North Central Health Care
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OFFICIAL NOTICE AND AGENDA

MEETING of the **North Central Community Services Program Board** to be held at
1100 Lake View Drive, Wausau, WI 54403 at **12:00 pm** on **Thursday, January 25th, 2018**

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.

A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Chairman's Report and Announcements– J. Zriny
4. Board Committee Minutes and Reports
5. Board Education: Corporate Compliance Obligations of the NCCSP Board and Emerging Compliance Trends – John Fisher
6. Monitoring Reports
    A. CEO Work Plan Review and Report – M. Loy
    B. Chief Financial Officer's Report
        i. ACTION: Review and Accept December Financial Statements
        ii. Review Preliminary 2017 Financial Results
    C. Human Services Operations Report – L. Scudiere
    D. Nursing Home Operations Report – K. Gochanour
    E. Quality Outcomes Review
        I. ACTION: Review and Accept the Quality Dashboard and Executive Summary
7. Board Discussion and Action
    A. ACTION: Approval of 12/21/17 NCCSP Board Meeting Minutes
    B. ACTION: Current Board Policy – Contract Review Policy
    C. ACTION: Current Board Policy – Capital Assets Management Policy
    D. ACTION: Current Board Policy – Risk Reserve Policy
    E. ACTION: Consideration of Program Application to the Retained County Authority Committee for Program Creation – Marathon County Intensive Outpatient Program
    F. ACTION: Consideration of the Creation of a General Corporation Counsel Position– M. Loy
8. Policy Development
    A. Policy Governance
        i. Policy Governance - Board Governance Process Policies and Presentation of Entire Draft Policy Governance Manual and Amended Bylaws
        ii. For Consideration and ACTION: Board Policy - Cash Management Policy
9. MOTION TO GO INTO CLOSED SESSION
    A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations
        i. Corporate Compliance and Ethics
        ii. Significant Events
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
12. 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: 01/19/2018 TIME: 4:45 p.m. BY: D. Osowski

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

December 21, 2017 | 12:45 p.m. | Lincoln County Administrative Office Building - Merrill

Present:

X	Randy Balk	X	Steve Benson	EXC	Ben Bliven
X	Jean Burgener	X	Meghan Mattek	X	Bill Metter
X	Bill Miller	X	Corrie Norrbom	X	Greta Rusch
X	Rick Seefeldt	X	Robin Stowe	X	Bob Weaver
EXC	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Laura Scudiere, Sheila Zblewski

Guests: Nancy Bergstrom, Lincoln County District Attorney, Dan Leydet, Lincoln County Finance Director, Bob Lee, Lincoln County Board Chair, Lisa Gervais, Administrator at Pinecrest Nursing Home, Mindy Meehan, Director of Nursing at Pinecrest Nursing Home.

Call to Order

- The meeting was called to order at 12:05 p.m.
- Welcome and introductions of guests.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements – J. Zriny

- On Tuesday, December 19 Langlade County Board, Lincoln County Board, and Marathon County Board each approved and appointed Michael Loy as the CEO of North Central Health Care. Zriny thanked Loy for his commitment during the long period of time as Interim and is glad we can move forward with him as the CEO. Loy thanked everyone involved for the opportunity to serve as the CEO and the privilege to serve the community in this capacity.

Board Committee Minutes and Reports

- None

Monitoring Reports

- CEO Work Plan Review and Report – M. Loy
  - The organization is on a strong path to the 5 to 50 vision. Progress continues on the Master Facility Plan with an expected report in February. The Capital Campaign for the pool is making excellent progress and we are confident the $3 million goal will be met. There is a current total of $1.4 million in pledges. Please continue to encourage support of the project.
  - The letter is being sent to the State to decertify 20 beds in the nursing home as approved in the 2018 budget. This change was also confirmed with john Robinson, Chair of the Mount View Care Committee and in line with the recommendations of the consultants, CliftonLarsonAllen.

- Lisa Gervais and Mindy Meehan from Pinecrest were thanked for joining the Board meeting. The April Board meeting is scheduled to be held in Merrill at which time a tour of Pinecrest will be available. Pinecrest recently opened a 20 bed private bed/bath special care unit in October 2017. The unit filled to capacity immediately and currently has a waiting list. November 27, 2017 another 20 bed rehab wing opened with 10 beds occupied and 8 referrals in process. Consumers want private bed/bath and smaller dining areas. Pinecrest also completed their first survey under the new rules and received only 1 citation.

- Finance, Personnel & Property – B. Glodowski
  - November showed a gain of over $150,000 which was better than expected. The nursing home had two significant adjustments that were better than anticipated: a new Medicaid rate received that went back to July, and, notification of the supplemental payment for July 2017 – June 2018 increasing. In addition, we received a credit from the State Institutes.
  - Expenses and benefits continue to do well. Overall expenses were under budget and revenues are exceeding targets. We anticipate December to be a good month also.
  - We are hoping to obtain an adjustment from WRS to be included in December financials to avoid an adjustment later on. Through November there is a $1.3 million positive gain.
  - **Motion**/second, Weaver/Metter to accept the November Financial Statements. Motion carried.

- Human Services Operations Report – L. Scudiere
  - Community Treatment received a 2-year renewal following the annual survey. We have been asked to present statewide on our new onboarding procedures for training new staff.
  - We continue to wait on state approval of our facility renovations before the renovation work can begin for the MMT expansion which also delays the CBRF expansion.
  - Day Treatment and Intensive Outpatient proposals continue to be developed. Recruiting has begun for the new Crisis Assessment Response Team and the new Linkage program.
  - Staff are preparing for the Joint Commission Survey.
  - New software will be implemented in order to provide treatment metrics requested by the RCA and which supports new Joint Commission Accreditation standards.
  - Hillcrest Group Home will be closing by the end of 2017. Residents are relocating to other residential homes.

- Nursing Home Operations Report – K. Gochanour
  - In addition to the updates provided in the Board packet, a PDCA on 'falls' is being conducted with a report on the results in January or February.

- Quality Outcomes Review – M. Loy
  - The vacancy rate has not been able to reach the target; finding available labor force is the largest challenge. Retention rate has improved over last year. The emphasis is what we've been able to accomplish with the patient experience rating indicating 8 of 10 people rate their experience as top box experience at NCHC. The nursing home readmission rate is exceptional. In Behavioral Health we feel the readmission rate should stabilize with stable Physician coverage in Inpatient. Access is almost to target.
  - **Motion**/second, Benson/Rusch, to accept the Quality Dashboard and Executive Summary. Motion carried.

Board Discussion and Action

- **Motion**/second, Metter/Stowe, to approve the 11/30/17 NCCSP Board Meeting Minutes. Motion carried.
- **Motion**/second, Weaver/Seefeldt, to recommend changing the meeting Per Diem rate to $100 for all non-county supervisors and employees. Discussion followed. Motion carried. M. Loy was asked to verify policy for county supervisors and employees with Marathon County Corporation Counsel.
- **Motion**/second, Weaver/Burgener, to approve the 2018 Board-CEO Work Plan. Discussion followed. Motion carried.
- **Motion**/second, Metter/Rusch, to approve medical staff privileges of She-Teen Chiu, D.O. as recommended by the Medical Staff. Motion carried.

Policy Development – M. Loy

- K. Day led the discussion on the CEO-Board Relationship Policies and Board Governance Process Policies:
  - Q1. To whom is the NCHC Board accountable?
    - Policy Governance only speaks to the relationship of this Board and does not usurp the Retained County Authority (RCA), Joint County Agreement or NCCSP Bylaws.
    - CEO would bring items to the Board Chair if there is interference from board/members.
    - Board can adjust policies as needed.
    - Board identified the following as those the Board is accountable for: community/residents of 3 counties and all 3 county boards ultimately ownership is the three counties.

  - Q2. What does the Board expect its primary responsibilities to be?
    - Ensure quality of care is provided.
    - Financial viability.
    - Understanding community needs.
    - Capture programs that are funded.
    - Synthesize the talents of the Board each with own perspective (Board development).
    - Monitor CEO performance.
    - Staying informed of county needs.
    - Monitoring organizational performance.
    - CEO succession.

  - Q3. Does the Board agree it wants to go forward without standing committees and with the ability to create committees as required to focus on specific issues which will assist the full board with its work?
    - If a good monitoring process is provided for the Board, there will not be a need for committees, however, committees can be created at any time.
    - The MVCC committee will become a permanent committee of Marathon County which will oversee the management agreement for the nursing home.

  - Q4. The Board President is charged with creating the Board meeting agenda. What process if any does the Board agree to follow in order that the Board member have the ability to request an item(s) be included on the Board meeting agenda?
    - Any individual can request items on the agenda and they will be placed on the agenda.

- Q5. How does the Board wish to pursue individual Board member development? How does the Board wish to approve expenses associated with individual Board member development i.e. attendance at conferences, enrollment in programs, site visits, etc.?
    - The entire Board should authorize if time allows otherwise Board Chair.
- 2018 Board Calendar
    - The 2018 Board activity outline was provided. This is a document to reference as agendas and discussion are identified for the Board during the year. The calendar will be included in each Board packet and modified on an ongoing basis.

MOTION TO GO INTO CLOSED SESSION

- **Motion** by Stowe, Pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercised responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations. Second by Miller. Miller expressed his opinion that the members of the RCA should be present for the Report of Investigations. Consideration to include the RCA members in future meetings will be discussed at another time. Confidentiality forms would need to be signed first. Roll call taken. Motion carried.
- **Motion**/second, Weaver/Benson, to reconvene in open session at 2:10 p.m. Motion carried. No Report Out or Action needed from the Closed Session.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Metter/Norrbom, to adjourn the Board meeting at 2:12 p.m. Motion carried.

Minutes by Debbie Osowski, Executive Assistant

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

January 17, 2018 **12:00 PM** **North Central Health Care–Board Room**

Present:	X	Jeff Zriny	X	Steve Benson
	X Via video	Robin Stowe	X	Bob Weaver

Others present: Michael Loy, Ken Day

Chairman Zriny called the meeting to order at 12:04 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 12/14/17 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Stowe, to approve the 12/14/17 Executive Committee meeting minutes; motion passed 4-0.

CEO Report

- We are working with the Medical College of Wisconsin and Dr. Gabriella Hangiandreou, Child/ Adolescent Psychiatrist, in an effort for Dr. Hangiandreou to work part time (one day per week) in Community Treatment. She would provide crisis stabilization, initial assessments, etc. for children in need of psychiatric care. She would also work closely with our case managers and assist them in coordinating services with the child's primary care physician and for appropriate referrals for services.
- We are in the process of integrating the Community Treatment and Outpatient Programs. The two programs have multiple overlapping services. By integrating the programs we can provide patients with a better experience from enrollment through treatment. Our current Outpatient Director expressed interest in becoming the Director of Behavioral Health Services (BHS) and our current Community Treatment Director will oversee the combined Outpatient and Community Treatment programs. The current contracted BHS Director will help with the transition and integration of the program areas.
- The CART program has begun. Full-time crisis staff are paired with Sheriff's Deputies and Wausau Police Department Officers to partner with them in the community in emergency crisis situations. Teams will be working together 40 hours per week.
- Marathon County Sheriff's Department notified us that they are no longer providing all transportation to state institutes. In many cases when a local law enforcement agency is involved that agency will be responsible for the transportation to another location rather than the Sheriff's Department. Previously the Sheriff's Department was transporting the majority of individuals.

- We are busy preparing for two surveys. The nursing home survey should occur before the end of January and the Joint Commission survey should be this spring.
- A press release went out this week on the Warm Water Therapeutic Pool Capital Campaign. This community is incredibly generous. We are approaching $2.4 million in donations and pledges of the required $3 million goal needed by March 1. There are well over $1 million in requests pending yet with final decisions from them over the next week or two. A radio interview was done this morning, as well as an interview with Channel 9 today, and another will be done with Channel 7 on Friday. We are also working with the County Administrator to begin the RFP process for the architectural design.
- The timeline on the project in Lincoln County to renovate the current office space will be changed to coordinate with an HVAC project. This pushes the project into the summer months. We are excited about the project which will accommodate the growth we are projecting in the future in Lincoln County.

Master Facility Plan

- The Board authorized $175,000 for the Master Facility Plan project. A consulting firm was identified and a team toured several facilities in Wisconsin and Minnesota to obtain ideas for our campus. A full analysis of services and our campus is being completed. February 22 we plan to have the consultants present to the Board who will be asked for a recommendation to present to the County Board. The policy decision rests with Marathon County as these are their facilities. We anticipate providing options including renovation options up to and including a reinvention of our campus. There are many efficiencies in a reinvention including reducing the overall size by 25%. We also feel as though we will be able to cash flow each of these options.

Policy Governance

- The Committee reviewed the Board Governance Process section.
    - Suggested word change on Policy 2.1, #10: 'Enforce upon itself whatever discipline is needed to govern with excellence.' To replace the term 'discipline' with education, accountability, or commitment.
    - Suggested word change to Policy 2.2 – Board Job Description: 1. 'Maintaining a credible link…'; Replace 'Maintaining' with 'Cultivate'.
- The Board Governance Process section will be included in the Policy Governance Manual and reviewed with the Board at the Board Meeting. A printed copy of the Manual will be provided to each Board Member with consideration to adopt as a whole at the February Board meeting.

Agenda for 01/25/18 Board Meeting

- Draft of the 1/25/18 Board Agenda was provided and reviewed. No changes were noted.

Discussion and Future Agenda Items for Board Consideration

- None

Adjourn

- **Motion**/second, Stowe/Weaver, to adjourn the meeting at 1:12 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

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MEMORANDUM

DATE: January 19, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim Chief Executive Officer
RE: January CEO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

1) Aquatic Therapy Pool: Weekly meetings with the Capital Campaign Committee continue. No additional major requests have been made as there are a number of viable prospects pending. As of January 18, 2017 here is the current status for the fundraising effort:

	Requested	Pledged
Businesses	$1,035,000	$375,000
Foundations	$1,990,000	$1,630,000
Individuals	$250,000	$387,279
Fundraising Activities	$25,000	$9,814
Totals	$3,300,000	$2,402,093

2) Master Facility Planning: The Master Planning Event #5 was held on January 9, 2018. The full day event reviewed the final space allocation and program adjacency needs for the Master Facility Plan. The 2nd part of the day focused on extreme schemes of best case future state options for the campus. The Master Facility Plan will deliver 2-3 options for the NCCSP Board to consider for recommendation to the Marathon County Board. There will be 2-3 options presented on renovation needs and opportunities over the next 10 years as well as an option of a complete reinvention of the NCHC campus. The policy decision for the Marathon County Board will be to either renovate or reinvent the campus along with the implications of these options. The original deliverable for final report was the end of January which was amended in December to the first two weeks of February. We are tentatively planning on presenting the Master Facility Plan to both the Marathon County Board and NCCSP Board on Thursday, February 22nd. Marathon County Facility & Capital Maintenance recently indicated the report might not be delivered until mid-March which is a significant concern because of the timing of other projects impacted by this plan and timing of the upcoming County Board election.

Objective	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Dec-16	Appointment	Appointments - Marathon County: Chair Lance Leonard, Deputy Administrator, Chad Billeb, Chief Deputy; Lincoln County: Nancy Bergstrom, Corporation Counsel; Langlade County: Robin Stowe, Corporation Counsel.	Completed												
Appointment of NCCSP Board Members	Counties	Jan-17	Appointment(s)	All vacant Board seats have been filled. Jean Burgener and Bill Miller's terms both expired at the end of 2017 but they will continue to serve until new Board memebers are appointed. Working with the County Administrator to identify new Board members to replace both members.	Carry Over												
Annual Audit	NCCSP	Jan-17	Acceptance of annual audit by NCCSP Board and Counties	The audit was presented at the March 30, 2017 NCCSP Board meeting. Members of the RCA were invited to the audit presentation and provided copies of the audit documents. The RCA accepted the audit at their April 27th meeting.	Completed												
Policy Governance for the NCCSP Board	NCCSP	Jan-17	Policy Governance Manual Approved	The NCCSP Board is reviewing the final section, Board Governance Process Policies, at its January meeting. The final Policy Governance Manual and Amended Bylaws will be provided to the NCCSP Board at their January meeting and considered for final adoption at their Feburaury meeting.	Carry Over												
Prepare Local Plan	NCCSP	Jan-17	Adopted 3 Year Local Plan	The Agreement requires the NCCSP Board to develop a 3 Year Local Plan to meet the needs of the Communities it serves. This project will have to be done in coordination with the RCA to establish a vision for an end product. At this time the work on this item has not begun. Administration has requested the RCA to help scope this deliverable at a future RCA meeting.	Carry Over												
Nursing Home Governance	**NCCSP**	**Jan-17**	**Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP**	**Marathon County is extending the charter of the MVCC Committee to provide a recommendation to the County Board on MVCC by March 2018 to allow for the Master Facility Plan to consider the future of MVCC as part of that study. The County Administrator will be tasked with creating a management agreement with NCHC to manage MVCC on the County's behalf but the policy oversight will be vested in the MVCC Committee which has been determined to be a permanent County Committee. It appears the Committee will make a recommendation to continue to have NCHC operate MVCC at its current adjusted census level.**	**Open**												
Pool Management Governance	**NCCSP**	**Jan-17**	**Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP**	**The County Board adopted a resolution authorizing amending the 2017 CIP budget and bonding for $3.4M to fund the building of a new $6M pool and decommissioning of the current pool. Community support of $3M must be gathered prior to March 1, 2018 for the project to move ahead. To date, we are approaching have $2.4M of funding pledged. An RFP for architectual services will be released soon. It appears the project will happen as we anticipate hitting the fundraising target. A management agreement on the pool will likely not be until the conclusion of the Aquatic Therapy Pool Capital Campaign.**	**Open**												

Objective	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Create "arms-length" financial relationship between NCHC and MVCC	**NCCSP**	**Jan-17**	**Separate financial statements and legal status**	**Separate finanicals exist for Mount View Care Center and the NCHC Human Services Operations. Further work must now be done to further develop the contractual relationship between the two operations pending the conclusion of the work Marathon County is doing for the nursing home. A draft agreement is in the works.**	**Open**												
Review of Bylaws	NCCSP	Jan-17	Adopted Amended Bylaws	The Board adopted an update to the Bylaws to make them contemporary with the new Tri-County Agreement at their January meeting. Further amendments might be necessary depending on the Policy Governance work of the Board.	Completed												
Develop Training Plan for each County	NCCSP	Feb-17	Adopted Annual Training Plan	Administration contacted each of the three County administrations to identify training needs on accessing and using NCHC services along with general support for skill enhancement for individual county departments sharing in the responsibility for our managed population. The process was initiated in a request to each County's Corporation Counsels. No requests were made at the time but NCHC will be open and willing to fulfill any future requests. There are annual training expectations as part of the RCA's performance expectation responsbilities. Some training requirements were established as performance expectations by the RCA.	Completed												
CEO Selection Plan and Recommendation	NCCSP	Feb-17	Adopted CEO Recruitment Plan	CEO appointment was confirmed in December.	Completed												
Facility Use Agreements	**NCCSP**	**Mar-17**	**Signed agreements with each of the three Counties**	**We have obtained all facility use agreements from each of the three Counties along with the most recent updated draft of the agreement with Marathon County. Will be reviewing these items and creating a consistent use agreement for all three Counties.**	**Open**												
Develop Conflict Resolution Protocol	**NCCSP**	**Apr-17**	**Board adoption of Conflict Resolution Protocol**	**Final draft will be presented to RCA in January.**	**Open**												
County Fund Balance Reconciliation	NCCSP	Apr-17	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Completed												
Annual Report	NCCSP	May-17	Annual Report Release	The Annual Report was presented to the NCCSP Board and released following the May meeting. Presented the annual report to Langlade County. Hard copies were sent to all members of the three County Boards.	Completed												
Review of Personnel Policies	NCCSP	Sep-17	Appropriate Policies Identified and Adopted	The RCA has review the compensation plan and policies. Adjustments were made on Executive compensation and were forwarded to the NCCSP Board for implementation. No changes were made to Employee Compensation plans or policies.	Completed												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	The RCA has provided general parameters and guidenace for the bi-annual report. The report will be developed and delivered in April and October of 2018.	Completed												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	The CFO has reached out to each of the Finance Directors in the time before and following the audit to check-in. Nothing of significance to report.	Completed												

Objective	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Budget	RCA	Feb-17	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The NCCSP Board approved the proposed 2018 Budget at their August meeting.The RCA recommended the proposed budget to each of their respective County Boards at their September meeting. All three County Boards approved the 2018 Budget in November with the only modification coming from Marathon County in an amendment to the tax levy for Mount View Care Center. The levy was reduced by $200k from $1.7M to $1.5M for MVCC. The 2018 MVCC budget now is no longer balanced and adjustments will have to be made.	Completed												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This document serves as the work plan.	Completed												
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	The CEO compensation plan was reviewed and sent to the NCCSP Board for implementation.	Completed												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Finalized at the February meeting	Completed												
Determine "Substantially Modify" Criteria and Application Structure	RCA	Feb-17	Agreed upon guidelines and Application process	Definition and adoption done at the February RCA meeting. The CEO and committee members will brief each of their committees/boards on the resolution of this item. The NCCSP Board reviewed this policy and guideline at their March meeting.	Completed												
Non-CEO Employee Compensation Plan	RCA	Mar-17	Adopted Plan	The compensation plan was reviewed by the RCA. The RCA adjusted only the Executive level pay grades lower by one pay grade each while the CFO was reduced two grades. An additional 5% reduction in the grades was added to these adjustments. The Employee Incentive Compensation plan was eliminated by the RCA for all NCHC employees. No further adjustments are recommended for any other parameters of the plan or specific pay grade changes. The pay plan and policy can be fully implemented by the NCCSP Board.	Completed												
Capital Improvement Policy	**RCA**	**Mar-17**	**Develop comprehensive CIP Policy for NCCSP and RCA adoption**	**Drafts are being developed for consideration in early 2018.**	**Open**												
CEO Appraisal Process Design	RCA	Mar-17	Written Assessment Process and Documents	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process are slated for the Feburary meetings.	Carry Over												
Performance Standards	RCA	Mar-17	Adopted Annual Performance Standards	Performance standards have been approved for the 2018 budget and the measurement systems are being put in place here at NCHC.	Completed												
Reserve Policy Review	RCA	Apr-17	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	The CFO has met with or has been in conversation with each of the the County Finance Directors throughout 2017.	Completed												
Selection of NCCSP Auditor	RCA	Apr-17	RFP and seleciton of auditing firm	Four firms responded to the RFP and were interviewed by NCHC in July. A recommendation to sign a three-year agreement with WIPFLI was provided to and adopted by the RCA at their July meeting.	Completed												
Tri-County Contral Annual Review	RCA	Oct-17	Revision Recommendation to County Boards if necessary	An amendment needed for indemnification provisions will be considered.	Carry Over												

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Terms of office for each representative of the RCA coincides with the respective terms of the representative Counties. Reappointment(s)/Appointment(s) must be made after the new Boards are elected in April in 2018	Pending												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	Fill any vacancies created through the expiration of current appointments or created through the election.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process are slated for the Feburary meetings.	Open												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	Audit pre-work has begun and the audit firm will begin their audit in the next few weeks with a March delivery date.	Open												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The NCCSP Board is reviewing the final section, Board Governance Process Policies, at its January meeting. The final Policy Governance Manual and Amended Bylaws will be provided to the NCCSP Board at their January meeting and considered for final adoption at their Feburaury meeting.	Open												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The Agreement requires the NCCSP Board to develop a 3 Year Local Plan to meet the needs of the Communities it serves.	Pending												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Pending												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Financial policies have been updated and will be presented to the NCCSP Board at their January meeting to consider before the audit is in full swing.	Open												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards		Pending												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report		Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed		Pending												
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board		Pending												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This documet serves as the work plan document.	Open												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process are slated for the Feburary meetings.	Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards		Pending												
Tri-County Contral Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	An amendment needed for indemnification provisions will be considered.	Open												

North Central Health Care
Person centered. Outcome focused.

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: January 19, 2018
RE: Attached Financials

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

BALANCE SHEET

The Balance Sheet continues to be strong. Net Accounts Receivable is reconciled at year end, and continues to improve. Cash remains strong and investments have increased. Year end inventories have been completed and the inventory balances reflect the year end inventory balances.

STATEMENT OF REVENUE AND EXPENSES

The month of December shows a gain of $1,897,438, compared to a budgeted loss of $(80,953), resulting in a positive variance of $1,978,391. There are a number of factors that have contributed to this gain. The nursing home census improved in December averaging 183 per day. This is an increase of 4 per day compared to last month. The nursing home also had favorable rate increases for the Medicaid program compared to target. The hospital census averaged 14, which is also the target.

The 2016 WIMCR (Wisconsin Medicaid Cost Reporting) settlements were received in December. The settlement was $292,000 more than anticipated, which results in increased revenue. In addition, the amount being recorded as a receivable for 2017 was increased by $190,000. There are 5 programs that are eligible for WIMCR. Crisis is seeing a significant increase in settlement due to the growth of this program.

The continued growth in CCS (Comprehensive Community Services) is also contributing to a large settlement in this area. Between the 2016 settlement and 2017 increase in anticipated settlement, the revenue increased $800,000. This program is a cost-based settlement program.

The year end information for the Intoxicated Driver supplement was received. There were additional funds available which resulted in an increase of almost $113,000.

A significant refund was received in December for the State Institutes resulting in a credit of $217,000 being applied. This is a result of collections being received by the State Institutes which are returned to the organization.

At this time, the organization is showing an overall gain for the year of $3,219,487. These are preliminary statements. The final statements will be presented with the audit presentation in March. The year end GASB adjustment will be included with the audit and reflected in the final 2017 statements.

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

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
DECEMBER 2017

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	5,447,875	2,471,940	7,919,815	6,085,131
Accounts receivable:				
Patient - Net	2,554,925	1,999,011	4,553,936	5,455,685
Outpatient - WIMCR & CCS	1,440,000	0	1,440,000	470,000
Nursing home - Supplemental payment program	0	0	0	0
Marathon County	0	0	0	539,585
Appropriations receivable	0	0	0	0
Net state receivable	1,436,274	0	1,436,274	77,531
Other	327,196	0	327,196	415,168
Inventory	0	342,220	342,220	305,374
Other	121,099	89,545	210,644	441,429
Total current assets	11,327,369	4,902,717	16,230,086	13,789,903
Noncurrent Assets:				
Investments	11,792,118	0	11,792,118	10,300,000
Assets limited as to use	309,908	149,742	459,650	2,836,893
Contigency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	11,965	23,708	35,672	56,589
Net pension asset	0	0	0	0
Nondepreciable capital assets	91,384	498,521	589,905	919,960
Depreciable capital assets - Net	7,297,965	3,799,437	11,097,402	10,683,121
Total noncurrent assets	20,003,340	4,471,408	24,474,748	24,796,563
Deferred outflows of resources - Related to pensions	10,070,362	7,446,358	17,516,720	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	41,401,071	16,820,482	58,221,554	56,103,186

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
DECEMBER 2017

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Current portion of related-party note payable	0	0	0	154,310
Accounts payable - Trade	618,034	456,994	1,075,028	1,588,855
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	925,543	684,377	1,609,920	1,687,943
Compensated absences	770,773	569,935	1,340,708	1,477,446
Health and dental insurance	357,588	264,412	622,000	798,000
Other Payables	137,401	101,599	239,000	364,809
Amounts payable to third-party reimbursement programs	250,000	0	250,000	205,920
Unearned revenue	76,748	0	76,748	180,798
Total current liabilities	3,136,086	2,077,317	5,213,404	6,458,081
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	3,127,379
Related-party note payable	0	0	0	481,871
Patient trust funds	11,965	23,708	35,672	56,589
Total noncurrent liabilities	1,809,895	1,353,157	3,163,051	3,665,839
Total liabilities	4,945,981	3,430,474	8,376,455	10,123,920
Deferred inflows of resources - Related to pensions	3,821,383	2,825,657	6,647,040	6,647,040
Net Position:				
Net investment in capital assets	7,389,349	4,297,958	11,687,307	10,966,900
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	309,908	149,742	459,650	2,336,893
Undesignated	21,216,010	6,115,605	27,331,615	28,186,675
Operating Income / (Loss)	3,218,440	1,047	3,219,487	(2,658,242)
Total net position	32,633,707	10,564,352	43,198,059	39,332,226
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	41,401,071	16,820,482	58,221,554	56,103,186

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING DECEMBER 31, 2017

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$5,238,782	$3,657,142	$1,581,639	$46,118,269	$44,304,800	$1,813,468
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	3,894,043	3,901,436	(7,393)
Grant Revenue	264,392	197,183	67,209	2,418,445	2,366,200	52,245
County Appropriations - Net	639,260	639,260	0	7,671,118	7,671,118	0
Departmental and Other Revenue	642,191	302,272	339,919	3,872,027	3,527,223	344,804
Total Other Revenue	1,870,347	1,463,835	406,512	17,855,632	17,465,977	389,655
Total Revenue	7,109,129	5,120,977	1,988,151	63,973,901	61,770,777	2,203,124
Expenses:						
Direct Expenses	3,890,514	3,880,921	9,594	45,645,023	46,078,035	(433,012)
Indirect Expenses	1,349,793	1,329,343	20,450	15,343,848	15,792,743	(448,895)
Total Expenses	5,240,308	5,210,264	30,044	60,988,871	61,870,777	(881,907)
Operating Income (Loss)	1,868,821	(89,286)	1,958,107	2,985,030	(100,000)	3,085,031
Nonoperating Gains (Losses):						
Interest Income	20,011	8,333	11,678	167,995	100,000	67,995
Donations and Gifts	7,969	0	7,969	58,129	0	58,129
Gain / (Loss) on Disposal of Assets	638	0	638	8,332	0	8,332
Total Nonoperating Gains / (Losses)	28,617	8,333	20,284	234,456	100,000	134,456
Income / (Loss)	$1,897,438	($80,953)	$1,978,391	$3,219,487	($0)	$3,219,487

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING DECEMBER 31, 2017

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$3,492,004	$1,841,074	$1,650,930	$25,358,625	$22,818,600	$2,540,025
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	3,894,043	3,901,436	(7,393)
Grant Revenue	264,392	197,183	67,209	2,418,445	2,366,200	52,245
County Appropriations - Net	497,594	497,593	1	5,971,126	5,971,118	8
Departmental and Other Revenue	396,733	149,059	247,674	1,936,760	1,788,696	148,064
Total Other Revenue	1,483,223	1,168,955	314,268	14,220,373	14,027,450	192,924
Total Revenue	4,975,227	3,010,029	1,965,197	39,578,998	36,846,050	2,732,948
Expenses:						
Direct Expenses	2,546,331	2,392,154	154,177	28,923,190	28,470,586	452,604
Indirect Expenses	631,846	660,883	(29,037)	7,663,725	7,851,362	(187,637)
Total Expenses	3,178,177	3,053,037	125,140	36,586,915	36,321,948	264,967
Operating Income (Loss)	1,797,050	(43,008)	1,840,058	2,992,083	524,102	2,467,981
Nonoperating Gains (Losses):						
Interest Income	20,011	8,333	11,678	167,995	100,000	67,995
Donations and Gifts	7,390	0	7,390	50,030	0	50,030
Gain / (Loss) on Disposal of Assets	638	0	638	8,332	0	8,332
Total Nonoperating Gains / (Losses)	28,039	8,333	19,706	226,357	100,000	126,357
Income / (Loss)	$1,825,089	($34,674)	$1,859,763	$3,218,440	$624,102	$2,594,338

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING DECEMBER 31, 2017

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,746,777	$1,816,068	($69,291)	$20,759,644	$21,486,200	($726,556)
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	1,699,992	1,700,000	(8)
Departmental and Other Revenue	245,458	153,213	92,245	1,935,267	1,738,527	196,740
Total Other Revenue	387,124	294,880	92,244	3,635,259	3,438,527	196,732
Total Revenue	2,133,902	2,110,948	22,954	24,394,903	24,924,727	(529,825)
Expenses:						
Direct Expenses	1,344,184	1,488,767	(144,583)	16,721,833	17,607,449	(885,616)
Indirect Expenses	717,947	668,460	49,487	7,680,122	7,941,380	(261,258)
Total Expenses	2,062,131	2,157,227	(95,096)	24,401,955	25,548,830	(1,146,874)
Operating Income (Loss)	71,771	(46,279)	118,050	(7,053)	(624,102)	617,050
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	578	0	578	8,099	0	8,099
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	578	0	578	8,099	0	8,099
Income / (Loss)	$72,349	($46,279)	$118,628	$1,047	($624,102)	$625,149

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
December 31, 2017

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
CoVantage Credit Union	487 Days	1/1/2018	1.10%	$500,000	X
Abby Bank	365 Days	2/25/2018	1.10%	$500,000	X
Abby Bank	730 Days	3/15/2018	1.20%	$400,000	X
People's State Bank	395 Days	3/28/2018	1.05%	$250,000	X
CoVantage Credit Union	365 Days	3/30/2018	1.10%	$500,000	X
PFM Investments	365 Days	4/3/2018	1.30%	$492,000	x
PFM Investments	517 Days	4/30/2018	1.12%	$492,000	X
Abby Bank	730 Days	5/3/2018	1.20%	$500,000	X
BMO Harris	365 Days	5/28/2018	1.20%	$500,000	X
PFM Investments	365 Days	6/13/2018	1.50%	$492,000	X
People's State Bank	365 Days	8/21/2018	1.10%	$500,000	X
BMO Harris	365 Days	8/26/2018	1.35%	$500,000	X
Abby Bank	365 Days	8/29/2018	1.20%	$500,000	X
Abby Bank	365 Days	9/1/2018	1.20%	$500,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	$300,000	X
PFM Investments	365 Days	11/30/2018	1.63%	$490,000	X
Abby Bank	730 Days	1/6/2019	1.30%	$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	$500,000	X
People's State Bank	730 Days	5/29/2019	1.20%	$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	$500,000	X
Abby Bank	730 Days	7/19/2019	1.30%	$500,000	X
Abby Bank	730 Days	10/29/2019	1.61%	$500,000	X
CoVantage Credit Union	730 Days	11/18/2019	1.50%	$500,000	X
Abby Bank	730 Days	12/30/2019	1.61%	$500,000	X
TOTAL FUNDS AVAILABLE				$11,266,000	
WEIGHTED AVERAGE	531.80 Days		1.304% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of December 31, 2017

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	4,970.81
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	40,760.99
Community Treatment	7,350.37
Fishing Without Boundries	4,952.80
General Donated Funds	60,087.38
Housing - DD Services	1,370.47
Langlade HCC	3,094.39
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,855.99
Total Legacies by the Lake	6,814.24
Marathon Cty Suicide Prev Task	13,728.67
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	9,236.24
Outpatient Services - Marathon	401.08
Pool	19,665.68
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,211.33
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	223,953.63
Total Checking/Savings	223,953.63
Total Current Assets	223,953.63
TOTAL ASSETS	**223,953.63**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	46,672.75
Total Equity	223,953.63
TOTAL LIABILITIES & EQUITY	**223,953.63**

North Central Health Care
Budget Revenue/Expense Report

Month Ending December 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	7,109,129	5,120,977	63,973,901	61,770,777	2,203,124
EXPENSES:					
Salaries and Wages	2,189,715	2,574,508	27,408,957	30,474,824	(3,065,867)
Fringe Benefits	857,187	988,429	11,070,520	11,638,000	(567,480)
Departments Supplies	533,162	492,234	5,910,600	5,906,822	3,778
Purchased Services	908,724	369,450	6,984,826	4,423,398	2,561,428
Utilitites/Maintenance Agreements	476,904	372,652	5,009,882	4,471,830	538,052
Personal Development/Travel	45,873	37,984	361,541	455,817	(94,276)
Other Operating Expenses	169,369	108,965	1,435,447	1,307,586	127,861
Insurance	57,148	37,708	500,429	452,500	47,929
Depreciation & Amortization	159,480	139,583	1,672,973	1,675,000	(2,027)
Client Purchased Services	(157,253)	88,750	633,695	1,065,000	(431,305)
TOTAL EXPENSES	**5,240,308**	**5,210,264**	**60,988,871**	**61,870,777**	**(881,907)**
Nonoperating Income	28,617	8,333	234,456	100,000	134,456
EXCESS REVENUE (EXPENSE)	**1,897,438**	**(80,953)**	**3,219,487**	**0**	**3,219,487**

North Central Health Care
Write-Off Summary
December 2017

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$18,651	$100,576	$81,795
Bad Debt	$168	$2,436	$4,020
Outpatient:			
Administrative Write-Off	$51,207	$251,582	$194,190
Bad Debt	$200	$3,989	$8,554
Nursing Home:			
Daily Services:			
Administrative Write-Off	($153)	$17,202	$66,902
Bad Debt	$223	$9,926	$19,176
Ancillary Services:			
Administrative Write-Off	$964	$22,634	$14,622
Bad Debt	$0	$324	($285)
Pharmacy:			
Administrative Write-Off	$405	$3,265	$732
Bad Debt	$644	$644	$0
Total - Administrative Write-Off	$71,074	$395,259	$358,241
Total - Bad Debt	$1,235	$17,319	$31,465

North Central Health Care
2017 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy	
January	Nursing Home	6,293	5,784	(509)	84.58%	77.74%	
	Hospital	434	502	68	87.50%	101.21%	
February	Nursing Home	5,684	5,267	(417)	84.58%	85.50%	①
	Hospital	392	441	49	87.50%	98.44%	
March	Nursing Home	6,293	5,703	(590)	84.58%	83.62%	
	Hospital	434	462	28	87.50%	93.15%	
April	Nursing Home	6,090	5,453	(637)	84.58%	82.62%	
	Hospital	420	480	60	87.50%	100.00%	
May	Nursing Home	6,293	5,698	(595)	84.58%	83.55%	
	Hospital	434	432	(2)	87.50%	87.10%	
June	Nursing Home	6,090	5,447	(643)	84.58%	82.53%	
	Hospital	420	400	(20)	87.50%	83.33%	
July	Nursing Home	6,293	5,530	(763)	84.58%	81.09%	
	Hospital	434	429	(5)	87.50%	86.49%	
August	Nursing Home	6,293	5,747	(546)	84.58%	84.27%	
	Hospital	434	435	1	87.50%	87.70%	
September	Nursing Home	6,090	5,529	(561)	84.58%	83.77%	
	Hospital	420	476	56	87.50%	99.17%	
October	Nursing Home	6,293	5,640	(653)	84.58%	82.70%	
	Hospital	434	452	18	87.50%	91.13%	
November	Nursing Home	6,090	5,373	(717)	84.58%	81.41%	
	Hospital	420	450	30	87.50%	93.75%	
December	Nursing Home	6,293	5,681	(612)	84.58%	83.30%	
	Hospital	434	441	7	87.50%	88.91%	
YTD	Nursing Home	74,095	66,852	(7,243)	84.58%	82.61%	
	Hospital	5,110	5,400	290	87.50%	92.47%	

① Licensed beds decreased from 240 to 220

North Central Health Care
Review of 2017 Services
Langlade County
Preliminary

1/19/2018

Direct Services:	**2017 Jan-Dec Actual Rev**	**2017 Jan-Dec Budg Rev**	**Variance**	**2017 Jan-Dec Actual Exp**	**2017 Jan-Dec Budg Exp**	**Variance**	**Variance by Program**
Outpatient Services	$327,544	$417,617	($90,073)	$447,130	$707,400	$260,270	$170,197
Psychiatry Services	$55,499	$40,391	$15,108	$202,462	$192,298	($10,164)	$4,944
Community Treatment	$1,675,442	$944,804	$730,638	$1,555,614	$1,047,082	($508,532)	$222,106
Day Services	$387,352	$459,450	($72,098)	$393,500	$455,422	$61,922	($10,176)
	$2,445,837	$1,862,262	$583,575	$2,598,706	$2,402,202	($196,504)	$387,071
Shared Services:							
Inpatient	$514,086	$454,155	$59,931	$621,665	$538,600	($83,065)	($23,134)
CBRF	$115,585	$86,816	$28,769	$57,532	$49,111	($8,421)	$20,348
Crisis	$51,595	$30,448	$21,147	$224,023	$255,963	$31,940	$53,087
MMT(Lakeside Recovery)	$13,943	$0	$13,943	$55,053	$0	($55,053)	($41,110)
Protective Services	$28,374	$26,243	$2,131	$65,790	$74,117	$8,327	$10,458
Birth To Three	$82,191	$138,527	($56,336)	$152,958	$256,439	$103,481	$47,145
Group Homes	$202,704	$146,706	$55,998	$201,279	$141,542	($59,737)	($3,739)
Supported Apartments	$0	$149,885	($149,885)	$0	$155,758	$155,758	$5,873
Contract Services	$0	$0	$0	$86,332	$123,072	$36,740	$36,740
	$1,008,478	$1,032,780	($24,302)	$1,464,632	$1,594,602	$129,970	$105,668
Totals	$3,454,315	$2,895,042	$559,273	$4,063,338	$3,996,804	($66,534)	$492,739
Base County Allocation	$798,531	$798,531	$0				$0
Nonoperating Revenue	$9,114	$4,750	$4,364				$4,364
County Appropriation	$298,483	$298,483	$0				$0
Excess Revenue/(Expense)	$4,560,443	$3,996,806	$563,637	$4,063,338	$3,996,806	($66,534)	$497,102

North Central Health Care
Review of 2017 Services
Lincoln County
Preliminary

1/19/2018

Direct Services:	**2017 Jan-Dec Actual Rev**	**2017 Jan-Dec Budget Rev**	**Variance**	**2017 Jan-Dec Actual Exp**	**2017 Jan-Dec Budg Exp**	**Variance**	**Variance By Program**
Outpatient Services	$252,106	$307,868	($55,762)	$212,679	$562,378	$349,699	$293,937
Lincoln Psychiatry Services	$47,621	$63,313	($15,692)	$388,443	$382,728	($5,715)	($21,407)
Community Treatment	$2,126,727	$887,820	$1,238,907	$1,684,743	$1,134,482	($550,261)	$688,646
	$2,426,454	$1,259,001	$1,167,453	$2,285,865	$2,079,588	($206,277)	$961,176
Shared Services:							
Inpatient	$701,021	$660,589	$40,432	$847,724	$783,418	($64,306)	($23,874)
CBRF	$157,616	$126,278	$31,338	$78,452	$71,434	($7,018)	$24,320
Crisis	$70,357	$44,288	$26,069	$305,486	$372,309	$66,823	$92,892
MMT (Lakeside Recovery)	$19,013	$0	$19,013	$75,073	$0	($75,073)	($56,060)
Protective Services	$38,692	$38,171	$521	$89,713	$107,807	$18,094	$18,615
Birth To Three	$120,847	$103,538	$17,309	$224,897	$191,669	($33,228)	($15,919)
Apartments	$0	$46,750	($46,750)	$0	$48,582	$48,582	$1,832
Contract Services	$0	$0	$0	$117,726	$179,014	$61,288	$61,288
	$1,107,546	$1,019,614	$87,932	$1,739,071	$1,754,233	$15,162	$103,094
Totals	$3,534,000	$2,278,615	$1,255,385	$4,024,936	$3,833,821	($191,115)	$1,064,270
Base County Allocation	$829,977	$829,977	$0				$0
Nonoperating Revenue	$11,636	$5,813	$5,823				$5,823
County Appropriation	$719,416	$719,416	$0				$0
Excess Revenue (Expense)	$5,095,029	$3,833,821	$1,261,208	$4,024,936	$3,833,821	($191,115)	$1,070,093

North Central Health Care
Review of 2017 Services
Marathon County
Preliminary

1/19/2018

Direct Services:	2017 Jan-Dec Actual Rev	2017 Jan-Dec Budget Rev	Variance	2017 Jan-Dec Actual Exp	2017 Jan-Dec Budget Exp	Variance	Variance by Program
Outpatient Services	$981,838	$1,283,129	($301,291)	$1,789,684	$2,116,072	$326,388	$25,097
Psychiatry Services	$285,805	$497,257	($211,452)	$1,319,363	$1,594,961	$275,598	$64,146
AODA Day Treatment	$97,703	$108,774	($11,071)	$82,951	$130,049	$47,098	$36,027
Community Treatment	$5,900,526	$4,726,005	$1,174,521	$6,349,849	$5,259,292	($1,090,557)	$83,964
Day Services	$1,646,628	$1,823,689	($177,061)	$1,644,368	$1,817,350	$172,982	($4,079)
Clubhouse	$351,932	$352,097	($165)	$436,543	$447,097	$10,554	$10,389
Demand Transportation	$390,907	$409,644	($18,737)	$397,642	$409,644	$12,002	($6,735)
Aquatic Services	$683,110	$791,629	($108,519)	$962,257	$941,956	($20,301)	($128,820)
Pharmacy	$2,498,643	$2,422,497	$76,146	$2,593,260	$2,537,941	($55,319)	$20,827
	$12,837,092	$12,414,721	$422,371	$15,575,917	$15,254,362	($321,555)	$100,816
Shared Services:							
Inpatient	$3,458,377	$3,013,939	$444,438	$4,182,107	$3,574,348	($607,759)	($163,321)
CBRF	$777,571	$576,142	$201,429	$387,032	$325,917	($61,115)	$140,314
Crisis Services	$347,096	$202,062	$145,034	$1,507,062	$1,698,662	$191,600	$336,634
MMT (Lakeside Recovery)	$93,796	$213,925	($120,129)	$370,359	$491,613	$121,254	$1,125
Protective Services	$190,879	$174,156	$16,723	$442,584	$491,869	$49,285	$66,008
Birth To Three	$599,729	$739,049	($139,320)	$1,116,103	$1,368,118	$252,015	$112,695
Group Homes	$1,879,638	$2,301,594	($421,956)	$1,866,425	$2,220,585	$354,160	($67,796)
Supported Apartments	$2,524,710	$2,164,261	$360,449	$2,395,272	$2,249,068	($146,204)	$214,245
Contracted Services	$0	$0	$0	$580,782	$816,752	$235,970	$235,970
	$9,871,796	$9,385,128	$486,668	$12,847,726	$13,236,932	$389,206	$875,874
Totals	$22,708,888	$21,799,849	$909,039	$28,423,643	$28,491,294	$67,651	$976,690
Base County Allocation	$2,265,535	$2,272,928	($7,393)				($7,393)
Nonoperating Revenue	$147,245	$89,437	$57,808				$57,808
County Appropriation	$4,953,219	$4,953,219	$0				$0
Budgeted Gain		($624,139)	$624,139				$624,139
Excess Revenue/(Expense)	$30,074,887	$28,491,294	$1,583,593	$28,423,643	$28,491,294	$67,651	$1,651,244

North Central Health Care
Nursing Home
Combining Statement of Revenue and Expenses
For the Period Ending December 31, 2017

	Current Month Actual	5681 PPD	Current Month Budget	6293 PPD	Current Month Variance (PPD)	YTD Actual	66852 PPD	YTD Budget	74095 PPD	YTD Variance (PPD)	Prior YTD Actual	73917 PPD
Revenue												
Net Patient Services Revenue:												
Daily Services	$1,391,809		$1,502,551			$17,262,635		$17,699,513			$17,730,100	
Ancillary Services	$354,968		$313,517			$3,497,009		$3,786,687			$6,227,979	
Total Net Patient Services Revenue	$1,746,777	$307.48	$1,816,068	$288.59	$18.89	$20,759,644	$310.53	$21,486,200	$289.98	$20.55	$23,958,079	$324.12
Other Revenue												
County Appropriation	$141,666		$141,667			$1,700,000		$1,700,000			$1,700,000	
Department and Other Revenue	$245,458		$153,209			$1,935,267		$1,738,527			$813,505	
Total Other Revenue	$387,124	$68.14	$294,876	$46.86	$21.29	$3,635,267	$54.38	$3,438,527	$46.41	$7.97	$2,513,505	$34.00
Total Revenue	$2,133,902	$375.62	$2,110,948	$335.44	$40.18	$24,394,903	$364.91	$24,924,727	$336.39	$28.52	$26,471,584	$358.13
Expenses												
Direct Expenses	$1,344,184		$1,488,767			$16,721,833		$17,607,449			$20,611,123	
Indirect Expenses	$717,947		$668,460			$7,680,122		$7,941,380			$7,290,266	
Total Expenses	$2,062,131	$362.99	$2,157,227	$342.80	$20.19	$24,401,955	$365.01	$25,548,830	$344.81	$20.20	$27,901,389	$377.47
Donations and Gifts	$578		$0			$8,099		$0			$7,553	
Nonoperating Gains/(Losses)	$0		$0			$0		$0			$0	$0.00
Total Nonoperating Gains/(Losses)	$578	$0.10	$0	$0.00	$0.10	$8,099	$0.12	$0	$0.00		$7,553	
Excess Revenue (Expenses)	$72,349	$12.74	($46,279)	($7.35)	$20.09	$1,047	$0.02	($624,102)	($8.42)	$8.44	($1,422,252)	($19.24)

NORTH CENTRAL HEALTH CARE
MEDICARE DAYS BY RUG CATEGORY
2017

RUG CATEGORY	RUG RATE	ACTUAL DAYS December	BUDGET DAYS December	ACTUAL REVENUE December	BUDGET REVENUE December	YTD ACTUAL DAYS	YTD BUDGET DAYS	YTD ACTUAL REVENUE	YTD BUDGET REVENUE
RUX	$753.44	9	0	$6,781	$0	92	0	$68,373	$0
RUL	$737.02	0	0	$0	$0	11	0	$7,923	$0
RVX	$670.62	0	0	$0	$0	0	0	$0	$0
RVL	$601.66	0	0	$0	$0	0	0	$0	$0
RHX	$607.60	0	4	$0		0	50	$0	$29,688
RHL	$541.92	0	0	$0	$0	0	0	$0	$0
RMX	$557.35	0	4	$0	$2,313	0	50	$0	$27,234
RML	$511.38	0	0	$0	$0	0	0	$0	$0
RLX	$489.47	0	0	$0	$0	0	0	$0	$0
RUC	$571.19	13	48	$7,425	$26,785	556	565	$311,385	$315,377
RUB	$571.19	59	127	$33,700	$71,112	1056	1500	$591,161	$837,285
RUA	$477.61	23	40	$10,985	$18,829	364	475	$170,556	$221,697
RVC	$490.01	129	121	$63,211	$58,159	878	1430	$424,152	$684,770
RVB	$424.33	127	74	$53,890	$30,817	1237	875	$516,452	$362,845
RVA	$422.69	112	51	$47,341	$21,050	563	600	$234,246	$247,848
RHC	$426.98	14	13	$5,978	$5,316	227	150	$95,138	$62,589
RHB	$384.30	5	17	$1,922	$6,379	173	200	$65,679	$75,110
RHA	$338.32	6	4	$2,030	$1,404	61	50	$20,460	$16,531
RMC	$375.11	0	32	$0	$11,675	120	375	$44,279	$137,464
RMB	$352.12	0	0	$0	$0	49	0	$17,022	$0
RMA	$289.73	8	0	$2,318	$0	102	0	$29,164	$0
RLB	$364.70	0	0	$0	$0	0	0	$0	$0
RLA	$234.99	0	0	$0	$0	0	0	$0	$0
ES3	$687.87	24	42	$16,509	$28,546	291	500	$196,365	$336,105
ES2	$538.46	0	0	$0	$0	0	0	$0	$0
ES1	$481.00	0	0	$0	$0	0	0	$0	$0
HE2	$464.58	0	0	$0	$0	0	0	$0	$0
HE1	$385.77	0	0	$0	$0	79	0	$29,782	$0
HD2	$435.02	0	0	$0	$0	32	0	$13,604	$0
HD1	$362.78	0	18	$0	$6,474	3	215	$1,064	$76,224
HC2	$410.40	0	0	$0	$0	0	0	$0	$0
HC1	$343.08	0	6	$0	$2,136	10	75	$3,431	$25,145
HB2	$405.47	0	0	$0	$0	0	0	$0	$0
HB1	$339.80	0	6	$0	$2,115	3	75	$996	$24,905
LE2	$421.89	0	0	$0	$0	0	0	$0	$0
LE1	$352.93	0	0	$0	$0	27	0	$9,344	$0
LD2	$405.47	0	0	$0	$0	0	0	$0	$0
LD1	$339.80	0	0	$0	$0	9	0	$3,020	$0
LC2	$356.22	0	0	$0	$0	0	0	$0	$0
LC1	$300.39	0	0	$0	$0	44	0	$13,169	$0
LB2	$338.15	0	0	$0	$0	0	0	$0	$0
LB1	$287.25	0	0	$0	$0	9	0	$2,579	$0
CE2	$375.91	0	0	$0	$0	0	0	$0	$0
CE1	$346.37	0	0	$0	$0	7	0	$2,369	$0
CD2	$356.22	0	0	$0	$0	0	0	$0	$0
CD1	$326.66	0	0	$0	$0	1	0	$319	$0
CC2	$311.88	0	0	$0	$0	0	0	$0	$0
CC1	$288.90	0	0	$0	$0	0	0	$0	$0
CB2	$288.90	0	0	$0	$0	0	0	$0	$0
CB1	$267.55	0	0	$0	$0	8	0	$2,098	$0
CA2	$244.56	0	0	$0	$0	0	0	$0	$0
CA1	$228.14	36	0	$8,213	$0	61	0	$13,917	$0
BB2	$259.34	0	0	$0	$0	0	0	$0	$0
BB1	$247.85	0	0	$0	$0	0	0	$0	$0
BA2	$215.01	0	0	$0	$0	0	0	$0	$0
BA1	$205.16	0	0	$0	$0	0	0	$0	$0
PE2	$346.37	0	0	$0	$0	0	0	$0	$0
PE1	$329.94	0	0	$0	$0	9	0	$2,902	$0
PD2	$326.66	0	0	$0	$0	0	0	$0	$0
PD1	$310.24	10	0	$3,102	$0	18	0	$5,584	$0
PC2	$280.69	0	0	$0	$0	0	0	$0	$0
PC1	$267.55	0	10	$0	$2,554	13	115	$3,399	$30,069
PB2	$238.00	0	0	$0	$0	0	0	$0	$0
PB1	$228.14	0	0	$0	$0	0	0	$0	$0
PA2	$196.95	0	0	$0	$0	0	0	$0	$0
PA1	$188.74	0	0	$0	$0	0	0	$0	$0
TOTAL		575	620	$263,405	$295,663	6113	7300	$2,899,932	$3,510,885
Average Reimbursement Per Day				$458.10	$476.88			$474.39	$480.94
Average Patients/Day				18.5	20.0			16.7	20.0

North Central Health Care
Nursing Home Patient Days
By Payor Mix-2017

	January				**February**				**March**				**April**			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	748	12.93%	651	10.34%	675	12.82%	588	10.34%	755	13.24%	651	10.34%	581	10.65%	630	10.34%
Commercial	390	6.74%	279	4.43%	364	6.91%	252	4.43%	351	6.15%	279	4.43%	316	5.79%	270	4.43%
Medicare	555	9.60%	620	9.85%	541	10.27%	560	9.85%	461	8.08%	620	9.85%	431	7.90%	600	9.85%
Medicaid	4091	70.73%	4743	75.37%	3687	70.00%	4284	75.37%	4136	72.52%	4743	75.37%	4125	75.65%	4590	75.37%
Total	5784	100.00%	6293	100.00%	5267	100.00%	5684	100.00%	5703	100.00%	6293	100.00%	5453	100.00%	6090	100.00%
Occupancy	84.8%		92.3%		85.5%		92.3%		83.6%		92.3%		82.6%		92.3%	

	May				**June**				**July**				**August**			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	521	9.14%	651	10.34%	491	9.01%	630	10.34%	536	9.69%	651	10.34%	623	10.84%	651	10.34%
Commercial	294	5.16%	279	4.43%	243	4.46%	270	4.43%	244	4.41%	279	4.43%	305	5.31%	279	4.43%
Medicare	568	9.97%	620	9.85%	528	9.69%	600	9.85%	498	9.01%	620	9.85%	439	7.64%	620	9.85%
Medicaid	4315	75.73%	4743	75.37%	4185	76.83%	4590	75.37%	4252	76.89%	4743	75.37%	4380	76.21%	4743	75.37%
Total	5698	100.00%	6293	100.00%	5447	100.00%	6090	100.00%	5530	100.00%	6293	100.00%	5747	100.00%	6293	100.00%
Occupancy	83.5%		92.3%		82.5%		92.3%		81.1%		92.3%		84.3%		92.3%	

	Sept				**October**				**November**				**December**				**YTD**			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	678	12.26%	630	10.34%	659	11.68%	651	10.34%	616	11.46%	630	10.34%	798	14.05%	651	10.34%	7681	11.49%	7665	10.34%
Commercial	342	6.19%	270	4.43%	357	6.33%	279	4.43%	323	6.01%	270	4.43%	396	6.97%	279	4.43%	3925	5.87%	3285	4.43%
Medicare	464	8.39%	600	9.85%	542	9.61%	620	9.85%	511	9.51%	600	9.85%	575	10.12%	620	9.85%	6113	9.14%	7300	9.85%
Medicaid	4045	73.16%	4590	75.37%	4082	72.38%	4743	75.37%	3923	73.01%	4590	75.37%	3912	68.86%	4743	75.37%	49133	73.50%	55845	75.37%
Total	5529	100.00%	6090	100.00%	5640	100.00%	6293	100.00%	5373	100.00%	6090	100.00%	5681	100.00%	6293	100.00%	66852	100.00%	74095	100.00%
Occupancy	83.8%		92.3%		82.7%		92.3%		81.4%		92.3%		83.3%		92.3%		83.3%		92.3%	

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: January 18, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, HSO Executive
RE: January Human Services Operations Report

The following items are general updates and communications to support the board on key activities and/or updates of the Human Service Operations service line since our last meeting:

1. **Community Treatment**: As of February 1, NCHC will be integrating the Outpatient and Community Treatment programs. Integration of these programs provides patients with a more seamless model of care between counseling and case management options. It will also allow for more effective use of staff and resources. As of Feb. 1, the existing Outpatient Director is transitioning to the BHS Director position, and the Outpatient Director position will be eliminated. Outpatient and Community Treatment will be supervised by the existing Community Treatment Director. Meetings with staff on this opportunity have been very well received as staff in these areas have expressed interest in increased collaboration between these services.
2. **BHS Leadership Transition:** As of February 1, 2018, the Director of Outpatient Services Liz Parizo will be transitioning to the BHS Director position. Our existing BHS Director Pat LuCore is still under contract, and has agreed to assist us with the onboarding of the new BHS Director and the integration of Community Treatment and Outpatient through June.
3. **Transportation of Diverted Patients:** Effective January 1, 2018 individual municipalities in Marathon County will be responsible for their own transports of individuals under a 51.42 commitment to facilities outside of Marathon County. Initial transportation of the client, up until admission to NCHC or an out-of-county mental health facility, is the responsibility of the investigating law enforcement agency. This means that the majority of the transports that have been provided by Marathon County Sheriff's Department are now being provided by law enforcement in the municipality where the individual is engaged. We are monitoring whether this has an impact on the number of commitments and transports provided. This change to the Marathon County Sheriff's Department transportation procedure will not have an impact on NCHC's internal transportation program for diverted individuals under a commitment.
4. **MMT Expansion**: MMT expansion preparation continues. NCHC staff are still waiting for approval by the state for the renovations to the unit. Marathon County maintenance staff are painting, updating the flooring, and preparing the space. We are aiming for program operationalization sometime in March.
5. **CBRF Expansion:** CBRF expansion preparation continues. NCHC staff are waiting for the MMT expansion to occur to move staff and furniture. We anticipate that the majority of the staff will choose to move with the MMT program, and we will be doing the bulk of hiring for the CBRF program.
6. **Day Treatment and IOP Expansion:** Day Treatment and Intensive Outpatient (IOP) expansion proposals are being presented this month to the NCCSP Board.
7. **Crisis Assessment Response Team**: The teams have been selected and are getting oriented. The program has been rolling out and preliminary feedback from our partners has been positive.

8. **Linkage and Follow-up:** Recruiting for these positions has been challenging, but we have one internal candidate and a few outside candidates to consider. A patient was piloted through the new work flow and it went according to plan.
9. **Reaching Recovery Software**: Implementation for the software begins on Feb. 1, 2018. This software will allow staff to determine level of care, a patient's improvement, and adjust treatment approaches based on real-time data. This software satisfies data requirements for the RCA, and it also satisfies a Joint Commission requirement.
10. **Joint Commission Survey Preparation**: Joint Commission will be conducting a survey in the spring of 2018. They announce their arrival on the date of the survey through the Joint Commission web site. Board members should be prepared to provide insight into the governance structure, the quality plan, and/or the corporate compliance plan. Board training on Joint Commission requirements will be provided to assist with this.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: January 19, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: Updates on Mount View Care Center

Purpose
The following report is to keep you up to date on current operations at Mount View Care Center.

Updates

1. Per the Clifton Larson Allen recommendations we have added a part-time Assistant Admissions role. This role is assisting in placement, increasing our visibility in the community, and is also working with our social services to create a better transition to Mount View. This position will also be responsible for post discharge phone calls to follow up on medication management, physician appointments, and follow up to their stay at Mount View.

2. We are still awaiting our annual federal and state certification visit. Per Federal regulation we are in our 15th month and to be in compliance the state needs to have started our survey by January 31, 2018.

3. Another recommendation from the Clifton Larson Allen report was to perform a financial and clinical audit of our MDS (minimum data set) processes. This has been scheduled with WIPFLI on January 30 – February 1, 2018. Per our agreement they will be conducting quarterly audits and providing telephone consultation.

4. Mount View Care Committee, the NCHC Nursing Home Operations Committee, and Marathon County Health and Human Services Committee are holding a joint meeting on Monday, January 29, 2018 at 5 p.m. It is expected at this meeting that a recommendation will be decided upon and then presented to the full County Board in February.

5. As discussed at our December 2017 Board meeting, I have attached information related to falls management and what we have identified as a plan to address the recent increase in falls. Our 2018 Operational plan has a goal of reducing falls by 10% in Mount View.

Mount View Care Center
2018 Falls Prevention Plan

Included in the monthly reports that we receive from CMS (Centers for Medicare and Medicaid Services) are quality indicators on clinical performance. We also collect and review data on every fall that occurs at Mount View. Each month we review these reports and look for trends and patterns. One area that has increased during 2017 was the number of falls with injury. Falls are an important QAPI (Quality Assurance/ Performance Improvement) measure and continuous process improvement project opportunity. As a result recent falls experience MVCC has committed to a 10% reduction in falls as an organizational goal for 2018.

Preliminary efforts to reduce falls included a refresher education on falls prevention for direct caregivers but additional training will be provided in the near future as well. We then used a collaborative root cause analysis to determine key areas to assist in the reduction of falls and to identify recommendation for further process improvement. Below is a high level overview of each opportunity identified and the steps we are putting in place to aid in achieving a marked improvement in falls.

Staffing

- During AM and PM stand ups we reviewed staffing deployments to address trends in certain neighborhoods and areas that may need adjusting based on acuity of our residents.
- We are re-introducing the hospitality assistant position. This position will help with non- direct care tasks that can be assigned to others rather than nursing assistants. We are currently interviewing for the new positions with the goal to have them all filled for February orientation.
- Implementation of a manager/key position All Hands on Deck rotation schedule to assist with high traffic times in MVCC.

Education

- Annual Nurse Aide competencies will continue to focus on ways to avoid falls.
- Nurses meetings will focus on falls management and ways to identify fall risks prior to incident.
- We re-implemented falls huddles to immediately review and identify what may have been factors to a fall and develop an intervention.

- Starting in January our clinical care meetings have been changed to walking rounds where the nursing management team meets on each unit and reviews clinical issues on each program with unit nurses and nursing assistants.
- Education is needed on terminal restlessness. We are working with Aspirus Hospice to provide educational programs on death and dying during CNA competencies.

New Standards of Mega Rule

- Follow crucial element pathway for how surveyors will review falls protocol to ensure regulatory compliance and response with falls.
- Implementation of "I" care plans which are more resident directed and personalized to try to engineer out or identify early warning for situations where falls risk might be elevated.

Review of Current Mount View Fall Protocols

- Review current standards in our current electronic medical record for fall protocol documentation.
- Review all falls with entire team each morning during the MVCC stand up meeting and identify additional interventions.
- Established a QAPI work group to review and monitor falls with a goal of 10% reduction in the number of falls in 2018.
- A 'Fall Meter' will be posted on all units, updated weekly and monthly to keep staff aware of the number of events to keep focus on falls prevention efforts.

Over the next few months, we will be measuring the effectiveness of this plan and will review on a monthly basis our successes and areas we may need to readjust in the plan.

North Central Health Care
Person centered. Outcome focused.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	**5-7%**	**N/A**	⇩	13.1%	13.1%	10.3%	10.6%	13.2%	10.9%	8.40%	9.30%	8.3%	8.5%	9.0%	9.80%	**9.8%**	**7.1%**
Retention Rate	**75-80%**	**N/A**	⇧	98.0%	95.3%	93.6%	90.2%	87.0%	85.1%	83.6%	82.4%	80.1%	79.5%	77.2%	75.8%	**75.8%**	\
SERVICE																	
Patient Experience: % Top Box Rate	**77-88%**	**N/A**	⇧	69.0%	70.6%	76.7%	77.2%	79.7%	68.3%	80.7%	75.0%	77.4%	78.0%	78.7%	76.0%	**77.2%**	\
CLINICAL																	
Nursing Home Readmission Rate	**11-13%**	**17.3%**	⇩	15.2%	14.8%	0.0%	13.3%	12.5%	10.3%	8.0%	14.8%	9.1%	6.9%	2.9%	13.3%	**10.2%**	**11.5%**
Psychiatric Hospital Readmission Rate	**9-11%**	**15.5%**	⇩	4.8%	21.8%	11.3%	10.4%	12.3%	10.9%	17.1%	16.9%	15.4%	9.9%	11.3%	10.3%	**12.6%**	**10.9%**
AODA Relapse Rate	**36-40%**	**40-60%**	⇩	20.0%	12.5%	11.1%	0.0%	18.6%	100.0%	0.0%	0.0%	0.0%	30.0%	11.1%	9.0%	**17.7%**	\
COMMUNITY																	
Access to Behavioral Health Services	**90-95%**	**NA**	⇧	73%	61%	67%	72%	69%	73%	72%	76%	74%	87%	87%	92%	**75%**	**80%**
FINANCE																	
***Direct Expense/Gross Patient Revenue**	**60-64%**	**N/A**	⇩	66%	62%	62%	59%	56%	60%	58%	68%	67%	61%	60%	57%	**62%**	**65%**

KEY: ⇧ **Higher rates are positive**

⇩ **Lower rates are positive**

*** Monthly Rates are Annualized**

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

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
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 Assistive 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: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
AODA Relapse Rate	Percent of patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that relapse within 7 days post discharge. *Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction*
COMMUNITY	
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs. • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • 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.

North Central Health Care
Person centered. Outcome focused.

Quality Executive Summary

January 2018

Organizational Outcomes

People

- **Vacancy Rate**

  The vacancy rate for the month of December was 9.8%, which remains above the 5-7% Target. December generally has a higher number of retirees and programs rethink staffing and the number of open positions.

- **Employee Retention Rate**

  The Employee Retention Rate with a year to date rate of 75.8% finished within the NCHC target of 75-80%. This past year NCHC has improved its orientation and onboarding as a key contributor to this outcome.

Service

- **Patient Experience**

  NCHC achieved a rate of 77.2%, which is within the target of 77-88% top box (9 or 10 on a 10 point scale for overall satisfaction). Individual programs achieving the 2017 target of 77-88% included: Lakeside Recovery (MMT), Community Treatment-Youth, Outpatient Services - Marathon, Lincoln and Langlade, Telepsychiatry-Langlade, Aquatic Services, Birth to Three, Adult Day/Prevocational and Residential Services, Adult Protective Services and Mount View Care Center-Legacies by the Lake. Patient Experience was a major point of emphasis in 2017 and significant improvement was made.

Clinical

- **Nursing Home Readmissions**

  The 30-day hospital readmission rate in December was 13.3%, 4 residents had unavoidable hospitalizations. The year-end rate of 10.2% is better than the target (11-13%) and the benchmark rate of 17.3%. The 2017 readmission rate was also an improvement from the 2016 year-end rate of 11.5%.

- **Hospital Readmissions**

  The rate of readmissions within 30 days was below the 11-13% target at 10.3% for December. Year-end readmissions is 12.6% which is above the target. All readmissions continue to be reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first 10 days.

- **AOD Relapse Rate**

  The rate of patients who complete treatment programing in either our AODA Day Treatment or Medically Monitored 21-day program who reuse substances within 7 days in the month of December was 9.0% with 10 of 11 people responding to the 7-day follow-up. The year to date rate fell at 17.7%, exceeding the 36-40% target and industry benchmark of 40-60%

Community

- **Access Rate for Behavioral Health Services**

  Access rates remain below target year-to-date at 75% with a goal of 90-95%. In the December analysis Community Treatment and Residential failed to meet target. Community Treatment continues to work on getting current referrals in within targets while prioritizing access for the back log of individuals who had been waiting to gain access to the program over the previous year. Residential had 4 of 7 referrals in within the designated timeframe, with the closure of Hillcrest there was a temporary constraint to access as the transition occurred. Outpatient improved access over the last 3 months by offering appointments in Wausau ordinarily scheduled in Antigo or Merrill locations.

Finance

- **Direct Expense/Gross Patient Revenue**

  **Year to date expense to revenue ratio is steady at 62% within target of 60-64%. The month of December was at 57% which is within target.*

Safety Outcomes

Patient/Resident Adverse Events

The Patient/Resident Adverse Event rate for December was 4.5 adverse events/1000 patient days/visits, and the highest number of incidences for the year. This was due to a Noro-like virus outbreak and an increase in the number of falls in the nursing home. The year to date rate remains at 3.9/1000 patient days/visits, and remains below 2016 overall rate of 4.2. The Nursing Home has updated the Falls Action Plan and the 1st quarter of 2018 will focus on increased safety awareness when it comes to falls. Clinical walking rounds were recently implemented which include direct care staff engagement, increased education, and weekly posting of fall data specific to units.

Employee Adverse Events

Rates for December were .09 adverse events/1000 employee hours. December had 1 employee requiring a physician evaluation. During 2017, 20 employees required medical evaluations for injuries.

Program-Specific Outcomes-*items not addressed in analysis above*

The following outcomes reported are highlights of focus elements at the program-specific level. They do not represent all data elements monitored by a given department/program.

Human Service Operations

- **Outpatient Services**

  Monitoring immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. December has a 76.9% success rate, lower rate is related to the constraint of the holidays. The end of year rate is 72.9% which is below target of 90-95%, but much improved from the January 2017 rate of 52.4%. A collaborative action team has revised discharge planning processes to improve transitions between Outpatient Services and the Hospital.

- **Inpatient Behavioral Health:**

  Outpatient and Inpatient share the measure of access to services at hospital discharge. The concentration has been to make appointments as soon as staff knows an approximate discharge date, to ensure a short and smooth transition to Outpatient from the Hospital.

- **Community Treatment:**

  Access within best practice timeframes continues to be significantly below target. To help reduce the wait time for entering the Community Treatment Program, the program has increased staffing to help ensure all those who need services are able to receive those services. We are currently admitting clients who have been waiting more than the 60 day target for admission therefore we have not seen the impact of new hires to a sufficient degree at this time but will continue to work on improving our access.

- **Lakeside Recovery (MMT):**

  The 2017 rate of patients who complete the treatment program who reuse substances within 7 days is 15.8%, significantly better than industry benchmark 36-40%. In 2017 MMT had 81% of patients successfully transition to outpatient treatment and long term recovery including 5 pregnant women and 6 women with dependent children

- **Aquatic:**

  In December, 100% of consumers working on pain management has shown a decrease in their pain levels. The percentage of consumers with improved pain management for 2017 was 92.4 % within their target of 90-95%.

- **Birth-3:**

  A system to measure availability for early intervention was established to ensure access and positive financial productivity. December was below target at 218, due to families' not scheduling appointments for the last 2 weeks during the holidays. Year-end average was 241 visits per month below goal of 481-491 per month. Birth to 3 continues to look at opportunities to increase this number.

- **Residential and Pre-Vocational Services:**

  It has been identified that employee vacancy rate in residential services was a critical issue. The month of December vacancy rate is 7.0%. Rate has improved from 18.6 % in January 2017. Continual focus is on retention in these programs. Community Living employee's job competency proficiency was completed in July with a 74% rating.

Nursing Home

Occupancy Rate based on a 220 licensed beds is at 83.0% for 2017. In December there were 30 admissions to the nursing home, 16 discharges to the community and 13 deaths. December had the second lowest month for lengths of stay for short-term rehabilitation residents at 22.13 days.

Support Departments

- **Communication and Marketing:**
  In December the number of "hits" on the NCHC employment page was 36.8% bring the year-end rate to 15.27% and achieving the target of 15%. The NCHC employment page was the highest visited page on NCHC website.

- **Health Information:**
  Health Information has achieved a 92.2% completion of health records within 23 days post-discharge for the month of December and year to date at 92.5% which is exceeding their target set at 80-85%.

- **Nutritional Services:**
  Nutritional Services hit their target of 90-95% with a score year to date of 95% of patient/resident satisfaction rating with food temperatures. December's score was 100% satisfaction.

- **Volunteers:**
  Volunteer Services has achieved their target to recruit 35 or more new volunteers in 2017. They currently have recruited a total of 38 new volunteers.

- **Adult Protective Services:**
  The percent of at-risk investigations completed and closed within 30 days for the month of December was within target at 76%. The year to date measure is 63%, below target of 70-80%. This year there were a number of complex cases open longer than usual and staff's heavy caseloads had cases open longer.

- **Demand Transportation:**
  Double occupancy per trip average year to date is 36 per month with a goal of 44-50 per month. The goal was met 4 months during the year.

2017 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	**Vacancy Rate**	⇩	5-7%	**9.8%**	7.1%
		Retention Rate	⇧	75-80%	**75.8%**	\
	Service	**Patient Experience: % Top Box Rate**	⇧	77-88%	**77.2%**	\
	Clinical	**Nursing Home Readmission Rate**	⇩	11-13%	**10.2%**	11.5%
		Psychiatric Hospital Readmission Rate	⇩	9-11%	**12.6%**	10.9%
		AODA Relapse Rate	⇩	36-40%	**17.7%**	\
	Community	**Access to Behavioral Health Services**	⇧	90-95%	**75%**	80%
	Finance	**Direct Expense/Gross Patient Revenue**	⇩	58-62%	**62.0%**	65.0%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Employee Engagement Percentile Rank	⇧		**28%**	\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	⇧	77-88%	**87.7%**	87.3% (193/221)
		Community Living Program Employee Vacancy Rate	⇩	6-9%	**12.0%**	\
	Clinical	Community Living Employee's job competency proficiency Rate	⇧	75%-80%	**74.0%**	69.0%
	Community					
	Finance	% ADS,Prevoc Expense/ Gross Patient Revenue	⇩	53-58%	**52.4%**	51.61%
		% Residential Expense/ Gross Patient Revenue	⇩	65-70%	**59.5%**	68.71%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
AQUATIC SERVICES	People	Employee Engagement Percentile Rank	⇧		**50%**	\
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	⇧	77-88%	**93%**	94.2% (194/206)
	Clinical	% of clients who met pain goal, who were referred for pain mangement.	⇧	90-95%	**92.40%**	\
	Community		⇧			98.6%
	Finance	% Expense/Gross Patient Revenue	⇩	40-45%	**44.16%**	41.82%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
BIRTH TO 3	People	Employee Engagement Percentile Rank	⇧		**33%**	\
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	⇧	77-88%	**89%**	91.0% (102/112)
	Clinical					
	Community	Total Number of Early Intervention Visits/Month	⇧	481-491/mth	**241**	\
	Finance	% Direct Expense/Gross Patient Revenue	⇩	111-116%	**97.2%**	132.2%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNITY CORNER CLUBHOUSE	People	Employee Engagement Percentile Rank	⇧		**100%**	\
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	⇧	77-88%	**73.6%**	100.0%
	Clinical	Improve membership retention and onboarding experience	⇧	**55-60%**	**93.6%**	\
	Community	Enhance Community Engagement through outreach		4-8/month	**11**	\
	Finance	% Direct Expense/Gross Patient Revenue	⇩	82-87%	**80.4%**	77.7%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNITY TREATMENT	People	Employee Engagement Percentile Rank	⇧		48%	\
	Service	Community Treatment Patient Experience Percent 9/10 Responses	⇧	77-88%	90.9%	81.1% (215/265)
	Clinical	Timeliness of Treatment Plans	⇧	90-95%	84.4%	\
	Community	Access to Community Treatment Services	⇧	90-95%	24.0%	53%
	Finance	% Direct Expense/Gross Patient Revenue	⇩	77-82%	80.8%	77.0%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
CRISIS CBRF/ LAKESIDE RECOVERY (MMT)	People	Employee Engagement Percentile Rank	⇧		80%	\
	Service	Crisis CBRF/Lakeside Recovery Patient Experience Percent 9/10 Responses	⇧	77-88%	85.9%	77.7% (129/166)
	Clinical	7 Day Relapse Rate from Successful Completion of MMT	⇩	36-40%	15.8%	
	Community					
	Finance	CBRF % Direct Expense/Gross Patient Revenue	⇩	9-14%	15.76%	15.78%
		Lakeside Recovery % Direct Expense/Gross Patient Revenue	⇩	24-29%	24.62%	20.34%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
CRISIS SERVICES	People	Employee Engagement Percentile Rank	⇧		79.0%	\
	Service	Crisis Services Patient Experience Percent 9/10 Responses	⇧	77-88%	70.9%	73.8% (62/84)
	Clinical	% of Crisis Assessements with documented Linkage and Follow-up (Random chart sample of 25/month)	⇧	75-85%	100.0%	
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	⇩	625-630%	843.78%	269.78%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
INPATIENT BEHAVIORAL HEALTH	People	Employee Engagement Percentile Rank	⇧		40%	\
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	⇧	77-88%	54.7%	44.9% (284/632)
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge.	⇧	90-95%	72.9%	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	⇩	44-49%	51.08%	53.88%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
OUTPATIENT SERVICES	People	Employee Engagement Percentile Rank	⇧		65%	\
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	⇧	77-88%	78.7%	63% (459/729)
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge.	⇧	90-95%	72.9%	\
	Community	Outpatient Services Access	⇧	90-95%	78%	73%
	Finance	%Direct Expense/Gross Patient Revenue	⇩	60-65%	77.13%	90.29%

2016 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Employee Engagement Percentile Rank	⇧		41%	\
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	⇧	77-88%	74.6%	68.2% (208/305)
	Clinical	Occupancy Rate (Based on 220 Licensed Beds)	⇩	89.5 - 95%	83.0%	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	⇩	56-61%	57.28%	60.79%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
POST-ACUTE CARE	People	Employee Engagement Percentile Rank	⇧		45%	\
	Service	Post-Acute Care Patient Experience Percent 9/10 Responses	⇧	77-88%	67.1%	66.3% (59/89)
	Clinical	Avoidable Re-hospitalizations	⇩	15%-18%	10.0%	\
	Community					
	Finance	%Direct Expense/Gross Patient Revenue	⇩	72-77%	59.1%	68.8%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
LONG TERM CARE	People	Employee Engagement Percentile Rank	⇧		42%	\
	Service	Long Term Care Patient Experience Percent 9/10 Responses		77-88%	71.1%	54% (54/100)
	Clinical	Reduction in Overall UTI diagnosis	⇩	1.35 - 1.40 per 1000 Patient Days	1.3	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	⇩	46-51%	61.56%	59.03%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
LEGACIES BY THE LAKE	People	Employee Engagement Percentile Rank	⇧		41%	\
	Service	Legacies by the Lake Patient Experience Percent 9/10 Responses	⇧	77-88%	81.3%	81.9% (95/116)
	Clinical	Fall Rate	⇩	5.5-5.8 /1000 Pt Days	8.6	6.6
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	⇩	51-56%	54.23%	51.69%

2016 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ADULT PROTECTIVE SERVICES	People	Employee Engagement Percentile Rank	⇧		67%	\
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	⇧	77-88%	88.2%	88.% (173/197)
	Clinical	% Of At Risk Investigations closed within 30 days.	⇧	70-80%	64%	70% (372/531)
	Community					
	Finance	Direct Expense Budget	⇩	$461285 - $488963	$463,334	$485,684

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Employee Engagement Percentile Rank	⇧		100%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
		Percent Growth of Traffic to NCHC Employment Page	⇧	12 -15%	15.4%	\
	Clinical					
	Community	# of Multi-Channel Reviews Per Month	⇧	3 - 4	5	\
	Finance	Direct Expense Budget	⇩	$166733 - $176738	$167,659	$186,806

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ESS-HOUSEKEEPING	People	Employee Engagement Percentile Rank	⇧		46%	\
	Service	Housekeeping Patient Experience Percent Excellent Responses	⇧	77-88%	65.2%	60.8% (189/311)
	Clinical	Weekly room checks pass/fail		88-90%	86.0%	87%
	Community					
	Finance	Direct Expense Budget	⇩	$1117796 - $1184864	$1,027,313	$1,049,669

Department	Domain	Outcome Measure		Target Level		2016 YTD
ESS - LAUNDRY	People	Employee Engagement Percentile Rank	⇧		50%	\
	Service	Laundry Patient Experience Percent Excellent Responses		77-88%	48.9%	43.6% (103/236)
	Clinical	Personal items missing per month	⇩	50-75/yr	97	\
	Community					
	Finance	Direct Expense Budget	⇩	$355175 - $376486	$288,789	$346,777

Department	Domain	Outcome Measure		Target Level	2016 YTD	2016 YTD
HEALTH INFORMATION	People	Employee Engagement Percentile Rank	⇧		63%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	⇧	70-75%	92.5%	92.1%
	Community					
	Finance	Direct Expense Budget	⇩	$375201 - $397714	$375,080	$331,496

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
HUMAN RESOURCES	People	Employee Engagement Percentile Rank	⇧		100%	\
		Employee Retention	⇩	75-80%	75.8%	
		Vacancy Rate	⇩	5-7%	9.8%	7.1%
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$866541 - $918534	$974,200	$959,805

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
NUTRITIONAL SERVICES	People	Employee Engagement Percentile Rank	⇧		50%	\
	Service	Nutritional Services Patient Experience Percent Excellent Responses	⇧	77-88%	53.2%	46.6% (136/292)
		Food Temperature Satisfaction Survey	⇧	90-95%	95.0%	48.8%
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$2420457 - $2565685	$2,385,769	$2,653,604

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
PHARMACY	People	Employee Engagement Percentile Rank	⇧		71%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical	Pharmacy Medication Error Rate	⇩	0.081%-0.090%	0.09%	0.02%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	40-45%	41.99%	42.25%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
QUALITY	People	Employee Engagement Percentile Rank	⇧		67%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical	30-Day Rehospitalization Rate	⇩	10-12%	11.2%	2.5%
	Community					
	Finance	Direct Expense Budget	⇩	$729184 - $772936	$823,726	$752,938

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
INFECTION PREVENTION	People	Employee Engagement Quality Percentile Rank	⇧		67%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical	Multiple sticks for a single lab	⇩	5-7%	3.5%	\
	Community					
	Finance					

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
VOLUNTEER SERVICES	People	Employee Engagement Percentile Rank	⇧		100%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical					
	Community	Net New Volunteers	⇧	35-45	38	32
	Finance	Direct Expense Budget	⇩	$101812 - $107921	$112,339	$94,995

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
BUSINESS OPERATIONS	People	Employee Engagement Percentile Rank	⇧		56%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$763367 - $809170	$719,390	$773,846
		Financial Statement Deadlines	⇩	Per Schedule	0	\

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
DEMAND TRANSPORTATION	People	Employee Engagement Percentile Rank	⇧		75%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical	Double Occupancy Pick-up	⇧	44-50 per month	36	8
	Community					
	Finance	Direct Expense Budget	⇩	$362575 - $384330	$330,559	223.63%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
INFORMATION SERVICES	People	Employee Engagement Percentile Rank	⇧		50%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$2158595 - $2288111	$2,094,525	$2,511,658

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Employee Engagement Percentile Rank	⇧		20%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$844461 - $895129	$868,460	$825,997
		Percent over 90 days	⇩	23-28%	26.1%	

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
PURCHASING	People	Employee Engagement Percentile Rank	⇧		100%	\
	Service	Patient Experience: % Top Box Rate	⇧	77-88%	77.2%	\
		Internal Customer Service %	⇧	85-95%	90.4%	99%
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$212536 - $225289	$224,864	$226,191

Name of Document: **Contract Review and Approval Policy** **Policy:** ☒ **Procedure:** ☐	North Central Health Care Person centered. Outcome focused.
Document #: - - -	Department: Administration
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO

Related Forms:

- Contract Review Request Form

I. Document Statement

It is the policy of North Central Health Care ("NCHC") to develop and implement a Contract Review and Approval Policy that applies to all Contracts made on behalf or in the name of NCHC; to commit to writing all Contracts; to assure that a review process is completed that is appropriate to the nature of the Contract; and to assure that all Contracts are properly reviewed and executed by individuals who have proper authority. This Policy applies to all Contracts to which NCHC is a party, regardless of whether they have been drafted by NCHC or a third party.

II. Purpose

The purpose of this Contract Review and Approval Policy ("Policy") is to provide an organized and coordinated process to ensure that any commitment of NCHC resources and all Contracts obligating NCHC are properly reviewed, prepared, approved, and executed by authorized personnel. This Policy is binding upon all NCHC employees. Please consult with the NCHC Contract Specialist if you have any questions about this Policy or the procedures to follow for the review, preparation, approval, and execution of NCHC Contracts.

This Policy establishes guidelines, procedures, and requirements for:

1) An initiating Director or Executive (the "Requester") to request Contract assistance from NCHC's Contract Specialist or outside legal counsel.

2) The review, preparation, approval, and execution of a Contract to which NCHC is a party.

III. Definitions

Authorized Signatory - Except as otherwise provided herein, only the Chief Executive Officer, Acting Chief Executive Officer, or other expressly designated Executive of NCHC are authorized to execute Contracts on behalf of NCHC. Where the risks of failing to achieve the purposes of this Policy are low, and the matters are routine, the Authorized Signatory may delegate approval authority for classes of Contracts to the CFO or Compliance Officer who have supervision of the subject of the Contracts. Any such delegation shall be in writing and shall be executed by the Authorized Signatory. The Authorized Signatory may revoke such authority at will.

Compliance Officer - the high ranking member of management that is named by the Board of NCHC to serve as Compliance Officer of NCHC.

Contracts - "Contract(s)" include any and all agreements or understandings between NCHC and any other party, including without limitation, business associate agreements, employment agreements, health care provider agreements, consolidated billing services agreements, insurance provider agreements, maintenance agreements, medical records agreements, purchase agreements, software agreements, transportation agreements, rental agreements, equipment agreements, service agreements, facility use agreements, consulting agreements, licenses, leases, promissory notes, instruments, assignments, powers of attorney, terms and conditions, memoranda of understanding, letters of intent, settlements, releases, waivers, grant applications, other similar documents, and any renewal, amendment, or modification to existing Contracts of the foregoing types. If an employee is not certain whether a communication with another party will form or modify a Contract, the Requester should contact the Contract Specialist for guidance. All Contracts are required to be in writing. Oral agreements are not authorized regardless of whether there is a monetary exchange.

Contract Specialist - the individual designated by NCHC to manage the administrative activities associated with NCHC Contracts and the contracting process.

Health Care Provider - "Health Care Provider" or "Provider" is a state licensed or certified person or state-authorized facility, which delivers diagnostic, treatment, inpatient or ambulatory health care services or any other party that receives payment or reimbursement for the provision of health care services.

Managed Care Contract - contracts with health plans, managed care organizations, governmental reimbursement programs and other organizations that involve reimbursement or other compensation for services performed by NCHC. Managed Care Contracts include, without limitation, Contracts involving:

- participation in Accountable Care Organizations, preferred provider organizations, network provider organizations, clinically integrated provider organizations, and other organizations that contract with payers of health care services;

- any state, federal, or other governmental health care program;

- employee welfare benefit programs whether qualified or not under the Employee Retirement Income Security Act;

- exclusive provider organizations, preferred provider organizations, defined benefit plans, health maintenance organizations, physician/hospital organizations, and indemnity insurance;

- administration of any Managed Care Contract, third party administration;

- utilizations review, quality standards, quality assurance, quality management, incentive compensation, compliance with protocols or standards for providing care, integrated care requirements, and preauthorization or preapproval of services; and

- reimbursement or compensation regardless of the structure including fee-for-service, discounted fee-for-service, bundled payment, capitation, episode of care, and pay for performance.

NCHC Contract Templates - standard contract clauses that are created and approved by legal counsel to provide guidance with respect to areas of contracting. Each NCHC Contract Template shall include a cover sheet indicating the scope of acceptable use and other issues determined by legal counsel and/or the Compliance Officer regarding the use of the applicable NCHC Contract Template. Use of a NCHC Contract Template does not obviate the need to have the applicable Contract properly reviewed, approved, or executed pursuant to this Policy. NCHC Contract Templates are only intended to potentially streamline the review and approval process by developing uniform terms. Each potential contractual arrangement will have its own unique terms and regulatory impact. Reliance on NCHC Contract Templates alone is not sufficient to assure compliance or approval.

Privacy Officer - the individual designated by NCHC to serve as the privacy official responsible for developing and implementing its privacy policies and procedures, serving as a contact person responsible for receiving complaints and providing individuals with information on the covered entity's privacy practices as required under 45 C.F.R. § 164.530(a).

Referral Source Arrangement - an arrangement with a physician or other person or entity that is in a position to make, influence, or recommend a referral, purchasing, leasing, ordering or arranging for any goods, facility, item or service paid for, in whole or in part, by a federal or state healthcare program. The definition should be interpreted broadly for purposes of the NCHC compliance program. A Referral Source Arrangement is any type of Contract or other arrangement with anyone (including an immediate family member of such person) who could potentially influence the flow of Medicare/Medicaid or other government healthcare programs business to another party including anyone who has referred a patient to NCHC in the past or who is reasonably anticipated to refer a patient to NCHC in the future. This definition includes instances when NCHC or a NCHC provider is the party in a position to refer or influence the referral of federal healthcare program business to a vendor. A Referral Source Arrangement can exist even if the subject matter of the Contract does not involve potential referrals or is otherwise unrelated to healthcare. Any arrangement with a party that is in a position to make or influence referrals is to be considered a Referral Source Arrangement.

IV. General Procedure

1) All employees of NCHC must follow the procedures and comply with the requirements of this Policy with respect to the review, preparation, approval, and execution of any Contract to which NCHC is a party. No person may sign any Contract on behalf of NCHC unless:

    a. the Contract is reviewed, prepared, and approved in accordance with this Policy and its procedures;

    b. the Contract has complied with all other internal approval requirements under other applicable NCHC policies; and

    c. the individual is properly authorized to sign the Contract as an Authorized Signatory.

    Nature of Review and Approval Process. Depending on a number of factors, the Contract may need approval by a particular department or program, the Compliance Officer, the Privacy Officer, Legal Review (as defined below), Chief Financial Officer, and other NCHC personnel. The procedure for approval of a Contract is set forth in this Policy and depends on:

    a. the type of vendor/contractor, i.e., whether the proposed agreement is a Referral Source Arrangement;

    b. the type of the proposed agreement;

c. whether the nature of the Contract involves potential regulatory risk;

d. whether the Contract requires a request for proposal process or other special approval;

e. whether the Contract is with an approved vendor;

f. whether the Contract uses NCHC Contract Templates; and

g. the dollar amount of the proposed Contract.

2) Contract Review or Preparation Process**.**
The contracting process begins when the Requester identifies a need to use outside goods or services or otherwise seeks to establish a relationship between NCHC and a third party or upon the renewal of Contract. The Requester and the Contract Specialist are both responsible for advising the Authorized Signatory and other appropriate NCHC personnel of a potential Contract at the earliest possible time in the contracting process and for keeping the Authorized Signatory up to date on the negotiation and contracting process. The Authorized Signatory may, in the Authorized Signatory's discretion, participate in any part of the contracting process.

3) Preliminary Contract Discussions. The Requester is expected to:

a. Be authorized to negotiate in good faith, the specific provisions for which a contract is required.

b. If assistance is needed during preliminary discussions and negotiations of the Contract, including letters of intent, contact the Contract Specialist.

c. To the extent possible, use NCHC Contract Templates to propose the initial draft Contract for purposes of preliminary discussions and negotiations.

4) NCHC Contract Templates. NCHC Contract Templates are maintained by the Contract Specialist and are available upon request to the Contract Specialist. Use of a NCHC Contract Template does not of itself obviate the need to obtain Legal Review or any other review or approval of a Contract.

5) Prior to Submitting the Contract Review Request. Before submitting a Contract Review Request to the Contract Specialist, the Requester must review the proposed Contract and identify the terms and conditions that are acceptable or unacceptable to NCHC and identify any modifications or deletions. The Requester is also responsible for considering the business implications of the proposed Contract and confirming that the proposal:

    a. Meets the goals and objectives of the business unit or department.

    b. Is consistent with NCHC's mission.

    c. Is in NCHC's best interests.

6) Requester Responsibilities. The Requester shall work closely with the Contract Specialist and other appropriate NCHC personnel through each stage of the contracting process. Requester's responsibilities include, but are not limited to:

    a. Properly vetting the counterparty according to NCHC policies and procedures and using any contracting checklists and flow charts adopted by NCHC to provide guidance through the contracting process.

    b. Assisting in developing Contract specifications.

    c. Negotiating appropriate business terms. The Authorized Signatory or Compliance Officer shall, in the Authorized Signatory's or Compliance Officer's discretion, seek assistance from outside legal counsel when negotiating the terms of a Contract. Confirming that any business terms proposed by the counterparty are acceptable. Terms may include price, scope of services, or other elements of the engagement or relationship with the counterparty.

    d. Confirming as follows:

        i. The Contract terms and conditions, including the duties of the parties, are clear, consistent, and acceptable to NCHC and the Requester.

        ii. NCHC has the necessary funds and resources to enter into and meet NCHC's obligations under the Contract.

iii. The Contract terms and conditions have the support and approval of the Requester and, if applicable, the appropriate Senior Executive.

iv. The Contract terms and conditions have the support and approval of any other department that will need to provide technical support, facilities, services, and/or personnel to carry out NCHC's obligations under the Contract.

e. Submitting the Contract Review Request to the Contract Specialist.

7) Submission for Contract Review. The Requester must submit a Contract Review Request to the Contract Specialist. Requester must comply with the following requirements for each Contract Review Request:

a. The Requester must complete all applicable sections. Any incomplete Contract Review Request may be returned to the Requester for completion. The Requester should contact the Contract Specialist with any questions about completing the form.

b. The Requester must submit the Contract Review Request to the Contract Specialist as early as possible during Contract negotiations or discussions.

c. The Requester must attach a copy of the Contract and all documents referenced in the Contract and any other supporting or relevant documents.

d. The Requester must execute the Contract Review Request.

8) Legal Review Requirements. At the discretion of the Authorized Signatory or Compliance Officer, NCHC may request outside legal counsel to review or prepare a Contract ("Legal Review").

a. Legal Review. Legal review and approval does not mean that the Contract is authorized for signature. The Contract Specialist and the Requester are responsible for the review and approval of the business terms of the Contract after Legal Review. Business terms include, but are not limited to, services to be provided, goods to be purchased or sold, fees, payment terms, and deliverables.

The final decision to enter into a Contract is the responsibility of the Authorized Signatory and should take place only in accordance with this Policy.

i. No Exemption from Other Requirements. An exemption from Legal Review and approval does not exempt a Contract from any other applicable NCHC requirement for review and approval.

ii. Circumventing Legal Review. It is a violation of this Policy to divide a Contract into two (2) or more separate Contracts or installments in an attempt to bypass the thresholds for Legal Review and approval under this Policy.

b. Contract Where Legal Review Should be Strongly Considered. NCHC Contracts that may require Legal Review, in the discretion of the Authorized Signatory or Compliance Officer, and approval prior to signing include without limitation:

i. Contracts affecting NCHC's ownership rights that are protectable through copyright, patent, trademark, or trade secret law ("Intellectual Property"), including Contracts under which NCHC: transfers ownership of, or licenses its Intellectual Property to, a third party; or licenses, purchases, or otherwise acquires Intellectual Property from a third party.

ii. Guaranties by NCHC of any monetary or non-monetary obligation.

iii. Contracts arranging for credit facilities or the borrowing of funds on behalf of NCHC.

iv. Contracts with any governmental entity and inter-agency agreements.

v. Contracts with a duration of longer than twelve (12) months.

vi. Employment agreements.

vii. Agreements involving real estate interests including, but not limited to, leases, facility use agreements, land contracts, rental agreements, and easements.

viii. Agreements subject to public bidding requirements.

ix. Amendments to any of the above-referenced types of Contracts.

c. Contracts Requiring Compliance and Legal Review. The following Contracts, if new or are a modification, as determined by the Authorized Signatory, must be submitted for Legal Review and to the Compliance Officer for review as early as possible during negotiations, but no later than before submission to the Authorized Signatory for final signature:

i. Contracts involving Referral Source Arrangements.

ii. Contracts with any Health Care Provider.

iii. Contracts with insurance providers.

iv. Managed Care Contracts except single patient agreements.

v. Contracts with any entity that is in competition with NCHC.

vi. Contracts with consultants of any nature including but not limited to accountants, auditors, attorneys, and other medical consultants.

vii. Contracts involving the use and/or disclosure of protected health information ("PHI") or treatment records regardless of Contract duration or cost.

viii. Contracts related to programs and services that are regulated under state or federal law.

ix. Contracts requesting any significant deviation from NCHC Contract Templates.

x. Contracts having a total commitment value by NCHC in excess of $100,000 annually whether such commitment is financial, goods, or services.

xi. Amendments to any of the above-referenced types of Contracts.

9) Compliance Officer Review. The Contract Specialist and the Requester shall both be responsible for advising the Compliance Officer of all potential Contracts. The Compliance Officer may review any Contract, request Legal Review, and/or object to any Contract on compliance grounds. The Compliance Officer shall review any Contract that requires Compliance Officer review under this Policy or any other policy of NCHC.

10) Privacy Officer Review. For any agreements with vendors who are providing a service to NCHC and receive PHI through the service, the Agreement shall contain business associate language and security provisions or a data use agreement as required by the Final Privacy Rule and the Final Security Rule described more fully in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Officer shall be authorized to execute business associate agreements on behalf of NCHC.

11) Contract Approval and Execution.

    a. Authorized Signatory. The Authorized Signatory is authorized to approve, execute, acknowledge, and deliver to external parties, in the name and on behalf of NCHC, any and all Contracts, documents, or other instruments that the Authorized Signatory determines to be necessary or appropriate to carry out the transactions authorized thereby.

    b. Unauthorized Signatures. Only Authorized Signatories may sign Contracts on behalf of NCHC. Any other individual who enters into a Contract, whether oral or written, that purports to bind NCHC is acting without authority and may be held personally liable for the Contract. Individuals who enter into unauthorized Contracts or commitments may also be subject to disciplinary action, up to and including termination.

    c. Board Consultation. It is NCHC's policy that material Contracts be entered into with consultation by NCHC's Board of Directors as required in the Board's Policy Governance Manual.

12) Responsibilities of Authorized Signatory. The Authorized Signatory is responsible for:
    a. Ensuring that he or she has the appropriate authority to approve and execute the Contract.

b. Reviewing each Contract Review Request and approving the Contract.

c. Verifying that outside legal counsel, if appropriate, has approved the Contract.

d. Ensuring that all other reviews and approvals required by any applicable NCHC policies have been obtained prior to Contract execution.

e. Ensuring that NCHC's Board of Directors are consulted regarding material Contracts.

13) Signature Requirements. Each Authorized Signatory approving a Contract must affix his or her own physical signature to a Contract approved for execution.

14) Contract Execution. The Contract Specialist is responsible for providing a Contract to the Authorized Signatory for execution. The Authorized Signatory signs two (2) copies of the Contract. Copies of the Contract are located in the central Contract files to be maintained by the Contract Specialist. The Contract Specialist will maintain records of all fully executed Contracts in a secure location where they will be kept in accordance with NCHC policy. The Contract Specialist must provide the Authorized Signatory with:

a. The final version of the Contract for execution.

b. A copy of the previous Contract with the changes proposed identified.

c. The completed Contract Review Request.

d. Any other information required for the Authorized Signatory to approve the Contract.

15) Contract Specialist Responsibilities. The Contract Specialist's responsibilities include, but are not limited to:

a. With the assistance of the Compliance Officer and Legal Review where necessary, make an initial assessment of the Contract type and approval process applicable to the subject Contract.

b. Routing the Contract to the necessary approvers based on the Contract type.

c. Maintaining NCHC Contract Templates.

d. Working closely with the Requester, the Authorized Signatory, and, if applicable, the Compliance Officer and outside legal counsel, through each stage of the contracting process.

e. Ensuring that each Contract Review Request is complete and accurate.

f. Facilitating the review of a Contract by a Senior Executive if appropriate.

g. Working with the Authorized Signatory to determine when engagement of outside legal counsel is appropriate and, if necessary, engaging outside legal counsel.

h. Executing each completed and verified Contract Review Request.

i. Presenting an executed Contract Review Request to the Authorized Signatory for review and execution.

j. Maintaining copies of all executed Contracts and associated documents.

k. Auditing current Contracts.

l. Maintaining a log of current Contracts and otherwise performing Contract maintenance ("Contract Matrix").

16) Contract Maintenance. Upon full execution by the parties, the Contract Specialist must retain Contract documentation in accordance with NCHC Policy Document Retention Policy. Contract documentation includes:

a. The original Contract and, to the extent possible, an electronic copy of the Contract.
b. All exhibits, attachments, and documents incorporated by reference in the Contract.

c. All Contract approvals, namely the Contract Review Request, required under applicable NCHC's policies.

17) Contract Termination. In the event that any Requester wishes to discontinue services under or terminate an existing Contract before the Contract term expires, the Requester must contact the Contract Specialist before taking any steps to end the relationship with the counterparty.

18) Contract Records Management. The NCHC Contract Specialist will provide Contract records management for all Contracts. This management will consist of maintaining the Contract Matrix that contains at least:

    a. name of contracting parties;

    b. type of service provided;

    c. NCHC department/facility/program where service is provided;

    d. renewal/termination/rollover dates;

    e. critical notification dates; and

    f. computerized ability for responsible parties to view current Contract.

    A copy of the Contract Matrix will be maintained in an electronic format that is accessible to all administrators and officers. The Contract Specialist will use the Contract Matrix to track expiration, notification, and renegotiation dates and shall notify the appropriate department in the event any notice, review, or renegotiation of a Contract approximately one hundred and twenty days (120) days prior to any such relevant date. During the respective Contract periods, key issues and concerns should be referred to the responsible department head for consideration during negotiation.

19) Compliance with Other Policies.

    a. Conflicts of Interest. All NCHC employees are responsible for ensuring that NCHC does not enter into a Contract that presents a real or perceived conflict of interest, and must comply with NCHC's Policy on Conflicts of Interest and Disclosure of Certain Interests when reviewing, approving, or otherwise exercising their authority with respect to such Contract. If a real or perceived conflict of interest does arise, the issue must be resolved prior to entering into such Contract, as required by NCHC's Policy on Conflicts of Interest and Disclosure of Certain Interests.

Resolution of any real or perceived conflict should be documented in writing and kept on file by the Contract Specialist. Questions about possible conflicts should be directed to the Contract Specialist who will forward them to an Authorized Signatory or outside legal counsel as appropriate.

b. Other NCHC Policies. The review, approval, and exercise of authority under this Policy must comply with all applicable NCHC policies and procedures including, without limitation:

   i. The NCHC Code of Conduct and Ethics and all Compliance Program policies and procedures.

   ii. The NCHC Referral Source and Clinical Services Contract Management Policy.

   iii. The NCHC Screening of Federal and State Exclusion Lists policy.

   iv. The NCHC Vendor Approval Process Policy.

   v. All other qualifications and requirements established by NCHC.

20) Violation of this Policy. Any employee, regardless of position or title, who violates any provision of this Policy will be subject to discipline, up to and including termination of employment.

V. Program-Specific Requirements:

References: None

Name of Document: **Capital Asset Management** **Policy: ☒ X Procedure: ☐**	North Central Health Care Person centered. Outcome focused.
Document #: 0105-1	Department: Administration
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO

Related Forms:

- None

I. Document Statement

It is the policy of North Central Health Care (NCHC) to establish guidelines that shall be used for funding and managing capital assets. This policy provides for the funding and approval processes for capital asset requests.

II. Purpose

To provide consistency and understanding of the funding and managing capital assets at NCHC. To assure there is adequate funds available for purchasing assets within the approved time frame.

III. Definitions

Capital Asset - Assets that are used in operations and meet the threshold guidelines.

Moveable Equipment - Assets that are not part of the building or rolling stock.

Rolling Stock - Includes vehicles, buses, tractors and mowers.

IV. General Procedure

1) NCHC maintains an account for restricted assets designated for capital purchases. This is a cash account and adequate cash should be in this account to cover approved capital. Once capital is approved, funding will be available for the approved year and for two consecutive years following the approved year. If not purchased within this time frame, the request must be resubmitted through the budget process. Any unused funds roll back into the NCHC general fund. Status of approved capital items will be available and maintained for review at all times.

2) Programs have the opportunity to request capital needs during the budget process. The CEO and CFO review the requests and submit request to any authorizing body as required. The recommended list of capital requests is presented to the NCHC Board with the annual budget. Upon Board approval, the approved capital for the following calendar year is established.

3) In the unforeseen event a capital item is needed that has not been budgeted, the CEO will request approval from the NCHC Board if the item is over $30,000 and funding is available. If the item is under $30,000, the CEO may approve. Upon approval, the item will be added to the current approved items.

4) Moveable Equipment of any cost is considered operational and is the responsibility of NCHC for funding. These items will adhere to the NCHC budget policy and approval requirements as stated above.

V. Program-Specific Requirements:

1) Marathon County: The memorandum of understanding between North Central Health Care and Marathon County dated January 2016 for Capital Expenditures will be followed for building alterations and rolling stock.

    a. Building Alterations: NCHC will adhere to Marathon County's Capital Improvement Plan (CIP) for building alterations over $30,000. Projects $30,000 and under are considered maintenance projects for Marathon County purposes and NCHC will handle those operationally and financially. NCHC projects which are requested to be ranked but are not ranked high enough for CIP funding may be resubmitted for approval using NCHC restricted assets designated for capital purchases.

    b. Rolling Stock: Rolling stock, including vehicles, buses, tractors, and mowers, 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 shall be eligible for capital improvement funds. Purchases under $5,000 shall be considered operational expenses from Marathon County's perspective and will funded by North Central Health Care. Any rolling stock that is requested for funding but does not receive funding approval by Marathon County may be funded by NCHC if it is determined the item is needed for a program and receives approval by the NCHC Board as required in this policy.

IV. References: None

Name of Document: **Risk Reserve Guidelines** **Policy: X Procedure: ☐**	North Central Health Care Person centered. Outcome focused.
Document #: - - -	Department: Administration
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO

Related Forms:

- None

I. Document Statement

It is the policy of North Central Health Care to maintain guidelines to monitor and accrue a liability for the areas that are considered to be vulnerable to risk or uncertainty.

II. Purpose

To maintain stability and estimated accuracy within the financial statements for those areas that are considered risk areas. These areas include accounts receivable, self-funded health insurance, open cost reports, and compliance risks.

III. Definitions

Accounts Receivable - Amounts for patients/clients that have been billed, but not yet collected.

Cost Reports - Required reports for Medicare and Medicaid programs that report the costs of the programs that receive Medicare and Medicaid funding.

Compliance Risks - Potential for not meeting a regulatory requirement that results in returning funds to Medicare, Medicaid, or other Third Party payers, as well as the potential for fines or penalties.

IV. General Procedure

1) Patient Accounts Receivable**:** Patient Accounts Receivable is the largest area of risk. It is important for NCHC to have adequate amounts in the allowance accounts to ensure net accounts receivable is properly stated. Since most reimbursement is received after the charges are incurred, accounts receivable are created. NCHC bills and is reimbursed from third parties such as Medicare, Medicaid, Insurances, HMO's, Family Care, and, to a more limited extent, self-pay patients.

NCHC has agreements with most of these third-party payers that provide for reimbursement at amounts which vary from NCHC's gross charges. Revenue is initially recorded at gross charges and reduced to the net amount which will be collected through the use of contractual adjustment accounts (contra revenue). The statement of net assets records gross accounts receivable based on what was billed to the patient or the third party payer. Gross accounts receivable is reduced, to the net amount expected to be collected, through the use of allowances for contractual adjustments. The process for estimating allowances for contractual adjustments is complex and important to the financial reporting process. Management will use estimates based on payments received through use of a zero balance report, in addition to reviewing specific payers with contracted amounts. For most areas, accounts over 180 days will have an allowance of 75% to 100%, with analysis of these accounts for potential collections. Once these accounts are identified as uncollectable, they will be closed.

2) Open Cost Report: As a participant in the Medicare and Medicaid Programs, NCHC is required to complete annual cost reports for the nursing home, hospital and outpatient services. Estimated provisions to approximate the final expected settlements after review by the intermediary are included in the statement of net assets. In addition to these estimates, NCHC records an additional liability of $10,000 per open cost report to recognize there is risk that the final settlement may differ from the original estimate. Once a cost report is settled, the additional liability will be adjusted for that cost report and the estimated settlement recorded will be adjusted to actual.

3) Self-Funded Health Insurance: NCHC maintains a self-funded health insurance plan for employees. Self-funded insurance plans carry risk, as there is not a way to always predict high cost claims. NCHC maintains a liability for the self-funded insurance plan. The level of the liability maintained is based on a claim lag report analysis.

4) The annual audit process includes an independent evaluation of the reasonableness of the estimates related to the above and the reasonableness of the process utilized in developing the above estimates. In addition to the above specific reserves, NCHC maintains a recorded liability of $100,000 which may be required for unexpected payments to third party payers or others related to compliance violations or other events which occurred prior to the balance sheet date.

V. Program-Specific Requirements:

None

References: None

Related Documents:

North Central Health Care
Person centered. Outcome focused.

PROGRAM APPLICATION TO THE RETAINED COUNTY AUTHORITY COMMITTEE

DATE: January 19, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
Michael Loy, Chief Executive Officer
RE: Intensive Outpatient Program & Day Treatment Program Expansion

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Purpose

To provide a more comprehensive substance abuse treatment program continuum aimed at ensuring all individuals have the appropriate level of treatment intensity available based on their recovery needs. The creation of an Intensive Outpatient Program and expansion of Day Treatment will increase access to care, recovery success and enhance client quality of life. While this proposal only expands Day Treatment and develops Intensive Outpatient Programs located in Langlade and Marathon Counties, residents from Lincoln County will have access to these services by traveling to either the Langlade or Marathon County program locations.

Definition

AODA – Alcohol and Other Drug Abuse.

Client – Individual seeking substance abuse services.

Day Treatment – Six-week structured substance abuse day treatment program for clients triaged by the UPC guidelines as a level 2 treatment need.

Intensive Outpatient Program (IOP) – Sixteen-week structured substance abuse treatment program for clients triaged by the UPC guidelines as a level 1 or 2 treatment need.

MMT - Medically Monitored Treatment (Lakeside Recovery) is a 6-bed (soon to be expanded to 15-bed) substance abuse treatment program that provides 21-day observation, monitoring and treatment for substance abuse. Admission into the MMT program is based on UPC level 3 guidelines.

Open Group/Closed Group – An open group is a group where clients are able to join in at any time. Open groups do not have set start dates. Closed groups are groups that have defined start and end dates. Clients will have to wait for the beginning of a group cycle before admission to the group.

UPC – Uniform Placement Criteria is a tool used in the State of Wisconsin to assess treatment needs of individuals seeking substance abuse services to ensure that placements for the client are for the most appropriate and least restrictive treatment setting.

I. Current Situation and Program Overview

Background

Individuals seeking treatment can be stratified by the level of treatment need of each client using the Uniform Placement Criteria (UPC) guidelines. The current guidelines are as follows:

Level 1 – 1 to 11 hours of therapy a week (one-on-one, Intensive Outpatient Program)
Level 2 – 12 or more hours of therapy a week (Day Treatment)
Level 3 – Residential Program (MMT)
Level 4 – Inpatient Hospitalization

North Central Health Care currently offers a number of substance abuse treatment options in addition to one-to-one counseling to address varying recovery needs within the UPC guidelines above but gaps remain.

As of January 2018, there are 94 individuals from Langlade, Lincoln and Marathon Counties who would like to engage in substance abuse treatment but are on the waiting list for NCHC's Wausau based MMT program. Based on current volumes and service turnover, it would take approximately 362 days without adding any additional referrals to clear the MMT waitlist. When NCHC's MMT bed capacity expands to 15, it would take approximately 132 days to meet current wait list demand.

Currently, NCHC also operates a Day Treatment Program in Wausau and has a four client wait list. Residents from Langlade, Lincoln and Marathon Counties can all access the program. The Day Treatment Program can be difficult to fill due to the significant time commitment. For clients living in Lincoln and Langlade Counties, it can be especially overwhelming due to travel demands. Further, individuals without access to personal transportation have significant barriers to find reliable transportation.

As clients enter NCHC's current substance abuse program continuum, some individuals need services that fall somewhere between the intensity of Day Treatment (Level 2) and one-to-one counseling (Level 1). The Intensive Outpatient Program could fill this treatment gap within Level 1 of the UPC guidelines. North Central Health Care does not currently offer an Intensive Outpatient Program at any location.

Recommendation

NCHC recommends the addition of an Intensive Outpatient Program to our continuum of care in our Langlade and Marathon County Outpatient Programs. Intensive Outpatient Programming would offer treatment and relapse prevention in the morning and late afternoon and afford clients the flexibility to attend one of two groups. Further, NCHC will support the expansion of the Day Treatment Program outside Marathon County into Langlade County. The Day Treatment and Intensive Outpatient Programs would both offer treatment and relapse prevention in the morning and late afternoon by offering clients the flexibility to attend one of two groups.

At this time, NCHC recommends revisiting expansion of these programs in Lincoln County in late 2018 to determine whether Lincoln County has sufficient infrastructure in place to support a local program. Residents from Lincoln County could still access programming in Langlade or Marathon County. While plans for a drug court or pretrial programming is not being explored formally in Lincoln County (both of which are significant to these programs) NCHC will continue to work on enhanced collaboration with existing services. Major work is occurring in growing the Community Treatment Program and our upcoming facility remodel to support further local growth in Lincoln County. Both initiatives were identified as key priorities through our meetings with Lincoln County staff.

It should be noted with this recommendation that individuals with AODA diagnosis are not "cured" after being discharged from any level of treatment including treatment on the inpatient unit, MMT Program or NCHC's Day Treatment Program. There is no panacea for recovery success. Recovery is a long multi-faceted process and is not achieved by solely abstaining from drug use. Intensive Outpatient Programming can aid in the prevention of relapse by teaching clients the importance of the long journey of recovery and filling an intensity needs gap. Individuals come in and out of various levels of treatment during the process of recovery. Intensive Outpatient Program reiterates the importance of tools learned in both MMT and Day Treatment and re-enforces that relapse can be prevented by making a change in the client's life, being honest to the group, the therapist, and themselves, by asking for help, practicing self-care, and sticking to the ground rules laid out in treatment. While some graduates from Day Treatment might be able to be successful by continuing on by jumping right to one-on-one therapy, Intensive Outpatient Program provides an additional link to help set up the client to be successful in preventing a relapse and working towards or achieving recovery (Melemis, 2015).

Current Service Market Analysis

There are no other facilities in the tri-county area other than NCHC that offers Day Treatment Programming. Only two agencies offer Intensive Outpatient Program groups in the greater Wausau area, ATTIC and the Wausau Comprehensive Treatment Center:

1) ATTIC is a community corrections program geared towards individuals with a criminogenic past who have an increased risk of recidivism and relapse. Their programming is not geared towards or appropriate for AODA clients without a criminal history. ATTIC does not offer a sliding fee, but they do take most insurances, but their services are only available to individuals who have a criminal history. ATTIC's Intensive Outpatient Program is a closed group, meaning that individuals starting a group must start at the same time and those wishing to join the Intensive Outpatient Program have to wait until the next group starts. Referrals for ATTIC have to come from the Department of Corrections.

2) Wausau Comprehensive Treatment Center accepts most insurances but does not offer a sliding fee scale. Payment arrangements can be made, but individuals that don't have the means to pay for treatment are not eligible. Wausau Comprehensive Treatment Center does offer an open Intensive Outpatient Program group and they do accept both self-referrals and referrals from a provider.

In summary, Wausau has no Intensive Outpatient Program group that is open, has sliding fee availability, and also provides service for non-criminogenic populations.

Service Line Strategy

The addition of an Intensive Outpatient Program would allow our clientele more options for group AOD therapy and a better step-down method. Since the NCHC Day Treatment and Intensive Outpatient Programs would be open programs, it would allow individuals to join the Intensive Outpatient Program group at any time. NCHC will create the new Intensive Outpatient Program within the Outpatient Department, which will work collaboratively with Inpatient and MMT to ensure that individuals needing AOD treatment within our three-county area are appropriately assessed and placed into the appropriate program per the recommended UPC level of care. The Day Treatment program is already imbedded within NCHC's Outpatient Program. Internal referrals from our MMT Program, Community Treatment, Inpatient hospital, Crisis Services, and Outpatient counseling programs will be coordinated.

NCHC already owns an evidence-based Intensive Outpatient Program curriculum written by Hazelden Betty Ford, an organization in Minnesota often thought of as providing best practice AOD programming. It can be very difficult for clients to go from 13 or more hours per week of therapy to only 1-3 hours of outpatient counseling, and Hazelden's curriculum provides a step down from more intensive treatment while also providing an evidenced-based model of care. Hazelden's therapy model consists of 6-9 hours of group treatment per week which translates to 2-3 group sessions of therapy per week. Additionally, there is also a one-hour weekly one-on-one meeting with the client's designated therapist. The program spans over 16 weeks and helps the client transition from rigorous group therapy to one-on-one counseling.

In regards to our external partner's needs, AODA programing, such as a Day Treatment and Intensive Outpatient Program, will complement the drug court model that both Langlade and Marathon Counties are currently developing. Day Treatment and Intensive Outpatient Programs provide an option for the courts to explore diversion opportunities by offering an alternative treatment option as opposed to incarceration. Day Treatment and Intensive Outpatient Programing would allow the court system to release individuals who are deemed low-risk for criminogenic behavior by Drug Court staff into a program that allows clients to work towards a healthy and sober lifestyle.

> *"The most effective response to individuals with substance use and mental health issues is often an appropriate balance of supervision, accountability, community treatment, and support" (Center for Health & Justice at TASC, 2013).*

Day Treatment and Intensive Outpatient Programing offer accountability, treatment and support along with weekly individual treatment sessions that address both AODA and mental health needs. Both programs offer individuals the opportunity to avoid jail time while starting the rehabilitation process, decreasing costs associated with incarceration.

Target Population Served

Both Day Treatment and Intensive Outpatient Programs will accept referrals from Langlade and Marathon County's criminal justice system.

The Day Treatment service line will serve clients who are at risk for relapse, clients who fall into the level 2 treatment category as defined by the UPC, clients in need of a higher level of care more than just one-on-one therapy, and individuals who have graduated from Medically Monitored Treatment and are in need of a step down option before participating in Intensive Outpatient Programing or individual therapy.

The new Intensive Outpatient Program service line will serve clients who are at risk for relapse, clients who fall in between levels of care (between levels 1 and 2), clients in need of a higher level of care than just one-on-one therapy, and individuals who have graduated Day Treatment and need a step down before participating in individual therapy. It will also serve clients graduating from MMT who are unable to commit to Day Treatment as well as individuals who are referred for services directly through Langlade or Marathon County's drug court process and individuals referred by probation and parole.

II. Projected Costs/Operating Budget

Financial Implications

At this time, there would be minimal additional cost to expand Day Treatment and implement an Intensive Outpatient Program. Both programs would not need to hire additional staffing as resources would instead be reallocated. Additionally group therapy would be more financially viable than individual treatment so there is a possibility to see an increase in Outpatient revenue once Day Treatment and Intensive Outpatient Programing started.

One 1.0 FTE counselor would be allocated to run the new Intensive Outpatient Program in Marathon County. One-on-one therapy sessions would continue with either the Intensive Outpatient Program facilitator or their current NCHC therapist. NCHC Outpatient currently has 2.8 FTE counselor positions open at the Wausau campus location. The goal is to fill open positions with a qualified treatment trainee and move a current therapist from assisting with Day Treatment Programing to serving as the lead therapist for Intensive Outpatient Program.

One 1.0 FTE counselor would be allocated to run both the new Day Treatment and the Intensive Outpatient Program in Langlade County. One-on-one therapy sessions would continue with either the Day Treatment or Intensive Outpatient Program facilitator or their current NCHC therapist. NCHC Outpatient currently has 0.5 FTE counselor positions open in Langlade County as they just hired a therapist who's passionate about Day Treatment and Intensive Outpatient Program group facilitation. The current 0.5 FTE opening would be used to increase the access for individual sessions for Day Treatment and Intensive Outpatient Program participants.

The financial breakeven point for both Day Treatment and Intensive Outpatient Program would be five clients continuously enrolled in each program. If there is less participation than five clients these programs would operate at a financial detriment as compared to current one-to-one counseling performance. The more clients enrolled above the breakeven point the more viable these programs become. NCHC would aim for groups between five and ten clients. When comparing a therapist who sees only individual clients with a therapist who is involved in group programing, such as Day Treatment or Intensive Outpatient Program (see Chart 1) there is increased revenue of $6,398 per month or $76,776 per year based on the assumption that groups will have 8 clients continuously enrolled.

Chart 1. Net Revenue – With and Without Day Treatment & IOP Programs

	W/O Day Treatment & IOP*	W/ Day Treatment & IOP**
Avg. Therapist Salary	$4,615	$4,615
Individual Session Average Reimbursment Rate***	$7,110	$4,000
Day Treatment & IOP Revenue	-	$9,508
Gain (Loss)	$2,495	$8,893

*Assumes 160 Individual clients per month

**Assumes 9 hours IOP group, 8 hours individual IOP client sessions, 23 individual therapy sessions

***Assumes 20% no-show rate for individual sessions

In Langlade County, because we are technically adding two new group programs there is a potential to have increased revenue of approximately $12,796 per month or $153,552 per year. Revenues and expenses for the operation of both the Day Treatment and Intensive Outpatient Programs are relatively the same. However, the chart above does not account for self-pay clients or clients with insurance plans that reimburses less than the Medicaid rate. Additionally, the average therapist expense does not include fringe benefits or indirect allocations.

Risk Factors

- Demand for this service was overestimated and consistent volumes are not present, the cost for providing the group exceeds the reimbursement.
- Langlade and/or Marathon County is unable to start Drug Court.
- Difficulties with referrals from Langlade or Marathon County partners.
- Demand for this service was underestimated causing NCHC to be unable to meet the needs of pre-trail or drug court referrals on a cost effective basis.
- Underestimated demands could lead to long program entry wait lists.
- Without a strong referral process in place to facilitate Langlade or Marathon Counties' pre-trail, drug court, and probation/parole referrals, clients could slip through the cracks and not make it into Day Treatment or Intensive Outpatient Programing.

III. Summary of Other Factors

Impact on Other NCCSP Programs

This program would aid in decreasing the wait time for individuals seeking treatment while also broadening our continuum of care. Intensive Outpatient Program and/or Day Treatment can get individuals started in treatment while they wait for higher level care options to open or as a viable step down option. Intensive Outpatient Program specifically will allow NCHC to provide a more comprehensive approach to AODA clients and increase their treatment options from three programs to four, while providing a more comprehensive spectrum of AOD care for the community.

Implementation Milestones

- Recommendation by NCHC Board of Directors
- Approval by RCA
- Determine group space
- Define program outcome expectations
- Work flow and internal referral processes determined

- Formalize referral process with Langlade and Marathon County Drug Court and Pretrial contacts
- Update other related community partners on new programing option for potential clients
- External referral process established
- Implement programming

IV. Summary of Impact on Member County Programs and Resources

Impact on County Programs

The following narrative reflects input provided from each of our three County partners in the development of this proposal.

Langlade County
North Central Health Care's Senior Executive of Human Services, Laura Scudiere has been meeting with Langlade County District Attorney, Elizabeth Constable and members of the Treatment Alternatives and Diversion (TAD) work group. The group has members from the local school system, Aspirus Hospital, the community, law enforcement, and the Langlade County criminal justice system. Partners have been very motivated to increase the availability for treatment in the area, which would support efforts to start a Drug Court by 2020. Elizabeth Constable has been working with staff to champion the referrals between our two systems to ensure program strength from implementation onward.

Lincoln County
North Central Health Care met with Lincoln County partners, and the consensus was to have regular check-ins going forward to assess readiness and the ability to support the addition of an Intensive Outpatient or Day Treatment Programs in Lincoln County. Community partners were interested in enhanced collaboration with existing programming at this time. Lincoln County residents can participate in both Langlade and Marathon County based programming.

Marathon County
NCHC Human Service Operations Executive, Laura Scudiere has met with Marathon County representatives on developing services that enhance their newly formed Drug Court. Lance Leonhard, Laura Yarie, and District Attorney Theresa Wetzsteon have all been in favor of the development of the Intensive Outpatient Program and feel that it is intrinsically linked to the Drug Court model that they will implement in early 2018. These discussions have occurred at strategic discussions with NCHC and Marathon County Drug Court and Pretrial planning efforts.

Works Cited

Center for Health & Justice at TASC. (2013). No Entry: A National Survey of Criminal Justice Diversion Programs and Initiatives. Chicago.

Melemis, S. M. (2015). Relapse Prevention and the Five Rules of Recovery. *Yale Journal of Biology and Medicine*, 325-332.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: January 19, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Creation of a General Corporation Counsel Position

Purpose

North Central Health Care (NCHC) operates a large dynamic health care organization rife with regulatory obligations and frequent legal matters. Given current circumstances, the Board is asked to consider shifting from contracted legal services to having an in-house legal counsel.

Background

North Central Health Care has managed its legal affairs on a contractual basis for years. In 2017, the Board considered a similar request and ultimately decided to continue to contract for legal service but to approach a general counsel relationship on a retainer basis. The goal was to improve service and lower costs. Throughout last year, NCHC experienced higher service levels under the arrangement but are expected to again exceed budget. The 2017 Budget provisions $110,626 for legal expenses. For 2018, NCHC has budgeted $180,000 for outside legal services. Over the four past years NCHC has budgeted and actually spent the following on outside legal resources.

	2013	2014	2015	2016
Budget	$63,000	$103,000	$133,000	$100,000
Actual	$141,583	$225,756	$65,074	$272,185
Variance	($78,583)	($122,756)	$67,926	(172,185)

At this time, the NCCSP Board is requested to reconsider our legal services arrangement and authorize hiring a full-time legal counsel to staff. While recent legal expenses have been higher than expected, legal resources are needed now more than ever. Legal resources are used for a variety of issues including contract review and negotiation, leases, complaint and regulatory investigations, compliance, employment practices and general health care industry related concerns. North Central Health Care's long-term liability and expenses would be mitigated to a higher degree in having enhanced legal resources. Improvements to access legal services internally would greatly benefit specifically a number of services lines and administrative functions in addition to being a resource for the Board.

Recommendation

Add one full-time general counsel position using dollars allocated for outside legal resources using the funding available for outside legal contractual services.

Fiscal Impact

The hiring of a full-time general counsel position would have an estimated financial impact similar to the expense of contracted legal services. Outside legal resources would still be needed from time to time but an in-house counsel could better manage and mitigate large legal exposures in normal circumstances. Both resources would be targeted to be managed within the 2018 expenditure for legal services approved in the budget.

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MEMORANDUM

DATE: January 19, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim Chief Executive Officer
RE: Policy Governance: Board Governance Process Policies

Background

There are five elements to a policy governance approach and in the development of a corresponding manual. Currently, we have accomplished the first three sections with two remaining sections to finalize as follows:

1) End Statements (Board consensus achieved)
2) Executive Limitation Policies (Board consensus achieved)
3) Board – CEO Relationship (Board consensus achieved)
4) Board Governance Process (drafted and attached for consideration in January)
5) Board Amended Bylaws (drafted and attached for consideration in February)

At the board meeting this month, the Board will be asked to consider the Board Governance Process Policies. An initial presentation of this section and questions related to its development were presented to the NCCSP Board at its December meeting.

The purpose of the Board Governance Process Policies is to prescribe everything about the way the NCCSP Board conducts business between itself and its owners and business among Board members. Governance Process policy is the place to articulate the Board's commitments to being owners' representative and ensuring NCHC's success and viability, as well as how the Board is going to organize its meetings, ensure Board members' good behavior, authorize the Board Chair and other Board Officers, and so forth. There is relatively little of this section covered in the *Getting Started with Policy Governance* text provided earlier to the Board.

The Board is being presented with the above referenced section along with the entirety of the Policy Governance Manual. The manual will be presented along with an initial draft of the Amended Board Bylaws (pgs. 17-23 of the draft manual) to effectuate the Policy Governance shift of the Board. The Board will have an opportunity to provide input and ask questions on the draft Board Governance Process Policies (pgs. 7-14 of the manual) at the January meeting next week. Following the January Board meeting, the Board will be requested to provide a final review of the entirety of the Policy Governance Manual and Amended Bylaws for adoption at the Board's February meeting.

1-19-2018 DRAFT

Policy Governance Manual

North Central Health Care
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ADOPTED: TBD

1100 Lake View Drive | Wausau, WI 54403 | 715.848.4500

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Mission

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and specialized care for people with complex behavioral and skilled nursing needs.

Vision

Lives Enriched and Fulfilled.

NCCSP Board End Statements

People
Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus.

Service
We exceed our Consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

Quality
North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

Community
Our Community will be able to access our services through a highly responsive seamless integration of services structure. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

Financial
We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

Section 1 - Executive Limitations

CORE POLICY STATEMENT

Executive Limitations are constraints on executive authority which establish the prudential and ethical boundaries for which all executive activity and decisions must take place.

Policy 1.1 – General Executive Constraint

The Chief Executive Officer shall not cause or allow any activity, decision, organizational circumstance or practice (imprudent or in violation of commonly accepted business and professional ethics or regulations of funding or regulatory bodies) to jeopardize the public image of North Central Health Care ("NCHC") or to result in a failure to be duly licensed or accredited by the proper agencies necessary to deliver services as authorized by the Board.

Policy 1.2 – Treatment of Consumers, Community Partners & the Public

With respect to interactions with consumers, community partners and the public, the CEO shall not:

1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.

2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.

3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights under this policy.

Policy 1.3 – Treatment of Employees & Volunteers

With respect to interactions with employees and volunteers, the CEO shall not:

1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.

2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.

3) Intentionally violate federal and state employment laws.

4) Fail to acquaint employees with their rights under this policy.

5) Allow staff to be unprepared to deal with emergency situations.

Policy 1.4 – Financial Planning & Budgeting

The CEO shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board's End Statements. Further, the CEO shall not:

1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.

2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.

3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.

Policy 1.5. – Financial Conditions & Activities

With respect to ongoing financial conditions and activities, the CEO shall not cause or allow the development of financial jeopardy or material deviation of actual expenditures from board priorities established in End Statements. Further, the CEO shall not:

1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC's long-term financial viability or stability.

2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).

3) Fail to assure that NCHC meets working capital, restricted reserves and solvency fund requirements unless approved by the Board.

4) Fail to invest and protect operational capital and excess funds consistent with Board's cash management and investment policies.

5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.

6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.

7) Pledge assets as security within any contracts without Board approval.

8) Sell property for less than Fair Market Value ("FMV") or if the FMV is greater than $30,000.

9) Acquire, encumber, or dispose of real estate.

Policy 1.6 – Benefits & Compensation

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the CEO shall not cause or allow jeopardy to quality of care, financial integrity or to public image. Further the CEO shall not:

1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.

2) Establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may be harm NCHC's competitive position.

3) Promise or imply permanent or guaranteed employment.

Policy 1.7 – Asset Protection

With respect to asset protection, the CEO shall not cause or allow organizational assets to be unprotected, inadequately maintained, or unnecessarily risked. Further, the CEO shall not:

1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.

2) To develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.

3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.

4) Compromise the independence of the Board's audit or other external monitoring or advice.

Policy 1.8 – Emergency Executive Succession

The CEO shall not permit there to be fewer than two other Executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.

Policy 1.9 – Communication & Counsel to the Board

The CEO shall not fail to inform or support the Board in carrying out its responsibilities. Further, the CEO shall not:

1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.

2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.

3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.

4) Fail to report an actual or anticipated issue non-compliance with any Board policy in a timely manner.

5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.

Policy 1.10 – Regulatory Compliance

The CEO shall not allow nor cause NCHC to fail in meeting all regulatory and statutory requirements related to the delivery of services approved by the Board, or cause NCHC to fail to meet contractual requirements with third-party payers. Further, the CEO shall not:

1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.
2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.

3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.

4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.

5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.

Policy 1.11 – Other Board Policies

The CEO shall not fail to implement or adhere to any other adopted Board Policy.

Section 2 - Board Governance Process

CORE POLICY STATEMENT

The North Central Community Services Program Boards is accountable to the Langlade, Lincoln and Marathon County Boards, providing governance leadership consistent with Carver Policy Governance concepts, by assuring that North Central Health Care: a) Achieves appropriate results for appropriate persons for appropriate costs as specified in Board Ends Policies, and b) Avoids unacceptable actions and situations as prohibited in Board Executive Limitations policies.

Policy 2.1 – Governing Style

The Board will govern lawfully, observing the principles of the Policy Governance model, with an emphasis on:

1. Outward vision rather than an internal preoccupation;
2. Encouragement of diversity in viewpoints;
3. Strategic leadership more than administrative detail;
4. Clear distinction of Board and Chief Executive roles;
5. Collective rather than individual decisions;
6. Future orientation, rather than past or present; and
7. Proactivity rather than reactivity.

Further, the Board will:

8. Cultivate a sense of group responsibility. The Board, not Management, will be responsible for excelling in governing. The Board will be an initiator of policy, not merely a reactor to Management initiatives. The Board may use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute the individual judgements for the Board's values.

9. Direct, control and inspire the organization through the careful establishment of broad written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on outcomes value and the limitation of risk, not on Management methods of attaining those effects.

10. Enforce upon itself whatever education and potential corrective action is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Although the Board can change its governance process policies at any time, it will observe them in full effect while in force.

11. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement.

12. The Board will not allow the Chair, any Director, or any Committee of the Board to hinder the fulfillment of its commitments or be an excuse for not fulfilling those commitments.

13. The Board will monitor and discuss the Board's process and performance at regular intervals. Self-monitoring will include comparison of Board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.

Policy 2.2 – Board Job Description

The Board's specific job outputs, as an informed agent of the ownership and corresponding contractual obligations, are those that ensure an unbroken chain of accountability from stakeholders to the appropriate organizational performance.

1. To cultivate a credible link between ownership, stakeholders and NCHC.

2. Written governing policies that address the broadest levels of all NCHC decisions and situations including:

    a. End Statements: Expected performance in terms of the organizational impacts, benefits, outcomes and recipients of benefits desired by owners, stakeholders and beneficiaries.

    b. Executive Limitations: Constraints on executive authority that establish the prudence and ethics boundaries within which all executive activity and decisions must take place.

    c. Governance Processes: Specification of how the Board conceives, carries out and monitors, and ensures long-term competence in its own tasks.

    d. Board-Management Delegation: Describes how power is delegated and its proper use monitored; the CEO's role, authority and accountability.

3. Assurance of successful management performance stated in Ends Statements and Executive Limitations.

Policy 2.3 – Board Agenda Planning

To accomplish its job with a governance style consistent with Board policies, the Board will follow an annual agenda which (a) completes a re-exploration of Ends Statement policies, (b) reexamines Executive Limitations policies and their sufficiency of their protection from risk, and (c) continually improves Board performance through Board education, enriched input and deliberation.

1. The cycle will conclude each year on the last day of December, so that administrative planning and budgeting can be based on accomplishing a one year segment of the Board's stated Ends Statements.

2. The cycle will start with the Board's development of its agenda for the next year.

    a. Consultations with selected groups in the ownership or other methods of gaining ownership input will be determined and arranged in the fourth quarter.

    b. Governance education and education related to Ends determination will be arranged in the first quarter, to be held during the balance of the year.

3. When incorporated as part of an agenda, the Board will attend to the consent agenda items as expeditiously as possible.

4. CEO monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.

5. CEO compensation will be recommended for adoption after a review of the elements of the CEO's employment agreement and review monitoring reports received in the last year, as soon as practical during the first quarter.

6. The Board Chair's finalization of each meeting agenda will provide the flexibility to include emerging issues, the recommendation of additional items by individual directors, and a public comment period. Any individual Board member has the ability to request the Board Chair include an item on a future Board meeting agenda. The Board Chair will comply with all requests on a timely basis. All agenda will be created, posted, and conducted consistent with Wisconsin Open Meeting law requirements.

Policy 2.4 – Board Chair Role

The Chair of the Board is a specially empowered member of the Board, the Chief Governance Officer, whose role is to assure the integrity of the Board's process and, secondarily, represent the Board as needed to outside parties, including, but not limited to, owners/stakeholders.

1. The successful discharge of duties of the Chair's job is that the Board behaves consistently with its own rules and those legitimately imposed upon it from outside the organization.

    a. Meeting discussion content will be on those POLICY issues that, according to Board policy, belong to the Board to decide or monitor, not to the CEO.

    b. Deliberation will be fair, open, and thorough, but also timely, orderly, and kept to the point.

2. The authority of the Chair consists in making decisions that fall within topics covered by Board policies on Governance Process and Board-CEO Relationship policies, with the exception of employment or termination of a CEO and any portions of this authority that the Board specifically delegates to others. The Board Chair is authorized to use any reasonable interpretation of the provisions in Governance Process and Board-CEO Relationship policies.

a. The Board Chair is empowered to chair Board meetings with all the commonly accepted power of that position, such as ruling and recognizing.

b. The Chair has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. As requested by the CEO, the Board Chair may assist the CEO with interpretation of the Board's policy statements.

c. The Board Chair may represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to the Chair.

d. The Chair may delegate this authority to another Director but remains accountable for its use.

Policy 2.5 – Director's Conduct

The Board commits itself and its members to ethical, businesslike and lawful conduct, including proper use of authority and appropriate decorum when acting as directors.

1. Members must have loyalty to the ownership that is not conflicted by loyalties to management, other organizations and any self-interest.

2. Shall not attempt to exercise individual authority over NCHC.

3. Will properly prepare themselves for Board meetings and deliberations.

4. Will respect to the confidentiality appropriate to issues of a sensitive nature, and respectful of applicable public body open meeting requirements including those set forth in 19.81(2), Wis. Stats. and the specific exceptions permitted under 19.85(1), Wis. Stats:

    a. Information disclosed or discussed in a permitted closed session of the Board or authorized subsidiary body shall be kept in confidence by closed session participants and not disclosed to non-participants in any manner.

    b. While Board actions based on such information will necessarily become public information when taken or reported when the body reconvenes in public session, the closed session proceedings and disclosures remain confidential unless and until such time as the Board acts to make some or all of them public.

Policy 2.6 – Conflict of Interest

Members of the Board of Directors must avoid conflict of interest with respect to their fiduciary duties.

1. Members will annually disclose their involvements with other organizations or with vendors and any associations that might be reasonably seen as representing a conflict of interest. The Wisconsin code of ethics for public employees and criminal justice penalties

sections of State Statutes pertaining to public officials and conflicts of interest apply to all NCHC Board of Directors.

2. Disclosing Conflicts of Interests. Consistent with and as a means of implementing State Statutes and public employee code of ethics, at the beginning of each Board meeting, or as soon thereafter when it is determined by the individual Board member that they have a conflict of interest, they will announce their conflict of interest regarding topic(s) to be discussed by the Board. Upon disclosing conflict of interest, that individual Board member will recuse themselves from the discussion and/or voting on that/those particular issue(s). Each individual Board member is personally responsible for identifying and announcing their own conflicts of interest. In the interest of the Board identifying all real and/or perceived conflicts of interests, it is an acceptable practice for a Board member to inquire of another Board member to determine if that Board member may have overlooked or not recognized a real or perceived conflict of interest.

Policy 2.7 – Board Committee Principles

Board Committees, when used, will be assigned so as to reinforce the wholeness of the Board's job and so as never to interfere with delegation from the Board to the CEO.

1. Board Committees are to help the Board do its job, not to help, advise, or exercise authority over Management. Committees will assist the Board ordinarily by preparing policy alternatives and implications for Board deliberation or by performing specific audit functions.

2. Committees will be used sparingly and ordinarily in an ad hoc capacity.

3. Board Committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes.

4. Expectations, composition, and authority of each committee will be carefully stated by policy in order to establish performance timelines and the monitoring schedule of committee work, as well as to avoid conflicting with authority delegated to the CEO.

5. Board committees cannot exercise authority over staff. The CEO works for the full Board, and will therefore not be required to obtain the approval of a Board committee before an executive action.

6. A committee is a Board committee only when its existence and charge come from the Board, whether or not Directors sit on the committee. This policy does not apply to committees formed under the authority of the CEO.

Policy 2.8 – Board per Diem and Travel Expense Reimbursement

Because poor governance costs more than learning to govern well, the Board will invest in its governance capacity.

1. To provide fair and equitable per diem and expense reimbursement for attendance of Directors at authorized Board or Committee meetings and Board Related events, the following policy shall be applied:

    a. Per Diem stipends for community members serving on the Board will be $100 per month. Per Diem stipends for a County Board Supervisor and County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC.

    b. Automobile travel mileage will be reimbursed by NCHC at the allowable rates established by the Internal Revenue Service (IRS).

    c. Actual meal expenses supported by receipts will be reimbursed consistent with the organization's employee meal reimbursement rates and policies.

    d. Authorized lodging accommodation (overnight) expenses supported by receipts will be reimbursed at the lodging institution's government rate if available, or at the next lowest rate available.

    e. Per Diem stipends and travel expense reimbursement for other authorized Board NCHC related/represented activities (e.g., meetings with state officials, consultants, etc.) will be reimbursed under this policy with additional provisions specified as needed to take into account special circumstances.

    f. A Board expense invoice form shall be created by the CEO and used to claim reimbursement under this policy. All expense reimbursements will be approved by the Board.

Policy 2.9 – Charge to the Medical Staff

The Board's accountability for the quality of medical practice will be discharged in part by depending on the medical judgement of an organized Medical Staff. While the formal Medical Staff organization, consisting of all Physicians privileged to practice in the organization, shall be responsible directly to the Board, this does not relieve or otherwise affect the responsibility of individual Physicians to meet requirements duly imposed by the CEO.

1. The Medical Staff will provide to the Board its judgement as to the capability of relevant practices, personnel, and premises to support or provide quality care.

2. The Medical Staff will provide to the Board its judgment as to the qualification of medical practitioners to render services and standards incumbent upon the organization or upon the Medical Staff.

3. The Medical Staff will provide the Board with a representative summary of Physician opinion by September 1 each year with respect to Ends deliberations of the Board.

4. The Medical Staff will be held accountable by the Board for its compliance with all laws, regulations and standards that may be binding on the formal Medical Staff organization itself.

5. The Medical Staff will be accountable for an assessment of medical performance on the criteria in Sections 1 and 2.

    a. Annually by an internal examination by a mechanism established by the Medical Staff.

    b. Not less than every three years by an external, disinterested third party of the Board's choice, with whom the Medical Staff must fully cooperate.

    c. At any time that the Board deems it necessary by either internal or external audit.

Section 3 - Board – Chief Executive Officer Relationship

CORE POLICY STATEMENT

The Board's sole official connection to the operational organization, its actions and achievements, and conduct shall be through the Chief Executive Officer (CEO). All authority and accountability of employees, as far as the Board is concerned, is considered the authority and accountability of the CEO. While the Board may be required to respond to and operate under a traditional public governmental form of governance, the relationship between the NCHC Board and its CEO will function consistent with the Policy Governance Model.

Policy 3.1 – Delegation of Executive Authority

The CEO is accountable only to the Board acting as a body of the whole. Only officially passed motions of the Board are binding on the CEO. The Board will instruct the CEO through the End Statements, Executive Limitations, CEO Position Description, CEO Annual Plan of Work, and other written Board policies, delegating to the CEO, reasonable interpretation and implementation of those policies and expectations.

1) Decisions or instructions of individual Board Directors, Officers, or Committees are not binding on the CEO expect in rare instances when the Board has specially authorized such exercise of authority.

2) The Board will not give instructions to staff who report directly or indirectly to the CEO. Further, the Board shall not conduct an evaluation either formally or informally of any staff other than the CEO. Should the CEO become aware of incidents regarding this policy, the CEO shall report the issue to the Executive committee for resolution.

Policy 3.2 – Monitoring CEO Performance

The systematic and rigorous monitoring of CEO performance shall be solely against the Board's outcomes and management limitations policies as revealed by any formal monitoring system. The CEO's performance assessment will be completed no less than annually through a process designed and implemented by the Board.

1) Monitoring processes determine the degree to which Board policies are being met. Information that does not do this will not be considered to be monitoring information.

2) The Board will acquire monitoring data by one or more of three methods:

   A. By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;

   B. By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and

   C. By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.

3) In every case, the standard for compliance shall be any reasonable interpretation by the CEO of the Board policy being monitored. The Board remains the final arbiter of reasonableness.

4) All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the Board. The Board can monitor any policy at any time by any method, but will ordinarily depend on a routine schedule.

5) The Board May change its policies from time to time, thereby shifting the boundary between Board and CEO domains. By doing so, the Board changes the discretion given the CEO. However as long as any particular delegation is in place, the Board will respect and support the CEO's interpretation and choices.

Policy 3.3 – Noncompliance Remediation and Grievance Process against the CEO

Board members who allege the CEO has violated Board policy shall contact the Chair about such grievances. The Chair shall present the alleged violations to the Board as a whole.

Policy 3.4 – CEO Compensation

Compensation will cover all types of compensation including, but not limited to, salary, benefits, and incentive compensation.

1) Performance considered for compensation purposes by the Board will only be against stated Board policies as revealed through the formal monitoring system.

2) The Board may form a Committee or as a whole, gather compensation information and to provide CEO compensation options and analysis for full Board consideration.

3) The Board shall not fail to have a written employment agreement with the CEO, addressing, but not limited to, compensation, performance, and termination.

Policy 3.5 – CEO Termination

1) The CEO serves at the pleasure of the Board and may be terminated for or without cause consistent with the CEO's Employment Agreement.

2) Any decision by the Board to terminate the CEO for cause must consider the CEO's performance against stated Board policies as revealed by any formal monitoring system and the CEO Employment Agreement.

3) A decision to terminate employment of the CEO must be conducted consistent with the CEO's Employment Agreement and requires a majority vote of a Quorum of Board members at a regularly scheduled Board meeting.

Amended and Restated Bylaws of North Central Community Services Program Board

Updated: TBD

These Amended and Restated Bylaws (hereinafter "Bylaws") of the North Central Community Services Program ("NCCSP" or the "Program") are hereby enacted to be effective on the date hereinabove referenced. These Bylaws shall be approved by the North Central Community Services Board and shall file the Bylaws and any amendments with the County Clerk of Langlade, Lincoln and Marathon Counties, Wisconsin (the "Counties" and individually the "County").

ARTICLE 1 - Purpose and Background

Section 1.1- Langlade, Lincoln and Marathon Counties by action of their respective boards of supervisors have entered into a certain Joint County Agreement ("Joint County Agreement") for the purpose of establishing the North Central Community Services Program to administer a community mental health, developmental disabilities, alcoholism and drug abuse program, pursuant to Section 51.42 of the Wisconsin Statutes (the "Governing Statutes"). NCCSP shall be operated pursuant to the terms of the Joint County Agreement. The purpose of these Bylaws is to compliment the Joint County Agreement by establishing policies and procedures to guide the orderly and efficient operation of NCCSP in order to enhance the ability of NCCSP and the Counties to properly meet their responsibilities for the well-being, treatment and care of the mentally ill, developmentally disabled, alcoholic and other drug dependent citizens as required by and subject to the terms, conditions and limitations provided under Section 51.42 of the Governing Statutes.

Section 1.2 - While the core statutory requirements of the NCCSP are contained in the Joint County Agreement, the North Central Community Services Board (hereinafter the "Board") is authorized pursuant to Section 51.42(5) to develop county community program board operating procedures. Furthermore, the Counties wish to ratify the operational procedures, memorialize the delegation of authority to the Board as permitted under the Governing Statutes, all which is intended to assist NCCSP and the Board to efficiently operate consistent with the terms of the Joint County Agreement and the Governing Statutes.

Section 1.3 - The previous Bylaws dated January 26, 2017 are being amended and restated in their entirety in order to assure consistency and remove duplication between these Bylaws and the provisions of the Joint County Agreement. It is intended that these Bylaws and the Joint County Agreement shall be consistent and complimentary with the Joint County Agreement setting forth the primary governing provisions of NCCSP and these Bylaws defining procedures for proper and efficient administration of NCCSP consistent with the Governing Statutes. In the event there is any conflict between these Bylaws and the Joint County Agreement, the terms of the Joint County Agreement shall control.

ARTICLE 2 - Name and Office

The name of the Program shall be as provided in the Joint County Agreement. As of the date of adopting these Amended and Restated Bylaws, the name of the Program is "North Central Community Services Program." The legal entity is identified with government agencies as the Human Services Board serving North Central Health Care Facility d/b/a North Central Health Care. The principal office of NCCSP shall be at 1100 Lake View Drive, Wausau, Wisconsin 54403.

ARTICLE 3 - Board of Directors

The Program shall be governed by the Board which shall be governed by the terms of the Joint County Agreement. Appointment, election, qualification, removal, powers an all other matters relating to the Board shall be governed by the Joint County Agreement.

ARTICLE 4 - Delegation of Program Administration

Section 4.1 - Pursuant to Section 51.42(4)(a), each of Langlade, Lincoln and Marathon Counties, by and through action taken by their respective board of supervisors, hereby delegate all of the powers and duties of the county departments of community programs of each such County not expressly retained as described in the Joint County Agreement to the Board.

Section 4.2 - In order to fulfill the responsibility to provide Program services as delegated by the Counties, the Board may by resolution create subsidiary agencies, and joint ventures, cooperative working agreements, contractual arrangements, including subunits of the Board, committees or subcommittees of the Board, or corporations, nonprofit corporations or other legal entities that are controlled by NCCSP, to operate and govern specific health care programs and services that are not inconsistently with the purposes set forth in the Joint County Agreement, the Governing Statutes, or approved by the Counties. The Board is authorized to appoint and remove all members of the governing body committee or subcommittee of each subsidiary or subunit agency that it creates, and shall have final authority over each such organization's or operating unit's budget, bylaws, policies, procedures, instruments, operational documents and other matters. The subsidiary agency's governing instruments shall reflect the requirements of this Section 4.2 and shall specify the purpose of such subsidiary agency. Any subsidiary agency that is a corporation shall be organized as a non-stock, not-for-profit, corporation organized under Chapter 181 of the Wisconsin Statutes.

ARTICLE 5 - Officers

Section 5.1 - The officers of the Board shall be a Chair, Vice Chair, and Secretary/Treasurer, and shall be elected by the Board at its annual meeting. The Chair, Vice Chair and Secretary/Treasurer, along with the immediate past chair shall make up the Executive Committee, which shall have the authority to act for and on behalf of the Board of Directs between Board meetings in emergency situations only. The Committee shall exercise additional responsibility as set forth in these bylaws and in the corresponding Policy Governance Manual. The Chair, Vice Chair and Secretary/Treasurer shall be referred to as the "Board Officers."

Section 5.2 - NCCSP shall also have, at a minimum, the following additional officers, none of which shall be members of the Executive Committee or Board: (i) Chief Executive Officer ("CEO"); (ii) Chief Financial Officer ("CFO")~~;~~ and (iii) Chief Compliance Officer. Notwithstanding the above, the CEO shall be an ex-officio member of the Executive Committee but shall not have a vote on any matter.

Section 5.3 - A nomination for each of the Board Officers shall be made by the majority agreement of a three (3) person Nominating Committee, which shall be appointed by the Chair of the Board from the members of the Board. The slate of Board Officers selected by the Nominating Committee shall be presented to the Board at the annual meeting. The Chair shall also call for additional nominations from the membership of the Board at the annual meeting of the Board. Vacancies of Board Officers that occur during the year shall be filled upon nomination from the Executive Committee, additional nominations from the floor, and shall be elected by the Board as required in Section 3. Filled vacancies shall serve the remaining term of the member that they replaced.

Section 5.4 - Board Officers shall be elected by the Directors casting their written and signed ballots for each office. The nominee receiving the most votes for each office shall be elected.

Section 5.5 - The term of office of each Board Officer shall be one (1) year from the annual meeting but shall continue until a successor shall be duly elected, the officer resigns, or is terminated by the Board.

Section 5.6 - The Chair shall preside at all meetings of the Board and Executive Committee and be responsible for setting the agenda.

Section 5.7 - The Vice Chair shall, in the absence or incapacity of the Chair, perform the duties of that officer.

Section 5.8 - The Secretary shall be responsible for the minutes of the meetings of the Board and Executive Committee and shall assure the notices of all meetings of the Board and Executive Committee are provided as required hereunder.

Section 5.9 – The CFO, CEO and Board members shall not be eligible to serve as the Chief Compliance Officer. The Chief Compliance Officer shall have direct access to the Board of Directors, shall administratively report directly to the CEO, but may be terminated only by majority vote by the Board.

ARTICLE 6 - Board Procedures

Section 6.1 - The annual meeting of the Board shall be held in November at the time and place designated by the Chair.

Section 6.2 - The regular meetings of the Board will be held on the last Thursday of each month or as otherwise scheduled by the Chair.

Section 6.3 - Special meetings of the Board shall be called by the Secretary upon request of the Chair or on written request of one-third (1/3) of the members of the Board.

Section 6.4 - Notice of regular and special meetings of the Board shall be given at least twenty-four (24) hours before such meeting in a manner which complies with the Wisconsin Open Meetings Law.

Section 6.5 - At all meetings of the Board, the presence of eight (8) members shall constitute a quorum and action shall be taken by majority vote of members present and constituting the quorum.

Section 6.6 - The Board shall arrange for an annual audit of its finances using an independent certified public accounting firm as selected by the Retained County Authority Committee.

Section 6.7 - The fiscal year of the Board shall be from January 1 through December 31.

Section 6.8 - All parliamentary practice in conducting the business of the meeting not herein specifically provided for shall follow "Roberts' Rules of Order (Newly Revised)."

Section 6.9 - Members shall be paid for meeting attendance and travel expenses in accord with the Board's policy.

Section 6.10 - Constructive Presence at a Meeting: A member of the Board or Committee of the Board may participate in a meeting of such Board or Committee by a videoconference, telephone or similar communication equipment, by means of which all persons participating in the meeting can hear each other at the same time, and provided that members of the public shall be able to hear all members so as to conform with the public meeting requirements of Wis. Stats. 19.83, where such meetings are required to be open to the public. All meetings of the Board that are required to be open and accessible to the public shall take place at the location indicated in the public notice issued pursuant to Wis. Stats. 19.84. Any Board member participating by telecommunications shall be responsible for making arrangements in advance to facilitate participation at the designated meeting location by arranging for speaker phone or other suitable device. Participating by means of telecommunications shall constitute presence in person at a meeting except for purposes of determining whether a quorum is present at such meeting.

ARTICLE 7 - Board Committees

Section 7.1 - The Board will have the following committees enfranchised in these bylaws and ad-hoc committees created from time to time by the Chair to advise the Board, appointments to which shall be made by the Chair subject to approval by the Board:

1) Executive Committee;
    A. Composed of the Chair, Vice Chair, Immediate Past Chair and Secretary/Treasurer. The CEO shall be an ex-officio, non-voting member of the Executive Committee.

    B. The Committee shall have the authority to act on behalf of the NCCSP Board between board meetings in the event of an emergency requiring timely action that cannot be taken by the board of directors due to the circumstances. Any action taken by the executive committee under this provision shall be subject to ratification by the NCCSP Board.

2) Ad-Hoc Committees.
    A. It is the intent and desire of the Board to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Board. The Board is authorized to create Ad-Hoc Committees on specific issues and to advise the Board with respect to those issues.

3) Structure and Operation of Committees
    A. Chairperson of Committee. The Chairman of the Board of NCHC assign the Chairperson of the Ad-Hoc Committee.

    B. Committee Meetings. The Committee shall meet as frequently as required to fulfill its duties and responsibilities. Meetings shall be at such times and places as the Committee deems necessary to fulfill its responsibilities. The Board shall also have the authority to convene a meeting of the Committee for any purpose.

    C. Special Committee Meetings. The Chairman of the NCCSP Board or the CEO may call a special meeting of any Committee.

    D. Committee Agenda. The Committee will set its own general agenda based on issues that it deems to be of importance in respect to the Committee's Charter. The Chairman of the NCCSP Board may also request that an item be placed on the agenda of the Committee at a regular or a special meeting. Upon receipt of any such request, the Chairperson of the Committee shall place the requested item on the Agenda for the next regularly scheduled meeting of the Committee; provided that the issue is within the scope of the Committee's Charter. The requesting party shall be responsible for summarizing and presenting the issue. The Committee shall vote whether to take further action on the recommended agenda item. Proposed agenda items that are declined because they are not within the scope of Committee authority will be reported to the Board. Approved agenda items will be assigned for further action by the Committee. The Board of Directors of NCCSP may also direct the Committee to place any item on its agenda.

    E. Committee Reporting. Committees shall report regularly and upon request to the Board regarding its actions and make recommendations to the Board as appropriate.

    F. Governing Rules. Committees are governed by the same rules regarding meetings (including meetings in person or by telephone or other similar communications equipment), action without meetings, notice, waiver of notice, and quorum and voting requirements as are applicable to the Board.

    G. Review of Charter. Committees shall review this Charter at least annually and recommend any proposed changes to the Board for approval.

H. Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee at any time with or without cause and may restructure the Committee in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is otherwise unavailable of unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

Section 7.2 - Each Committee shall consist of at least four (4) appointed members, at least two (2) of which must be Board members. The number of members appointed to committees may be increased by the Chair of the Board. A majority of the committee members shall constitute a quorum to transact business. Actions of committees shall be approved by majority vote.

Section 7.3 - The Chair may appoint as members of committees persons who are qualified to serve but who are not members of the Board.

Section 7.4 - Following the annual meeting of the Board, the Chair will appoint members of the Board to respective committees and also designate committee chairs and vice-chairs. The Chair and Vice-Chair of the committees must be a Board member.

Section 7.5 - All Board members may attend any committee meeting as ex-officio members but cannot vote unless appointed to the committee by the chair.

ARTICLE 8 - Chief Executive Officer

Section 8.1 - The Chief Executive Officer shall be appointed as provided for in the Joint County Agreement and shall have the powers and duties enumerated in Article 7 of the Joint County Agreement.

Section 8.2 - The Chief Executive Officer shall fulfill the role and execute all of the duties, powers and obligations of the community programs director as defined in Chapter 51.42 of the Wisconsin Statutes.

Section 8.3 - The Chief Executive Officer has the power and authority to execute contracts and agreements and take all necessary actions to fulfill the policies of the Board and to take actions to administer the Programs and facilities that are under the operational control of NCCSP.

ARTICLE 9 - Facilities

Section 9.1 - The Chief Executive Officer will operate facilities owned, leased, or managed by NCCSP in consultation and as determined by the NCCSP Board. The business of the Board's facilities shall be operated collectively under the name of North Central Health Care.

ARTICLE 10 - Amendments

Upon five (5) days written notice, these Bylaws may be amended at any regular meeting of the Board or at any special meeting called for the purpose of amendment, by a vote of two-thirds (2/3) of the members present; provided that any amendment that increases the delegation and authority to the Board from any of the Counties shall require consent by such Counties.

Name of Document: **Cash Management** **Policy:** ☒ **Procedure:** ☐	North Central Health Care Person centered. Outcome focused.
Document #: - - -	Department:
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO

Related Forms:

- None

I. Document Statement

Having adequate cash is essential for the daily operations of North Central Health Care (NCHC) as well as desirable for contributing to achieving overall strategic outcomes. This policy delegates the responsibility to the Chief Financial Officer to assure adequate cash is available to meet the daily operational needs of NCHC, prepare for unforeseen events, and plan for future cash needs.

II. Purpose

The purpose of the Cash Management Policy is to formulate sound cash management practices to ensure operational needs are met, and plan for achievement of strategic outcomes while adhering to proper audit guidelines.

III. Definitions

Operating Cash - Cash used for operations, such as payroll and accounts payable.

Capital Expenditures - Includes moveable and fixed equipment, building and building improvements over $2,500.

Contingency - A provision for an unforeseen event or circumstance.

IV. General Procedure

1) Bank deposits are made daily. Designated petty cash funds are maintained on site, and all other cash and checks are deposited into the NCHC General Account.

2) Internal controls and audit guidelines are established, documented, and followed in the handling of cash.

3) Cash should be maintained in the general account to meet operational needs. The amount should maintain, on average, equal to the anticipated monthly expenditures plus ten percent.

4) Cash shall be designated and encumbered to meet approved capital expenditures.

5) Cash shall be designated and encumbered in an amount approved by the NCHC Board for Contingency.

6) Cash may also be designated as directed and approved by the NCCSP Board for designated purposes as program expansions, or other specified items as defined in a strategic plan.

7) Remaining cash after the above criteria is met should be invested based on the NCHC Investment Policy. Cash may be transferred from investments to meet cash obligations as designated above.

V. Program-Specific Requirements:

References: None

Related Documents:

WORKING DRAFT 2018 NCCSP BOARD CALENDAR – As of January 19, 2018

Thursday January 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Corporate Compliance Obligations of the NCCSP Board and Emerging Compliance Trends

Board Action: Financial Review – Review and discuss the past year's financial reports and how the organization's financial performance informs the plans for the current year and beyond.

Board Policy to Review: Contract Review Policy, Capital Assets Management Policy, Risk Review and Cash Management Policy

Board Policy Discussion Generative Topic: Board Governance Process Policies

Thursday February 22, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Industry Update – An external resources will present on recent or anticipated changes in the operating environment.

Board Action: NCHC Master Facility Plan Presentation and Recommendation to the Marathon County Board. CEO Performance Review – Initiate review of Chief Executive's performance, the method and timing of the executive's performance review, and any change in the executive's compensation. Authorize the executive committee to be responsible for completing and delivering the review.

Board Policy to Review: CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic: CEO Performance Evaluation and Succession Processes

Thursday March 29, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: None due to Audit Presentation

Board Action: Annual Financial Audit – Receive Annual Audit Presentation and Reports.

Board Policy to Review: Fund Balance Policy, Write-off Policy

Board Policy Discussion Generative Topic: "Decide what to decide" – Identify 5 questions the board should ask itself this year.

Thursday April 29, 2018 (Merrill Center) – 12:00 PM – 2:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year. Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

Board Action: TBD

Board Policy to Review: Strategic Planning Policy,

Board Policy Discussion Generative Topic: Information Technology Systems and Strategy Review – An overview of key systems and strategy for technology.

Thursday May 31, 2018 – 12:00 PM – 8:00 PM

Board Policy Discussion Generative Topic: Focus on the environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization's mission, vision and purpose statements and compare them against its activities, governing documents, and communications.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the board's composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Retained County Authority Committee.

Capital Projects – Review capital budget and forecast for the organization.

WORKING DRAFT 2018 NCCSP BOARD CALENDAR – As of January 19, 2018

Thursday June 28, 2018 (Merrill Center) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Approve Corporate Compliance Plan for the upcoming year.

Board Policy to Review: Business Associate Agreements Policy, Investment Policy

Board Policy Discussion Generative Topic: Risk Management, Legal and Corporate Compliance Review **–** Evaluate past and potential issues regarding employment practices, internal policy compliance, required licenses and permits, nonprofit and 501(c)(3) compliance, facilities and real property, and intellectual property. Review board policies, risk areas, and insurance coverage.

Thursday July 26, 2018– 12:00 PM – 2:00 PM

Educational Presentation: Review Employee Compensation, Recruitment and Retention Strategies – Review current practices and performance around the human capital management of the organization.

Board Action: Performance Expectations – Review and approve the performance expectations in conjunction with the Retained County Authority Committee. Develop Dashboard measures for upcoming year.

Board Policy to Review: Employee Compensation Policy

Board Policy Discussion Generative Topic:

Thursday August 30, 2018– 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Budget – Review and approve the budget and dashboard for the coming year.

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic: TBD

WORKING DRAFT 2018 NCCSP BOARD CALENDAR – As of January 19, 2018

Thursday September 27, 2018 (Langlade County Health Care Center) 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. CEO Performance Review – Review performance to date and report evaluation and progress to the Retained County Authority Committee.

Board Policy to Review: Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board's performance and areas for improvement.

Thursday October 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Quality Audit – Review the performance of the quality programs and metrics.

Board Action: Approve the Quality Plan for the upcoming year.

Board Policy to Review: Complaints and Grievances, Employee Grievance Policy

Board Policy Discussion Generative Topic:

Thursday November 29, 2018 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Elections – Hold elections of directors and officers consistent with applicable provisions in the bylaws. Operational Plans – Review year to date process and develop, as necessary, the organization's programmatic plans for the upcoming year.

Board Policy to Review: Board – CEO Succession Planning

Board Policy Discussion Generative Topic: TBD

WORKING DRAFT 2018 NCCSP BOARD CALENDAR – As of January 19, 2018

Thursday December 20, 2018 (Third Tuesday of the Month) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: TBD

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: TBD