

OFFICIAL NOTICE AND AGENDA

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care**
1100 Lake View Drive, Wausau, WI 54403, Board Room at **12:00 pm** on **Thursday, April 27th, 2017**

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. Introduction: Dr. Anne Dibala
4. Education: Presentation on Employee Compensation Policy and Plan Administration – Sue Matis
5. Chairman's Report and Announcements– J. Zriny
6. ACTION: Approval of 3/30/17 NCCSP Board Meeting Minutes
7. Committee Reports
 - a. Executive Committee Report – J. Zriny
 - i. Review Draft Minutes of the 4/13/17 Meeting
 - b. Finance, Personnel & Property Committee Report – B. Weaver
 - i. Review Draft Minutes of 3/30/17
 - ii. Overview of 4/27/17 Meeting
 - iii. March Financials – B. Glodowski
 1. CFO Report
 2. ACTION: Accept the March Financial Report and Financial Statements
 - c. Nursing Home Operations Committee Report – J. Burgener
 - i. Review Draft Minutes of the 3/24/17 Meeting
 - d. Quality Committee Report
 - i. Organizational Outcomes
 1. ACTION: Accept the Quality Dashboard as Presented
8. Medical Staff Credentialing – M. Loy
 - a. ACTION: Motion to Approve Appointment of Richard Immler, M.D. and Jennifer Saul, M.D.
9. ACTION: Consider Conflict Resolution Agreement for Referral to County Administrations – Policy on Compliance Complaints Received by Counties – M. Loy
10. ACTION: Review Scope of Facility Master Plan Request for Proposals and Amend the 2017 NCCSP Capital Budget for the Facility Master Plan in an Amount Not to Exceed \$175,000 – M. Loy
11. ACTION: Consideration of Approval of the Employee Compensation Policy as a NCCSP Board Policy
12. Retained County Authority Committee Update – M. Loy
13. CEO Work Plan Update and Report – M. Loy
14. Motion to Move Into **CLOSED SESSION** for a Report by Legal Counsel – Investigation of Quality and Compliance Issues for the Following Specific Purposes:

Pursuant to Wis. Stats. 146.38 for Consideration of Information Acquired to Help Improve the Quality of Health Care and to Avoid Improper Utilization of Services of Health Care Providers – Atty. J. Fisher
15. **RECONVENE** into Open Session to Take Action on Closed Session Items, If Necessary
16. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
17. Adjourn

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: 04/21/17 TIME: 4:00 p.m. BY: D. Osowski


Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

March 30, 2017

11:30 a.m.

North Central Health Care-Wausau

Present:

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

Also Present: Michael Loy, Brenda Glodowski, Becky Schultz, Sue Matis, Sheila Zblewski, Lance Leonhard, Kristi Kordus

Guests/Visitors: John Robinson, Ken Day

Call to Order

The meeting was called to order at 11:33 a.m. by Vice-Chair Burgener; guests welcomed.

Public Comment for Matters Appearing on the Agenda

No public comments made.

Resolution Honoring John Robinson for his 10 Years of Services to the NCCSP Board

- Vice-Chair Burgener recognized Mr. Robinson for his years of service, read and presented a resolution on behalf of the NCCSP Board of Directors, thanking him for his dedication, commitment, and service to North Central Health Care and the community. Mr. Robinson acknowledged the Board and its commitment to the needs of vulnerable individuals in the community. He will be in the role of chair for the new Marathon County Mount View Care Center Committee as it reviews the purpose and future of the nursing home and will continue to be engaged in issues affecting North Central Health Care and the community.

Welcome New Board Members

- Theresa Wetzsteon and Rick Seefeldt were introduced and welcomed as Board members.

Approval of 2/23/17 NCCSP Board Meeting Minutes

- **Motion**/second, Metter/Stowe, to approve the NCCSP Board Minutes of 2/23/17. Motion carried.

Annual Audit Report by Wipfli – K. Heller

- The 2016 Annual Audit Report and requirement communications letter were mailed to all board members prior to this meeting.

- K. Heller provided an in-depth review of the Audit.
 - New in 2015 was the pension-related asset and liabilities associated with the Wisconsin Retirement System (WRS). \$7.7 million is recorded on the balance sheet (2015 was \$9.6 million), resulting in a large audit adjustment in the amount of \$1.8 million. NCHC is allocated a proportionate share for the entire State of WI plan once WRS determines that number. Management cannot anticipate what this amount will be. In discussion between Management and Wipfli it was determined that this item would be an audit adjustment rather than an internal entry.
 - Net current assets for the nursing home is approximately \$2.5 million. Performance must improve quickly in the nursing home to remain viable.
 - A steady decline in average patient days from 246 in 2012 to 202 in 2016 was consistent with the projections from 2012. 'Do nothing' in the nursing home has had a negative impact and has created a financial crisis. It is noted that there is \$499,000 in nursing home expense related to the 2012 nursing home study; the older expenses get the less likely they will be able to be used toward the project and continues to be a discussion point each year. If no progress is made this year, it is likely this asset will be impaired and thereby having a negative impact on the income statement for 2017.
- **Motion**/second, Miller/Balk, to accept the 2016 Annual Audit. Motion carried.
- Fund Balance Statement was reviewed.
- **Motion**/second, Miller/Balk, to accept the Fund Balance Statement. Motion carried.

Finance, Personnel & Property Committee Report – B. Glodowski

- February showed a gain of \$332,000 attributed to higher volumes in the Hospital and Community Treatment.
- Expenses overall were below budgeted targets. Some areas below target included health insurance and drugs. Diversions were high in February.
- Nursing home was in the black by \$108 and is \$43,000 ahead of target.
- **Motion**/second, Rusch/Stowe, to accept the February Financial Report and Financial Statements. Motion carried.

Quality Committee Report – M. Loy

- Please review the Executive Summary in your Board packet. Becky Schultz provides an excellent summary. Note that last month we were slightly over 70% in patients ranking their overall experience at a 9 or 10.
- **Motion**/second, Benson/Matucheski to accept the Dashboard. Motion carried.

Appoint Executive Committee as CEO Selection Committee – M. Loy

- CEO selection process has been discussed with the Retained County Authority Committee (RCA). Past precedent has been for the NCCSP Executive Committee to act as the Selection Committee. It was suggested to continue in that direction. If other members of the Board are interested in being involved in the selection process, please notify Chair Zriny.
- **Motion**/second, Metter/Benson, to appoint the Executive Committee as the CEO Selection Committee. RCA will meet with the Selection Committee and may be part of the interview process. The RCA will ultimately make an independent recommendation to each of the three County Boards. Motion carried.

Approval for Use of Nursing Home Fund Balance to Fund the Operational Assessment and Strategic Plan for Mount View Care Center in an Amount Not to Exceed \$55,000 – M. Loy

- Marathon County is in the process of determining the future of the nursing home. A vendor was selected to provide a strategic plan and operational assessment as part of that process. The County would like NCHC to incur the cost of the consultant and expense it to the nursing home. The Board is being requested to approve amending the 2017 budget to allow the expenditure for this purpose.
- **Motion**/second, Matucheski/Miller, to approve use of the nursing home fund balance to fund the operational assessment and strategic plan for Mount View Care Center not to exceed \$55,000. Motion carried.

Update on 2017 NCCSP Capital Improvement Budget to Reflect the Modified Cost of the Mount View Care Center's Boiler Replacement Project – M. Loy

- Initial project cost was \$425,000. We were then notified that an error was made and costs exceeded this amount. We are now informed that rather than replacing the boilers, we need to put an additional investment into the water supply system and retool the boilers keeping the cost within the original \$425,000. We are proceeding in this direction.

Update on Youth Crisis, CBRF, MMT – L. Scudiere/M. Loy

- Will be discussing the development of an 8 bed crisis group home with the RCA as well as working with Rep. Pat Snyder's Office for funding and legislative support.
- Dr. Benson mentioned Social Services may also be developing a youth crisis home. L. Leonhard indicated they will discuss with Social Services after NCHC provides a proposal to avoid duplication. Will also discuss with Lincoln and Langlade Counties.

CEO Work Plan – M. Loy

- Updated Work Plan was distributed and reviewed.

Retained County Authority Committee Update – M. Loy

- Discussions have been robust and going very well.
- The new Tri-County Agreement includes limitations for Program Creation, Modification, Suspension and Termination by the NCCSP Board and CEO. Memo regarding 'Definition of Substantially Modify' was provided.

CEO Report – M. Loy

- NCHC was on lockdown during the event last week in the community. During situations like these we learn more about how we can improve the safety of our organization and community. There will be an enhanced focus this next year to be safer which may require investment in the building.
- Dr. Ann Dibala, new psychiatrist on the Inpatient Unit will begin April 10.
- Medical College of Wisconsin Residency Match Program successfully matched the first three residents for the program beginning this summer.
- Diversions in March improved. Today we do not have anyone at the state institutes. Have a new nurse case manager to assist with managing these diversions and the use of the state institutes.
- RFP for the nursing home strategic plan has been selected.

- Health & Human Services Committee will be meeting April 10 to discuss and make their recommendation to the County Board on the future of the pool.
- Update on an anonymous letter will be deferred to April.
- At the most recent Mount View Care Center Committee meeting B. Glodowski provided an excellent overview of financing and the committee has met twice now.
- May 16, 2017 WIPPS is co-hosting a regional substance abuse conference with experts from across the country in an effort of creating broader awareness in the community that addiction is a chronic disease, recovery is possible, and that a community-wide recovery ecosystem is necessary.

Overview and Discussion on Policy Governance – K. Day and M. Loy

- Ken Day was introduced and provided a broad-based introduction on Policy Governance.
- It is important to understand board policy, develop end statements, create CEO expectations and limitations:
 - Outcome Expectation Policies – identifying what success looks like; measurement of board performance.
 - Executive Limitation Policies – what is not acceptable vs what the CEO should do.
 - Executive Office and Board Interaction Policies – no one board member can make requests individually.
 - Describe Board Policies - how the board will function or do its work i.e. operate as a board of the whole.
- With the variety of parties involved i.e. RCA, County Boards, community stakeholders, etc. it would be important to develop expectations of the Board and discuss them with the RCA.
- It was the consensus of the Board to move toward the direction of Policy Governance and then organize a Board Retreat with the RCA.

Motion/second, Miller/Norrbom, to adjourn the Board meeting at 1:59 p.m. Motion carried.

dko

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

April 13, 2017 4:00 PM North Central Health Care – Board Room

Present: X Jeff Zriny X Jean Burgener
 X Robin Stowe X Bob Weaver

Others present: Michael Loy, John Fisher, Bill Metter

Chairman Zriny called the meeting to order at 4:02 p.m.

John Fisher began in April in the General Counsel role as approved by the Board in February. He will attend Executive Committee and Board Meetings regularly.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 3/16/17 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Weaver, to approve the 3/16/17 Executive Committee meeting minutes; motion passed 4-0.

Board Retreat

- Board Retreats allow for an opportunity to plan. Have had retreats in prior years (Noon – 8 p.m.) Agenda usually focuses on strategic planning. Would like to consider a retreat in May or early June.
- Invitations will be extended to the RCA and Medical Staff.
- Agenda items could include Annual Report, Policy Governance, Educational Sessions i.e. Drug Courts, Compliance Overview, Priorities, Budget, Expectations, Medical College of Wisconsin.
- Will build in a Board Retreat in April in 2018.

CEO Selection Process

- The Retained County Authority Committee (RCA) requested that the NCCSP Board appoint a CEO Selection Committee. The Executive Committee was appointed as the Selection Committee at the March NCCSP Board meeting.
- On Thurs, April 27th the RCA will begin discussing the selection process. The Executive Committee will be invited to participate.
- Committee feels the RCA will need to craft the job duties before recruitment can begin. Challenge will be in identifying where the nursing home will fit in.
- RCA will need to be informed of the consequences to removing the nursing home from the umbrella of NCHC.
- Committee stressed the need for Marathon County to make the critical decisions on the operations, including a clear role in the nursing home operations, in order for there to be meaningful recruitment.
- M. Loy shared questions he has been getting asked the most: 'Are you staying? What is the future of this organization?'

- Committee members complimented Michael on the job he has done leading the organization during this time of uncertainties; it speaks highly of his leadership skills especially in that turnover in other leadership positions has been minimal.
- Committee also decided to hold the April 27 Board meeting in Wausau rather than Antigo due to a meeting of the RCA at 2:30 p.m. to allow time for the Executive Committee to meet with the RCA.

CEO Report

- The Health & Human Services Committee met April 10 to recommend building a new pool to the Marathon County Board. The North Central Health Foundation had written a letter committing to raise \$1.5 million toward the cost of the new pool. However, Foundations will not commit to donating any funds until Marathon County completely commits to the pool project. It is uncertain whether or not the County Board has the votes to pass the pool project.
- Steve Anderson and Michael Loy will be meeting with Aspirus, Ascension, and Marshfield Clinic representatives regarding the pool, value of the pool, and why their support is important, etc.
- Clifton/Larson/Allen consultants will be on site 4/17 to begin their assessment of the nursing home. Expect delivery of their report on 7/1/17.
- Received approval to build space for the Medical College of Wisconsin Psychiatry Residency Program on campus. The space will be 'home' for the residents which will include a conference room and lounge. The Medical College will pay some rent. Targeting completion by June 26 when the residents are scheduled to be on site for orientation. Will be planning an Open House.
- Master Facility Plan is in process. Anticipate presenting to the Board this month for approval.
- We are in the process of planning to move programs temporarily into the area vacated by ADRC. Offices are needed for Community Treatment due to increased demand for services; Adult Day Services (ADS) would move so the Medically Monitored Treatment (MMT) program can move into their current space and allow for expansion.
- Wipfli will be assessing our billing process to determine if we are capturing all available revenues.
- Generally, in March we saw an overall gain; in the 51.42 programs there was about \$500,000 gain year to date. Diversions over last six weeks have declined substantially. Nursing home saw a loss of \$140,000 compared to targeted loss of \$190,000. Medicare census is low.
- Continuing to work on youth crisis program. Have a proposal to stakeholders this week and are working with Rep. Snyder's Office for budget funding.

Agenda for 4/27/17 Board Meeting

- Wrap up of complaint letter with John Fisher leading discussion. Ideally this would go through the Quality Committee but they do not meet until May.
- New agreement for Conflict Resolution Protocol.
- Will ask Dr. Dibala to join the meeting to be introduced to the Board.
- Master Facility Plan - review and scope of project.
- Board review of personnel policies i.e. employee compensation, etc.

Discussion and Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Burgener/Stowe, to adjourn at 4:51 p.m. Motion carried.

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

March 30, 2017 11:00 AM North Central Health Care – Badger Room

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

Others Present: Brenda Glodowski, Michael Loy, Kristi Kordus, Becky Schultz

Meeting was called to order at 11:00 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 01/26/17 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Miller/Stowe, to approve the 02/36/17 Finance, Personnel & Property Committee meeting minutes. Motion carried.

ACTION: Adjourn

- **Motion**/second, Stowe/Miller, to adjourn the Finance, Personnel & Property Committee meeting following the tour of the Pharmacy. Motion carried.

Tour of the Pharmacy and Demonstration of the Packaging System

- Committee toured the pharmacy and received a demonstration of the new packaging system with Pharmacist Joanne Krasselt.

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: April 21, 2017
RE: Attached Financials

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

BALANCE SHEET

Most accounts remain consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

The month of March shows a gain of \$84,174 compared to the budgeted gain of \$38,032 resulting in a positive variance of \$46,141.

Overall revenue for the month was close to target, however, patient revenue fell below budget targets. The hospital census dropped in March, compared to prior months, and averaged just under 15 patients per day. Although the average census for March decreased, it still exceeded the budget target of 14. The nursing home census dropped in March to an average of 184 per day compared to the target of 203. The Medicare census dropped significantly to an average of 15 per day. The target is 20 per day. Community Treatment also saw a decrease in revenue. This is likely due to timing, and should increase in April. There is an adjustment recorded in March to close out three years of Medicaid cost report settlements, which did help improve the revenue.

Overall expenses were below target for March, which is significant since health insurance exceeded the budget target by \$211,000. The state institutes saw a significant reduction in expense for March due to a significant decrease in diversions. Salaries continue to run below budget target, while psychiatry contracts continue to exceed targets. This should begin to shift in April as a psychiatrist position has been filled and started in April.

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

Thank you.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	2,387,805	1,887,726	4,275,531	4,589,773
Accounts receivable:				
Patient - Net	2,874,423	2,121,027	4,995,450	7,266,394
Outpatient - WIMCR	582,500	0	582,500	490,000
Nursing home - Supplemental payment program	0	450,000	450,000	474,000
Marathon County	77,884	0	77,884	71,383
Appropriations receivable	0	0	0	0
Net state receivable	1,273,392	0	1,273,392	101,372
Other	591,350	0	591,350	200,699
Inventory	0	305,373	305,373	303,535
Other	<u>718,108</u>	<u>530,993</u>	<u>1,249,101</u>	<u>1,227,453</u>
Total current assets	<u>8,505,463</u>	<u>5,295,118</u>	<u>13,800,581</u>	<u>14,724,609</u>
Noncurrent Assets:				
Investments	10,300,000	0	10,300,000	9,800,000
Assets limited as to use	1,995,694	400,139	2,395,833	2,902,341
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	18,228	35,671	53,899	64,268
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	79,358	872,720	952,078	715,067
Depreciable capital assets - Net	<u>7,055,331</u>	<u>3,238,603</u>	<u>10,293,934</u>	<u>11,122,835</u>
Total noncurrent assets	<u>19,948,611</u>	<u>4,547,134</u>	<u>24,495,744</u>	<u>29,451,449</u>
Deferred outflows of resources - Related to pensions	<u>10,070,362</u>	<u>7,446,358</u>	<u>17,516,720</u>	<u>4,851,842</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>38,524,436</u>	<u>17,288,610</u>	<u>55,813,046</u>	<u>49,027,900</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	154,310	0	154,310	151,257
Accounts payable - Trade	792,228	585,799	1,378,027	1,387,747
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	857,458	634,033	1,491,490	2,169,600
Compensated absences	790,509	584,529	1,375,038	1,616,408
Health and dental insurance	458,770	339,230	798,000	857,000
Other Payables	209,729	155,080	364,809	410,383
Amounts payable to third-party reimbursement programs	115,920	0	115,920	400,000
Unearned revenue	<u>110,334</u>	<u>0</u>	<u>110,334</u>	<u>231,835</u>
Total current liabilities	<u>3,489,258</u>	<u>2,298,670</u>	<u>5,787,928</u>	<u>7,224,230</u>
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	0
Related-party note payable	481,871	0	481,871	636,181
Patient trust funds	<u>18,228</u>	<u>35,671</u>	<u>53,899</u>	<u>64,268</u>
Total noncurrent liabilities	<u>2,298,029</u>	<u>1,365,120</u>	<u>3,663,149</u>	<u>700,449</u>
Total liabilities	<u>5,787,286</u>	<u>3,663,791</u>	<u>9,451,077</u>	<u>7,924,679</u>
Deferred inflows of resources - Related to pensions	<u>3,821,383</u>	<u>2,825,657</u>	<u>6,647,040</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	6,498,508	4,111,323	10,609,831	11,837,902
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	1,995,694	872,720	2,868,414	0
Undesignated	19,373,202	5,955,853	25,329,055	29,962,046
Operating Income / (Loss)	<u>548,362</u>	<u>(140,733)</u>	<u>407,629</u>	<u>(781,600)</u>
Total net position	<u>28,915,766</u>	<u>10,799,163</u>	<u>39,714,929</u>	<u>41,018,348</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>38,524,436</u>	<u>17,288,610</u>	<u>55,813,046</u>	<u>49,027,900</u>

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

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,762,906</u>	<u>\$3,802,828</u>	<u>(\$39,921)</u>	<u>\$11,029,142</u>	<u>\$11,015,766</u>	<u>\$13,376</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	973,511	975,359	(1,848)
Grant Revenue	204,413	197,183	7,229	593,704	591,550	2,154
County Appropriations - Net	639,260	639,260	0	1,917,779	1,917,779	0
Departmental and Other Revenue	<u>323,491</u>	<u>285,602</u>	<u>37,889</u>	<u>950,406</u>	<u>856,806</u>	<u>93,600</u>
Total Other Revenue	<u>1,491,667</u>	<u>1,447,165</u>	<u>44,502</u>	<u>4,435,400</u>	<u>4,341,494</u>	<u>93,906</u>
Total Revenue	<u>5,254,574</u>	<u>5,249,993</u>	<u>4,581</u>	<u>15,464,542</u>	<u>15,357,260</u>	<u>107,282</u>
Expenses:						
Direct Expenses	3,819,059	3,895,918	(76,859)	11,361,447	11,405,759	(44,312)
Indirect Expenses	<u>1,366,971</u>	<u>1,324,375</u>	<u>42,596</u>	<u>3,742,205</u>	<u>3,946,957</u>	<u>(204,752)</u>
Total Expenses	<u>5,186,031</u>	<u>5,220,294</u>	<u>(34,263)</u>	<u>15,103,652</u>	<u>15,352,716</u>	<u>(249,064)</u>
Operating Income (Loss)	<u>68,543</u>	<u>29,699</u>	<u>38,844</u>	<u>360,890</u>	<u>4,544</u>	<u>356,346</u>
Nonoperating Gains (Losses):						
Interest Income	11,912	8,333	3,578	34,932	25,000	9,932
Donations and Gifts	3,719	0	3,719	7,885	0	7,885
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,923</u>	<u>0</u>	<u>3,923</u>
Total Nonoperating Gains / (Losses)	<u>15,631</u>	<u>8,333</u>	<u>7,298</u>	<u>46,740</u>	<u>25,000</u>	<u>21,740</u>
Income / (Loss)	<u>\$84,174</u>	<u>\$38,032</u>	<u>\$46,141</u>	<u>\$407,630</u>	<u>\$29,544</u>	<u>\$378,086</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 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	<u>\$2,018,351</u>	<u>\$1,986,767</u>	<u>\$31,584</u>	<u>\$5,950,678</u>	<u>\$5,698,958</u>	<u>\$251,720</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	973,511	975,359	(1,848)
Grant Revenue	204,413	197,183	7,229	593,704	591,550	2,154
County Appropriations - Net	497,594	497,593	1	1,492,781	1,492,779	2
Departmental and Other Revenue	<u>164,531</u>	<u>149,059</u>	<u>15,472</u>	<u>488,083</u>	<u>447,177</u>	<u>40,907</u>
 Total Other Revenue	<u>1,191,041</u>	<u>1,168,955</u>	<u>22,086</u>	<u>3,548,079</u>	<u>3,506,865</u>	<u>41,214</u>
 Total Revenue	<u>3,209,392</u>	<u>3,155,722</u>	<u>53,670</u>	<u>9,498,757</u>	<u>9,205,823</u>	<u>292,934</u>
 Expenses:						
Direct Expenses	2,397,059	2,407,174	(10,115)	7,161,137	7,049,873	111,265
Indirect Expenses	<u>685,099</u>	<u>658,413</u>	<u>26,686</u>	<u>1,832,238</u>	<u>1,962,230</u>	<u>(129,992)</u>
 Total Expenses	<u>3,082,158</u>	<u>3,065,587</u>	<u>16,571</u>	<u>8,993,375</u>	<u>9,012,102</u>	<u>(18,727)</u>
 Operating Income (Loss)	<u>127,234</u>	<u>90,135</u>	<u>37,099</u>	<u>505,382</u>	<u>193,721</u>	<u>311,661</u>
 Nonoperating Gains (Losses):						
Interest Income	11,912	8,333	3,578	34,932	25,000	9,932
Donations and Gifts	387	0	387	4,126	0	4,126
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,923</u>	<u>0</u>	<u>3,923</u>
 Total Nonoperating Gains / (Losses)	<u>12,299</u>	<u>8,333</u>	<u>3,965</u>	<u>42,981</u>	<u>25,000</u>	<u>17,981</u>
 Income / (Loss)	<u>\$139,533</u>	<u>\$98,469</u>	<u>\$41,064</u>	<u>\$548,362</u>	<u>\$218,721</u>	<u>\$329,642</u>

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

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,744,556</u>	<u>\$1,816,061</u>	<u>(\$71,505)</u>	<u>\$5,078,464</u>	<u>\$5,316,808</u>	<u>(\$238,344)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	424,998	425,000	(2)
Departmental and Other Revenue	<u>158,960</u>	<u>136,543</u>	<u>22,417</u>	<u>462,323</u>	<u>409,629</u>	<u>52,694</u>
Total Other Revenue	<u>300,626</u>	<u>278,210</u>	<u>22,416</u>	<u>887,321</u>	<u>834,629</u>	<u>52,692</u>
Total Revenue	2,045,182	2,094,271	(49,089)	5,965,785	6,151,437	(185,652)
Expenses:						
Direct Expenses	1,422,000	1,488,745	(66,744)	4,200,309	4,355,886	(155,577)
Indirect Expenses	<u>681,873</u>	<u>665,962</u>	<u>15,911</u>	<u>1,909,967</u>	<u>1,984,727</u>	<u>(74,760)</u>
Total Expenses	<u>2,103,873</u>	<u>2,154,707</u>	<u>(50,834)</u>	<u>6,110,277</u>	<u>6,340,614</u>	<u>(230,337)</u>
Operating Income (Loss)	<u>(58,691)</u>	<u>(60,436)</u>	<u>1,745</u>	<u>(144,492)</u>	<u>(189,177)</u>	<u>44,685</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	3,332	0	3,332	3,759	0	3,759
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>3,332</u>	<u>0</u>	<u>3,332</u>	<u>3,759</u>	<u>0</u>	<u>3,759</u>
Income / (Loss)	<u>(\$55,359)</u>	<u>(\$60,436)</u>	<u>\$5,077</u>	<u>(\$140,733)</u>	<u>(\$189,177)</u>	<u>\$48,444</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
CoVantage Credit Union	578 Days	5/7/2017	1.05%	\$500,000	X
BMO Harris	365 Days	5/28/2017	0.80%	\$500,000	X
People's State Bank	395 Days	5/29/2017	0.75%	\$350,000	X
People's State Bank	395 Days	5/30/2017	0.75%	\$500,000	X
Abby Bank	365 Days	7/19/2017	0.85%	\$500,000	X
CoVantage Credit Union	578 Days	7/28/2017	0.85%	\$300,000	X
People's State Bank	365 Days	8/21/2017	0.75%	\$500,000	X
BMO Harris	365 Days	8/26/2017	0.80%	\$500,000	X
Abby Bank	365 Days	8/29/2017	0.85%	\$500,000	X
Abby Bank	365 Days	9/1/2017	0.85%	\$500,000	X
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000	X
PFM Investments	365 Days	11/29/2016	1.13%	\$500,000	X
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000	X
CoVantage Credit Union	487 Days	1/1/2018	1.10%	\$500,000	X
Abby Bank	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	517 Days	4/30/2018	1.12%	\$500,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$10,300,000	
WEIGHTED AVERAGE	500.82 Days		0.999% INTEREST		

NCHC-DONATED FUNDS

Balance Sheet

As of March 31, 2017

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	4,917.65
Adventure Camp	1,425.79
Birth to 3 Program	2,035.00
Clubhouse	39,986.60
Community Treatment	9,228.19
Fishing Without Boundries	3,963.00
General Donated Funds	60,943.48
Housing - DD Services	1,370.47
Langlade HCC	3,352.28
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,842.39
Total Legacies by the Lake	5,800.64
Marathon Cty Suicide Prev Task	14,347.25
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	2,921.82
Nursing Home - General Fund	3,526.57
Outpatient Services - Marathon	101.08
Pool	11,321.34
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	375.20

Total CHECKING ACCOUNT 172,008.33

Total Checking/Savings 172,008.33

Total Current Assets 172,008.33

TOTAL ASSETS 172,008.33

LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-5,272.55

Total Equity 172,008.33

TOTAL LIABILITIES & EQUITY 172,008.33

North Central Health Care Budget Revenue/Expense Report

Month Ending March 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,254,574</u>	<u>5,249,993</u>	<u>15,464,542</u>	<u>15,357,260</u>	<u>107,282</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,280,019	2,589,553	6,914,440	7,518,048	(603,608)
Fringe Benefits	1,068,377	988,411	2,785,506	2,869,679	(84,173)
Departments Supplies	478,768	492,235	1,327,439	1,476,706	(149,267)
Purchased Services	573,256	364,450	1,408,660	1,131,350	277,311
Utilitites/Maintenance Agreements	482,533	372,653	1,245,460	1,117,958	127,502
Personal Development/Travel	26,816	37,985	73,732	113,954	(40,222)
Other Operating Expenses	127,024	108,966	339,646	326,897	12,749
Insurance	36,924	37,708	110,771	113,125	(2,354)
Depreciation & Amortization	136,159	139,583	409,696	418,750	(9,054)
Client Purchased Services	<u>(23,845)</u>	<u>88,750</u>	<u>488,301</u>	<u>266,250</u>	<u>222,051</u>
TOTAL EXPENSES	5,186,031	5,220,294	15,103,652	15,352,716	(249,064)
Nonoperating Income	<u>15,631</u>	<u>8,333</u>	<u>46,740</u>	<u>25,000</u>	<u>21,740</u>
EXCESS REVENUE (EXPENSE)	<u>84,174</u>	<u>38,032</u>	<u>407,630</u>	<u>29,544</u>	<u>378,086</u>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$2,031	\$9,703	\$11,940
Bad Debt	\$186	\$647	\$1,943
<i>Outpatient:</i>			
Administrative Write-Off	\$6,782	\$14,428	\$273
Bad Debt	\$225	\$621	\$2,089
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	(\$156)	(\$156)	(\$18,627)
Bad Debt	\$0	\$1,954	\$4,632
Ancillary Services:			
Administrative Write-Off	(\$12)	\$11,536	(\$4,763)
Bad Debt	\$321	\$321	(\$126)
Pharmacy:			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$8,645	\$35,511	(\$11,177)
Total - Bad Debt	\$732	\$3,543	\$8,538

**North Central Health Care
2017 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,293	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% ***
	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					
	Hospital					
May	Nursing Home					
	Hospital					
June	Nursing Home					
	Hospital					
July	Nursing Home					
	Hospital					
August	Nursing Home					
	Hospital					
September	Nursing Home					
	Hospital					
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					
YTD	Nursing Home					
	Hospital					

*** Licensed beds decreased from 240 to 220

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

March 24, 2017 8:00 AM North Central Health Care – Board Room

Present:	X	Jean Burgener	X	Margaret Donnelly
	X	Bill Metter	X	Bill Miller

Also Present: Michael Loy, Kim Gochanour, Brenda Glodowski, Becky Schultz, Sue Matis

Meeting was called to order at 8:05 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

Approval of 02/24/17 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Donnelly, to approve the 02/24/17 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski

- An Overview of the Nursing Home Variance and Actual to Budget Comparison was reviewed.
- Average census for February was 188. Medicare census was close to target.
- Revenue overall was under by \$70,341. Variances are due to census being down, however the rates we are receiving due to the mix of patients we have (Medicare, Medicaid, Insurance, Private Pay) provided a positive variance in the rate. Some ancillary costs were below target with a positive variance on miscellaneous revenues.
- Overall expenses were down almost \$135,000. Facility-wide indirect expenses were down as well. Other expense lines i.e. supplies, over the counter drugs, exceeded budget.
- The reduction in nursing home beds from 240 to 220 was effective 1/15/17 however, the assessment of this change has not been received yet which will be approximately \$5,300.
- Overall there is a positive variance of about \$64,000 for February.

Changes in Wages vs Contract Staffing Costs – K. Gochanour

- The cost per hour for contracted licensed nurses is \$46-\$51/hour. The average wage for licensed nurses in the nursing home is about \$27/hour plus shift differentials and benefits.
- Currently we have 2.6 FTE nurse openings and 13.5 FTE CNA openings.
- We currently use about 300 hours/month (almost 2 FTEs) of contracted licensed nurses.
- In an effort to reduce the number of contracted hours, we have asked nurses to pick up 4 hours/week in addition to their scheduled hours. There are no CNA's available for contracted hours therefore we have also asked CNA's to pick up an additional 4 hours/week. Staff prefer to choose the 4 hours rather than assigning a mandatory shift.
- These changes came from the Feedback Forums that were held last fall. We will be scheduling more Feedback Forums again to see what's working and what's not to support staff with their work/life balance.
- A suggestion was brought up about developing our own staffing agency. This could be revenue generating and could create a pool of resources.

Senior Executive Nursing Home Operations and Quality Report – K. Gochanour

- We are currently identified as a 3-Star facility with CMS. We anticipate a change due to the removal of the citation from last fall. It was also noted that our staffing rating went down. Upon investigation we identified that a report was submitted in error. The State has been notified, accepted the correction, and will have a positive reflection on our rating. Several other surveys will come off soon which should improve our Star rating also.
- The Director of Nursing position is open which we are actively recruiting for. Natasha Sayles will fill the role in the interim.

Educational Presentation - B. Glodowski

- Medicaid Rate Breakdown and How Case Mix Index Impacts Medicaid Rate
 - Handout on how Medicaid (MA) nursing home rates are set was reviewed.
 - 68-70% of our population are those on Medicaid, HMO, and Family Care.
 - Medicaid rates are set throughout the State for each facility that is Medicaid certified.
 - Medicaid requires an annual cost report be filed. The State will use the cost report to establish rates for the following year. It is not guaranteed that if acuity increases money will increase.
 - The Center for Health Systems Research and Analysis (CHSRA) provides the data analysis.
 - We currently have three staff completing the MDS (Minimum Data Set) reporting to make sure we are reporting accurately and in an effort to capture the appropriate funding reimbursement.
 - The Governor's budget included an increase of 2% for 2017 and 2018.
 - We receive an annual supplemental payment of \$1.7-\$1.8 million as a governmental facility. The intent of this payment is to help offset higher costs for high proportion of Medicaid residents.
 - It was recommended that the Mount View Care Center Committee to receive this presentation.

Update on Nursing Home Strategic Plan with Marathon County – K. Gochanour

- Received responses to RFP and will be interviewing six of the vendors.

Clarification of Committee Responsibilities

- The MVCC Committee is tasked with overseeing, and making recommendations on the management of MVCC.
- The Nursing Home Operations Committee will continue to meet until the MVCC Committee would make another determination.
- Committee members are not required to attend the meetings of the MVCC Committee, but are welcome to be part of the conversation. Michael Loy and Brenda Glodowski will be meeting with the MVCC Committee March 29 at 7 p.m. in the Terrace Room of MVCC.
- It was suggested we create a 3-ring binder, with dividers, glossary of terms, etc. for the MVCC Committee members to keep the materials from these informational meetings in an organized manner. Areas beneficial for the MVCC Committee should include: Impact Act, Post-Acute Care, Standards and Regulatory Compliance.
- The suggestion was made that the documents provided to the MVCC Committee should be housed on a website i.e. the Marathon County website.

Education Plan/Material for New Nursing Home Committee Discussion

- Impact Act
- Post-Acute Affiliation
- Federal Health Care Changes Update
- Interface with Post-Acute Care Providers
- What is the benefit that MVCC brings to Marathon County? Do we need to bring base of residents to the committee?
- Highlight that the reason Marathon County began the nursing home is to take care of vulnerable residents of the county. Highlight residents at some point on the agenda. Marathon County Supervisor Katie Rosenberg wrote an excellent article about MVCC and her experience with a family member.

Discussion and Future Agenda Items

- No new agenda items noted

Motion/second, Miller/Donnelly, to adjourn the Nursing Home Operations Committee meeting at 9:15 a.m. Motion carried.

dko



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%										10.3%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%	93.6%										93.6%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%	76.7%										72.5%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%	0.0%										10.1%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%	11.3%										12.2%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%	11.1%										13.6%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%	67%										67%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%	62%										64%	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. <i>Benchmark: HealthStream 2016 Top Box Data</i>
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent for patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that remain in sobriety 7 days post discharge. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
NCHC Access	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> * 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.

Quality Executive Summary
April 2017

Organizational Outcomes

People

❖ **Employee Retention Rate**

The YTD employee retention rate continues to exceed target for March at 93.6. Slight downward trend is reflected due to a number of retirees.

❖ **Vacancy Rate**

The vacancy rate had a downward trend to 10.3% in March. Contributing to this is the consolidation of staff on Long Term Care and an additional Employee General Orientation in the month.

Service

❖ **Patient Experience**

Improvement was made in the percent of patients ranking their overall experience at a 9 or 10 (10 point scale) at 76.7 % in March. Individual programs achieving the target of 77- 88% in January and February included: Adult Protective Services, Aquatic Services, Lakeside Recovery (MMT), Crisis Services, Community Treatment, Community Corner Clubhouse, Adult Day/Pre-Vocational/Residential Services, Outpatient Services, and Nursing Home. Programs continue to integrate specific actions based on the priority analysis data specific to the program.

Clinical

❖ **Nursing Home Readmissions**

The rate of readmissions to the hospital within 30 days in March was 0.0%, bringing YTD rate to 10.1%, below target and benchmark.

❖ **Hospital Readmissions**

The rate of readmissions within 30 days is slightly outside of target YTD, however, the March measure was just slightly above the target but half the percentage that was seen in the month of February. Analysis of the month of March indicates that priority access to Outpatient Services and Community Treatment to ensure successful transition of care looks to be effective as the rate of readmission within the 0-10 day range has decreased from 61.54% in February to 33.33% in March. Continuous monitoring will ensure this number continues to decrease. Further updates will be provided.

❖ **AOD Relapse Rate**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 13.6% which is significantly better than industry benchmark 36-40%.

Community

❖ Access Rate for Behavioral Health Services

Access rates remain below target year-to-date. Analysis indicates Outpatient and Community Treatment programs did not meet target. Both programs have initiated process improvement teams to identify specific strategies for improvement. Community Treatment filled two 1.0 FTE's in the month of March and have five additional positions available currently.

Finance

❖ Direct Expense/Gross Patient Revenue

February and March expense to revenue ratio remained static and within target range. Extreme focus this year on cost management by individual departments has been the impact.

Safety Outcomes

Patient/Resident Adverse Events

Rates for the 1st quarter of 2017 are lower than the previous year at 4.1 adverse events/1000 patient days/visits. Overall fall rate is down in March. Falls on Legacy programs remain up in March. An in-depth analysis of all Legacy falls from this year is currently in progress. Residential medication administration errors were noted in March. Residential has been retraining staff on medication administration and audits.

Employee Adverse Events

Rates for the 1st quarter 2017 are above 2016 at .14 adverse events/1000 employee hours. March was noted to have an increase in Direct Patient Care Injuries. Injuries were minor, several related to aggressive behaviors and maintaining resident safety, others patient repositioning.

Program-Specific Outcomes-items not addressed in analysis above

The following elements 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:

Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement has decreased during the month of March which has the team meeting more frequently to find improvement opportunities to achieve this goal. Year-to-date a 60.3% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established which included both Outpatient Services and BHS Hospital Leaders.

❖ **Inpatient Behavioral Health:**

Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. This is a shared measure with Outpatient Services. Year-to-date a 60.3% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established.

❖ **Community Treatment:**

Access within best practice timeframes continues to be significantly below target. A process improvement team has been established to address this. Five additional 1.0 full time positions have been posted to address immediate needs. Process evaluation to identify efficiency opportunities is in progress.

❖ **Lakeside Recovery (MMT):**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 10.5%, significantly better than industry benchmark 36-40%.

❖ **Aquatic:**

The presence of patients who meet pain control goals is meeting the target range of 90% or better.

❖ **Birth-3:**

A system to measure availability for early intervention was established to ensure access and positive financial productivity. The first month reporting this was March. The first month reporting the amount is half that of the goal at 217 out of 481. They are continuing to look at opportunities to increase this number.

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

Identified employee vacancy rate in residential services as a critical opportunity. The year-to-date is at 18.66% with a target of 6-9% or below. Actions being taken include improvements in recruiting strategies, onboarding and retention. Human Resources staff have met with all employees to identify specific barriers to employee engagement with action plans being developed. Leadership is temporarily controlling admissions of new residents and relocating residents to reduce the total number of facilities in response to current staffing shortages. All residents are being assessed for care requirements and staffing needs.

Nursing Home

Quality Indicators reported to the CMS are now 4 stars ranking. The measures affecting this rating include use of anti-psychotic medications, and short term stays (residents with < 100 days stay) pain control and resident functional levels.

Support Departments

❖ **Communication and Marketing:**

Year-to-date, a 15.50% increase in the number of “hits” on the NCHC employment page has been achieved.

❖ **Health Information:**

Achieved 83.3% completion of health records within 25 days post-discharge exceeding target.

❖ **Nutritional Services:**

Continues to achieve a 95% patient/resident satisfaction rating with food temperatures year-to-date.

❖ **Pharmacy:**

Dispensing error rates are below target at .05%

❖ **Volunteers:**

Continues to progress toward target to recruit 35 or more new volunteers in 2017.

❖ **Adult Protective Services:**

The percent of at-risk investigations completed and closed within 30 days is currently at 64%. Process improvements to improve this are underway.

❖ **Demand Transportation:**

Double occupancy per trip did not meet target of 44-50. Continued process improvements are underway.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Richard E. Immler, M.D. Appoint/Reappoint 01-09-2017 to 10-31-2018
Time Period

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

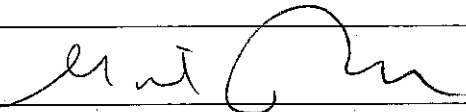
Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee
 ☐ Locum Locum Agency: _____
 ☒ Contract Contract Name: Thul-Immler Consultants

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____



(Medical Executive Committee Signature)

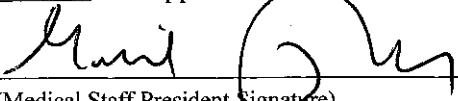
3-5-17

(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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



(Medical Staff President Signature)

3-31-17

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
 ☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

Northcentral Credentialing Services

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Compassion for people.

Richard E. Immler, M.D.

Enhanced Credentialing Activity

Primary Address

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

Other Provider Information

ID#: 3199
SSN:
Date of Birth:
Provider Specialties: Psychiatry

NPI: 1386705887

UPIN: A96129

Medicare#:

Medicaid#:

Application

Application Sent Date: 01/05/2017

Attestation Date: 01/05/2017

Received Date: 01/20/2017

Most Recent Query

Query Type: Claims Processing

Query Date: 03/03/2017

Credentialing

Completed: ☐

Issues: ☐

Aspirus Network, Inc.

Information Upon Credentialing Completion

Status: ANI Application in Process

Category: ANI Specialty Provider

Category Applied For: ANI Specialty Provider

Network:

Cred Activity Notes:

Committee Progress

Started:

Status:

Issues: ☐

Activity

Completed: ☐

North Central Healthcare

From 01/05/2017 To 10/31/2018

Information Upon Credentialing Completion

Status: NCHC Current

Category: NCHC Courtesy

Category Applied For: NCHC Active

Network:

Cred Activity Notes:

Committee Progress

Started:

Status:

Issues: ☐

Activity

Completed: ☒

University of Wisconsin Madison

Program: Medical School

Dept./Specialty:

Start Date: 08/01/1974

End Date: 05/28/1978

Graduated/Completed: ☒

Verified: ☒

Verified Date: 01/30/2017

Verified By: Jill A. Patraw

Verified How: E-AMA Website-Medical School

Notes: MD

Hennepin County Medical Center

Program: Internship

Dept./Specialty: Psychiatry

Start Date: 07/01/1978

End Date: 06/30/1979

Graduated/Completed: ☒

Verified: ☒

Verified Date: 01/30/2017

Verified By: Jill A. Patraw

Verified How: E-AMA Website-Medical School

Notes:

University Of Minnesota Hospital

Program: Residency

Dept./Specialty: Adult Psychiatry

Start Date: 07/01/1982

End Date: 06/30/1984

Graduated/Completed: ☒

Verified: ☒

Verified Date: 01/30/2017

Verified By: Jill A. Patraw

Verified How: E-AMA Website-Medical School

Notes:

University Of Minnesota Hospital

Program: Fellowship

Dept./Specialty: Child/Adolescent Psychiatry

Start Date: 07/01/1984

End Date: 06/30/1986

Graduated/Completed: ☒

Verified: ☒

Verified Date: 01/30/2017

Verified By: Jill A. Patraw

Verified How: E-AMA Website-Medical School

Notes:

License Type: DEA Certificate
 State: WI
 License Number: A1609568
 Status:
 Expiration Date: 11/30/2019

Verified: ☒
 Verified Date: 01/30/2017
 Verified By: Jill A. Patraw
 Verified How: L-DEA Website
 Notes: source date 1/23/2017

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

Verified: ☒
 Verified Date: 01/13/2017
 Verified By: Jill A. Patraw
 Verified How: O-FYI Only
 Notes:

License Type: State License
 State: WI
 License Number: 40338
 Status: Active
 Expiration Date: 10/31/2017

Verified: ☒
 Verified Date: 01/30/2017
 Verified By: Jill A. Patraw
 Verified How: L-WI DRL Website
 Notes:

License Type: WI Caregiver Background
 Check
 State: WI
 License Number:
 Status:
 Expiration Date: 01/30/2021

Verified: ☒
 Verified Date: 01/30/2017
 Verified By: Jill A. Patraw
 Verified How: L-WI Caregiver
 Background Ck Website
 Notes:

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

Verified: ☒
 Verified Date: 01/30/2017
 Verified By: Jill A. Patraw
 Verified How: L-FSMB Website
 Notes: MN, WI

ProAssurance

Policy Number: MP64535
 Coverage Type:
 Expiration Date: 06/01/2017

Letter Description: Verify Malpractice Insurance
 DOC
 Letter Sent Date: 01/31/2017
 Letter Sent By: Jill A. Patraw

Verified: ☒
 Verified Date: 02/01/2017
 Verified By: Jill A. Patraw
 Verified How: I-Verification from Carrier
 Notes: This will cover at NCHC
 \$1M / \$3M - No claims

Am Bd Psyc&Neur (CSQ: Child/Ad)

Board Status: Certified-Lifetime
 Cert Number:
 Expiration Date: Lifetime Certification

Verified: ☒
 Verified Date: 01/30/2017
 Verified By: Jill A. Patraw
 Verified How: B-ABMS Website-Board
 Certification
 Notes:

Am Bd Psyc&Neur-Psychiatry

Board Status: Certified-Lifetime
 Cert Number:
 Expiration Date: Lifetime Certification

Verified: ☒
 Verified Date: 01/30/2017
 Verified By: Jill A. Patraw
 Verified How: B-ABMS Website-Board
 Certification
 Notes:

Howard Young Medical Center*

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

Start Date: 10/06/1998
End Date: 08/31/2015

Verified: ☒
Verified Date: 01/30/2017
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr Online
Notes:

St. Mary's Hospital-Sacred Heart

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

Start Date: 06/29/2000
End Date: 08/31/2015

Verified: ☒
Verified Date: 01/30/2017
Verified By: Jill A. Patraw
Verified How: A-Health Care Facility Verif Ltr Online
Notes:

North Central Health Care

Affiliation Type: Medical Staff

Category: Courtesy
Dept./Specialty: Psychiatry
Start Date:
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 01/31/2017
Verified By: Jill A. Patraw
Verified How: O-FYI Only
Notes: future practice location

Transitions Mental Health Clinic

Affiliation Type: Medical Staff

Category: Contract
Dept./Specialty: Psychiatry

Start Date: 02/01/2006
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/08/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Cornerstone Psychological Associates

Affiliation Type: Medical Staff

Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 01/01/2012
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/08/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

White Pine Consulting

Affiliation Type: Medical Staff

Category: Not Provided
Dept./Specialty:

Start Date: 05/01/2015
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/06/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes: Program consultation & Clinical Consultation & Training

The Psychological Resource Center

Affiliation Type: Medical Staff

Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 07/01/2014
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/03/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Behavioral Consulting Services

Affiliation Type: Medical Staff

Category: Not Provided
Dept./Specialty: Psychiatry

Start Date: 08/01/2013
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/07/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Price Decker Clinic

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 01/01/2008
End Date: 06/01/2014

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 02/14/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/14/2017
Verified By: Jill A. Patraw
Verified How: O-Unable to Verify
Notes: returned mail and phone number is no longer in service

Impact Counseling Services - Family Partners

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 01/01/2004
End Date: 12/31/2012

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 02/14/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/22/2017
Verified By: Jill A. Patraw
Verified How: O-Unable to Verify
Notes:

Family & Children's Services

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 01/01/2015
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 02/14/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/21/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Central Wisconsin Center for the Developmentally Disabled

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 08/01/2013
End Date: 12/31/2015

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 02/14/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 03/01/2017
Verified By: Jill A. Patraw
Verified How: O-Unable to Verify
Notes: returned mail

Taylor Park Nursing And Rehab Center

Affiliation Type: Medical Staff
Category:
Dept./Specialty:
Start Date: 08/01/2006
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 02/14/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 03/01/2017
Verified By: Jill A. Patraw
Verified How: O-Unable to Verify
Notes: returned mail

Family Health LaClinica

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 04/01/2016
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/02/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Wetzel-Rasmussen Counseling Services

Affiliation Type: Medical Staff
Category: Contract
Dept./Specialty: Psychiatry
Start Date: 07/01/2014
End Date:

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/03/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes: Consultant

Stepping Stones Counseling

Affiliation Type: Medical Staff
Category: Not Provided
Dept./Specialty: Psychiatry
Start Date: 01/01/2011
End Date: 12/31/2013

Letter Description: Verify Affiliations & Employment*
Letter Sent Date: 01/31/2017
Letter Sent By: Jill A. Patraw

Verified: ☒
Verified Date: 02/03/2017
Verified By: Jill A. Patraw
Verified How: A-NCS-Health Care Affiliation Verif Ltr
Notes:

Marquette County*Affiliation Type:* Medical Staff*Category:* Consulting*Dept./Specialty:* Psychiatry*Start Date:* 08/01/2015*End Date:* 12/31/2016*Letter Description:* Verify Affiliations & Employment**Letter Sent Date:* 02/14/2017*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/17/2017*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Health Care
Affiliation Verif Ltr*Notes:* only consulting capacity**Northwoods Guidance Center***Affiliation Type:* Medical Staff*Category:* Contract*Dept./Specialty:**Start Date:* 01/01/1998*End Date:* 06/30/2014*Letter Description:* Verify Affiliations & Employment**Letter Sent Date:* 02/14/2017*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 03/02/2017*Verified By:* Jill A. Patraw*Verified How:* O-Telephone Verif*Notes:***Fred Groos, MD***Affiliation Type:* Reference*Category:**Dept./Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Initial/Affiliate **Letter Sent Date:* 01/31/2017*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/03/2017*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref
Verif Ltr*Notes:***Gabriel Ticho, MD***Affiliation Type:* Reference*Category:**Dept./Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Initial/Affiliate **Letter Sent Date:* 01/31/2017*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 02/03/2017*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref
Verif Ltr*Notes:***Herb White, MD***Affiliation Type:* Reference*Category:**Dept./Specialty:**Start Date:**End Date:**Letter Description:* Verify Refs - Initial/Affiliate **Letter Sent Date:* 01/31/2017*Letter Sent By:* Jill A. Patraw**Verified:** ☒*Verified Date:* 03/06/2017*Verified By:* Jill A. Patraw*Verified How:* A-NCS-Professional Ref
Verif Ltr*Notes:*

Review of Work History & Explanation of Gaps	<i>Date & Initials</i> 3/6/2017 jap	<i>Comments</i> no gaps in employment since 1/1/1998
SAM Website	<i>Date & Initials</i> 1/30/2017 jap	<i>Comments</i>
NPDB Website query through Cactus	<i>Date & Initials</i> 1/31/2017 ANI jap 3/3/2017 NCHC jap	<i>Comments</i>
OIG Website	<i>Date & Initials</i> Source date 1/6/2017 jap conducted date 1/30/2017 jap	<i>Comments</i>
WI Circuit Court	<i>Date & Initials</i> 1/30/2017 jap	<i>Comments</i> No matches
Medicare Opt Out Website	<i>Date & Initials</i> Report run date 2/20/2017 jap reviewed date 3/3/2017 jap	<i>Comments</i>
Consent Form	<i>Sign Date & Initials</i> 1/20/2017 jap	<i>Comments</i>
Health Requirements Met	<i>Date & Initials</i> 3/3/2017 jap	<i>Y/N & Comments</i> Yes
Privilege Form	<i>Sign Date & Initials</i> 1/5/2017 jap	<i>Comments</i>
Verifications within 180 days	<i>Date & Initials</i> 3/3/2017 jap	<i>Comments</i> Yes
CVO Review	<i>Date</i> 03/07/2017	<i>Signature</i> Electronically signed by Jill Patraw
ANI Provisional Approval (if applicable)	<i>Date</i>	<i>Signature</i>
Entity Committee Review	<i>Date</i>	<i>Signature</i>
ANI Only - All Disclosure Questions Answered YES ___ NO ___		
ANI Only - Issues Identified YES ___ NO ___		

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Jennifer S. Saul, M.D. Appoint/Reappoint 01-10-2017 to 10-31-2018
Time Period

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

Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee
☐ Locum
☒ Contract

Locum Agency: _____
Contract Name: Jennifer Saul, M.D.

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

[Signature]
(Medical Executive Committee Signature)

1-30-17
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

[Signature]
(Medical Staff President Signature)

4-20-17
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

Northcentral Credentialing Services

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Jenna S. Saul, M.D.

Enhanced Credentialing Activity

General Profile

Primary Address

Wood County Unified Services
2611 12th Street South
Wisconsin Rapids, WI 54494
(715) 421-8820

Other Provider Information

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

NPI: 1487610853

UPIN: _____

Medicare#: 1487610853

Medicalid#: _____

Credentialing Activity

Application

Application Sent Date: 05/04/2016
Attestation Date: _____
Received Date: 06/02/2016

Most Recent Query

Query Type: Claims Processing
Query Date: 05/11/2016

Credentialing

Completed: ☐

Issues: ☐

Aspirus Network, Inc.

From 10/28/2014 To 10/31/2016

Information Upon Credentialing Completion

Status: ANI Current
Category: ANI Specialty Provider
Category Applied For: ANI Specialty Provider
Network: _____
Cred Activity Notes: _____

Committee Progress

Started: _____
Status: _____

Activity

Completed: ☐

Issues: ☐

Licenses

License Type: State License

State: WI

License Number: 45863

Status: Active

Expiration Date: 10/31/2017

Verified: ☒

Verified Date: 06/03/2016

Verified By: Christine D Chase

Verified How: L-WI DRL Website

Notes: _____

License Type: DEA Certificate

State: WI

License Number: BS7948435

Status: Active

Expiration Date: 02/28/2017

Verified: ☒

Verified Date: 06/03/2016

Verified By: Christine D Chase

Verified How: L-DEA Website

Notes: Source date 05/30/2016

License Type: WI Caregiver Background
Check

State: WI

License Number: _____

Status: _____

Expiration Date: 01/24/2017

Verified: ☒

Verified Date: 06/07/2016

Verified By: Jill A. Patraw

Verified How: O-Verified Previously

Notes: _____

Insurance

Jenna S. Saul, M.D.

MMIC

Policy Number: MCL001575

Letter Description: Verify Malpractice Insurance
DOC

Verified: ☒

Verified Date: 07/01/2016

Coverage Type: Claims Made

Letter Sent Date: 06/29/2016

Verified By: Christine D Chase

Expiration Date: 04/13/2017

Letter Sent By: Jill A. Patraw

Verified How: I-Verification from Carrier

Notes: \$1M/\$3M- one closed claim
(01/17/2014)

OK JP

Boards

Am Bd Psyc&Neur

Board Status: Certified

Cert Number:

Expiration Date: 03/01/2017

Verified: ☒

Verified Date: 06/03/2016

Verified By: Christine D Chase

Verified How: B-ABMS Website-Board
Certification

Notes:

OK JP

Am Bd Psyc&Neur (CSQ: Child/Ad)

Board Status: Certified

Cert Number:

Expiration Date: 03/01/2017

Verified: ☒

Verified Date: 06/03/2016

Verified By: Christine D Chase

Verified How: B-ABMS Website-Board
Certification

Notes:

OK JP

Affiliations**Jenna S. Saul, M.D.****Behrend Psychology Consultants**

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 07/01/2008

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/20/2016

Verified By: Christine D Chase

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

Notes:

CHAPS Academy

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 11/06/2011

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/22/2016

Verified By: Christine D Chase

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

Notes:

Child And Adolescent Psychiatry Consulting, LLC

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 06/01/2006

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/23/2016

Verified By: Christine D Chase

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

Notes:

Wood County Health and Human Services

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 07/01/2011

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/16/2016

Verified By: Christine D Chase

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

Notes:

ADAPT Clinic - Niagara

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 10/07/2008

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 06/29/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/06/2016

Verified By: Christine D Chase

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

Notes:

Clark County Community Services

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 09/18/2015

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 06/29/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/06/2016

Verified By: Christine D Chase

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

Notes:

Marriage and Family Health Services, LTC

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 03/17/2011

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 07/13/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/19/2016

Verified By: Christine D Chase

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

Notes:

Marinette County Health Services

Affiliation Type: Medical Staff

Category: Not Provided

Dept./Specialty: Psychiatry

Start Date: 01/30/2013

End Date:

Letter Description: Verify Affiliations & Employment
Reappt*

Letter Sent Date: 07/21/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/27/2016

Verified By: Christine D Chase

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

Notes:

Affiliations - continued

Jenna S. Saul, M.D.

Ministry St Joseph Hospital*

Affiliation Type: Medical Staff

Category:

Dept/Specialty: Psychiatry

Start Date: 01/31/2009

End Date: 03/31/2015

Letter Description: Verify Affiliations & Employment Reappt*

Letter Sent Date: 06/29/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 07/07/2016

Verified By: Christine D Chase

Verified How: A-Health Care Facility Verif Ltr Online

Notes: category: limited

Steven Andrews MD

Affiliation Type: Reference

Category:

Dept/Specialty:

Start Date:

End Date:

Letter Description: Verify Refs - Reappointment *

Letter Sent Date: 06/14/2016

Letter Sent By: Jill A. Patraw

Verified: ☒

Verified Date: 06/21/2016

Verified By: Christine D Chase

Verified How: A-NCS-Professional Ref Verif Ltr

Notes:

Worksheet

	Date & Initials	Comments
SAM Website	05/12/2016 cdc	
NPDB Website query through Cactus	Date & Initials 05/11/2016 cdc	Comments <i>VJP</i>
OIG Website	Date & Initials Source date 05/05/2016 cdc Conducted date 05/12/2016 cdc	Comments
Medicare Opt Out List Website	Date & Initials Report run date 05/18/2016 cdc Reviewed date 06/29/2016 cdc	Comments
Consent Form	Sign Date & Initials 05/26/2016 cdc	Comments
Privilege Form	Sign Date & Initials N/A	Comments N/A
Quality Improvement Activities (payor requirement)	Date & Initials	Comments
Patient Complaints (payor requirement)	Date & Initials	Comments
Previous ANI Committee/Recredentialing Date	Date	
CVO Review	Date <i>07-28-16</i> Date	Signature <i>Christine Chase</i> Signature
Entity Committee Review		
ANI Only - All Disclosure Questions Answered		
YES___ NO___		
ANI Only - Issues Identified		
YES___ NO___		

Name of Policy: Compliance Complaints Received by Counties		 North Central Health Care Person centered. Outcome focused.
Policy #: TBD		
Primary Approving Body: NCCSP Board of Directors	Committee Approvals:	

I. Policy Statement

It shall be the policy of North Central Health Care (NCHC) that there will be a standardized system for reporting quality of care and compliance issues to ensure a prompt and transparent process for the investigation and resolution of such concerns.

II. Purpose

North Central Health Care has established and shall maintain a standardized system for reporting compliance and quality issues. The system shall be available for all employees, county staff, elected officials, contractors, staff members and others to file legitimate reports without fear of retaliation. The Compliance Officer ("CO") shall be responsible for promoting the reporting system with the goal of making the system known and easily available to those who wish to file complaints. The CO (or his/her delegate) will conduct a prompt and confidential investigation of questionable practices. Investigations are conducted following Investigation Policies and guidelines maintained by NCHC.

III. Definitions

None

IV. General Procedure

A. Reporting System

An effective reporting system makes the reporting individual feel comfortable in seeking guidance and disclosing information without threat of retribution. Reporting can be made in any of the following ways:

- 1) A report to the Compliance Helpline that is established and maintained by NCHC.
- 2) Direct access to the CO (or their clearly identified delegate) by way of telephone, electronic mail, etc.
- 3) Written reports using a Report Form made available by the CO or using any other written format that describes the substances of the complaint.
- 4) Report directly to the CO or designee.

- 5) Through locked Integrity Boxes, as discussed below, that are located in convenient and visible locations in the NCHC.
- 6) Through other reporting channels established by the CO or NCHC policy.

B. Reports of Questionable Practices.

Any NCHC employee or contractor who suspects that a law, regulation, or policy is being or has been violated is encouraged to report the matter.

Reports and complaints of questionable practices may be made by anyone having knowledge or information about a known or suspected questionable practice. Such individuals include, but are not limited to, the CO, reviewers, members of the medical staff, residents, staff members, employees, consultants, and others with knowledge of any incident that could raise potential compliance issues.

All reports shall be received by the CO or assigned compliance office staff. The CO is responsible for intake of complaints and will coordinate a thorough and confidential investigation as required by the nature of the complaint. No complaint will be ignored yet it is acknowledged that not all complaints will raise legitimate compliance issues.

Compliance reports may be made to the immediate supervisor, department, or program head of the complainant. If an individual prefers, the report can be made directly to the next supervisory level up from the immediate supervisor up to the Chief Executive Officer. Reports can also be made through the Hotline or through any other reporting mechanism established by the Compliance Officer.

Reports can also be made directly to the Compliance Officer. Management staff that receives a compliance report is required to forward the report to the Compliance Officer for proper consideration.

Reports may be made anonymously. If known, the CO shall neither be required nor compelled to disclose the name of the reporting individual unless required by law or permitted by the reporting individual.

Any oral, electronic, or written complaint should contain the following information:

- (a) A factual, objective description of the questionable practice, including dates and times.
- (b) The name of the individual or entity about which the report is being made.
- (c) If the questionable practice involves inappropriate billing or charges:
 - i. When and if the claim was billed and whether payment was received;
 - ii. The amount billed, regardless of whether payment was received; and

- iii. If payment was received, what steps, if any, were taken to refund the payment or whether steps were taken to stop payment if it has yet to be paid.
- (d) The medical records involved; identified by either patient name or number.
- (e) The names of other individuals knowing about the questionable practices.
- (f) Any other information deemed necessary to a thorough investigation by the CO.

Individuals reporting potential issues are encouraged to call back for follow-up and/or to provide additional information.

At intake, the CO or applicable compliance office staff will attempt to obtain relevant information. Information received is documented on a compliance intake log. If the report relates to a suggestion or general inquiry, the information should be referred to the appropriate department, program, or division and an appropriate notation reflecting the referral should be noted in the log or case file. If the reporter expresses a desire to remain anonymous, if possible given the circumstance of the report, the reported will be given a case identifier and informed that they can request follow-up using the provided case identifier.

The compliance office establishes a case file for all cases that state potential compliance issues. Upon creation of the case file, the compliance office will:

- (a) Identify the scope of the service area to which the report applies and identifies applicable managers and key staff within the defined area.
- (b) The CO reviews available information and determines what additional information may be needed to properly verify the reported issue.
- (c) If additional information is needed, the CO identifies and collects the information. Follow-up calls to the reporter may be made to facilitate the identification of information.
- (d) If the reporter wishes to remain anonymous, the CO shall make a determination whether the issues for investigation can be identified without obtaining clarification or further information from the reporter.
- (e) If the case cannot proceed without further information from an anonymous reporter, the CO shall consult with legal counsel before making a final determination to not proceed with the case.

If the CO determines that investigation should proceed, the CO assures that NCHC policy regarding compliance investigations are followed.

C. Integrity Boxes

Locked Integrity Boxes will be located at visible and convenient locations in the NCHC facilities. Employees will be made aware of the location of the Locked Integrity Boxes.

Appropriate reporting forms will be provided at each Integrity Box. Employees may choose to use the provided forms or use their own form of providing written concerns.

Envelopes will be provided at the Integrity Boxes and employees are encouraged to use these envelopes or their own envelopes for security purposes.

The CO or their designee will collect reports from the Locked Integrity Boxes at least once per week.

Complaints that are of an emergency nature should not be reported through the Integrity Box or the Compliance Hotline. Concerns that involve immediate danger or life, property or environment should be brought to your immediate supervisor or a member of management.

Publication and Promotion of Reporting System. The CO is responsible for publicizing and promoting the existence of the compliance reporting system. Steps will be taken to assure knowledge and familiarity with the reporting system including posting posters in break rooms and areas of high traffic within facilities, advertising the program in newsletters and other communications with staff, through training programs, and using other methods devised by the CO to maximize exposure to the compliance reporting process. Policies against retaliation for making good-faith compliance reports shall likewise be promoted together with the reporting system.

V. Program Specific Procedures

None

VI. References

None

**FOR COMPLIANCE OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE**

Report Number: _____

Date Received by CO: ____/____/____

**NORTH CENTRAL HEALTH CARE
COMPLIANCE REPORT FORM**

TO: Compliance Officer
North Central Health Care

Complainant Name**: _____

Date: _____

** Complainants may designate their desire to maintain anonymity. If this is your desire, please place "Wish to Remain Anonymous" under Complainant Name. NCHC encourages complaints of all types but Complainant should understand that remaining anonymous does not permit NCHC to inform you regarding the progress of the complaint. It may also inhibit the ability of NCHC to fully and completely investigate the issue raised in the complaint.

NCHC encourages complaints and strictly prohibits retaliation or retribution against any party who makes a good faith complaint regarding a potential compliance issue. See NCHC Anti-Retaliation Policy (_____).

1. Description of Complaint. The following conduct or incident causes me concern about compliance with NCHC policies and procedures and/or regulations that are applicable to NCHC operations.

(Continue on next page if necessary.)

2. Date of Conduct. The following are the dates or range of dates during which the conduct occurred: _____.
3. Individuals Involved. The following individuals were involved in the alleged incident or practice and/or may have additional information regarding same:

(Continue on next page if necessary.)

4. Contact Information. I can be contacted at the following:

(Complainant may remain anonymous. See note above.)


5. Supporting Documents. I know of the following documents that support my complaint. (Please attach any supporting documents in your possession.)

6. Additional Information. The following area is made available for additional information. Feel free to attach additional pages if necessary.

IMPORTANT NOTIFICATION

It is the policy of NCHC to carefully review and consider all reports of possible wrongdoing, violation of NCHC policy, or regulatory infraction. It is NCHC policy to protect complainants from retaliation or retribution for making a complaint in good faith. However, NCHC will investigate any individual that it reasonably believes made a compliance complaint not in good faith or for purposes of harassing any other individual. Additionally, anyone who intentionally provides false, misleading or incomplete information may be subject to discipline.

It may be necessary for us to contact you to obtain additional information and assistance. We therefore prefer that you provide your name and contact information. However, you may remain anonymous if you so desire.

Name of Policy:		 North Central Health Care Person centered. Outcome focused.
Employee Compensation Policy		
Policy #: HR-0010		
Primary Approving Body:	Committee Approvals:	

I. Policy Statement

North Central Health Care (NCHC) believes that it is in the best interest of both the organization and our employees to establish fair and consistent pay practices.

II. Purpose

North Central Health Care's Employee Compensation Policy ensures that pay is established and administered according to competitive, equitable, effective and compliant principles.

III. Definitions

Exempt- An employee, based on duties performed and manner of compensation is exempt from the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions. Exempt employees are paid on a salary basis and must work full-time.

Non-Exempt- All other employees who are subject to FLSA minimum wage and overtime provisions or work part-time are paid on an hourly basis.

Full-Time Equivalent – A full 1.0 FTE is equal to 2,080 hours worked in a year.

Full-time- An employee who works a regular schedule and is expected to normally work at least thirty hours (0.75 FTE) up to forty hours (1.0 FTE) per work week.

Regular Part-time- An employee who works a regular schedule and is expected to normally work at least twenty hours (0.50 FTE) but not more than thirty hours (0.75 FTE) per work week.

Limited Part-time- An employee who works a regular schedule and is expected to normally work up to twenty hours per week (Less than 0.50 FTE).

Occasional- : An employee who works irregular hours on an as-needed basis not to exceed 1,000 hours worked in any 12-month period with a minimum of one shift in a 60 day period.

Seasonal – An employee who is either a student that will be limited to work hours during their off-school periods and/or weekends or individuals who only work specific periods in the course of a year.

Professional Staff- Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge.

Paraprofessional Staff- Occupations in which workers perform some of the duties of a professional in a supportive role, which usually require less formal training and/or experience normally required for professional status.

IV. General Procedure

Employee compensation is objectively administered and non-discriminatory in theory, application, and practice.

Time Keeping

Accurately recording hours worked is the responsibility of every employee. Hours worked is all time spent performing assigned duties and does not include paid leave. All non-exempt employees must accurately record time worked on a time card for payroll purposes and are required to record their own time at the beginning and end of each work period, and the start and end of any unpaid break. No work shall be performed by employees prior to their clocking in at the start of their work day, during lunch, other unpaid breaks, or after clocking out at the end of the day. No one at NCHC has the authority to ask, encourage, or insinuate that an employee perform work off the clock. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

Payroll

Employees of NCHC are paid on a bi-weekly basis by direct deposit on alternating Fridays. In the event that a regularly scheduled payday falls on a bank holiday, employees will be paid the day prior to the bank holiday. Each workweek begins on Sunday at 12:00 am (midnight) and ends the following Saturday at 11:59 pm. Each paycheck will include earnings for all hours through the end of the previous payroll period.

Payroll Deductions

North Central Health Care reserves the right to make deductions and/or withhold compensation from an employee's paycheck as long as such action complies with applicable state and federal law. In addition, it may be possible for you to authorize NCHC to make additional deductions from your paycheck for extra income taxes, contributions to retirement savings programs or insurance benefits (if eligible). These deductions will be itemized on your payroll statement. The amount of the deductions may depend on your earnings and the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name, address, telephone number, marital status or number of exemptions must be reported to Human Resources immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, will be explained whenever NCHC is ordered to make such deductions.

Every effort is made to avoid errors in an employee's paycheck. If you believe an error has been made or you have a question about your pay, notify your supervisor

immediately. North Central Health Care will take the necessary steps to research the problem and to assure that any necessary correction is made properly and promptly.

Breaks

Employees scheduled to work more than four hours may take reasonable time to rest, however, breaks are not guaranteed. Breaks must be approved by an employee's immediate supervisor. Employees who leave NCHC property must punch out for a minimum of 30 minutes. Breaks, including lunch periods, exceeding thirty (30) minutes are unpaid unless specifically authorized by management.

Lunch breaks, which are unpaid, are thirty (30) minutes after six (6) hours worked and an additional thirty (30) minutes after twelve (12) hours worked. Prior approval must be given by an employee's supervisor to exceed a thirty (30) minute unpaid lunch period or to work through lunch. Employees under age 18 may not work more than six (6) hours without a duty free thirty (30) minute break.

Base Pay

Base compensation is an employee's hourly rate without any differential, overtime, or additional pay factored in. Base compensation is designed to provide competitive and fair compensation to employees for fulfilling the full scope of responsibilities and accountabilities as outlined in the job description. Base compensation salary ranges and market rates for each position are established by researching industry and local salary survey data on an annual basis. Base compensation levels within the established range for the position are determined on the basis of an employee's ability to execute the responsibilities of the position.

Merit Pay

North Central Health Care may award annual pay increases in the form of merit increases. Merit pay is used to reward successful performance and is based on the amount of funding available, the relative position of an individual's current pay to the market rate, and annual performance evaluation factors. Annual merit increases are considered in February of each year with any merit adjustment applied in March.

Overtime

North Central Health Care will comply with the provisions of the Fair Labor Standard Act and provide for systematic review of exemption status for all employees. All exempt positions will have a documented analysis establishing the basis for the exemption designation of the position. Overtime shall be compensated for non-exempt employees at one and one half (1 ½) times the employee's hourly rate of pay. Overtime is defined as any hours worked in excess of 40 hours per week.

Overtime work is to be held to a minimum consistent with the needs of the program. Prior approval by management must be obtained for all overtime hours worked. It is the responsibility of each department to explore all possible alternatives before a

decision is made to require employees to work on an overtime basis. Further, it is the responsibility of each department to ensure that the provisions of overtime pay are administered in the best interest of NCHC services. Each department should develop internal controls that provide a means of reviewing and evaluating the use of overtime.

Shift Differential

North Central Health Care pays shift differentials to non-exempt staff for hours worked on:

- Evenings (Monday – Sunday, 3 p.m. – 11 p.m.);
- Nights (Monday – Sunday, 11 p.m. until 7 a.m.); or
- Weekend Days (Saturday & Sunday, 7 a.m. until 3 p.m.).

Employees working in programs with 24/7 operations (i.e., Mount View Care Center, Residential Services, Inpatient Hospital, etc.) will be paid shift differentials for any time worked in the shift. For all other employees, hours worked in a shift, or prior to a shift, are paid at the differential that applies to the shift in which the majority of hours are worked.

Paraprofessional non-exempt employees will be paid shift differential of \$0.60 per hour for PM shifts, \$1.00 per hour for night shifts, or \$0.45 for weekend days. Professional non-exempt employees will be paid shift differential of \$1.50 per hour for PM shifts, \$2.50 per hour for night shifts, or \$0.45 for weekend days.

On-Call Pay

On-call pay is for an employee who must remain available to be called back to work on short notice if the need arises. Employees required to be in official on-call status will be paid \$2.50 per hour served on-call. Employees are not eligible to receive payment for both hours worked and on-call pay for the same hours. If an employee reports to work during on-call status, on-call pay ends when the employee reports to work. If an employee must remain on NCHC property or so near that time cannot be used freely, it is not considered on-call time but is to be recorded as work time.

Note: If you are called in you will be paid the greater of two hours of work or actual time worked.

Call-in Pay

A call-in is an unscheduled request made by appropriate management personnel for a non-exempt (hourly) employee to return to work or extend their shift to perform unforeseen, fill-in or emergency work after ending their regular shift and before the beginning of the next regularly scheduled shift.

Call-In Pay will be paid in the following instances:

- 1.) If a non-exempt employee is called back into work outside of his or her work schedule, he or she will receive two (2) hour's pay in addition to the actual time worked. Additional hours worked must be a minimum of three (3) hours to receive Call-In Pay.

- 2.) If the employee is requested to extend their shift beyond the designated start or stop time of the shift, he or she will receive two (2) hour's pay in addition to the actual time worked. Additional hours worked must be a minimum of three (3) hours to receive Call-In Pay.

Note: Ineligibility for Call-In Pay:

- 1.) If employee is coming in from scheduled PLT to pick up their own shift, they are not eligible for the Call-In Pay.
- 2.) Schedule changes made 72 hours (three days) in advance of a shift are not eligible for Call-In Pay.
- 3.) Employees who are occasional staff do not qualify for Call-In Pay.
- 4.) Employees who are in an "on-call shift" status.

Temporary Appointment Pay

Employees temporarily appointed to positions of a higher classification may be eligible for a pay increase during the temporary appointment period. The supervisor in coordination with Human Resources will review temporary appointment pay rates annually based on approved compensation administration guidelines. If the temporary appointment has a difference of one salary range, the pay differential will generally be two-thirds the difference of the old and new market midpoints. If a difference of two or more pay ranges occurs, the pay differential will generally be one-half the difference between the old and new market midpoints.

Holiday Pay

Regular full-time and part-time employees receive the following paid holidays:

New Year's Day	Thanksgiving Day
Memorial Day	Christmas Eve Day
Independence Day	Christmas Day
Labor Day	New Year's Eve Day

For holiday pay purposes, employees subject to seven (7) day a week scheduling are paid on the actual holiday. For employees working a Monday – Friday schedule, when any of these holidays fall on a Saturday or Sunday, the preceding Friday or following Monday are considered the holiday for scheduling purposes. Holiday pay is paid based on an employee's status. Regular full-time employees will be paid eight (8) hours for each holiday; regular part-time employees will be paid six (6) hours).

Any non-exempt employee who works during any paid holiday will be paid at the overtime rate for all hours worked on the actual holiday (12:00 a.m. until 11:59 p.m.) in addition to any holiday pay received. An employee, who fails to work a scheduled holiday, including the scheduled day immediately prior to or following the paid holiday, will forfeit any holiday pay, unless that employee is off of work due to a Worker's Compensation incident or approved Family Medical Leave.

Funeral Pay

Funeral pay recognizes that employees need time to make arrangements, handle family matters and attend funerals when a death occurs with an immediate member of their family without suffering short-term financial burdens from loss of income. Therefore, in the event of a death in the immediate family of an employee, full-time and regular part-time employees (0.5 FTE and greater) will upon request to their supervisor, be granted up to three days of paid funeral leave. Exceptions for additional days in extraordinary situations may be approved at the sole discretion of the Senior Executive-Human Resources. Funeral leave must be used within fourteen (14) days of the death with employees solely being eligible to be paid for those days that are scheduled workdays.

Immediate family includes an employee's spouse, child, father, mother, brother, sister, grandparent, grandchild, or counterpart step relatives, in-laws or any person who had resided with the employee immediately preceding the person's death.

If an employee wants to attend a funeral of a person not meeting the requirements of funeral pay, they may, upon supervisor approval, request PLT or make arrangements to trade shifts.

Jury Duty

Employees must report to NCHC when they are notified for jury duty. Upon receipt of appropriate documentation, employees who serve on a jury or are subpoenaed to appear as a witness before a court or administrative tribunal shall be paid their regular earnings for hours served during regular scheduled hours. However, employees will be required to submit payments received for jury duty including mileage reimbursement to NCHC to offset this benefit. When released from jury or witness duties employees shall immediately return to their job and complete the scheduled work day. Employees shall not be entitled to overtime or shift differential under this provision.

V. Program-Specific Requirements:

None

References:

Fair Labor Standards Act; Wis. Stats. 272.12 Interpretation of Hours Worked



North Central Health Care

Person centered. Outcome focused.

COMPENSATION ADMINISTRATION MANUAL

MANAGEMENT DOCUMENT – NOT FOR DISTRIBUTION

**Effective
January 1, 2015**

NORTH CENTRAL HEALTH CARE

Compensation Administration Manual

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PHILOSOPHY

The purpose of the North Central Health Care (NCHC) Compensation Program is to ensure that pay is established and administered according to competitive, equitable, and effective principles. Established policies and procedures provide leaders with guidelines for the day-to-day administration of compensation for North Central Health Care employees.

The principles of our compensation philosophy are as follows:

- Our pay programs will be competitive with the external labor markets in which we compete for employees, while maintaining internal equity across jobs and for our employees within those jobs.
- We strive to offer a strong 'total rewards' package made up of competitive base pay, insurance benefits (health, dental, life, disability), a very good retirement savings plan, and a respectful, modern, and open work environment.
- We target the market median for base pay in the markets in which we need to attract and retain employees.
- Individual performance has an impact on individual pay in relation to the market midpoint; however is not the only factor.
- Management strives to make fiscally responsible decisions in the long-term best interests of NCHC, and recognizes that employees may differ in their opinions on exactly how this is accomplished.
- We establish and maintain equitable compensation administration guidelines and set financially responsible compensation budgets annually, and expect our leaders to manage these accordingly.
- North Central Health Care will not make compensation decisions based upon race, color, gender, religion, creed, age, disability, national origin, lifestyle, or any other basis prohibited by state or federal law.

The effective administration of compensation at NCHC is a shared responsibility. Employees have the responsibility to understand our compensation policies and generally how the administrative guidelines work. It is the responsibility of the leaders of NCHC to believe in and ensure the consistent application of the compensation philosophy in all of their compensation decisions, while responsibly observing their annual salary budget, which is established by senior management and approved by the Board of Directors. Our leaders are responsible for accurately evaluating performance and recognizing performance differentiations with appropriate pay decisions. It is the Compensation Committee's responsibility to administer the Organization's compensation policies and procedures consistently and impartially, and to ensure that equal employment opportunity principles are followed for each employee at NCHC, or candidate for employment, regarding compensation.

The compensation philosophy and related administration guidelines outlined in this manual are regularly reviewed and evaluated by the Compensation Committee. Modifications will be made as necessary and communicated appropriately to all employees of NCHC.

Questions concerning the policies and procedures contained in this program should be referred to the Human Resource Department.

JOB DOCUMENTATION

Definition

Job documentation refers to the collection and maintenance of job content information. Formal job descriptions are used to describe duties and responsibilities required for each job at the Organization.

The description focuses on the job, not the person assigned to the job. Evaluation of the individual's performance is a separate issue covered under our Performance Evaluation process.

Job descriptions reflect the organization level, as well as the type and scope of the work required.

Purpose

A job description is used to describe every job. It is intended to document the minimum requirements to be fully functional in the job, as it exists at the present time.

Written job descriptions are used as the basis for assigning jobs to a job grade and pay range. Accurate and complete job descriptions must be prepared and maintained. The importance of job descriptions is stressed to all leaders and employees at NCHC.

Salary adjustments for current employees or hiring rates for new employees are authorized only with a current job description.

As a job changes, the job description will be updated to reflect such changes.

Responsibilities

Current job documentation for all jobs reporting to a leader (direct and indirect) is the responsibility of that leader. Usually in conjunction with the performance evaluation process (or other annual time determined by the leader), individual job descriptions are reviewed with the person/employees in the job and updated. Revisions are forwarded promptly to the Human Resource Department. The Human Resources Department is responsible for ensuring the consistency and accuracy of the information, and to keep formal copies and background information on file for all jobs.

A copy of each job's description is available to employees through their leader or the Human Resource Department.

Process

Job descriptions are kept current and up-to-date through periodic reviews by leaders and employees in the job.

- **New jobs** – To hire for a new job, a position description questionnaire must be completed by the requesting leader listing the minimum requirements and responsibilities for the job. A job description will then be developed in coordination with the Human Resource Department, who will then assign a salary range for the job. If necessary, the Compensation Committee may be involved.
- **Revised jobs** – As a job changes, a revised job description may be needed. Job descriptions will be reviewed on at least an annual basis, usually in conjunction with the performance evaluation process. If changes are minor, the leader notes the changes on the current job description and forwards it to the Human Resource Department who will make the changes to the controlled description.

If there are major changes in the duties and responsibilities of a job, a new position description questionnaire must be completed. The questionnaire must be forwarded to the Human Resources Department, who will assist in developing a new job description and determine the appropriate job group and pay range. If there is a question on how the new position will be evaluated internally, the Senior Executive-Human Resources will confer with the Compensation Committee to determine if the new job should be placed in a different job group and salary range. The leader will be notified regarding the new job description and salary range change, if any, and will in turn inform the affected person/employees.

- **Vacant jobs** – If a job becomes vacant, a review of the current job description shall be completed by the leader and the Human Resources Department to determine if there should be any changes prior to an individual being hired to fill the position. Revisions should be made before any action is taken to fill the position.

JOB PRICING AND SALARY RANGE STRUCTURE

Definition

Job pricing is the process of comparing compensation for our jobs at NCHC to that of the external market. Job groups are determined through a process of evaluating jobs based upon internal and external conditions and grouping similarly valued jobs together. The market value for jobs within a job group is a primary (though not exclusive) factor when determining the pay ranges in the salary structure.

The salary range structure consists of a series of overlapping salary ranges. Each salary range has a minimum and market midpoint salary amount. These ranges are normally adjusted annually.

Purpose

North Central Health Care is committed to providing a salary range structure that is responsive to the external market and is internally equitable. Data will be collected from a variety of reputable sources and analyzed on a regular basis to determine market movement of jobs and current salary trends.

Responsibilities

The Senior Executive Human Resources is responsible for gathering, analyzing, and recommending changes to the salary range structure based on market data and salary trend information. This information will then be presented to the Compensation Committee for their input, then to the CEO for incorporation into the annual operating budget as approved by the Board of Directors.

Process

On an annual basis, the Senior Executive Human Resources gathers information regarding trends in general pay movement (i.e., estimates of salary adjustments in our recruiting areas, anticipated annual adjustments, local market conditions, etc.). The Senior Executive Human Resources discusses the results with the Compensation Committee, who then makes a recommendation to the CEO for changes to the salary range structure consistent with the overall operating budget for the year.

The Senior Executive Human Resources also conducts a salary range analysis on an annual basis. A salary range analysis identifies where each person falls relative to his or her current salary range. Any outstanding issues are reported to the Compensation Committee for recommendations and action planning. The Senior Executive Human Resources communicates these decisions to the appropriate leader for consideration when conducting annual salary planning.

A full review of market data for NCHC's jobs will be conducted at least once every five years. The Compensation Committee reviews market data and develops a comparison to current market and actual salaries. If warranted, changes in salary range structure will be recommended to the CEO.

Salary Range Structure

The Salary Range Structure consists of a series of overlapping salary ranges. Each salary range is identified through a minimum and market midpoint salary amount.

- **Minimum** – Normally the lowest amount NCHC will pay an individual for a job assigned to the salary range.
- **Minimum to market area** - Intended for employees who:
 - Are continuing to learn job responsibilities while meeting performance standards; or
 - Are fully trained but perform at a level which is less than fully satisfactory, or
- **Market area (generally 95 – 105% of range midpoint)** – Normally represents the salary level for employees who are fully qualified and performing at a fully proficient level, over a period of time (represents approximate Market Rate). Most employee compensation at NCHC is targeted to be in this market area, as it represents equitable market value for our jobs.
- **Market area to 120% of market midpoint** – Intended for employees whose performance is clearly outstanding and consistently exceeds performance objectives over a period of time.
- **Greater than 120% of market midpoint** – Individual base compensation will not exceed this amount without approval from the CEO.

PAY ADJUSTMENTS

Definition

Pay adjustment refers to policies and procedures that support the administration of compensation within an assigned salary range and result in the delivery of actual compensation dollars to employees of NCHC. Pay adjustments change the actual compensation dollars paid to a person within an assigned salary range. The various types of adjustments are included in this section.

Purpose

To ensure credibility and achievement of NCHC compensation objectives, an effective pay adjustment system must be developed and maintained with guidelines and procedures communicated to leaders and employees of NCHC on a timely basis. The guidelines and procedures of the compensation system are intended to ensure that our **annual budget, market value for each job, and demonstrated individual performance** are the primary (though not exclusive) considerations when recommending wage adjustments.

Responsibilities

Each leader is responsible for initiating pay adjustments for the employees reporting to them and involving the Human Resources Department in the process. Pay adjustment recommendations are forwarded to their Senior Executive or Executive, who reviews/edit/approves them. These are then forwarded to the Human Resources Department for payroll processing.

The Human Resources Department is responsible for:

- Administering appropriate pay adjustments as budgeted and within established salary ranges.
- Resolving and coordinating pay adjustment recommendations not consistent with Organization guidelines (may involve Compensation Committee if necessary).
- Preparing timely recommendations for annual pay adjustment guidelines.
- Ensuring that a formal performance evaluation precedes all annual pay adjustments.
- Monitoring the day-to-day administration of salaries and compensation decisions for consistency with the compensation program's objectives.
- Maintaining this Compensation Administration Manual and communicating all compensation program changes as authorized by the Compensation Committee.

General Guidelines

The specific process for each type of pay adjustment is detailed in the next section; however, the following are general guidelines for all types of adjustments:

- ALL pay adjustment recommendations must be submitted on an appropriate form according to established procedures.
- Pay adjustment recommendations shall not be written on performance evaluation forms.
- Pay adjustment recommendations shall take into account the internal equity of the proposed salary compared to that of other employees assigned to that same job and in the same salary range. Pay adjustments should conform to the guidelines outlined in this guidebook and ranges established each year by the Compensation Committee.
- Performance evaluations must be completed for all annual pay adjustments prior to the actual delivery of an increase on a person's paycheck. If a leader does not complete this process timely, their own eligibility for a pay adjustment will be prospectively deferred until the first full pay period after they are completed (no retroactive pay increases).
- Employees not at work at the time of a pay adjustment (i.e. due to leave of absence, etc.), but not due to normal vacation or paid time off, will receive their pay adjustment effective beginning on the day they return to work.
- Pay adjustments should be submitted at least one week prior to the pay period effective date.
- Pay adjustments of any kind shall not be communicated to a person prior to the leader receiving approval of that action from the Senior Executive Human Resources.

New Hires

The hiring rate is normally the minimum of the salary range for entry-level individuals. If an individual with prior experience is hired, the hiring rate will normally be between the minimum and 95% of the market rate. The proposed rate should not create inequities within NCHC. It is extremely important to maintain a careful balance between the needs of the Organization, market competitiveness, and the desires and expectations of the job applicant. New hires are approved by the hiring leader's Senior Executive, especially for additions to staff that are not included in the department's annual budget for employees.

Steps in Hiring Process:

1. The hiring leader completes a Hiring Requisition form and seeks appropriate approvals as needed. The job description is reviewed and updated as needed by the hiring leader. The Hiring Requisition and updated job description are then forwarded to the Human Resources Department for processing.
2. If the job is not in a salary range, the hiring leader will confer with the Senior Executive Human Resources to place it in a job grade and pay range. The Compensation Committee may be involved if needed.
3. Individuals are interviewed and a candidate is selected by the hiring leader and a Human Resources Department representative.
4. Proposed rates greater than 95% of the market rate are reviewed by the Senior Executive Human Resources to ensure internal equity. Any disagreements on hiring rates will be adjudicated by the hiring leader's Senior Executive as needed.
5. After approval of the hiring rate, the Hiring Leader extends an offer to the candidate and proceeds with the hiring process. Offer letters shall indicate when the new person's pay will be reviewed, and when they will be placed on the annual compensation schedule.

Annual Pay Adjustments

Annual pay increases are intended to ensure that job performance which meets or exceeds expectations is recognized and rewarded, within the salary range established for each job. Generally, these adjustments are usually made mid-March. Some adjustments to this date may be warranted based on date of hire, transfer, promotion, demotion, or other employment action that may affect timing. Leaves of absence may also affect effective dates of annual adjustments.

Steps:

1. Annual pay increase guidelines are approved by the CEO. These plans are communicated to the Compensation Committee, the Senior Executive Human Resources, and then to leaders with compensation adjustment responsibility.
2. Annual pay adjustments are generally based on a matrix which takes into account the annual operating budget approved each year, an employee's position within the pay range, and individual performance evaluation results.
3. Although pay adjustments are based primarily on the items listed above, there are other factors that may influence the timing and amount of a pay increase such as the value of the position in the marketplace, economic conditions, leaves of absence, etc. There may be times where pay increases are suspended for some individuals, jobs, departments, or the entire Organization.
4. An annual pay increase shall not move a person past 120% of the market midpoint. Any exceptions must be reviewed in advance by the Compensation Committee and approved by the CEO.
5. Leaders with compensation responsibility prepare recommendations on annual pay increases according to the established guidelines for the year utilizing the procedures developed by the Human Resources Department. These are then completed and forwarded to the leader's Senior Executive for review and approval, and then to the Senior Executive Human Resources, who compiles the data Organization-wide to ensure that internal equity and consistency have been appropriately considered. The results are then forwarded to the CEO and Compensation Committee for oversight review and approval. Adjustments that exceed the annual guidelines, or are otherwise exceptions to policy or procedure, will be discussed and resolved with the CEO if needed. Finalized annual pay adjustments are then forwarded to the Senior Executive Human Resources.
6. Following approval, the Human Resources Department distributes approved increases to each leader for them to discuss with their employees individually on a timely basis.

Promotion

A promotion is the reassignment of a person from one job to another job that is at least one grade higher than the former job. A promotion is generally accompanied by an increase in pay.

Promotional increases are provided to recognize an increase in the scope and responsibility of an individual person's job and are usually given at the time the new responsibilities are assumed. Promotional increases generally are not given at the same time as an annual pay increase. The amount of the increase should:

- Be consistent with the objectives of the Compensation Program AND be within the Organization's operating budget for the year,
- Result in a pay level that is at or above the minimum of the new pay range for the job, and not to exceed 110% of the new market midpoint,
- Take into consideration the degree of increase in scope and responsibility of the new job,
- Take into consideration the person's pay level prior to the promotion,
- Meet the hiring rate that would be paid to a new hire of equivalent qualifications, and
- Consider internal equity issues.

Steps:

1. The hiring leader recommends an individual for promotion and a pay adjustment rate to their immediate supervisor, who ensures that salary budget guidelines and Compensation Program objectives are met. The amount of the increase will generally be based on the following criteria:

- In a one salary range change, the increase amount is generally two-thirds the difference of the old and new market midpoints.

<u>Example:</u>	Pay range 4 market midpoint	\$10.00
	Pay range 5 market midpoint	\$11.00
	<u>Difference</u>	<u>\$ 1.00</u>
	2/3 difference	67¢ hour

An employee being promoted from range 4 to range 5 would likely receive a pay adjustment of 67¢ per hour.

- In a two or more pay range change, the increase amount is generally one-half the difference of the old and new midpoints.

<u>Example:</u>	Pay range 4 market midpoint	\$10.00
	Pay range 6 market midpoint	\$12.10
	<u>Difference</u>	<u>\$ 2.10</u>
	1/2 difference	\$ 1.05

An employee promoted from range 4 to range 6 will likely receive a pay adjustment of \$1.05/hr.

2. The Human Resources Department reviews the pay adjustment recommendation to ensure that no internal inequities will result. However unlikely, it is possible that no increase would be given in a promotion situation, depending on internal equity considerations with other employees currently performing the same job.

3. If there are issues with the promotional adjustment, the Senior Executive Human Resources will be involved. Issues not resolved at this level will be referred to the Compensation Committee.
4. Following appropriate approval, the new leader will notify the employee of the promotion and promotional pay increase on a timely basis.

Equity and Administrative Adjustments

An equity adjustment is made to correct inequities due to internal or external conditions and may also be used to bring compensation to the minimum of the range or up to the level of other employees with the same experience, job, and work performance.

An administrative adjustment is used to correct unique situations which require a change in pay that is outside the normal guidelines, such as a significant increase in market pay rates.

Equity and administrative adjustments are considered exceptions and should be discussed with the Senior Executive prior to the preparation of any recommendation.

Steps:

1. The leader proposes an increase and forwards the recommendation to the Senior Executive Human Resources.
2. The Senior Executive Human Resources reviews the request for internal equity and market value issues, as well as salary budget issues. The Compensation Committee may be involved if necessary.
3. The Senior Executive Human Resources communicates any pay adjustments to the appropriate leader who will discuss it with the affected employee(s) on a timely basis.

Job Reclassification

As jobs change, there may be a need to classify them in a different job group, and therefore salary range. In most circumstances, no change in the compensation of the incumbent(s) will occur.

Steps:

1. The leader completes a position description questionnaire indicating the new duties and responsibilities of the job and discusses it with their immediate supervisor and the Human Resources Department, taking into consideration their department's operating budget. The recommendation for a new job is forwarded to Senior Executive Human Resources to review and to approve the new job description.
2. The Senior Executive Human Resources assigns the job to a job group and salary range. If there are any questions about the job's placement, it may be referred to the Compensation Committee for a decision.
3. If the job is placed in a different salary range, the following pay adjustments may occur:
 - If the job is classified into a higher salary range and the incumbent(s) current pay is less than the minimum of the new salary range, a pay adjustment to bring the incumbent(s) to the minimum of the new salary range may be made.
 - If the job is within the new range, no adjustment will occur until the person's next scheduled performance evaluation.

- If the job is classified into a lower salary range, the employee's pay will usually not be changed. However, if the current pay is more than the 120% of the market midpoint of the new salary range, the incumbent will be "red-circled" and further pay adjustments will be delayed at least until the pay range is adjusted. "Red-circled" employees are not eligible for annual pay adjustments until their compensation is within the assigned salary range.

Lateral Transfer

A lateral transfer is the reassignment of an employee from one job to another job in the same salary range, and normally does not involve a change in pay.

Lateral transfers provide employees with the opportunity to acquire new work experience and generally be exposed to a different work environment.

Demotion

Demotion is the reassignment of an employee from one job to another job in a lower salary range with a resulting decrease in the scope and responsibility of an individual's job.

Demotions may occur for the following reasons:

- Unsatisfactory job performance,
- Individually initiated (e.g., an individual that wishes to move from a supervisory position to a nonsupervisory position),
- Organization initiated (e.g., reorganization, reassignments, etc.).

These demotions may or may not be accompanied by a decrease in pay. We are most concerned when a demoted person's pay creates inequities with peers. Requests for demotions should be submitted to the Senior Executive Human Resources, who will, if necessary, discuss it with the Compensation Committee for a determination.

If it is determined a decrease in pay is necessary, the following guidelines will be considered:

- In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 5 market midpoint	\$11.00
	Pay range 4 market midpoint	\$10.00
	<u>Difference</u>	<u>\$ 1.00</u>
	2/3 difference	67¢ hour

An employee being demoted from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

- In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 6 market midpoint	\$12.10
	Pay range 4 market midpoint	\$10.00
	<u>Difference</u>	<u>\$ 2.10</u>
	1/2 difference	\$ 1.05

An employee demoted from range 6 to range 4 will likely receive a pay decrease of \$1.05/hr.

Exceptions

Although unlikely, there may be circumstances where exceptions to the compensation guidelines are warranted. Exceptions to policy should be discussed with your immediate supervisor first, then your Senior Executive, then the Senior Executive Human Resources and/or Compensation Committee prior to the preparation of any recommendation.

Examples of exceptions are:

- Increases or decreases over 10%,
- Promotions granted before experience requirements are met or which exceed the guidelines,
- Demotions for performance which do not result in a decrease in pay,
- Annual pay adjustments outside the annual pay adjustment guidelines for the year,
- Hiring rates over 95% of market midpoint.

CONFIDENTIALITY

All pay and salary range information is confidential. The following are guidelines when handling this information:

- Employees are provided with their individual job grade and salary range when requested.
- If an employee is considering a job change to a vacant position for which he/she is qualified, the salary range information may be released to that employee.
- Individually identifiable pay information will not be shared in salary surveys.
- Individual pay information is confidential and will be maintained confidentially in accordance with applicable NCHC policies. This in no way discourages employees from discussing their pay with other employees.

<u>Plan of Action Tactics</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measures of Success</u>	<u>Interim Updates</u>	<u>Completed</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Appointment of RCA Members	Counties	Dec-16	Appointment	Appointments - Marathon County: Supervisor E.J. Stark, Deputy Administrator Lance Leonard, Lincoln County: Nancy Bergstrom Corporation Counsel, Langlade County: Robin Stowe. E.J. Stark resigned and Marathon County appointed Chief Deputy Chad Billeb. Meeting dates are set for 2017.	2/14	Closed												
Appointment of NCCSP Board Members	Counties	Jan-17	Appointment	Marathon County Appointments have been recommended and confirmation. Sheriff Parks and County Supervisor Robinson resigned from the NCCSP Board in early 2017. Marathon County has appointed Theresa Wetzsteon, Marathon County's District Attorney in place of Sheriff Parks. The seat vacated by Supervisor Robinson was filled by Supervisor Rick Seefeldt.		Closed												
Annual Audit	NCCSP	Jan-17	Acceptance of annual audit by NCCSP Board and Counties	The audit was presented to the March 30, 2017 NCCSP Board meeting. Members of the RCA were invited to the audit presentation and provide copies of the audit documents. The RCA has acceptance of the audit on their April 27th agenda to formal close the annual audit process.		Closed												
Policy Governance for the NCCSP Board	NCCSP	Jan-17	Policy Governance Document	A policy governance approach is recommended for the NCCSP Board to consider to delineate authorities of the NCCSP delegated to the CEO and decisions vested with the NCCSP Board along with definition of Board end statements which align with the direction from the RCA. The Board will need to reconsider the Committee structure at some point, especially as it relates to any potential governance change with Mount View Care Center. The Board held an Educational Presentation on policy governance at the March meeting and endorsed moving forward with exploring a Policy Governance approach. Future educational and work sessions will be scheduled.		Open Task												
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.		Open Task												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County of the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	Marathon County has created a Mount View Care Center Committee to oversee the Strategic Plan development and Operational study of the nursing home. The Committee has been appointed by Marathon County with Supervisor Robinson as the Chair and meets monthly. The Committee meets on April 25th to review the staffing challenges and labor market that MVCC participates in to understand these dynamics of operations. The firm doing the operational assessment and strategic plan was onsite for the first time on April 17th and 18th. The will start to analyze their findings along with a large volume of documentation provided by NCHC. A clinical site visit is yet to be scheduled but we remain on track for a July 1 delivery deadline.		Open Task												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Completed	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County of the future of the pool and by both Marathon County and NCCSP on a future management agreement with NCCSP	The NCCSP Board reviewed the pool project and endorsed a resolution in support of building a new pool to the Marathon County Board expressing continued interest in managing a new facility. The North Central Health Foundation, Inc. offered to provide Leadership on gathering \$1.5M in support of the project from the community. The Marathon County Health & Human Services Committee recommended building a new pool at their April meeting but would like to see if it is possible to raise more than the \$1.5 million in public support to offset the cost of the project. A small group will be meeting the three health systems in early May to firm up their level of support of the project. A final recommendation to the County Board is set for May.		Open Task												
Create "arms-length" financial relationship between NCHC and MVCC	NCCSP	Jan-17	Separate financial statements and legal status	The CFO is currently working on the financial statement piece to enable 2017 financials to be completely separate between the 51.42 program and MVCC. Further consideration will be made on doing the same for the developmental disability programs (not including Birth to 3) and potentially the Aquatic Therapy Pool later in the year.		Open Task												
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.		Completed												
Develop Training Plan for each County	NCCSP	Feb-17	Adopted Annual Training Plan	Administration will be working with 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 this time but NCHC will be open and willing to fulfill any future requests not contemplated at this time.		Closed												
CEO Selection Plan and Recommendation	NCCSP	Feb-17	Adopted Recruitment Plan	The RCA adopted a motion to start the CEO selection process by having the NCCSP Board appoint the selection committee and inviting them to attend the April RCA meeting to discuss the selection process. The NCCSP Board appointed the NCCSP Executive Committee as the selection committee. The RCA is set to discuss this with the NCHC Executive Committee members at their April 27th meeting. Once the RCA provides direction to the NCCSP Board, the NCCSP Board will execute the recruitment plan. Sue Matis will be assigned as the staff resource for the selection committee and RCA.		Open Task												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	This initiative has not begun.		Open Task												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	The NCCSP Board will review a draft policy for Compliance Complaints Received by Counties relating to the quality of care provided by NCHC. The NCCSP Board will review the draft policy at their April meeting. Once reviewed it will be forwarded to County Administrations for each of the three Counties for input prior to final adoption of the NCCSP Board in May.		Open Task												
County Fund Balance Reconciliation	NCCSP	Apr-17	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.		Closed												
Annual Report	NCCSP	May-17	Annual Report Release	The Annual Report is currently being drafted with a deadline of finalization at the May NCCSP Board meeting.		Open Task												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Completed	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Review of Personnel Policies	NCCSP	Sep-17	Appropriate Policies Identified and Adopted	The NCCSP Board is reviewing the Employee Compensation Policy and Administration Manual at their April meeting. The Employee Compensation Policy is the only personnel policy identified at this time to be reviewed and adopted by the NCCSP Board as a recommendation for approval by the RCA. The RCA will have to review and provide recommendations to the NCCSP Board regarding this policy at an upcoming meeting to ensure compliance with the July 1 deadline to have these policies reviewed and adopted by the RCA.		Open Task												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	The RCA will need to define the structure, substance and timing of this report.		Open Task												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed			Open Task												
Annual Budget	RCA	Feb-17	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The RCA is reviewing the major program areas over the next couple months in the following order: Behavioral Health Services, Outpatient Services and then Community Treatment. Budget priorities will need to be identified and sent to the NCCSP Board by June 1.		Open Task												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This document serves as the work plan document.		Closed												
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	To coincide with the CEO recruitment process but is required at least annually.		Open Task												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Finalized at the February meeting		Closed												
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.		Closed												
Non-CEO Employee Compensation Plan	RCA	Mar-17	Adopted Plan	Compensation plan and policies sent to the RCA members.		Open Task												
Capital Improvement Policy	RCA	Mar-17	Develop comprehensive CIP Policy for NCCSP and RCA adoption			Open Task												
CEO Appraisal Process Design	RCA	Mar-17	Written Assessment Process and Documents			Open Task												
Performance Standards	RCA	Mar-17	Adopted Annual Performance Standards	These are being developed in conjunction with the annual budget review program assessment and performance standards work being done with the RCA as we review major 51.42 program areas.		Open Task												
Reserve Policy Review	RCA	Apr-17	CFO will have County Finance Directors review, NCCSP and RCA approval			Open Task												
Selection of NCCSP Auditor	RCA	Apr-17	RFP and selection of auditing firm	This item is for the 2017 Audit, the 2016 Auditor was already under way when the new Tri-County Agreement was signed. The RCA would like to review a draft RFP for an auditing firm at their May meeting and make a determination by August.		Open Task												
Tri-County Central Annual Review	RCA	Oct-17	Revision Recommendation to County Boards if necessary			Open Task												