

OFFICIAL NOTICE AND AGENDA

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

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405.

For TDD telephone service call 715-845-4928.

AGENDA

1. Call to Order – Joint with North Central Community Services Program Board
2. ACTION: Approval of 9/22/2016 Finance, Personnel & Property Committee Meetings Minutes
3. Presentation and Review of the 2017 Budget
 - a. ACTION: Approval of 2017 Budget
4. September Financials
 - a. ACTION: Accept the Financial Report and September Financial Statements
 - b. Review Write-offs
5. CFO Report
6. Discussion of Future Agenda Items
7. Adjourn



Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

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

DATE: 10/21/16 TIME: 4:00 p.m. BY: D. Osowski

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

September 22, 2016

11:00 a.m.

NCHC – Wausau Campus

Present:

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

Others Present: Michael Loy, Brenda Glodowski

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

Public Comment for Matters Appearing on the Agenda

None were made.

Consent Agenda

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

August Financials

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

CFO Report

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

2017 Budget Update/Discussion

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

Investment Policy Discussion

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

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

dko



North Central Health Care

Person centered. Outcome focused.

RESPECTING OUR PAST.
PREPARING FOR OUR FUTURE.

2017 PROPOSED BUDGET





2017 PROPOSED BUDGET

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North Central Community Services Program Board Members;

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

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

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

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

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

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

Michael Loy, Interim CEO
North Central Health Care

EXECUTIVE SUMMARY

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

REVENUE

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

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

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



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

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

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

EXPENSES

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



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

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

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

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

SUMMARY

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



MISSION & VISION

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

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

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



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

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

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

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

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

Wausau Campus

1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center

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

Mount View Care Center

2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center

1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694



NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD OF DIRECTORS

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



2015 INDIVIDUALS SERVED BY COUNTY

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



2017 OPERATIONAL PLAN

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

ADVANCING SERVICE EXCELLENCE

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

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

COMPLEX CARE DELIVERY

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

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

ELECTRONIC MEDICAL RECORD INTEROPERABILITY

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

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



ORGANIZATION DASHBOARD

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

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

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

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



2017 PROPOSED ORGANIZATION DASHBOARD

NORTH CENTRAL HEALTH CARE OVERALL DASHBOARD

FISCAL YEAR: 2017 - PROPOSED

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

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

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



DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

Vacancy Rate

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

Retention Rate

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

SERVICE

Patient Experience: % Top Box Rate

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

CLINICAL

Nursing Home Readmission Rate

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

Psychiatric Hospital Readmission Rate

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

AODA Relapse Rate

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

COMMUNITY

Access to Behavioral Health Services

Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.

- Adult Day Services - within 2 weeks of receiving required enrollment documents
- Aquatic Services - within 2 weeks of referral or client phone requests
- Birth to 3 - within 45 days of referral
- Community Corner Clubhouse - within 2 weeks
- Community Treatment - within 60 days of referral
- Outpatient Services - within 14 days of referral
- Prevocational Services - within 2 weeks of receiving required enrollment documents
- Residential Services - within 1 month of referral

FINANCE

Direct Expense/Gross Patient Revenue

Percentage of total direct expense compared to gross revenue.



STRATEGIC COST REDUCTION INITIATIVE

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

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

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

DIRECTIONS TO TASK FORCE TEAMS IN ACHIEVING STRATEGIC COST REDUCTION

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

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

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

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

RULES FOR THE TEAMS

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



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

IMPLEMENTATION AND MONITORING INSTRUCTIONS

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

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



STRATEGIC COST REDUCTION INITIATIVE

...continued

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





2017 BUDGET & FINANCIAL STATEMENTS

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DEFINITION OF TERMS

Self-Pay: Funding received from the patient.

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

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

Insurance: Funding from commercial insurance.

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

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

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

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

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

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

Certified MH Program (Certified Mental Health):

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

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

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

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

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

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

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

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

OWI Surcharges (Operating While Intoxicated):

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



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

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

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

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

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

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

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

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



2017 COMBINING STATEMENT OF REVENUE & EXPENSES

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



2017 BUDGET TO BUDGET COMPARISON

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



2017 BUDGET BY COUNTY & ESTIMATED CHANGES TO FUND BALANCE

HUMAN SERVICES OPERATIONS

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

NURSING HOME

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

ESTIMATED CHANGES TO FUND BALANCE

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



2017 BUDGET WITH TAX LEVY

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



2017 BUDGET BY FUNDING

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

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



2017 REVENUE BUDGET COMPARISONS

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

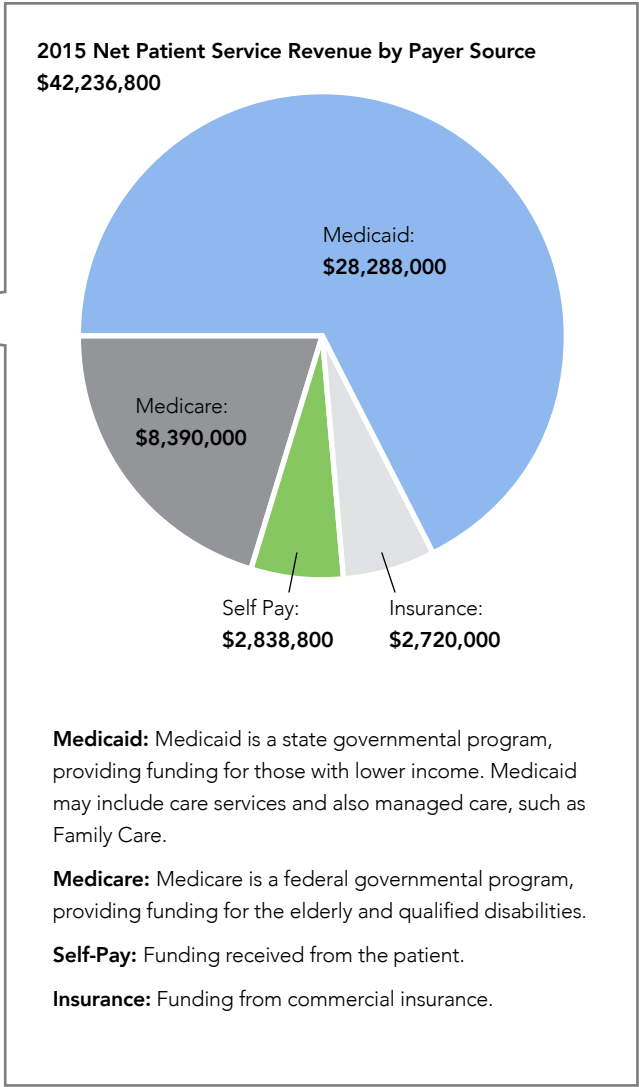
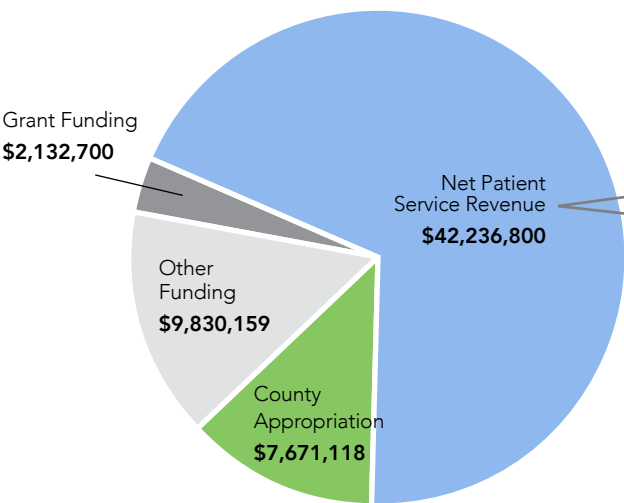
2017 EXPENSE BUDGET COMPARISONS

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

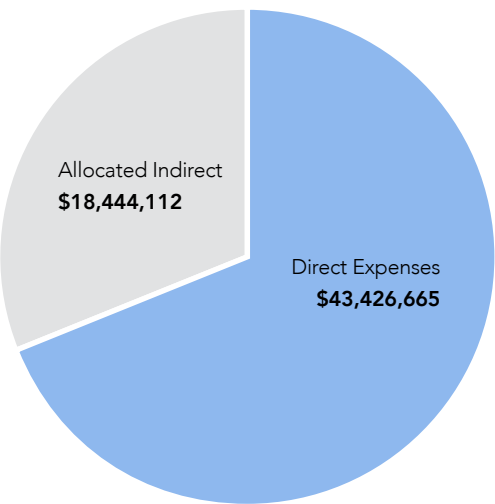


2017 REVENUE & EXPENSE OVERVIEW

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



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



2017 REVENUE & EXPENSE DETAIL

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



2017 GRANT FUNDING

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

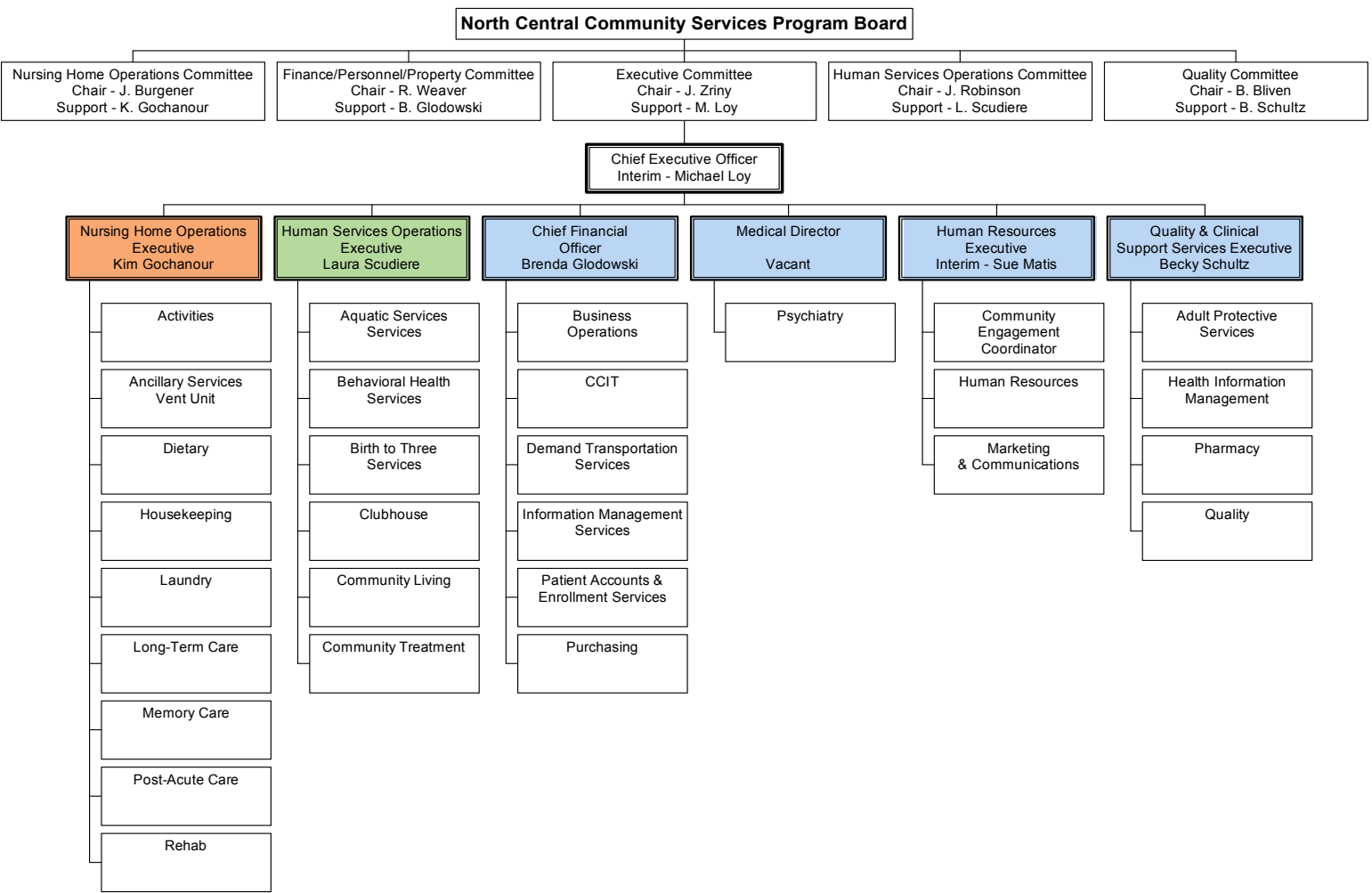


2017 FUNDING BY OTHER SOURCES

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



ORGANIZATIONAL CHART





HUMAN SERVICES OPERATIONS

2017 BUDGET BY PROGRAM

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

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HUMAN SERVICES OPERATIONS

■ HUMAN SERVICES OPERATIONS ADMINISTRATION

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



BEHAVIORAL HEALTH SERVICES

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

BEHAVIORAL HEALTH SERVICES

■ *Emergency and Crisis Services*

DESCRIPTION

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

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

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

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

Mobile Crisis Services are available for residents in:

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

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



BEHAVIORAL HEALTH SERVICES

■ Emergency and Crisis Services

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Contracted Services

DESCRIPTION

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

HOURS/DAYS OF SERVICE

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



BEHAVIORAL HEALTH SERVICES

■ *Inpatient Psychiatric Hospital*

DESCRIPTION

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

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

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

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

POPULATION SERVED

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

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

REGULATIONS

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

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

HOURS/DAYS OF SERVICE

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



BEHAVIORAL HEALTH SERVICES

■ Inpatient Psychiatric Hospital

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Crisis Community Based Residential Facility (CBRF)

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Lakeside Recovery Medically Monitored Treatment (MMT)

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

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

COMMUNITY LIVING

■ Community Living Administration

DESCRIPTION

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

BUDGET HIGHLIGHTS

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

STAFFING

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

BUDGET SUMMARY

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



COMMUNITY LIVING

■ Day Services

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

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



COMMUNITY LIVING

■ Day Services

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



COMMUNITY LIVING

■ Residential Services

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

COMMUNITY LIVING

■ Residential – Supported Apartments

DESCRIPTION

Residential Services operates five supported apartment settings:

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

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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



COMMUNITY LIVING

■ Residential – Supported Apartments

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Residential – Community Based Residential Facilities (CBRFs)

DESCRIPTION

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

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

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

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

REGULATIONS

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

HOURS OF SERVICE

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

STAFFING

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

POPULATION SERVED

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



COMMUNITY TREATMENT

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

COMMUNITY TREATMENT

■ Community Treatment Programs

COMPREHENSIVE COMMUNITY SERVICES DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

COMMUNITY SUPPORT PROGRAM (CSP) DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

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

HOURS OF SERVICE

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



COMMUNITY TREATMENT

■ Community Treatment Programs

INDIVIDUAL PLACEMENT & SUPPORT (IPS) DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm



COMMUNITY TREATMENT

■ Community Treatment Programs

COMMUNITY TREATMENT STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



COMMUNITY TREATMENT

■ *Birth to Three*

DESCRIPTION

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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



COMMUNITY TREATMENT

■ Birth to Three

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

OUTPATIENT SERVICES

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

OUTPATIENT SERVICES

■ Outpatient Services Administration

DESCRIPTION

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

BUDGET HIGHLIGHTS

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

STAFFING

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

BUDGET SUMMARY

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



OUTPATIENT SERVICES

■ *Outpatient Mental Health & Substance Abuse*

DESCRIPTION

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

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

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

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

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

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

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

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

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

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

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



OUTPATIENT SERVICES

■ Outpatient Mental Health & Substance Abuse

POPULATION SERVED

Outpatient Mental Health Services:

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

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

Outpatient Substance Abuse & Addiction Services:

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

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

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

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

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

REGULATIONS

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

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

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

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

HOURS OF SERVICE

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

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



OUTPATIENT SERVICES

■ Outpatient Mental Health & Substance Abuse

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



OUTPATIENT SERVICES

■ *Psychiatry*

DESCRIPTION

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

POPULATION SERVED

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

PROGRAMS OFFERED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm.



OUTPATIENT SERVICES

■ Psychiatry

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



■ ADULT PROTECTIVE SERVICES

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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



■ ADULT PROTECTIVE SERVICES

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



■ AQUATIC SERVICES

DESCRIPTION

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

REGULATIONS

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

HOURS OF SERVICE

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

POPULATION SERVED

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



■ AQUATIC SERVICES

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



■ COMMUNITY CORNER CLUBHOUSE

DESCRIPTION

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

The Clubhouse helps empower members by offering:

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Thursday: 8:00 am – 4:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

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



■ COMMUNITY CORNER CLUBHOUSE

STAFFING

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

BUDGET HIGHLIGHTS

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

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

BUDGET SUMMARY

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



HUMAN SERVICES OPERATIONS

■ DEMAND TRANSPORTATION

DESCRIPTION

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

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

REGULATIONS

85.21 WI DOT requirements

HOURS OF SERVICE

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

STAFFING

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

POPULATION SERVED

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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





NURSING HOME OPERATIONS

2017 BUDGET BY PROGRAM

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

Nursing Home Administration	65
Ancillary	66
Long-Term Care	
Reflections Long Term Care	67
Memory Care	
Legacies by the Lake Dementia Care	68
Post-Acute Care	
Southshore Short-Term Rehabilitation & Northwinds Vent Community	70
Rehab	71



NURSING HOME OPERATIONS

NURSING HOME OPERATIONS ADMINISTRATION

DESCRIPTION

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

BUDGET HIGHLIGHTS

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

STAFFING

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

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

BUDGET SUMMARY

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



NURSING HOME OPERATIONS

■ ANCILLARY

DESCRIPTION

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

BUDGET HIGHLIGHTS

No major changes anticipated for 2017.

BUDGET SUMMARY

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



NURSING HOME OPERATIONS

LONG-TERM CARE

■ Reflections Long-Term Care

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



NURSING HOME OPERATIONS

MEMORY CARE

■ Legacies by the Lake Dementia Care

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

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

BUDGET SUMMARY

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

HOURS/DAYS OF SERVICE

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

STAFFING

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

BUDGET HIGHLIGHTS

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



NURSING HOME OPERATIONS

POST-ACUTE CARE

■ Southshore Short-Term Rehabilitation & Northwinds Vent Community

DESCRIPTION

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

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

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

POPULATION SERVED

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

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

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



POST-ACUTE CARE

■ Southshore Short-Term Rehabilitation & Northwinds Vent Community

STAFFING

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

BUDGET HIGHLIGHTS

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

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

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

BUDGET SUMMARY

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



NURSING HOME OPERATIONS

■ REHAB

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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





SUPPORT SERVICES

2017 BUDGET BY PROGRAM

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

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SUPPORT SERVICES

BUSINESS OPERATIONS

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ CORPORATE ADMINISTRATION

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



■ EMPLOYEE BENEFITS

DESCRIPTION

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ ENROLLMENT SERVICES

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ ENVIRONMENTAL SERVICES

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ HEALTH INFORMATION

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ HOUSEKEEPING

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

HUMAN RESOURCES

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ INFORMATION MANAGEMENT SERVICES

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ IN-HOUSE TRANSPORTATION

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ LAUNDRY

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



■ MARKETING & COMMUNICATIONS

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ NURSING HOME HOUSEKEEPING

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ NUTRITION SERVICES

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ PATIENT ACCOUNTS

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ PHARMACY

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

■ PURCHASING

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

The budget remains consistent.

BUDGET SUMMARY

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



SUPPORT SERVICES

■ QUALITY

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



SUPPORT SERVICES

VOLUNTEER SERVICES

DESCRIPTION

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

STAFFING

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

BUDGET HIGHLIGHTS

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

BUDGET SUMMARY

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



CAPITAL BUDGET

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

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

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

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

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



CAPITAL IMPROVEMENT REQUESTS SUBMITTED TO MARATHON COUNTY

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

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

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

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

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

ROLLING STOCK REQUEST

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



CAPITAL FUNDED IN 2017 BUDGET

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





North Central Health Care

Person centered. Outcome focused.

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

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by emailing info@norcen.org or by calling North Central Health Care
Administration Office at 715.848.4405.*



MEMO

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

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

BALANCE SHEET

Accounts remain consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NCHC-DONATED FUNDS**Balance Sheet**

As of October 10, 2016

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

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

Total CHECKING ACCOUNT	171,491.64
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Total Checking/Savings	171,491.64
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Total Current Assets	171,491.64
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TOTAL ASSETS	171,491.64
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LIABILITIES & EQUITY**Equity**

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

Total Equity	171,491.64
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TOTAL LIABILITIES & EQUITY	171,491.64
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North Central Health Care Budget Revenue/Expense Report

Month Ending September 30, 2016

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

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

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

**North Central Health Care
2016 Patient Days**

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