765)</u>	<u>(\$3,677)</u>	<u>(\$78,088)</u>	<u>(\$1,047,337)</u>	<u>\$11,506</u>	<u>(\$1,058,843)</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Collateralized
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	X
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	X
People's State Bank	395 Days	5/30/2017	0.75%	\$500,000	X
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	X
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
PFM Investments	365 Days	11/29/2016	1.13%	\$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
PFM Investments	517 Days	4/30/2018	1.12%	\$500,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$10,300,000	
WEIGHTED AVERAGE	505.18 Days		0.943% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet****As of November 30, 2016****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	5,749.38
Adventure Camp	1,425.79
Birth to 3 Program	2,035.00
Clubhouse	36,008.88
Community Treatment	10,100.06
Fishing Without Boundries	3,913.00
General Donated Funds	61,530.73
Housing - DD Services	1,370.47
Langlade HCC	3,739.92
Legacies by the Lake	
Music in Memory	1,638.25
Legacies by the Lake - Other	3,762.85
Total Legacies by the Lake	5,401.10
Marathon Cty Suicide Prev Task	14,957.25
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	2,326.00
Nursing Home - General Fund	6,545.61
Outpatient Services - Marathon	101.08
Pool	9,088.23
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	307.06

Total CHECKING ACCOUNT	170,991.53
-------------------------------	-------------------

Total Checking/Savings	170,991.53
-------------------------------	-------------------

Total Current Assets	170,991.53
-----------------------------	-------------------

TOTAL ASSETS	<u>170,991.53</u>
---------------------	--------------------------

LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
Retained Earnings	35,991.07
Net Income	11,476.71

Total Equity	170,991.53
---------------------	-------------------

TOTAL LIABILITIES & EQUITY	<u>170,991.53</u>
---------------------------------------	--------------------------

North Central Health Care Budget Revenue/Expense Report

Month Ending November 30, 2016

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>4,990,531</u>	<u>4,984,326</u>	<u>56,621,730</u>	<u>55,590,305</u>	<u>1,031,426</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,313,957	2,551,520	27,094,105	28,391,940	(1,297,835)
Fringe Benefits	1,080,978	945,189	11,390,616	10,517,441	873,175
Departments Supplies	455,579	466,527	4,987,072	5,131,798	(144,727)
Purchased Services	449,955	265,981	5,192,272	2,965,795	2,226,478
Utilitites/Maintenance Agreements	416,206	334,097	3,817,783	3,612,064	205,720
Personal Development/Travel	31,426	39,229	374,992	431,522	(56,530)
Other Operating Expenses	103,114	153,317	1,146,876	1,686,484	(539,608)
Insurance	36,415	47,292	405,179	520,208	(115,029)
Depreciation & Amortization	129,959	138,167	1,428,936	1,519,833	(90,897)
Client Purchased Services	<u>240,403</u>	<u>75,000</u>	<u>2,529,659</u>	<u>825,000</u>	<u>1,704,659</u>
TOTAL EXPENSES	5,257,991	5,016,319	58,367,491	55,602,085	2,765,406
Nonoperating Income	<u>13,759</u>	<u>7,500</u>	<u>138,107</u>	<u>82,500</u>	<u>55,607</u>
EXCESS REVENUE (EXPENSE)	<u>(253,702)</u>	<u>(24,493)</u>	<u>(1,607,654)</u>	<u>70,720</u>	<u>(1,678,373)</u>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$23,607	\$161,641	\$161,122
Bad Debt	\$18	\$11,087	\$2,558
<i>Outpatient:</i>			
Administrative Write-Off	\$15,186	\$174,945	\$144,839
Bad Debt	\$2,058	\$9,506	\$3,776
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$2,287	\$53,410	\$40,374
Bad Debt	(\$307)	\$20,128	\$25,310
Ancillary Services:			
Administrative Write-Off	\$711	\$41,704	\$62,605
Bad Debt	\$0	(\$285)	\$415
Pharmacy:			
Administrative Write-Off	\$732	\$732	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$42,523	\$432,432	\$408,940
Total - Bad Debt	\$1,769	\$40,436	\$32,059

**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	6,290	(220)	87.50%	84.54%
	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	6,510	6,161	(349)	87.50%	82.81%
	Hospital	434	548	114	87.50%	110.48%
November	Nursing Home	6,300	5,915	(385)	87.50%	82.15%
	Hospital	420	414	(6)	87.50%	86.25%
December	Nursing Home Hospital			0	0.00%	0.00%
				0	0.00%	0.00%

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

November 18, 2016

8:00 A.M.

NCHC – Wausau Campus

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

Also Present: Kim Gochanour, Sue Matis, Dr. Brian Smith

Guests: Maureen Driebel, Linda Pempek, naviHealth

The meeting was called to order at 8:10 a.m.

Public Comment for Matters appearing on the Agenda

No comments were made.

Introductions were provided.

Maureen Driebel, RN and Linda Pempek, RN, from naviHealth provided a high level overview of Quality and Partnership Metrics with Security Health Plan and naviHealth.

The mission of the program is to engage, empower and guide each of their patients to optimize their personal recovery journey.

naviHealth utilizes a LiveSafe Outcomes Prediction Tool (OPT) which has 95% accuracy. OPT uses basic mobility, daily activity, and applied cognition to calculate a score on the likelihood of readmission to the hospital in less than 30 days. The tool uses patient characteristics in a large comparison data base to identify potential outcomes following a hospital stay such as expected functional gain, average length of stay, anticipated hours of therapy to achieve goals. Quality outcomes that are projected include functional and anticipated number of caregiver hours. It also calculates based on discharge settings such as: at home alone, with a caregiver, to an assisted living, or skilled nursing facility.

Minutes

- **Motion**/second, Metter/Miller, to approve the 10/31/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report

- Average census for October was 199; target is 210.
- Medicare census averaged 19; target is 23 (October is currently averaging around 197). Today's census is 201.
- Nursing home shows a gain, due to some decreases in overhead expense. Revenues look good due to payer mix (self-pay) being better than target, and Medicaid rates being higher than budget. Pharmacy revenue was also up.
- Medicaid auditors will be on site next week for their annual visit.

- Admissions are being considered carefully due to staffing levels. Several new positions have been added and anticipate 3-5 more individuals, including several RN's, in the next new employee orientation. We are seeing some improvements and anticipate by mid-December we should see an even more positive shift. Agency staff is only used for nurse positions. Continue to encourage staff who are licensed CNA's working in another job role to assist with the CNA shortage and carry 16 hours in addition to their regular position. Are changing up orientation and onboarding and feel the new process will help retain staff. Retention will be tracked starting with the class in December.
- We have experienced some reduction in expenses.
- Wage adjustments have made a positive impact. CNA's with one or more years of experience can begin employment at \$15 per hour. Performance and attendance are considered also.
- Have used Facebook as a recruitment tool which has worked extremely well. The cost was very inexpensive.
- A request has been submitted for an independent desk review of the recent IJ. We feel this is not a quality of care issue as the tag was noted in Administration for a qualified staff i.e. 1 of 71 nurses; and feel this is isolated and not a pattern.

Senior Executive Nursing Home Operations and Quality Report

- Discussed CNA shortage issue. Pros and cons to student programs in high school i.e. challenge comes with school schedules and extracurricular schedule. Under 18 years of age poses other challenges with restrictions in some duties i.e. mechanical lifts.
- Recently listened to a session on how this next generation thinks differently than others; work satisfaction and adaptability are more important than money. NTC has also mentioned the difficulty in having enough students in the CNA program.

Update on Nursing Home Regulations

- Nursing home regulations is experiencing its largest number of revisions on how we are surveyed since 1987.
- The LeadingAge information is a brief review. We will be trained soon about the timeframe for these changes. Survey process is changing in Wisconsin from a current high bred system to more of an interview-based system.
- Committee discussed offering a half day or more educational opportunity for county board members, NCCSP Board members, Aspirus, etc. regarding the upcoming changes.
- Working on lobbying for Medicaid rates.

Discussion of Future Agenda Items

- Post-acute affiliation with Aspirus education.
- Invite Dr. Nietert and Nurse Practitioners for gathering their perspectives.

Motion/second, Miller/Metter, to adjourn the Nursing Home Operations Committee meeting at 9:26 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%	9.2%	11.6%		6.8%	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%	30.2%	30.0%		30.0%	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	↑	53rd	48th	45th	46th	53rd	48th	42nd	40th	37th	64th	42nd		45th	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%	15.0%	7.7%		11.2%	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%	10.2%	10.0%		10.5%	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%	0.0%	0.0%		26.7%	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	↑	\	\	\	\	100.0%	97.9%	100.0%	93.6%	83.3%	96.2%			93.7%	N/A
Access to Behavioral Health Services	90-95%	NA	↑	58%	65%	87%	86%	92%	93%	80%	84%	75%	79%			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%	48.3%			24.4%	26.4%
FINANCE																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	↓	71%	65%	66%	64%	65%	67%	67%	60%	60%	62%			65%	63%
Days in Account Receivable	60-65	54	↓	70	65	64	64	58	53	64	54	53	49			49	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>

North Central Health Care
Person centered. Outcome focused.

Delineation of Clinical Privileges

Name: Terry A. Gander, PA
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)

<u>Privilege Description</u>
• 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	<u>Privilege Description</u>

North Central Health Care

Person centered. Outcome focused.

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

Jerry Bender PAC

Date

2/2/2016

Supervising
Physician
Signature

[Signature]

Date

2/16/16

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

Chair, Medical Executive Committee

MD/DO

Date

Chief Executive Officer with Board of Directors Approval

**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>Terry Gander, PA-C</u>	<u>Terry Gander PA-C</u>	<u>2500</u>	<u>PA</u>
Supervising Physician Name	Signature	License #	Practice Type
<u>David Tange, M.D.</u>	<u>[Signature]</u>	<u>20943</u>	<u>M.D.</u>

*Additional supervising physicians on last page

PRACTICE SITES

Name of Primary Practice Site	Practice Setting
<u>North Central Health Care</u>	<u>H</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	_____
<input checked="" type="checkbox"/> 20 Stimulants	_____
<input checked="" type="checkbox"/> 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) Terry Gender, PA
PA SIGNATURE Terry Gender, PA
WISCONSIN LICENSE # 2500
DATE 10/19/2016

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-M.D.
PHONE # 715-848-4600
DATE 10/31/16

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 _____

COPY

Delineation of Clinical Privileges
Specific Prescription Privileges - Physician Assistant

Applicant Name: Terry Gander, 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	
	Tranquillizers	
	Controlled Substances: Schedule II	
	Controlled Substances: Schedule III	
	Controlled Substances: Schedule IV	
	Controlled Substances: Schedule V	

Terry Gander PA-C
 Applicant Signature


 Supervising Physician Signature

10/19/2016
 Date

10/31/2016
 Date



Terry A. Gander, PAC

Enhanced Credentialing Activity

Primary Address

Aspirus Langlade Hospital
Walk In
112 East Fifth Avenue
Antigo, WI 54409
(715) 623-2331

Other Provider Information

ID#: 14298
SSN:
Date of Birth:
Provider Specialties: Physician Assistant

NPI: 1528391539

UPIN:

Medicare#: K400269490

Medicaid#: 1528391539

Application

Application Sent Date: 12/05/2015
Attestation Date:
Received Date: 12/17/2015

Most Recent Query

Query Type: Claims Processing
Query Date: 02/24/2016

Credentialing

Completed: ☐

Issues: ☐

Aspirus Langlade Hospital

Information Upon Credentialing Completion

Status: ALH Application in Process
Category: ALH Allied Health 2yr
Category Applied For: ALH Allied Health 2yr
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity

Completed: ☐

Aspirus Network, Inc.

Information Upon Credentialing Completion

Status: ANI Application in Process
Category: ANI Allied Health Practitioner 2yr
Category Applied For: ANI Allied Health Practitioner 2yr
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 Allied Health 2yr
Category Applied For: NCHC Allied Health 2yr
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity

Completed: ☐

Payor Credentialing

Information Upon Credentialing Completion

Status: PC Resigned
Category:
Category Applied For:
Network:
Cred Activity Notes:

Committee Progress

Started:
Status:

Issues: ☐

Activity

Completed: ☐

University of Wisconsin Madison

Program: Physician Assistant School

Dept./Specialty:

Start Date: 09/02/2005

End Date: 05/17/2009

Graduated/Completed: ☒

Verified: ☒

Verified Date: 03/12/2012

Verified By: Christa L Darnell

Verified How: O-Verified Previously

Notes:

License Type: Pediatric Advanced Life Support

State:

License Number:

Status:

Expiration Date: 10/23/2015

License Type: Basic Life Support

State:

License Number:

Status:

Expiration Date: 03/26/2016

License Type: Advanced Cardiac Life Support

State:

License Number:

Status:

Expiration Date: 06/27/2016

License Type: Out of State background Check

State: IL

License Number:

Status:

Expiration Date:

License Type: WI Caregiver Background Check

State: WI

License Number:

Status:

Expiration Date: 12/18/2019

License Type: State License

State: WI

License Number: 2500

Status: Active

Expiration Date: 02/29/2016

License Type: State License

State: IL

License Number: 085004565

Status: Active

Expiration Date: 03/01/2016

License Type: DEA Certificate

State: WI

License Number: MG3237561

Status: Active

Expiration Date: 09/30/2017

Verified: ☒

Verified Date: 02/08/2016

Verified By: Andie L Jamerson

Verified How: I-Other

Notes: Copy is in base file, marked rec'd by CLD on 12/17/2015. aj

Verified: ☒

Verified Date: 12/17/2015

Verified By: Christa L Darnell

Verified How: O-FYI Only

Notes:

Verified: ☒

Verified Date: 12/17/2015

Verified By: Christa L Darnell

Verified How: O-FYI Only

Notes:

Verified: ☒

Verified Date: 12/18/2015

Verified By: Christa L Darnell

Verified How: L-Out of State Caregiver Bckgrd Ck Website

Notes:

Verified: ☒

Verified Date: 12/18/2015

Verified By: Christa L Darnell

Verified How: L-Out of State Caregiver Bckgrd Ck Website

Notes:

Verified: ☒

Verified Date: 12/17/2015

Verified By: Christa L Darnell

Verified How: L-WI DRL Website

Notes:

Verified: ☒

Verified Date: 12/17/2015

Verified By: Christa L Darnell

Verified How: L-State License

Notes: Licensed Physician Assistant IL State Website

Verified: ☒

Verified Date: 12/17/2015

Verified By: Christa L Darnell

Verified How: L-DEA Website

Notes: Source date 12/14/2015

License Type: State License
State: IL
License Number: 385003305
Status: Active
Expiration Date: 03/01/2016

Verified: ☒
Verified Date: 12/17/2015
Verified By: Dana Amacher
Verified How: L-State License
Notes: Physician Assistant
Controlled Substance
IL State Website

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

Verified: ☒
Verified Date: 12/21/2015
Verified By: Dana Amacher
Verified How: O-FYI Only
Notes:

ProAssurance (Advanced Care Providers)

Policy Number: AFC9116115

Coverage Type:
Expiration Date: 11/02/2016

Letter Description: Verify Malpractice Insurance
AHP*
Letter Sent Date: 01/04/2016
Letter Sent By: Christa L Darnell

Verified: ☒
Verified Date: 02/16/2016
Verified By: Andie L Jamerson
Verified How: I-Verification from Carrier
Notes: Per email from Mike Tonne,
Advanced Care Providers,
"There have been no
issues with Terry Gander
under this or any other
ACP insurance policies." aj
02/16/2016
Future insurance - \$1M /
\$3M per COI

HPSO

Policy Number: AFC9116112
Coverage Type: Claims Made
Expiration Date: 11/02/2013

Letter Description: Verify Malpractice Insurance
AHP*
Letter Sent Date: 01/04/2016
Letter Sent By: Christa L Darnell

Verified: ☒
Verified Date: 02/18/2016
Verified By: Andie L Jamerson
Verified How: I-Verification from Carrier
Notes: \$1M / \$3M no claims

ProAssurance

Policy Number: MP68016
Coverage Type:
Expiration Date: 05/08/2011

Verified: ☒
Verified Date: 03/29/2012
Verified By: Christa L Darnell
Verified How: O-Verified Previously
Notes: \$1M / \$3M - No Claims

National Commission on Certification of Phys Assts

Board Status: Certified
Cert Number: 1082574
Expiration Date: 12/31/2017

Verified: ☒
Verified Date: 12/17/2015
Verified By: Christa L Darnell
Verified How: B-NCCPA Website
Notes:

University of Wisconsin Medical Foundation

Affiliation Type: Allied Health Staff

Category:

Dept./Specialty:

Start Date: 09/12/2005

End Date: 05/04/2007

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L Darnell

Verified: ☒

Verified Date: 02/09/2016

Verified By: Andie L Jamerson

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

Notes: Phlebotomy

Beaver Dam Community Hospital

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty:

Start Date: 05/24/2010

End Date: 05/08/2011

Verified: ☒

Verified Date: 03/16/2012

Verified By: Christa L Darnell

Verified How: O-Verified Previously

Notes:

Devine Savior Medical Center

Affiliation Type: Allied Health Staff

Category: Not Provided

Dept./Specialty: Physician Assistant

Start Date: 04/01/2011

End Date: 08/01/2011

Verified: ☒

Verified Date: 03/16/2012

Verified By: Christa L Darnell

Verified How: O-Verified Previously

Notes:

Meriter Hospital *

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 09/10/2009

End Date: 06/01/2010

Verified: ☒

Verified Date: 03/12/2012

Verified By: Christa L Darnell

Verified How: O-Verified Previously

Notes:

Aspirus Riverview Hospital

Affiliation Type: Allied Health Staff

Category:

Dept./Specialty: Physician Assistant

Start Date: 05/26/2010

End Date: 05/08/2011

Verified: ☒

Verified Date: 03/12/2012

Verified By: Christa L Darnell

Verified How: O-Verified Previously

Notes:

Aspirus Langlade Hospital

Affiliation Type: Allied Health Staff

Category:

Dept./Specialty:

Start Date:

End Date:

Verified: ☒

Verified Date: 12/18/2015

Verified By: Christa L Darnell

Verified How: O-FYI Only

Notes: Future Practice Location

Aspirus Langlade Walk in

Affiliation Type: Allied Health Staff

Category:

Dept./Specialty:

Start Date:

End Date:

Verified: ☒

Verified Date: 12/18/2015

Verified By: Christa L Darnell

Verified How: O-FYI Only

Notes: Future Practice location

St. Claire Hospital

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 09/01/2011

End Date: 10/31/2015

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L Darnell

Verified: ☒

Verified Date: 01/25/2016

Verified By: Dana Amacher

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

Notes: Rec'd 1/29/2016 by AJT aj

Emergency Medical Associates of Madison

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 09/01/2009

End Date: 12/31/2009

Verified: ☒

Verified Date: 05/10/2010

Verified By: Dana Amacher

Verified How: O-Verified Previously

Notes:

Memorial Hospital

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 11/01/2012

End Date: 08/30/2015

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L. Darnell

Verified: ☒

Verified Date: 01/11/2016

Verified By: Dana Amacher

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

Notes:

Peter Christensen Health Center

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 08/01/2011

End Date: 10/01/2012

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L. Darnell

Verified: ☒

Verified Date: 01/14/2016

Verified By: Dana Amacher

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

Notes:

Dean Clinic

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 09/02/2015

End Date:

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L. Darnell

Verified: ☒

Verified Date: 02/04/2016

Verified By: Dana Amacher

Verified How: A-Health Care Facility Verif
Ltr

Notes: Family Medicine Clinic

Aspirus Langlade Hospital

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 05/05/2012

End Date: 02/12/2013

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L. Darnell

Verified: ☒

Verified Date: 02/24/2016

Verified By: Dana Amacher

Verified How: A-Health Care Facility Verif
Ltr

Notes:

Marshfield Clinic - Wausau Center

Affiliation Type: Allied Health Staff

Category: Allied Health Practitioner

Dept./Specialty: Physician Assistant

Start Date: 11/01/2011

End Date: 09/30/2012

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 02/23/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 03/16/2016

Verified By: Dana Amacher

Verified How: O-Primary Source
VerificationNotes: Multiple attempts to verify
made. Per phone call with
HR Rep, unable to locate
records due to locums
status. DJAPer Rep from Advanced
Care Providers, Mr.
Gander's assignments with
Marshfield Clinic were from
11/2011 - 9/2012 DJA**North Central Health Care**

Affiliation Type: Allied Health Staff

Category:

Dept./Specialty:

Start Date:

End Date:

Verified: ☒

Verified Date: 02/24/2016

Verified By: Jill A. Patraw

Verified How: O-FYI Only

Notes: future practice location

Advanced Care Providers

Affiliation Type: Employee

Category: Not Provided

Dept./Specialty: Physician Assistant

Start Date: 03/24/2011

End Date:

Letter Description: Verify Affiliations & Employment*

Letter Sent Date: 01/04/2016

Letter Sent By: Christa L. Darnell

Verified: ☒

Verified Date: 01/08/2016

Verified By: Dana Amacher

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


Notes:

Susan Hanson PAC

Affiliation Type: Reference
Category:
Dept./Specialty:

Start Date:
End Date:

Letter Description: Verify Refs - Initial/Affiliate *
Letter Sent Date: 01/04/2016
Letter Sent By: Christa L Darnell


Verified: 
Verified Date: 02/16/2016
Verified By: Andie L Jamerson
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Karen Swallen M.D.

Affiliation Type: Reference
Category:
Dept./Specialty:

Start Date:
End Date:


Letter Description: Verify Refs - Initial/Affiliate *
Letter Sent Date: 01/04/2016
Letter Sent By: Christa L Darnell

Verified: 
Verified Date: 01/18/2016
Verified By: Dana Amacher
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

Abigail Degner, PA-C

Affiliation Type: Reference
Category:
Dept./Specialty:


Start Date:
End Date:

Verified: 
Verified Date: 02/19/2016
Verified By: Jill A. Patraw
Verified How: A-NCS-Professional Ref Verif Ltr
Notes:

David Tange, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept./Specialty:


Start Date:
End Date:

Verified: 
Verified Date: 02/24/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes: future sponsoring physician

Steve Hubbard, M.D.

Affiliation Type: Sponsoring Physician
Category:
Dept./Specialty:

Start Date:
End Date:

Verified: 
Verified Date: 02/24/2016
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes: future sponsoring physician

Review of Work History & Explanation of Gaps	<i>Date & Initials</i> 2/24/2016 DJA	<i>Comments</i> 5/17/09 -9/1/09 time spent reorganizing with family and searching for new PA position (per base file) 12/31/09 - 5/24/10 between professional positions (per base file)
SAM Website	<i>Date & Initials</i> 12/17/2015 CLD	<i>Comments</i>
NPDB Website query through Cactus	<i>Date & Initials</i> 2/24/2016 jap	<i>Comments</i>
OIG Website	<i>Date & Initials</i> Source date 12/8/2015 CLD Conducted date 12/17/2015 CLD	<i>Comments</i>
WI Circuit Court	<i>Date & Initials</i> 12/17/2015 CLD	<i>Comments</i> No Matches
Medicare Opt Out List Website	<i>Date & Initials</i> Report run date 2/12/2016 jap Review date 2/24/2016 jap	<i>Comments</i>
Consent Form	<i>Sign Date & Initials</i> 12/16/2015 CLD	<i>Comments</i>
Health Requirements Met	<i>Date & Initials</i> 2/23/16 DJA	<i>Y/N & Comments</i> Yes
Privilege Form	<i>Sign Date & Initials</i> 2/2/16 - NCHC 2/25/16 - ALH DJA	<i>Comments</i>
Supervising Physician Form	<i>Sign Date & Initials</i> 2/23/2016 jap	<i>Comments</i> David Tange, M.D. Steve Hubbard, M.D.
Collaborative Agreement	<i>Sign Date & Initials</i> N/A	<i>Comments</i> N/A
Verifications within 180 days	<i>Date & Initials</i> 3/15/16 DJA	<i>Comments</i>
CVO Review	<i>Date</i> 03/15/2016	<i>Signature</i> Electronically signed 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___		



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: December 15, 2016
TO: North Central Health Care Board
FROM: Brenda Glodowski, CFO
RE: Designation of Unrestricted Assets for Approved Capital and Contingency Funds

Purpose: To expand Net Position section of Balance Sheet by separating specified designated assets from the total unrestricted fund balance for contingency.

Background: There has been a request from the NCHC Board to designate \$500,000 of the unrestricted cash as contingency for unforeseen circumstances. Access to these funds would require NCCSP Board approval.

Analysis: The proposed designation has been reviewed with the NCHC audit firm. The WIPFLI partner responsible for NCHC has indicated formal Board action would be recommended to make the official change on the audited financial statements. The requested change meets standards for audited financial statements.

Fiscal Impact: None. This will provide more detail on the balance sheet.

Recommendation: The recommendation is to have two subcategories on the balance sheet under Unrestricted Fund Balance. The auditor has requested each item have its own motion. One would be an amount equal to Assets limited as to use (which is cash designated for approved capital purchases) and the second is Contingency Funds (which would be cash held for unforeseen circumstances). These items will also appear as separate lines under Noncurrent Assets.

Facilities Management Services Transition and Implementation Plan

By

Marathon County Administration

And Affecting

North Central Health Care

Whereas, Marathon County adopted R-6-16, dated January 19, 2016, which provides that Marathon County Administrator is hereby authorized to develop a Transition Plan to transfer maintenance responsibilities at North Central Health Care Campus from North Central Health Care to the Marathon County Department of Facilities and Capital Management; and

Whereas the Marathon County Administrator was authorized and empowered to take actions necessary to effectuate the purposes of the above referenced resolution; and

Whereas, the parties to this Transition Plan (hereinafter referred to as the "Plan") are Marathon County, a political subdivision of the State of Wisconsin located at 500 Forest Street, Wausau, Wisconsin (hereinafter referred to as "the County"); and North Central Health Care, a multi-county department of community programs constituted by a Joint County Agreement between Langlade, Lincoln and Marathon Counties pursuant to §§ 51.42 and 66.0301, Wis. Stats., (hereinafter referred to as "NCHC").

Now therefore it is hereby ordered by the Marathon County Administrator that effective the first (1st) day of January, 2017 ("Effective Date"):

1. **Services to be performed by County.** The County, through its Department of Facilities and Capital Management, will perform the duties, tasks, responsibilities, schedule, and deliverables set forth in Attachment 1 (collectively referred to herein as "Services"), a copy of which is attached hereto and fully incorporated herein. Changes to any specifications of the Services may necessitate an amendment to Attachment 1 and may result in additional charges.
2. **Term of the Plan.** The purpose of this Plan is to provide a framework for the transition of responsibility for facilities maintenance from NCHC to the County at County-owned facilities currently occupied by NCHC, as designated in Attachment 2. This Plan is effective as of the Effective Date and for a period of five (5) years thereafter. At the conclusion of the initial five year term, the parties may execute a Memorandum of Understanding with regard to continuing Facilities Management Services or other appropriate documents.
3. **Payment of Employee Base Salaries and Benefits:** As of January 1, 2017, all persons holding the positions specified in Attachment 1 of this Plan, who are currently employed by NCHC, shall become employees of the County. Marathon County's 2017 budget reflects that

funds for the provision of salary and benefits for each of these positions will be withheld from the County's contribution to NCHC and placed in the budget of the County's Department of Facilities and Capital Management. NCHC will not be billed for services considered basic maintenance and repair, as the terms are described in Attachment 1.

4. **Payment for Services above Basic Maintenance and Repair.** The costs of work required above basic maintenance and repair, as the terms are described in Attachment 1, are to be paid by the NCHC and shall reflect actual cost of labor, administrative and overhead costs, and materials. Rates used by the County to established billed costs for additional work shall be based on annually-established rates of the County. NCHC shall be billed on a monthly basis. NCHC shall pay the County within twenty (20) days of the date of invoice from the County to NCHC.
5. **State and Federal Taxes.** The County and NCHC are both governmental subunits. Therefore no taxes shall be incurred as a result of the Services provided under this Plan.
6. **County Rights to Determine Methods.** The County shall have the right to control and determine the methods and means of performing the Services provided and shall have sole discretion to determine whether such methods and means satisfactorily accomplish the objective of the service being provided. The County will cooperate with NCHC to minimize, to the extent feasible, the degree to which the methods and means impact daily operations of NCHC. The County will contract, pay for and oversee the execution of all outsourced services, as set forth in Attachment 1.
7. **Disputes.** If a dispute related to this Plan arises, the disputing party shall notify the other party of such a dispute in writing, pursuant to the notice provision set forth below, and with sufficient particularity to fully identify the dispute. If the dispute has resulted from a breach of this Plan by the party to be notified, such notification should state the alleged breach and the provision of this Plan which is allegedly breached. All parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the parties, a final decision shall be made by the Marathon County Board of Supervisors. Unless otherwise agreed, the parties shall continue to perform according to the terms and conditions of this Plan during the pendency of any dispute resolution process.
8. **No Agency.** Each party to this Plan shall not act as the agent, employee, or servant of the other party. Accordingly, the County's personnel (including employees or agents) shall not be considered the employees or agents of NCHC; and NCHC's personnel (including employees or agents) shall not be considered the employees or agents of the County
9. **Notices.** All notices herein provided to be given, or which may be given, by any party to the other, shall be deemed to have been fully given when made in writing and deposited in the United States Mail, certified and postage prepaid, and addressed as follows, or by hand delivery or by email to the email address also indicated below:

United States Mail, certified and postage prepaid, and addressed as follows, or by hand delivery or by email to the email address also indicated below:

To County at:

Marathon County
Dept. of Facilities and Capital Management
Attn: Director
1308 West Street
Wausau, WI 54401
Email: facilities.capital@co.marathon.wi.us

To NCHC at:

North Central Health Care
Attn: Chief Executive Officer
1100 Lakeview Drive
Wausau, WI 54403
Email: admin@norcen.org

10. **Waiver.** The failure of any party to assert a right under this Plan or to insist upon compliance with any term or condition of this Plan shall not constitute a waiver of that right.
11. **Severability.** If any court determines that any provision of this Plan is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this Plan invalid or unenforceable and such provision shall be modified, amended, or limited only to the extent necessary to render it valid and enforceable.
12. **Entire Plan/Amendment of Plan.** This Plan, along with the applicable Attachments, is the entire Plan as to the subject matter hereof and supersedes all other prior, contemporaneous, or subsequent written or oral communications, including terms and conditions of any purchase order or other documents. This Plan shall not be subject to any change or modifications except by execution of a written instrument signed by the Marathon County Administrator, or by express written consent, pursuant to the process described in Attachment 1, relative to work authorized by NCHC over and above basic maintenance.
13. **Insurance Coverage**
 - A. During the term of this Plan, the County shall procure and maintain in force, at its expense, the following insurance:
 - 1) Property insurance with an extended endorsement covering the property subject to this Plan, described in Attachment 2, in an amount equal to replacement cost of the property.
 - 2) Builder's Risk insurance. During the course of construction of any improvements, additions or alterations to the property subject to this Plan, the County shall obtain and keep in force a Plan of builder's risk insurance in an amount sufficient to cover the cost of repair or replacement of the improvement, addition or alteration, unless Builder's Risk coverage becomes the responsibility of a contractor under separate construction contract.

said employees. In case any work is subcontracted, County shall require the subcontractor to provide statutory Workers' Compensation Insurance for all of the subcontractor's employees, unless such employees are covered by the protection afforded by the County.

B. The County's liability insurer, Wisconsin Municipalities Mutual Insurance (WIMMIC) currently excludes coverage for operations of hospitals, nursing homes and other healthcare facilities from its policy with the County. Therefore, during the term of this Plan, NCHC shall procure and maintain in force, at its expense, the following insurance:

- 1) Comprehensive General Liability, Professional Liability, Automobile Liability and Excess Liability Insurance covering its officers, agents and employees, and including employees of the County performing maintenance and other services, as specified in Attachment 1, pursuant to this plan, and including all buildings, parking lots, sidewalks and other common areas designated in Attachment 2, and their use.
- 2) Said insurance shall cover NCHC and the County, and any subcontractor, regarding claims for damages for personal injuries, including accidental death, as well as from claims for property damage, which may arise from operations under this Plan.
- 3) The coverage limits shall be at least:
 - Comprehensive General Liability \$3,000,000 per occurrence and \$6,000,000 in aggregate for bodily injury and Property Damage.
 - Professional Liability Coverage, \$3,000,000 per occurrence and \$6,000,000 in aggregate.
 - Automobile Liability \$3,000,000 per accident and \$6,000,000 in aggregate for bodily injury and property damage.
 - Excess Liability Coverage, \$6,000,000 over the General Liability and Automobile Liability Coverage.
- 4) On all policies purchased or maintained by NCHC in accordance with this section, NCHC shall add the County as an additional named insured and shall provide certificates of insurance to the County upon request.

- 5) NCHC shall be entitled to charge back its premiums for the coverage of said employees of the County performing maintenance and other services, as specified in Attachment 1, on a prorated basis.

14. **Assumption of Risk.** Each party shall bear the risk for its own acts and omissions, as it does with all other day-to-day operations.

15. **Immunity.** Nothing contained in this Plan is intended to be a waiver or estoppel of the rights of the County and/or NCHC and their insurers to assert their rights to all affirmative defenses, limitations of liability and immunities as specifically set forth in Wisconsin Statutes, including sections 893.80, 895.52 and 345.05, and related statutes.

Ordered and signed this 15th day of November, 2016


By: Brad Karger

Title: Marathon County Administrator

NCHC acknowledges receipt of this Plan by
signing below

North Central Health Care

By: _____

Title: _____

Attachment 1 – Services

NCHC Facility Management Services Plan

Effective January 1, 2017

Under the Facility Maintenance Services Plan, Marathon County will provide facility maintenance for all facilities on the NCHC Campus that are owned by Marathon County and designated in Attachment 2. For all other Facilities in Marathon County, leased by NCHC, maintenance will be performed on only NCHC Moveable/Program Specific Equipment. Grounds care at leased property will be limited to snow removal and lawn mowing.

January 1, 2018 the County's Department of Facilities and Capital Management will take on the custodial responsibilities at the NCHC campus. Details of this consolidation will be addressed in a future amendment to this Plan.

1. Such services will be principally provided by an on-site maintenance staff (herein known as "On-site Maintenance"). The On-site Maintenance staff will consist of employees of Marathon County Department of Facilities and Capital Management and will be operated as described below: On-site Maintenance will initially be staffed in accordance with the staffing detail provided as follows:

- 0.25 FTE Maintenance Director
- 1.0 FTE Assistant Director (On-site Manager)
- 0.5 PTE Administrative Support
- 1.0 FTE Facility Planner
- 1.0 FTE HVAC Controller
- 3.0 FTE HVAC Technicians
- 3.0 FTE Maintenance Specialists
- 5.0 FTE Maintenance/Grounds
- 0.50 FTE Maintenance/Grounds (seasonal full time)

Staffing levels may be adjusted by the County.

2. Basic maintenance and repair will be performed on all building systems and components at the following level of service:
 - a. Maintenance activities will be organized and directed.
 - b. Equipment and building components will be functional and in operating condition, except for routine maintenance and circumstances beyond County's control.
 - c. Service and maintenance calls will be responded to in a timely manner.
 - d. Buildings and equipment will be regularly upgraded to keep them current with modern standards and usage.
 - e. Preventive maintenance will be performed on all building equipment in accordance with the manufacturer's recommended schedule unless modified by the On-site Manager.
 - f. Facilities, equipment and grounds within the scope of this Plan shall be maintained at a level in compliance with all applicable Federal, State, and municipal codes.
3. Work required above basic maintenance and repair, as described in Paragraph 2 above, will be approved by a representative of NCHC (to be designated by NCHC) prior to the work being performed and may be charged as overtime if the work cannot be performed between 7:00am and 7:00pm Monday through Friday. In emergency situations (imminent loss of life or property), the On-site Manager may authorize the work and gain approval after the fact.
4. Billing for services above the standard level of service as described above will be done on an as-needed basis and shall include documentation of the additional charges for labor, materials, and/or contracted services. Appropriate documentation will be provided.
5. Hiring, re-assignment, discipline and termination of staff will be at the discretion of the County's Department of Facilities and Capital Management with management oversight through the County. NCHC's Representative will report any issues with Facilities and Capital Management staff directly to the On-site Manager or the County's Department of Facilities and Capital Management Director.
6. On-site Maintenance staff will be subject to the County's personnel rules and regulations, including but not limited to, pay, benefits, holidays, vacation time, compensatory time, awards, disciplinary action, and overtime. Staff will follow holiday schedules of the County. On-Call Services will be provided on an "as needed" basis during off hours.
7. Cost of Training: Routine, regulatory, safety, and skills training provided to on-site employees by County shall not be charged to NCHC. Specialized training required by law for NCHC operations, that incurs external charges due to use of assets outside of County will be charged back at a per person rate. Specialized training will be billed at cost. Specialized training requirements will be mutually agreed upon by the County and NCHC. Specialized training and associated costs will be approved in advance by NCHC's Representative.

8. Outsourced Maintenance: The On-site Manager will manage all outsourced maintenance and operations contracts and certify that services have been performed in accordance with the applicable contracts. The On-site Manager will identify vendors and obtain quotes for proposed contracts and maintain such contracts. The County will pay for outsourced services. Outsourced contracts may be utilized for, but not limited to the following services:

Elevator Service Contract

Waste Service Removal

Water Treatment

Annual Sprinkler Inspection

Under Ground Fuel Tank Inspections

Duct cleaning

Grease interceptor

Fire Extinguisher Service

Boiler inspections

Annual Backflow Preventer Inspection

Emergency generators and transfer switches / Load Bank tests

9. Work Management: The County intends to procure and utilize a Computerized Maintenance Management System (CMMS) to track preventative and corrective maintenance for the facilities. All work will be documented on the system and all building equipment shall be included in the database. Records or compliance activities for systems such as sprinklers, BFP's, Fire Alarms, fume hood certifications, etc. shall be captured on the CMMS. Such records shall be made available to NCHC for purposes of demonstrating compliance.
10. Equipment and Assets: Existing tools, rolling stock and equipment purchased for the purpose of maintenance/grounds by NCHC or the County shall become the property of the County.
11. Meetings and Inspections: During the first year NCHC and the County will meet twice monthly to evaluate business processes and quality of outcomes and to discuss any new business. Minutes of the meeting shall be kept and used to document commitments. In subsequent years, the meeting may be held once a month. The County's participants will be determined by the Facilities and Capital Management Department Director. NCHC's participants will be determined by NCHC's CEO. NCHC's Representatives shall have the right to conduct periodic reviews and inspections as needed to verify quality levels.
12. Space Allocation: NCHC shall have the ability to assign use of existing program space as designated on Attachment 2. Re-allocation of space which requires any modifications or

improvements to any facility covered by this Plan shall be subject to approval of the County. Any request to utilize space outside of existing program space will need to be approved by the County. This approval authority is contingent on compliance with codes and regulations applicable to NCHC's operations.

13. NCHC shall not make any alterations to the property or do any remodeling in the building, without the prior written consent of the County's Department of Facilities and Capital Management. Renovation or renewal of the structure shall be managed through the County's Department of Facilities and Capital Management. NCHC will support and cooperate with the County's contractors providing the work.
14. Building or Equipment improvement projects below the \$30,000.00 threshold: Routine renewal and replacement projects under \$30,000.00 are considered maintenance projects and will follow the County's procurement rules for such projects regardless of funding source. NCHC shall submit routine renewal and replacement project requests to the County in writing or at the scheduled monthly meeting. Once the project has been defined and the funding source confirmed, implementation of the project will become the responsibility of the County's Department of Facilities and Capital Management. The project will be completed in a timely manner and with the least amount of impact to NCHC's daily operation.
15. Building or Equipment improvement projects above the \$30,000.00 threshold: Routine renewal and replacement projects at or above \$30,000.00 are considered capital projects and will follow the County's procurement rules for such projects regardless of funding source. NCHC shall submit capital project requests to the County in writing or at the scheduled monthly meeting. The County's Department of Facilities and Capital Management will be responsible for moving the project through the Capital Improvement process. Once the project funding source is confirmed, implementation of the project will become the responsibility of the County's Department of Facilities and Capital Management. The project will be completed in a timely manner and with the least amount of impact to NCHC's daily operation.
16. Moveable/Program Specific Equipment of any cost is considered an operational expense of NCHC and one for which they will evaluate need, priority, and budget. Movable/Program Specific Equipment is defined herein as furniture or equipment which is loose, portable, or can be easily detached from the structure. Movable/Program Specific Equipment includes, but is not necessarily limited to, the following:
 - a. Furnishings for new or existing interior spaces;
 - b. Exterior site furnishings at building entrances or on patio areas: benches, patio chairs, tables and umbrella's, planters, swings;
 - c. Maintenance furnishings, such as location-specific waste containers and recycle bins;
 - d. Medical equipment to include but not limited to patient lifts, beds, wheelchairs, med carts, Ice machines, nurse call, shower chairs, scales, tubs, physical/occupational therapy equipment, scientific, or laboratory equipment; and

- e. Food service equipment: Consumables such as dishes, supplies, steam tables, griddle, steamers, steam kettles, mixers, oven, dishwasher.

The County will be responsible for maintenance/preventive maintenance of Moveable/Program Specific Equipment. Note: After 1 year both parties will re-evaluate whether a more efficient process exists for maintenance/preventive maintenance of Moveable/Program Specific Equipment.

All repair parts, replacement items or outside service needed for Moveable/Program Specific Equipment will be requisitioned by the County and purchased by NCHC. Any parts or outside services and their estimated costs shall be approved by the appropriate NCHC's Representative prior to purchase or replacement. Equipment and other moveable assets purchased at NCHC's cost shall become the property of NCHC at the termination of the Plan.

In addition, information technology, audio-visual, production, and other technical or processing equipment, whether permanently attached or not, are also considered Movable/Program Specific Equipment. This equipment will not be maintained by the County.

17. Emergency On-Call: The County will establish and maintain an emergency On-Call system for NCHC use so as to facilitate emergency repairs and responses. After hours coverage shall be provided at all times. A contact list shall be provided to NCHC's Representatives to ensure that NCHC can reach assistance in any circumstance.
18. Coordination with code officials and local emergency response only as it relates to facility maintenance: The On-site Manager or his designee shall be responsible for all coordination regarding facility services, warranties, and facility maintenance activities, and shall be the point of contact for code officials and emergency responders. NCHC will be responsible for all code compliant operational activities including but not limited to coordination of daily activities, inspections, reports, and operational related emergency response.
19. Security: Identification badges shall be worn by all employees while on the job.
20. Sustainability: The County will promote and encourage the use of sustainable practices for building maintenance and operations, such as energy conservation, provided it is justifiable by return on investment and sufficient funds are available to pay for conversion or upgrade.
21. The terms of this Plan may be reviewed by all parties on an annual basis. Upon the review, the terms may be adjusted by the Marathon County Administrator based on the experience of the parties or in order to respond to changing conditions.
22. Confidentiality/HIPAA: During the course of performing assigned duties On-site Maintenance staff may have access to confidential health information and shall handle such information in a confidential manner at all times during and after employment and commit to the following obligations:

- a. Use and disclose confidential health information only in connection with and for the purpose of performing assigned duties
- b. Perform assigned duties while refraining from requesting, obtaining, or communicating any confidential health information other than that which is necessary to accomplish assigned duties
- c. Take reasonable care to properly secure confidential health information and take steps to ensure that others cannot view or access such information
- d. Report any disclosures of confidential health information, including any accidental disclosures, to NCHC's CEO.

NCHC may require On-site Maintenance staff to complete Client Confidentiality/HIPAA training on a regular basis and/or sign a confidentiality agreement. It shall be the responsibility of each party to take corrective action with respect to its employees for failure to fulfill any of the requirements or violation of any of the terms of this paragraph. Such action may include disciplinary action up to and including termination of employment.

23. Force Majeure: Neither party shall be in violation of this plan by reason of any failure in performance without fault or negligence on their part. Such causes may include, but are not restricted to, acts of nature or the public enemy, acts of the government in either its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes and unusually severe weather, but in every case the failure to perform such must be beyond the reasonable control and without the fault or negligence of the party.
24. Closure of Facilities: Whenever it is determined that any space at NCHC's campus is deemed unsafe for use or occupancy by the Marathon County Administrator, he or she has the authority to close said space until such time as the condition has been sufficiently mitigated or resolved.
25. Subleasing of Space: NCHC shall not have the authority to sublet any portion of any property subject to this Plan.
26. The County shall pay utility cost for gas, electricity, water and sewer, at the North Central Health Care campus, 1100 Lakeview Drive, Wausau, WI 54403. The County will not be responsible for utilities outside of this address. Telecommunication Services are considered an operational expense and will be the responsibility of NCHC.
27. The parties will sign a new Facilities and Use Agreement which will provide for NCHC's continued occupancy of county-owned facilities and which accurately reflects the terms and conditions set forth above.

From: Troy Torgerson
Sent: Wednesday, December 7, 2016 3:23 PM
To: Michael Loy <MLoy@norcen.org>
Cc: Terry Kaiser <tkaiser@norcen.org>; Michael Loy <MLoy@norcen.org>
Subject: Budget Estimate for renovation of NCHC ADRC Kitchen to office

Good afternoon Michael,
Please see the attached budget for the remodel of the ADRC kitchen to the Marathon County Facilities office.

Sincerely,

Troy

Troy A. Torgerson
Facility Planner, LEED AP
Marathon County Facilities and Capital Management
Phone: 715-261-6989
Cell: 715-581-0198
Fax: 715-261-6990
troy.torgerson@co.marathon.wi.us

1308 West Street
Wausau,Wi 54401

FACILITIES AND CAPITAL MANAGEMENT
NEW OFFICE SPACE AT NCHC BUDGET ESTIMATE
12/7/2016

TASK	DESCRIPTION	SUBCONTRACTOR/ SUPPLIER	BUDGET	ACTUAL
	Demo Floor	NCHC MAINTENANCE	\$ -	\$ -
	Demo Ceiling	NCHC MAINTENANCE	\$ -	\$ -
	Demo Lighting	NCHC MAINTENANCE	\$ -	\$ -
	Flooring	NCHC MAINTENANCE	\$ 2,981.00	\$ 2,981.00
	Ceiling	NCHC MAINTENANCE	\$ 828.00	\$ 828.00
	Lighting	NCHC MAINTENANCE	\$ 862.00	\$ 862.00
	Electrical	Van Ert	\$ 4,863.00	\$ 4,863.00
	Window Replacment	Rib Mountain Glass	\$ 4,730.00	\$ 4,730.00
	Sliding Door Tear out and Disposal and install Masonry to match Existing	Ellenbecker	\$ 3,715.00	\$ 3,715.00
	Cut in New Office Door Opening	NCHC MAINTENANCE	\$ -	
	New Doors	Block Iron	\$ 2,765.00	\$ 2,765.00
	Install New Office Doors	NCHC MAINTENANCE	\$ -	
	Install new walls	NCHC MAINTENANCE	\$ 835.00	\$ 835.00
	Paint Walls in new offices	Guenther Painting	\$ 913.00	\$ 913.00
	Install new workstations	NCHC MAINTENANCE	\$ -	
	install new casework	CWW	\$ 5,500.00	\$ 5,500.00
	New Sink	In stock from MC - install by NCHC Maintenance	\$ -	\$ -
	Plumbing Rework	Plbg Contractor	\$ 525.00	\$ 525.00
		Total	\$ 28,517.00	\$ 28,517.00
		Contingency	\$ 1,425.85	
		Total w Contingency	\$ 29,942.85	