North Central Health Care
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OFFICIAL NOTICE AND AGENDA AMENDMENT

of a **Joint** meeting of the **North Central Community Services Program Board** and the **Finance, Personnel & Property Committee** to be held at **North Central Health Care**, **1100 Lake View Drive, Wausau, WI 54403, Board Room** at **11:30 AM** on **Thursday, August 31st, 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 – Joint Meeting with Finance, Personnel & Property Committee
2. Public Comment for Matters Appearing on the Agenda
3. ACTION: Resolution Honoring Holly Matucheski for her 5 Years of Service to the NCCSP Board
4. Finance, Personnel & Property Committee Report – B. Weaver
    a. ACTION: Approval of the 7/27/17 Finance, Personnel & Property committee Meeting Minutes
    b. July Financials
        i. ACTION: Accept the Financial Report and July Financial Statements
        ii. Review Write-Offs
    c. CFO Report
    d. Presentation of the Proposed 2018 Budget – B. Glodowski/M. Loy
        i. ACTION: Approval of 2018 Budget
5. Adjourn Joint Meeting With Finance, Personnel & Property Committee
6. ACTION: Accept the Financial Report and July Financial Statements
7. ACTION: Recommend the 2018 NCCSP Budget to the Retained County Authority Committee (RCA) for Adoption
8. Chairman's Report and Announcements– J. Zriny
    a. Update on Chief Executive Officer Recruitment Plan and Selection Timeline
9. ACTION: Approval of 7/27/17 NCCSP Board Meeting Minutes
10. Committee Reports
    a. Executive Committee Report – J. Zriny
        i. Review Draft Minutes of the 8/3/17 Meeting
    b. Nursing Home Operations Committee Report – J. Burgener
        i. Overview of Joint meeting with Mount View Care Committee of 7/31/17
        ii. Overview of 8/25/17 Meeting
        iii. Overview of Mount View Care Center Financial and Operational Assessment Report and Recommendations – K. Gochanour
    c. Quality Committee Report – M. Loy
        i. Organizational Outcomes
            1. ACTION: Accept the Quality Dashboard as Presented
11. ACTION: Amend the 2017 NCCSP Capital Budget for the Renovation of the Hospital in an Amount Not to Exceed $40,000 – M. Loy
12. Aquatic Therapy Pool Update – M. Loy
13. Presentation of Compensation Plan as Modified by the RCA for Implementation – M. Loy
14. ACTION: Consideration of Continuation of Joint Commission Accreditation for Behavioral Health Programs – M. Loy
15. ACTION: Approve Participation in Department of Employee Trust Funds Income Continuation Insurance Program – M. Loy
16. CEO Work Plan Review and Report – M. Loy
17. Policy Governance Discussion
    a. Review Draft End Statements
    b. Discussion of Committee Structures and the Work Committees Perform on Behalf of the Board
11. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
12. Adjourn

Presiding Officer or Designee

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

DATE: 08/30/17 TIME: 10:45 a.m. BY: D. Osowski

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RESOLUTION

SERVICE OF

HOLLY MATUCHESKI
LANGLADE COUNTY

WHEREAS, Holly Matucheski has served North Central Health Care with dedication, distinction and honor for 5 years; and

WHEREAS, Ms. Matucheski was appointed to the North Central Community Services Program (NCCSP) Board April 2012 to represent Langlade County; and

WHEREAS, Ms. Matucheski has served on the NCCSP Board of Directors, the Human Services Operations Committee, and the Quality Committee; and

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

NOW, THEREFORE, BE IT RESOLVED that the North Central Community Services Program Board, assembled on the 31st day of August 2017, does hereby honor Holly Matucheski for her years of service and express our gratitude for her efforts on behalf of its consumers, families and staff.

Jeff Zriny, Chair	*Michael Loy, Interim CEO*
NCCSP Board of Directors	*North Central Health Care*

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

July 27, 2017 11:00 AM North Central Health Care - Wausau

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

Others Present: Michael Loy, Brenda Glodowski

Meeting was called to order at 11:01 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 06/29/17 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Stowe/Balk, to approve the 06/29/17 Finance, Personnel & Property Committee meeting minutes. Motion carried.

June Financials – B. Glodowski

- Revenue was down slightly overall. Hospital census dropped to 13; the nursing home census also dropped in June with an average of 182; target is 203. Medicare census is stable at 18 and consistent with the prior month. We tend to see revenue in outpatient areas drop in summer however, by September it should improve.
- Overall expenses were lower than target by $466,454. Most significant areas are salaries and benefits. Benefits are stable or better than target. A notable area is that the state institutes are under target as of end of June. Last year we were significantly over budget at this time. In July there are some credits so should remain under target. This turnaround can be attributed to the more aggressive management of diversions. We will continue to watch this area over the next few weeks and determine if any adjustment could be made for the 2018 budget.
- Through June there was a gain of just about $241,000; year to date we are showing a gain of $1,096,670, which is $1,051,774 ahead of target.
- Income statement was reviewed. Discussed differences in what the county would see in a budget vs NCHC's budget as well as a cash (county) vs accrual (NCHC) system.
- The nursing home is ahead of target even with a slight dip in June. We continue to work to overcome the budgeted deficit and break even by year end.
- Discussed similarities between Mount View Care Center and Pinecrest in Merrill.
- Staff continue to work at a clear separation of financials between the nursing home and the 51.42 system.
- **Motion**/second, Balk/Stowe, to accept the Financial Report and June Financial Statements. Motion carried.
- No discussion or questions regarding write-off's.

Budget Update - B. Glodowski

- Received preliminary notification that the mod factor for workers comp will decrease from 1.32 to 1.01 which will result in a $200,000 reduction of premiums for 2018.
- Preliminary information on health insurance estimates an 8% increase; right on target with budget projection. Meeting with M3 soon to review again.
- Looking at wage adjustment for nurses for 2018. The impact is just over $100,000 but feel it will be a priority in order to attract and retain nurses. The most recent nursing home study indicates NCHC nurse wages is slightly higher in comparison, however, we haven't hired a nurse in the last year for less than $24/hour with no experience and nurses with experience the rate has been $27-$30/hour due to competitive market. Another area nursing home is offering a $20,000 sign on bonus, plus tenure, etc. making recruitment extremely challenging.

CFO Report

- The Retained County Authority Committee (RCA) met July 18 and reviewed the four responses to the RFP for the annual audit of NCHC. After completing interviews of all four submissions recommendations were given to the RCA. The recommendation is to remain with Wipfli due to their strong track record of service to NCHC, and their extensive knowledge and presence in health care. Their knowledge of NCHC is an asset but also included a new manager and new concurring partner so that two of the four team members would offer a fresh look with the existing seasoned team members. RCA voted 3 to 1 to approve Wipfli as recommended. This is a three-year agreement with an option to renew for an additional 3-year term.
- The new manager will begin learning the organization in September, meeting with staff, and making preparations for the 2018 audit. Wipfli also offered to provide two presentations to the board which includes the audit results in March and industry update in April.

Discussion and Future Agenda Items

- Better understanding of county reserve system, how money accrues, grows and is utilized. i.e. equity position and cash.
- Shared vs direct expenses.

Adjourn

- **Motion**/second, Stowe/Balk, to adjourn the Finance, Personnel and Property Committee meeting at 11:43 a.m. Motion carried.

dko

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MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: August 25, 2017
RE: Attached Financials

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

BALANCE SHEET
Balance sheet accounts remain consistent with prior month.

STATEMENT OF REVENUE AND EXPENSES
The month of July shows a gain of $241,555, compared to the budgeted loss of ($54,571), resulting in a positive variance of $296,126.

Overall revenue was a bit below target. The hospital census averaged just below the target of 14 patients per day. The nursing home average census dropped in July to an average census of 178 per day. This is the lowest census this year. It is showing significant improvement for August. The Medicare census averaged 16 per day. Outpatient areas are showing improvement from the prior months.

Overall expenses remain below targets. For July they are below target by ($343,893). This continues to offset the revenue being down. Health insurance and State Institutes continue to be below targets as do other areas.

Year to date the organization's gain continues to grow. As of the end of July, the overall gain is at $1,337,778, which exceeds the target by $1,347,452.

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

Thank you.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JULY 2017

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	3,401,831	2,188,116	5,589,947	2,739,263
Accounts receivable:				
Patient - Net	2,943,271	2,051,441	4,994,712	7,258,483
Outpatient - WIMCR	732,500	0	732,500	510,000
Nursing home - Supplemental payment program	0	60,400	60,400	164,300
Marathon County	117,551	0	117,551	928,109
Appropriations receivable	59,951	0	59,951	58,205
Net state receivable	2,464,786	0	2,464,786	901,371
Other	565,445	0	565,445	360,354
Inventory	0	305,373	305,373	303,535
Other	572,787	423,538	996,325	903,555
Total current assets	10,858,122	5,028,867	15,886,990	14,127,175
Noncurrent Assets:				
Investments	11,292,000	0	11,292,000	9,800,000
Assets limited as to use	1,887,495	368,446	2,255,940	2,757,428
Contigency funds	500,000	0	500,000	63,383
Restricted assets - Patient trust funds	12,356	35,799	48,155	4,846,938
Net pension asset	0	0	0	0
Nondepreciable capital assets	299,077	1,076,767	1,375,844	834,218
Depreciable capital assets - Net	6,682,951	3,109,649	9,792,600	10,770,358
Total noncurrent assets	20,673,879	4,590,660	25,264,539	29,072,325
Deferred outflows of resources - Related to pensions	10,070,362	7,446,358	17,516,720	4,851,842
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	41,602,364	17,065,885	58,668,249	48,051,342

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JULY 2017

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Current portion of related-party note payable	0	0	0	151,257
Accounts payable - Trade	853,761	631,299	1,485,059	1,591,623
Appropriations advances	1,158,616	0	1,158,616	54,187
Accrued liabilities:				
Salaries and retirement	1,069,870	791,097	1,860,967	1,817,071
Compensated absences	812,849	601,048	1,413,897	1,619,394
Health and dental insurance	458,770	339,230	798,000	857,000
Other Payables	209,729	155,080	364,809	410,367
Amounts payable to third-party reimbursement programs	350,000	0	350,000	272,587
Unearned revenue	92,646	0	92,646	135,164
Total current liabilities	5,006,241	2,517,753	7,523,995	6,908,650
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	0
Related-party note payable	0	0	0	636,181
Patient trust funds	12,356	35,799	48,155	63,383
Total noncurrent liabilities	1,810,286	1,365,247	3,175,534	699,564
Total liabilities	6,816,528	3,883,001	10,699,529	7,608,214
Deferred inflows of resources - Related to pensions	3,821,383	2,825,657	6,647,040	84,873
Net Position:				
Net investment in capital assets	6,982,028	4,186,416	11,168,444	11,604,576
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	1,887,495	368,446	2,255,940	0
Undesignated	20,048,189	6,011,329	26,059,518	30,350,662
Operating Income / (Loss)	1,546,741	(208,963)	1,337,778	(1,596,983)
Total net position	30,964,453	10,357,227	41,321,680	40,358,255
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	41,602,364	17,065,885	58,668,249	48,051,342

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JULY 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	$1,993,593	$1,877,498	$116,095	$13,581,825	$13,301,818	$280,007
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,271,525	2,275,838	(4,313)
Grant Revenue	195,809	197,183	(1,374)	1,387,538	1,380,283	7,255
County Appropriations - Net	497,594	497,593	1	3,483,157	3,483,152	5
Departmental and Other Revenue	121,769	149,059	(27,289)	1,027,983	1,043,412	(15,429)
Total Other Revenue	1,139,676	1,168,955	(29,279)	8,170,203	8,182,685	(12,482)
Total Revenue	3,133,269	3,046,453	86,816	21,752,028	21,484,503	267,525
Expenses:						
Direct Expenses	2,223,614	2,407,174	(183,560)	15,987,650	16,564,137	(576,486)
Indirect Expenses	623,811	658,413	(34,602)	4,341,335	4,578,094	(236,759)
Total Expenses	2,847,425	3,065,587	(218,162)	20,328,986	21,142,231	(813,246)
Operating Income (Loss)	285,844	(19,134)	304,978	1,423,042	342,272	1,080,771
Nonoperating Gains (Losses):						
Interest Income	13,869	8,333	5,536	87,595	58,333	29,262
Donations and Gifts	894	0	894	29,861	0	29,861
Gain / (Loss) on Disposal of Assets	1,320	0	1,320	6,243	0	6,243
Total Nonoperating Gains / (Losses)	16,083	8,333	7,750	123,699	58,333	65,365
Income / (Loss)	$301,927	($10,800)	$312,728	$1,546,741	$400,605	$1,146,136

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

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,676,494	$1,816,061	($139,567)	$11,765,921	$12,493,470	($727,549)
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	991,662	991,667	(5)
Departmental and Other Revenue	149,806	153,209	(3,403)	1,061,699	972,467	89,231
Total Other Revenue	291,472	294,876	(3,404)	2,053,361	1,964,134	89,227
Total Revenue	1,967,966	2,110,937	(142,971)	13,819,282	14,457,604	(638,322)
Expenses:						
Direct Expenses	1,408,887	1,488,745	(79,858)	9,643,698	10,237,299	(593,601)
Indirect Expenses	620,089	665,962	(45,873)	4,389,908	4,630,584	(240,676)
Total Expenses	2,028,976	2,154,707	(125,731)	14,033,607	14,867,883	(834,277)
Operating Income (Loss)	(61,010)	(43,770)	(17,240)	(214,325)	(410,279)	195,954
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	638	0	638	5,362	0	5,362
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	638	0	638	5,362	0	5,362
Income / (Loss)	($60,372)	($43,770)	($16,602)	($208,963)	($410,279)	$201,316

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

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$3,670,087	$3,693,559	($23,472)	$25,347,746	$25,795,288	($447,542)
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,271,525	2,275,838	(4,313)
Grant Revenue	195,809	197,183	(1,374)	1,387,538	1,380,283	7,255
County Appropriations - Net	639,260	639,260	0	4,474,819	4,474,819	0
Departmental and Other Revenue	271,575	302,268	(30,693)	2,089,682	2,015,879	73,802
Total Other Revenue	1,431,148	1,463,831	(32,683)	10,223,564	10,146,819	76,745
Total Revenue	5,101,235	5,157,390	(56,155)	35,571,309	35,942,107	(370,797)
Expenses:						
Direct Expenses	3,632,500	3,895,918	(263,418)	25,631,349	26,801,436	(1,170,087)
Indirect Expenses	1,243,900	1,324,375	(80,475)	8,731,243	9,208,678	(477,435)
Total Expenses	4,876,401	5,220,294	(343,893)	34,362,592	36,010,115	(1,647,523)
Operating Income (Loss)	224,834	(62,904)	287,738	1,208,717	(68,008)	1,276,725
Nonoperating Gains (Losses):						
Interest Income	13,869	8,333	5,536	87,595	58,333	29,262
Donations and Gifts	1,532	0	1,532	35,223	0	35,223
Gain / (Loss) on Disposal of Assets	1,320	0	1,320	6,243	0	6,243
Total Nonoperating Gains / (Losses)	16,721	8,333	8,388	129,061	58,333	70,727
Income / (Loss)	$241,555	($54,571)	$296,126	$1,337,778	($9,674)	$1,347,452

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	365 Days	4/3/2018	1.16%	$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
BMO Harris	365 Days	5/28/2018	1.20%	$500,000	X
PFM Investments	365 Days	6/13/2018	1.50%	$492,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	$300,000	X
Abby Bank	730 Days	1/6/2019	1.30%	$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	$500,000	X
People's State Bank	730 Days	5/29/2019	1.20%	$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	$500,000	X
Abby Bank	730 Days	7/19/2019	1.30%	$500,000	X
TOTAL FUNDS AVAILABLE				$11,292,000	
WEIGHTED AVERAGE	531.52 Days		1.142% INTEREST		

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

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	4,570.81
Adventure Camp	1,825.79
Birth to 3 Program	2,035.00
Clubhouse	28,314.60
Community Treatment	7,780.86
Fishing Without Boundries	4,952.80
General Donated Funds	60,592.23
Housing - DD Services	1,370.47
Langlade HCC	3,172.02
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,343.55
Total Legacies by the Lake	5,301.80
Marathon Cty Suicide Prev Task	15,614.40
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	3,121.82
Nursing Home - General Fund	3,690.16
Outpatient Services - Marathon	101.08
Pool	10,020.76
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	2,253.20
Total CHECKING ACCOUNT	161,109.77
Total Checking/Savings	161,109.77
Total Current Assets	161,109.77
TOTAL ASSETS	**161,109.77**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-16,171.11
Total Equity	161,109.77
TOTAL LIABILITIES & EQUITY	**161,109.77**

North Central Health Care
Budget Revenue/Expense Report

Month Ending July 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	5,101,235	5,157,390	35,571,309	35,942,107	(370,797)
EXPENSES:					
Salaries and Wages	2,369,146	2,589,553	16,056,745	17,709,182	(1,652,437)
Fringe Benefits	830,176	988,411	6,218,240	6,759,625	(541,385)
Departments Supplies	435,239	492,235	3,308,456	3,445,647	(137,191)
Purchased Services	506,121	364,450	3,426,665	2,596,149	830,516
Utilitites/Maintenance Agreements	445,668	372,653	2,821,413	2,608,568	212,845
Personal Development/Travel	35,739	37,985	189,757	265,893	(76,136)
Other Operating Expenses	143,702	108,966	813,721	762,759	50,963
Insurance	38,760	37,708	271,016	263,958	7,058
Depreciation & Amortization	135,942	139,583	953,372	977,083	(23,712)
Client Purchased Services	(64,093)	88,750	303,206	621,250	(318,044)
TOTAL EXPENSES	**4,876,401**	**5,220,294**	**34,362,592**	**36,010,115**	**(1,647,523)**
Nonoperating Income	16,721	8,333	129,061	58,333	70,727
EXCESS REVENUE (EXPENSE)	**241,555**	**(54,571)**	**1,337,778**	**(9,674)**	**1,347,452**

North Central Health Care
Write-Off Summary
July 2016

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$7,749	$67,391	$135,898
Bad Debt	$128	$1,551	$10,516
Outpatient:			
Administrative Write-Off	$5,051	$107,941	$100,946
Bad Debt	$249	$2,063	$5,960
Nursing Home:			
Daily Services:			
Administrative Write-Off	$0	$724	$6,634
Bad Debt	$0	$11,970	$15,846
Ancillary Services:			
Administrative Write-Off	$1,825	$15,509	$23,912
Bad Debt	$0	$321	($126)
Pharmacy:			
Administrative Write-Off	$0	$0	$0
Bad Debt	$0	$0	$0
Total - Administrative Write-Off	$14,625	$191,565	$267,390
Total - Bad Debt	$377	$15,904	$32,196

North Central Health Care
2017 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy	
January	Nursing Home	6,293	5,784	(509)	84.58%	77.74%	
	Hospital	434	502	68	87.50%	101.21%	
February	Nursing Home	5,684	5,267	(417)	84.58%	85.50%	***
	Hospital	392	441	49	87.50%	98.44%	
March	Nursing Home	6,293	5,703	(590)	84.58%	83.62%	
	Hospital	434	462	28	87.50%	93.15%	
April	Nursing Home	6,090	5,453	(637)	84.58%	82.62%	
	Hospital	420	480	60	87.50%	100.00%	
May	Nursing Home	6,293	5,698	(595)	84.58%	83.55%	
	Hospital	434	432	(2)	87.50%	87.10%	
June	Nursing Home	6,090	5,448	(642)	84.58%	82.55%	
	Hospital	420	400	(20)	87.50%	83.33%	
July	Nursing Home	6,293	5,530	(763)	84.58%	81.09%	
	Hospital	434	429	(5)	87.50%	86.49%	
August	Nursing Home						
	Hospital						
September	Nursing Home						
	Hospital						
October	Nursing Home						
	Hospital						
November	Nursing Home						
	Hospital						
December	Nursing Home						
	Hospital						
YTD	Nursing Home	43,036	38,883	(4,153)	84.58%	82.27%	
	Hospital	2,968	3,146	178	87.50%	92.75%	

*** Licensed beds decreased from 240 to 220

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

July 27, 2017 **12:00 p.m.** **North Central Health Care-Wausau**

Present:

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

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Laura Scudiere, Kim Gochanour, Sheila Zblewski, Lance Leonhard, Atty. John Fisher, Atty. Kevin Terry, Capt. Matt Barnes

Call to Order

- The meeting was called to order at 12:02 p.m.
- Item #10 on the agenda, Policy Governance Discussion, will not be covered in the meeting today.

Public Comment for Matters Appearing on the Agenda

- No public comments made.

Education: Crisis Assessment Response Team (CART) and Crisis/Behavioral Health PI Team Update – M. Barnes/L. Scudiere

- There are three main Task Forces:
    1) Youth in Crisis
    2) Continuum of Care
    3) Crisis in Law Enforcement
- Youth in Crisis focus is on how we can get youth the best crisis services possible, what is behavioral health vs mental health, consent for treatment in schools.
- Each entity involved has a different focus and the fact that we can all get together and openly share is great and a new approach. Law enforcement is very satisfied with this process and is in a much better place than previously. We all needed to learn each other's language.
- Task Forces are taking on longer term projects like CART (Crisis Assessment Response Team).
- Law Enforcement felt they could improve services for those individuals with mental illness who are experiencing crisis. They compared themselves to other counties and recognized other counties facilitate dealing with mentally ill differently and less individuals being 'chaptered'. Even though crisis intervention training is offered to officers annually they felt more education was needed. Several changes have occurred i.e. a Crisis Worker now works out of the Wausau Police Department 12 hours per day (during peak times) 365 days per year; a van will be used when dispatched to a crisis situation rather than a squad; there are supplies available to meet basic human needs (soap, shampoo, etc.) which helps create relationships. The program will be county-wide with the City of Wausau as the largest user of this program/service.
- We try to provide services and attend to their needs where the individuals are at in an effort to reduce or eliminate crisis moments. It has been great to partner with other organizations and provide better service. We hope this will reduce the number of transports, those who get chaptered, and those dealing with them are the actual experts in the field.

- A success story was shared. It is felt that both the Crisis Worker and Officers have a better understanding of each other's roles, have built trust, and recognize that those involved have the same goal but the paths are very different.
- Continue to work to find other crisis bed facilities in an effort to prevent detentions. An expansion of CBRF would be beneficial. Body cams are used during situations to review for a better outcome for the next situation. A change in mindset from who is right to what is right is also occurring.
- Wausau Police Department received a federal grant from Victims of Crime Act for $190,000. Many victims of crimes don't receive therapy until life is negatively affected so the grant includes the hiring of a mental health therapist (40 hrs./wk.) to provide services to any victims of crime or bullying. The therapist is also dealing with school age children involved in inappropriate texting, pictures, etc. with their parents.

Chairman's Report – J. Zriny

- Chairman Zriny provided a history/timeline of NCHC for the last two years emphasizing the significant financial turnaround from 2016 to 2017, as well as a revised Joint County Agreement that was approved in late 2016 which created the Retained County Authority Committee (RCA) to exercise authority by the respective County Boards under State Statutes.
- Recently there was a 4-hour joint RCA/Executive Committee meeting regarding the CEO selection and compensation plan. It was apparent the RCA has a different context for the position of CEO. Differences include whether NCHC is a department of the County or a separate quasi-governmental health care organization which directly relates to compensation. As a result NCHC has asked Attys. John Fisher and Kevin Terry of Ruder Ware to assist in resolving the differences including interpretation of the extent of involvement of the RCA in the CEO selection process.
- The NCHC Executive Committee has provided the vision and compensation plan to the RCA. Marathon County wants to run NCHC as a multi-county department with a director, not a CEO, and lower compensation. The RCA is set to meet again the first week of August. Michael Loy has been charged with sharing differences of a CEO and department director including comparisons with Brown County.
- There doesn't seem to be a sense of urgency with the RCA as they have commented they only need to get this finalized before March or April 2018 before the newly elected county boards are elected.
- With the continued delay, Zriny feels NCHC is at risk of losing staff throughout the organization at all levels. Members of the community continue to ask when the CEO will be finalized. Through these last 18 months Michael Loy has been professional and maintains his focus to lead the organization.
- In conclusion, Zriny stated he is frustrated and there is a lack of a common vision in where the county sees NCHC in 5 years.
- There were questions on the NCHC compensation plan. Additional information will be provided to further clarify the differences between compensation of a county department vs health care organization.
- Attys. John Fisher and Kevin Terry reviewed the NCCSP Board responsibilities regarding the CEO recruitment and compensation process with RCA involvement.

  Summary of Board Actions:
  - Delegated to Executive Committee
  - Identify Job Scope/Description
  - Set Qualifications
  - Define Scope of Search
  - Set Process for Recruitment
  - Involve RCA Participation

    - Make Recommendation to NCCSP Board
    - RCA and NCCSP Make Independent Recommendation to County Boards
    - County Board Appointment Approval
- It would be appropriate for the hiring committee (Executive Committee) to keep the RCA informed, make available any materials for applications, and notify them of interviews, and should provide all supporting documentation to support the recommendation.
- If the RCA disagrees with the recommendation then the RCA can notify the County Board of their recommendation with a detailed explanation.
- The next meeting of the RCA is scheduled for August 9. The NCHC Executive Committee will meet prior to that as the selection committee.
- A word of caution was noted from Atty. Terry in that NCHC is viewed as a separate entity created by statute. When the board permits the RCA to have influence on the decision it clouds the separateness of the entities. Too much control and input other than from the NCHC board causes potential risk of separation.
- Concern expressed about a potential conflict of interest with R. Stowe as a member of both the NCCSP Board and the RCA. R. Stowe was to consult with NCCSP Attorney for guidance.
- The Executive Committee will continue to work as the Selection Committee to continue the process of recommending a CEO.

Approval of 6/29/17 NCCSP Board Meeting Minutes

- **Motion**/second, Burgener/Metter, to approve the 6/29/17 NCCSP Board Meeting minutes. Motion carried.

Executive Committee Report – J. Zriny

- Refer to the 7/13/17 Executive Committee minutes.

Finance, Personnel & Property Committee Report – B. Weaver

- Refer to Memo in the financial packet. The organization is doing well and the financial outlook continues to improve.
- **Motion**/second, Weaver/Burgener, to accept the June Financial Report and Financial Statements. Motion carried.

Nursing Home Operations Committee Report – J. Burgener

- Most important is to highlight the July 11 joint meeting of the Nursing Home Operations Committee and the Mount View Care Committee with representatives from Clifton Larson Allen. Committee will meet jointly again on Monday, July 31. Findings and recommendations will be reviewed next month.
- Metter noted that a number of recommendations in the report are already being implemented prior to the release of the CLA report.

Quality Committee Report – M. Loy

- Vacancy rate improved substantially but remains above target year to date. Patient experience dropped in June due to low responses. This area has been addressed with the full leadership team and it is felt that July should make a rebound. A change will be occurring to move Relapse Rate to a Quality of Life measure which is felt to be a more meaningful measure. Comment shared that the Executive Summary is very much appreciated and beneficial to better understand the data.
- **Motion**/second, Metter/Benson, to accept the Quality Dashboard as presented. Motion carried.

CEO Work Plan Review and Report – M. Loy

- Expect a vote on the Aquatic Pool in September to include both new construction and bonding/ fundraising in one meeting (3/4 vote will be needed). Once the vote is determined we can begin aggressively fundraising. A team has been working already to get fundraising in place, a metric has been created for in kind and monetary donations. The goal is to raise $3 million over a 3-year timeframe. We are also working with state and federal offices for grants.
- An RFP was sent out for an audit firm for the next annual audit. A recommendation was provided to the RCA. The RCA endorsed Wipfli for the next 3 years. Wipfli agreed to provide two presentation at the conclusion of the audit. One will review the audit and the second will provide health care industry update.
- Psychiatry Residency program launched in early July. Reports indicate the experience at NCHC is exceeding expectations. We feel this is due to the added attention we provide the resident.

Closed Session

- **Motion**/second, Metter/Burgener, Pursuant to Wis. Stat. Section §19.85(1)(g) for the purpose of conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved, for the purpose of conferring with legal counsel regarding a notice of claim for damages regarding the care of a patient under voluntary treatment on the CBRF unit. Roll call taken. Motion carried.
- **Motion**/second, Benson/Stowe, to reconvene in open session. Motion carried. No announcement made regarding the closed session item.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Burgener/Seefeldt, to adjourn the Board meeting at 1:52 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

August 3, 2017 4:00 PM North Central Health Care–Board Room

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

Others present: Michael Loy, Sue Matis, John Fisher
Guest: Brian Kowalski, City Pages

Chairman Zriny called the meeting to order at 1:36 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 7/13/17 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Burgener, to approve the 7/13/17 Executive Committee meeting minutes; motion passed 4-0.

CEO Recruitment Strategy and Timeline

- A CEO Job description and compensation plan have been provided to RCA at their last meeting. The RCA has accepted the job description but has not accepted the compensation plan.
- Suggestion was made to recruit using the approved job description without publishing a pay band for the position. S. Matis will screen applicants and ask for their desired income which will give us market feedback. We already have recommended the appropriate salary and members of the RCA have obtained pay scales from other county-type positions for additional pay comparisons.
- Timeline for recruitment is estimated at 6-8 weeks. We will then have the market-based information, names of candidates, their qualifications, and their salary requirements to review and consider for possible interviews. The RCA will be invited to discuss applicants prior to interviews. An open recruitment will help determine the type of leadership for the organization by seeing the demands of the candidates. Face to face interviews will occur following a review of the applicant submissions and salary requirements.
- Committee discussed the responsibilities of the Board, the Executive Committee, the Counties, and the RCA in the recruitment process. Atty. Fisher emphasized that the Board has fiduciary obligations for which competent leadership are provided criteria, scope, expectations for the position, etc. The counties cannot lose site of the focus and goals of quality care and NCHC must be cautious with how much control the three counties are trying to assert over the Board. There needs to be a collaborative process but it cannot take away from the separateness and fiduciary obligations.

- If an external recruiter is hired, the recruiter will cost $90,000+ and the salary of the position will be required before recruitment begins (delaying the recruitment even more). If we begin recruitment now, we can avoid the initial delay the RCA imposes by not having an approved executive compensation plan. The Committee did not feel hiring a recruiter at this time was necessary but may choose to do so if the quality of candidates is insufficient.
- **Motion**/second, Weaver/Burgener, to have NCHC proceed with an open recruitment process for CEO. Motion carried.

Develop Update on CEO Selection for Retained County Authority (RCA)

- Committee requested Atty. Fisher draft a memo that includes:
    - Summary of 7/27/17 presentation to the Board regarding the separate authority of NCCSP
    - Follow through on obligations
    - NCCSP appoints / counties approve
    - Responsibilities of 51.42 Board
    - Send memo to NCCSP Board and RCA
- S. Matis will draft the recruitment strategy plan and timeline and send to J. Zriny who will send to the RCA prior to the Aug. 9 meeting of the RCA.
- The Executive Committee, at its 8/3/17 meeting, would like to keep the RCA informed of the process of CEO Selection

CEO Report

- 2018 budget will be finalized within next 2 weeks. The Board will then review, approve and forward to the RCA. RCA will review and budget will then be presented to the three county boards for approval.
- Policy Governance discussion will be included in the August Board meeting.
- RCA has requested a comparison of NCHC operations vs county operations.
- Brenda Glodowski is celebrating her 30th anniversary today at NCHC. We greatly appreciate her and her years of service.

Agenda for 8/31/17 Board Meeting

- No specific agenda items were noted.

Motion/second, Stowe/Burgener to adjourn the Executive Committee meeting at 2:40 p.m. Motion carried.

dko

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June 2017

North Central Health Care - Mount View Care Center

Financial and Operational Assessment Report

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WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

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GLOSSARY OF TERMS

- MDS- Minimum Data Set is a diagnostic tool that is part of the U.S federally mandated clinical assessment of all residents in a Medicare or Medicaid certified nursing home. The process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems

- QAPI- Quality Assurance (QA) is the process of meeting quality standards and assuring that care reaches an acceptable level. Performance improvement (PI) is continuously analyzing your performance and developing systematic efforts to improve it. (AHCA)

- ADL – Activities of Daily Living are routine activities that people tend do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence

- CMS – Center for Medicare and Medicaid Services

- RUG – Resource Utilization Groups are mutually exclusive categories that reflect levels of resource need in long-term care settings. RUGs flow from the Minimum Data Set (MDS) and drive Medicare reimbursement (and Medicaid reimbursement in some states) to nursing homes

- Medicare PPS – Medicare Prospective Payment System is used by CMS to set reimbursement rates that will be paid for each RUG category on a per diem basis

- EMR – Electronic Medical Record refers to an information system which captures data related to vital statistics and healthcare provided to an individual in a healthcare setting

- DON – Director of Nursing

- ADON – Assistant Director of Nursing

- RN – Registered Nurse

- LPN – Licensed Practical Nurse

- C.N.A. – Certified Nursing Assistant

PROCESS OVERVIEW

Organizational overview

Mount View Care Center (the "Organization" or "MVCC"), a nursing home managed by North Central Health Care ("NCHC") for the benefit of Marathon County and certain Wisconsin residents, recognizes the future financial challenges of a changing payer market and seeks to maintain its long-term commitment to its mission while providing excellent service to its community. The Organization is looking to improve the efficiency and effectiveness of its operations through the identification of potential process improvements and identification of opportunities to enhance revenue and reduce expenditures without affecting the quality of services they deliver. This process is important to position the Organization to successfully implement future strategies.

North Central Health Care's Mission and Vision are detailed below. It is critical to note that MVCC and NCHC has cared for residents of Central Wisconsin with complex needs for many years and many of these residents would not be able to receive care anywhere else in the area.

Our Mission: Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and specialized care for people with complex behavioral and skilled nursing needs.
North Central Health Care has a deep history and relationship with our Central Wisconsin community. We are committed to our partnership with our three counties as we continually seek to provide the highest levels of accessible and specialized care for those we serve. Our person-centered service approach to the complex needs of those we serve and those we partner with are identical – we will meet you where you are at and walk with you on the journey together. Our programs and services provide compassionate and specialized care that is designed around each individual's abilities and challenges – creating a path to move forward together.

Our Vision: Lives Enriched and Fulfilled.
Each interaction we have with those we serve, our community partners and each other will lead to lives that are more enriched and fulfilled. We face the world with undeterred optimism and hope of possibility. Every day a new chance to make people's lives better. *The vast potential to make a difference in each individual's life is our greatest inspiration and measure of success*.
The NCHC Core Values will guide us in each interaction we have and allow us to carry out our Mission and Vision. Embodying our Core Values will allow North Central Health Care to:

…become the very best place for residents and clients to receive care,
…become the very best place for employees to work…*A Career of Opportunity,*
…continue to grow in our contributions to the communities we serve.

Engagement objectives

North Central Health Care engaged CliftonLarsonAllen LLP (CLA) to conduct an operations assessment to assist the organization in improving its efficiency and effectiveness, including:

- Perform an operational assessment to help identify opportunities for operational improvement.
- Assist in aligning Marathon County policy makers and the administrative staff on a strategic plan that will ensure efficiency and quality in MVCC's current operations and a road map to the future, that will meet the needs of Marathon County residents.

Engagement approach

The engagement approach consisted of comparing various financial and operating metrics of the Organization to other organizations within the geographic region, performing interviews with management and various department heads and preparing this report to document various observations and recommendations from the process. These observations and recommendations have been discussed with the Organization. The ultimate goal of the engagement is to convert the recommendations in this report to management initiatives in the following areas:

- Clinical Services: including staffing patterns, comparisons to budget and industry standards; job descriptions; reporting lines and responsibilities; clinical programming and staff development.
- Operations: including wage and benefit package costs; admissions practices; referrals and census management; operational performance indicators;
- Support services costs: such as dietary, housekeeping, laundry and maintenance.
- Revenue trends and primary market competition: rate analysis, case mix, documentation adequacy and timeliness; optimization analysis, staff knowledge of methodology and quality indicators.

The following data sources were utilized to benchmark the operations of MVCC against medians in the state, region and nationally. Following is a description of these data bases:

- CARF-CCAC (Commission on Accreditation of Rehab Facilities-Continuing Care Accreditation Commission) - represents data from the 2015 Financial Ratios & Trend Analysis of CARF-CCAC Accredited Organizations.
- CLA Proprietary Medicare Database - represents data pulled from the CMS database of Medicare cost reports that were filed. The data is specific to the county and primary market and compares the respective facility data to the county/state/CBSA as well as specific information from the Medicaid report for MVCC.
- CliftonLarsonAllen 31st Nursing Facility Cost Comparison - This report represents data from over 14,000 nursing facilities, including for-profit and not-for-profit in stand-alone and affiliated type organizations. Nursing staffing, administration and support ratios were used to benchmark MVCC operations.

Engagement scope

The engagement consists of the following phases:

- Phase I and II – Gathering information and creating the strategic framework through a baseline financial model – establishing “success” based financial performance targets
- Phase III - Financial and operational benchmarking
- Phase IV - On-site operational and clinical performance improvement assessment
- Phase V, VI and VII - Strategic planning and action register - create implementation plan with an update of the strategic action register and strategic planning financial model

This report covers Phase I, II, III and IV.

The following individuals and departmental representatives were interviewed as part of the assessment. All were very cooperative and readily shared their ideas to create efficiencies for the Organization.

- Michael Loy, Interim CEO
- Brenda Glodowski, CFO
- Kim Gochanour, Nursing Home Operations Executive (Administrator)
- Sue Matis, Human Resources Executive
- Kristin Woller, Assistant Administrator
- Cagney Martin, MV Staff Development
- Julie Lucko, Admissions Coordinator
- Jen Gorman, Food Service Director
- Natasha Sayles, Nurse Manager/ Interim DON
- Becky Schultz, Quality and Clinical Support executive
- Theresa Szews, Quality Director
- Tracy McDonnell, MDS Nurse
- Heather Schultz, MDS Nurse
- Nicole Goffin, MDS Nurse
- Cheryl Rye, Nurse Manager
- Silvia Tzinoglou, Nurse Manager
- Keith Benson, Scheduler

In addition, various management generated reports were reviewed, including:

- Organization chart
- Various staffing and productivity reports
- Resident census reports
- Financial reports
- Staffing and payroll information
- Select contracts
- Marketing information
- Floor plans

EXECUTIVE SUMMARY

Mount View Care Center has several competitive advantages which can be enhanced to better meet the needs of Marathon County in the future. The special programming provides much needed services to complex senior healthcare issues. The site location and beautiful outdoor setting is a unique asset that that can lift the spirits of residents and their families along with staff. Key quality measures are meeting high standards of care as well.

As the senior healthcare landscape continues to change, repositioning of the community is needed to deliver services appropriately and competitively. Renovation of the short term care and ventilator units along with key common areas is crucial to MVCC's future. An investment in technology that will help the staff be more efficient and effective is also needed. Potential residents and their families also expect technology options that help improve their quality of life through greater connection and choice. These renovations will allow MVCC to adjust the payor mix to create a more sustainable revenue stream.

The ventilator unit and Legacies dementia program are core competencies that are needed in the county and state. The configuration and size of these units are well suited for the market needs that are expected both now and in the near future. Short term care can expand with the renovations and will provide additional gross profit to help sustain the Medicaid population in other units. Long Term Care needs are declining overall and other options are available within the county as well.

Based on our review, the market can support a between 180 and 200 licensed beds related to the current services offered. An increase to 27 to 32 beds for short term care and a decrease in long term care beds to 20 to 30 can be pursued with the ventilator unit and Legacies program remaining at their current capacities. Final sizing of these units will depend on certain operational improvements and the renovations mentioned above. CLA will help MVCC determine the financial impact of these options through the CLA Intuition modeling in the final phase of this engagement.

Many aspects of the operation at MVCC have been or are in the process of being improved. The information and recommendations contained in this report provide opportunities for additional improvements in conjunction with the repositioning noted above.

Strategic Action Register

Findings	Recommendations
• Average Age of Plant Ratio is 27 years vs the National and Midwest benchmark median of 12.1 years. An average higher than 16 years often results in decreased occupancy results • Investment in technology upgrades, both operationally and clinically, appears to be	1. Renovations of the building are critical to the improvement in operating results and including capital costs allocated for increased use of technology systems that can enable more efficient care delivery. 2. A separate entrance and major upgrades should be considered for

a barrier to efficiency and quality improvements • Many short-term referrals understand the quality of care provided and reputation, however select elsewhere due to the age of physical plant • Medicaid capital rates are underutilized	the Post Acute Care Unit to attract a different payor mix increasing revenues and margin. 3. Medicaid payments will increase as a result of capital expenditures, which can offset debt payments.
• Marketing is perceived by staff to be more focused on public relations. High level review of marketing material indicated advertising budget of $68,500, less than .3% of revenues. • Admission process relies on nursing staff approval possibly resulting in greater rejection of referrals due to perceived complexity. • Beds designated for short-term rehab residents are frequently filled with long term care residents making them unavailable for short-term referrals. • MVCC holds 8% of Aspirus Medicare market share (3rd highest share) compared with leading competitor (Rennes) at 10%. • Medicaid population at 70% vs Midwest median of 57.2% • Medicare population at 10% meets Midwest median	4. Direct mail and direct advertising should be increased, focusing on individual services and the excellent quality measures of MVCC. As renovations move forward, highlighting the community appeal will be critical. 5. A Nurse Liaison should be considered to assess and accept referrals at the major hospital referral sources. This will increase efficiency of acceptance and the ability to increase Medicare short term stay admissions. 6. The Admissions process overall should be reviewed and transitioned away from direct care staff so that preferred referrals will not be declined due to inaccurate perceptions of MVCC capabilities. 7. Consider expansion of the Post Acute Care unit to increase Medicare residents and improve the payor mix. Vent unit beds would remain at 27 until referrals increase. Short term care beds should be increased targeting approximately 13% of residents or 27 – 32 residents.

	8. It is critical that the Post Acute Care unit be segregated with a separate entrance and that long term care residents are not allowed to remain in these beds. New processes for finding alternative placements may need to be developed.
• Based on our discussions with staff, the Medicare Resource Utilization Group (RUGs) process has significant improvement opportunities • Current average Medicare rate at $473 vs state median of $476 • Clinical assessment leadership and expertise is now in place • Additional technology such as wired kiosks for tracking care delivery more efficiently is needed	9. Continue education of staff on recording Activities of Daily Living (ADLs) and coding Minimum Data Set (MDS) sections for optimized rates. 10. Assess RUGs scores monthly to determine if they are accurately capturing all ADLs and services provided, resulting in increased daily rates. 11. Increase therapy scheduling and review based on the current acuity of the residents observed. Productivity reports and ongoing target setting and monitoring may be required of the therapy vendor. 12. A modern Electronic Medical Record (EMR) would allow for more mobile entry and tracking of care through easier methods to improve efficiency and reduce overtime.
• Overall costs are high compared to medians and competitors • 2016 employee benefits cost at 48% of salaries is significantly higher than non-governmental competitors in Marathon County where the median is 17%. LeadingAge Wisconsin medians for 2016 published this ratio at 19.9% for all	13. Direct care salaries and wage rates are in range of the market median. Support service wages are above the median and represent an expense reduction opportunity. 14. Direct care hours per resident day within certain departments are significantly over benchmarks, even after adjusting for the complexity of

Wisconsin nursing homes and 44% for governmental nursing homes • 2016 benefit costs were unusually high due to a large self insurance loss during that year, per discussion with management. 2015 employee benefits cost at 37% of salaries which did not have a large insurance loss adjustment and may be more indicative of ongoing costs. Additional 11% benefit cost in 2016 represents $1.48 million of $2.65 million loss for nursing facility. A portion of these costs include a noncash pension expense which is typically volatile due to the method of calculation under required governmental accounting standards • Majority of support service wage rates are higher than medians • Allocations were reviewed noting that they were reasonable and in many cases provided a departmental cost that was within range of available benchmarks	residents served. These hours may be reduced as noted in the sections below. 15. Employee benefit cost reductions would clearly help meet the organization's financial goal of operating at breakeven. Competitors have a distinct financial advantage here. MVCC will need to continually address this difference in order to create value from the expense. Turnover has improved significantly due to new onboarding and training and should continue, however, the benefits provided do not appear to be a key decision factor for the staff being hired at MVCC.
• Highest Hours Per Resident Day for direct care provided in the county at 5.22 • 5 star staffing rating based on most recent health survey was performed during a period in which state surveyors have been more critical of nursing home performance • Technology deficiencies causing additional overtime and inefficient workflow	16. Hours per resident day may be decreased as described within this report. Reductions will still allow for exceptional quality care if coupled properly with other initiatives to improve efficiency (i.e. improved technology such as kiosks, mobile data entry devices, and improved wireless connectivity along with improved process training.) 17. New health inspection surveys for competitors may trend downward and should be monitored. The 2016 issuance of a new CMS requirements of participation ruling will offer new

	areas to be reviewed by surveyors as well. Finding an effective mock survey process from a third party provider should be a priority until these requirements are fully operational.
• Nursing Administration at 202 (2016 average census) or 185 residents (current average census) is at the high end of the benchmark • Potential to reduce administration appears to be possible based on our observations coupled with better utilization of technology	18. If resident count drops below 170, reduction in administration staffing should be considered. 19. An Assistant Director of Nursing can be hired to administer the Post Acute and Long Term Care units (census of approximately 85.) A single program manager can be placed in charge of all three dementia environments (census of approximately 100.)
• Achieving median investment returns and capital contributions in the Midwest would provide $320,000 of additional funding per year.	20. Donations and contributions may be sought more deliberately by MVCC. Many county nursing homes hold fundraising events and appeals to bring awareness as to how residents are served and to raise funds for their long term mission. The strong volunteer base at MVCC may offer an opportunity to help plan and communicate key events and appeals.
• NCHC creation of a commission reviewed noting several concerns related to the ability to recoup enough from other counties who might join • Legal opinion restricts the ability to assess a fee per county resident and would require a set percentage or absolute amount of expected costs • Managing a commission would likely increase administration activities and can	21. A commission is not recommended to be created at this time as the rate of funding that is likely to be obtained will not provide enough funding for the care to be provided. 22. Counties throughout the country are struggling to manage health care costs both internally and externally. 23. The risk of creating a commission for MVCC is greater than the potential reward. We believe the

create other problems such as cost negotiation and fee collections

- Eight residents on May 30, 2017 originated outside the 3 counties.
- In 2017, Legacies has achieved an average census of 97 which included residents from other counties as follows: 3 from Langlade, 3 from Lincoln, 3 from Portage and 3 from other various counties
- In 2017, Long Term Care has achieved an average census of 37 which included residents from other counties as follows: 1 from Langlade, 1 from Shawano, 1 from Racine, and 1 from Oneida. One additional resident was from Minneapolis as their family lives here and are paying privately for services.

administration and legal challenges associated with this structure across county lines is significant. Negotiations and meetings related to fee structures, collection of those fees and obtaining approvals with various governmental entities will take more time and distract NCHC and MVCC from the renovations needed and the changes in healthcare delivery that need to be implemented.

24. MVCC has a greater opportunity to increase residents and adjust costs to meet its mission through the initiatives noted above.

Revenue enhancement and cost reduction opportunities

CLA identified opportunities for financial improvement of approximately $4.7 million which are summarized below. Medicare census increase as noted below is contingent upon the renovation of the nursing home including integration of new technology and management information systems.

The summaries below were prepared from the financial benchmarking and operational and clinical analyses performed and detailed in the following sections of this report:

Revenue Enhancement Opportunities	Unit	Number of Units	Average Value per Unit	Potential Margin Improvement
Begin Fundraising Campaign (Direct Mail Appeal, Gala, etc.)	Year 1 Estimated	1.00	$ 25,000	$ 25,000
Increase Medicare Census by 7 short term care (non-ventilator residents)	Resident Days	2,555	$ 61.83	$ 157,976
Decrease Medicaid Census by 9 non ventilator residents	Resident Days	3,285	$ 5.31	$ 17,443
Increase Medicare Rate by 10% over county median of $476 per day	Resident Days	9,738	$ 50.60	$ 492,743
(current rate at $473 per day) through MDS coding and care planning improvements				
				$ 693,162
Marketing Cost Offsets:				
Nurse Liaison - wage rate $30 per hour plus 37% benefit cost				$ (85,488)
Estimated Additional Advertising Costs at approximately .2% of revenue				$ (50,000)
				$ (135,488)

Expense Reduction Opportunities	MVCC	County/ Wisconsin Median	Potential Improvements at the median
Pharmacy costs per Medicare day are $7.43 above state median	$ 46.98	$ 39.53	***$ 53,513***
Dietary costs per inpatient day are $5.52 above benchmark	$ 25.81	$ 17.19	***$ 565,584***
Net Expenses per Inpatient Day			
Plant Operations	$ 13.89	$ 9.21	$ 345,932
Housekeeping	$ 6.94	$ 6.11	$ 61,351
Laundry	$ 2.60	$ 2.37	$ 17,001
Total Inpatient Operating Expense Per Resident Day			***$ 424,284***
	Annual Hours Reduced	**Average Rate**	**Potential Improvement**
Potential Staffing Adjustments			
Legacies Hours Per Resident Day reduced from 4.52 to 3.35	41,912	$ 20.52	$ 860,029
Long Term Care Hours Per Resident Day reduced from 4.10 to 3.49	13,390	$ 20.52	$ 274,753
Post Acute Care Hours Per Resident Day reduced from 6.19 to 5.31	14,208	$ 20.52	$ 291,540
Respiratory Therapist staffing reduced from 8.6 FTEs to 6.0 FTEs	5,408	$ 25.14	$ 135,957
Nursing Administration Hours reduced by 1 FTE (program manager)	2,080	$ 31.00	$ 64,480
Total Staffing Adjustment Savings			***$ 1,626,759***
Employee Benefit Reduction to 37% of Salaries			***$ 1,480,000***
Resident days			
Total Legacies Resident Days 2016	35,822		
Total Long Term Care Resident Days 2016	21,950		
Total Ventilator Resident Days 2016	7,841		
Total Short Term Care Resident Days 2016	8,304		
Medicare Part A days 2016	7,183		

CLA calculated several of the opportunities for improvement above using the Medicare Cost Report median data. Recognizing that medians are not necessarily realistic targets for the facility, they are offered as areas that merit further review in setting realistic targets. As a target, 50% - 75% of the total potential is suggested.

Key Clinical strategy opportunities

- Realign MDS coordinators to report to the Administrator or another non-clinical leader rather than the Director of Nursing and empower them to continuously review and improve the MDS education and recording processes throughout the Organization in order to optimize rates for the work performed.

- Investigate the reason for the high distribution of Rehab RUGs categories while therapy costs per day are well below the median. Based on the acuity observed, nursing tasks do not appear to be being recorded or reimbursed fully and therapy minutes may be increased.

- Track staffing related to the ventilator units separately from the short term rehabilitation units on the Post Acute Care wing to better understand the costs and profitability of these resident payment streams.

- Reduce direct care hours of staffing to be closer to the median in each unit to improve profitability. Due to complexities observed, hours should be able to be reduced while maintaining quality but reaching the median may be an unrealistic target.

- Consider using Medication Technicians in order to relieve licensed nurses from performing this task.

- Continue the onboarding and training process to retain C.N.A.s and create new learning experiences to retain licensed nurses. Survey staff both formally and informally to identify misperceptions (i.e. the belief of staff that pay rates considerably lower than other facilities when they are actually above the county median) that are affecting staff and develop communications to eliminate misperceptions that are found.

OBSERVATIONS AND FINDINGS

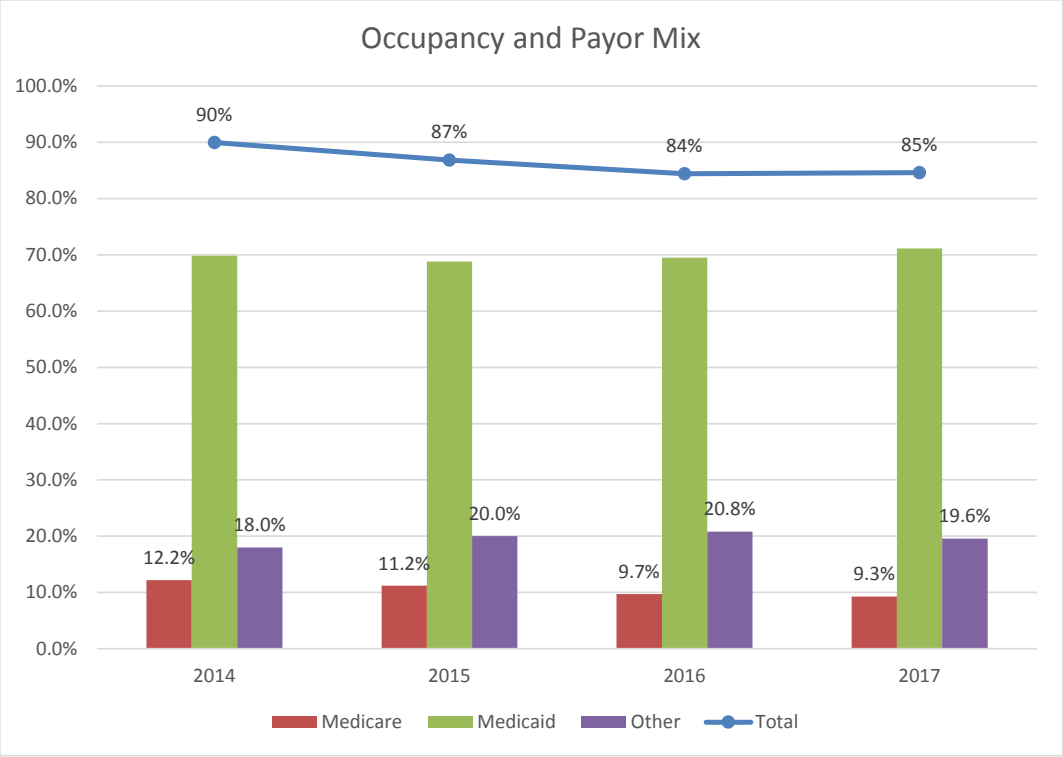
General observations

- Marathon County has been providing some form of nursing services since the late 1880's and was previously referred to as the Rib View Sanitarium.
- The current nursing home has been managed and operated by North Central Health Care since 1973. Prior to 1973, the nursing home was managed by a Board of Trustees.
- The lakeside setting of the community is beautiful and well maintained and represents an asset that could not be duplicated. The value of the campus location is not recorded in the financials and its full potential has not been realized.
- The nursing facility itself has not been updated for many years. The site location can be optimized through additional use of the outdoor space and a modernization of the current internal facilities. Additional residents would be more attracted to Mount View Care Center with even basic renovations.
- Those residents of Marathon County who are aware of the Mount View Care Center and the services provided understand MVCC's value and mission. Staff believe that the unwritten mission of helping senior patients and residents with the most complex health issues and those who will not be served elsewhere is understood by this group and continuing to get the message out to more community members can enhance utilization.
- MVCC provides a specialized array of services including respiratory therapy, music therapy, specialized dementia care and therapy, and specialized ventilator dependent care and therapy. These services are delivered in conjunction with standard nursing home services such as physical, occupational and speech therapy, transitional post-acute care, and long term care.
- The dementia programs are well known in the state and have been awarded a grant to train other state organizations on the program developed at MVCC.
- Based on discussions with staff, MVCC typically has 30-40 residents who are in protective placement requiring the County to provide care for these residents through the County's own facilities or by paying for services at third party providers.
- The CLA review focused on costs as the significant driver of potentials for improvement
- Occupancy overall is strong at 92% in 2016 compared to the county median of 76% and the state median of 80.2% while being one of the largest nursing communities in the state with 220 beds currently.
- Due to the high occupancy and some transitions in care, a bed lock scenario has evolved at MVCC. Bed lock occurs when preferable potential residents request a bed in the nursing facility and there are no beds available that would match the skill level and environment required by the potential resident. Managing this situation requires a facility to segregate beds appropriately to admit residents that maintain a payor mix that will allow the facility to sustain its operations.
- Due to the fact that NCHC is a large organization overall with many service lines and many shared services, it is important to note that the allocation of these costs are a key component that will drive results at each service line. Allocations are more difficult to properly determine as an organization gets larger and staff adjust their work habits to serve many service lines on any given day.
- MVCC serves a very high percentage of Medicaid residents at 70%. Two competitors serve a similar percentage of Medicaid residents and their 5 star ratings and results are similar to MVCC.

- MVCC provides one of the highest staffing ratios, somewhat driven by the complexity of care in the ventilator unit, among its peers. The only peer with a higher staffing ratio does not accept Medicaid with 23% of its service days being billed to Medicare A compared to 10% for MVCC.
- Long Term Care occupancy has dropped significantly in recent years most likely due to other available options in the Wausau market. Long Term Care will continue to be needed, but is likely to decline regionally and nationally.
- Overall costs are higher than the benchmarks on a per resident day basis.
- Employee benefits costs are significantly impacting results in 2016 at 48% of payroll costs as compared to the median of all nursing homes in Marathon County at 17%. If benefit costs were reduced to 28% of revenue, net income would improve by approximately $2.5 million which would have allowed MVCC to break even in 2016. $1.48 million could be saved annually if the benefit rate remained flat at the 2015 rate of 37%. The Wisconsin median for employee benefit cost percentage published by LeadingAge Wisconsin separates out governmental homes with a median of 44.4%. The large difference between these medians provides financial advantage for competitors. Ensuring that this additional cost to MVCC is creating value is critical.
- A review of the key quality metrics revealed that MVCC is beating national and state averages in the following key areas:
    - Hospital Readmissions
    - Emergency Department Visits
    - Successfully Discharged to the Community
- MVCC also ranks in the top quartile in these areas among their peers.
- Nursing Administration is close to the benchmark but may be reduced. The structure of the facility would allow a Director of Nursing to manage the Long Term Care, Short Term Care and Vent Units without requiring an additional program manager.

Occupancy and payor mix comparison

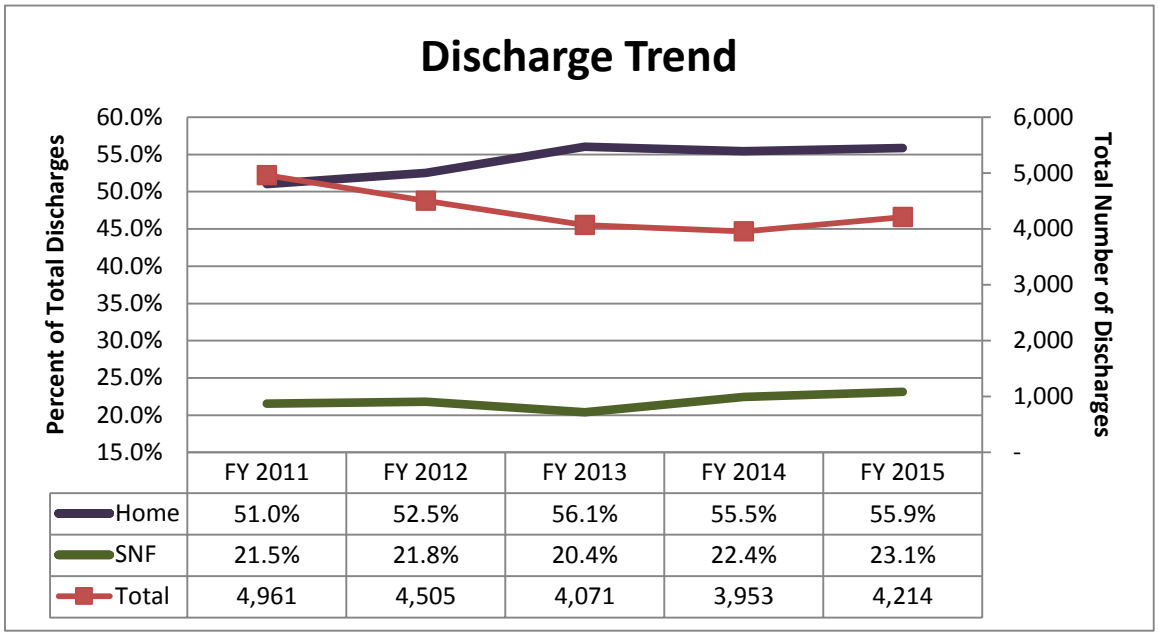
Overall occupancy has fallen over the past two years and is slightly lower than the Midwest average (84.7% per the CLA 31st Annual Skilled Nursing Facility Cost Comparison Report.) At the beginning of 2017, total licensed beds were reduced from 240 to 220 reflecting the future expectation of reduced bed needs in the area.



We also noted that while Other census days (private pay and insurance) have stayed relatively constant, Medicare census days have declined being replaced by Medicaid census days. Based on our discussions with staff, this change is partially related to Medicare referrals that were not admitted due to staffing and workflow concerns along with an increasing length of stay for Medicaid residents, which has produced a bed-lock environment at MVCC. Results still track closely to Midwest median census percentage of 10.1% for Medicare, while Medicaid is significantly higher than the Midwest median of 57.2%.

Hospital discharges and referrals

MVCC's main referral hospital is Aspirus Wausau. Referrals for the ventilator unit originate state-wide, as MVCC is one(1) of only five(5) vent units in Wisconsin. Referrals from Aspirus are strong and, while discharges to home have been flat in recent years, discharges to Skilled Nursing Facilities (SNFs) have increased. This appears to be the result of more complex cases being treated at Aspirus. We noted that overall discharges from Aspirus have been more volatile in recent years as residents begin to utilize hospital care differently. MVCC can use this information to capitalize on their ability to manage complex cases and increase their revenues and Medicare resident percentage.



	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Home	51.0%	52.5%	56.1%	55.5%	55.9%
SNF	21.5%	21.8%	20.4%	22.4%	23.1%
Total	4,961	4,505	4,071	3,953	4,214

Other discharge destinations in 2015 were other acute care facilities (17%) and deaths (5%.)

The most common diagnoses groups discharged to SNFs from Aspirus per the 2015 Medicare claims data are noted below:

Diagnosis Code	Description	Total Payments	Unique Patients
V5789	**Care involving other specified rehabilitation procedure**	**$7,963,090**	**701**
Top 3 SNF Facilities	Rennes Health and Rehab Center of Weston/Wausau	$1,338,118	129
Visited (Based on	Wausau Manor	$1,193,496	114
Total Payments)	Stoney River - Marshfield	$776,950	84
V5413	**Aftercare for healing traumatic fracture of hip**	**$434,364**	**34**
Top 3 SNF Facilities	Atrium Post Acute Care of Stevens Point (FKA: Stevens Point Care Center)	$67,236	
Visited (Based on	Colonial Manor Medical and Rehabilitation Center	$56,230	
Total Payments)	Rennes Health and Rehab Center of Weston/Wausau	$46,276	
V573	**Care involving speech-language therapy**	**$330,003**	**52**
Top 3 SNF Facilities	**North Central Health Care**	$330,003	29
Visited (Based on			
Total Payments)			
V5721	**Encounter for occupational therapy**	**$269,574**	**37**
Top 3 SNF Facilities	**North Central Health Care**	$253,102	36
Visited (Based on	Atrium Post Acute Care of Wisconsin Rapids (FKA: Wisconsin Rapids)	$16,472	
Total Payments)			
V5481	**Aftercare following joint replacement**	**$267,855**	**37**
Top 3 SNF Facilities	Rennes Health and Rehab Center of Weston/Wausau	$76,411	
Visited (Based on	Eastview Medical & Rehabilitation Center	$59,134	
Total Payments)	Stoney River - Marshfield	$31,748	
51883	**Chronic respiratory failure**	**$109,201**	**701**
Top 3 SNF Facilities	Wissota Health & Regional Vent	$58,491	129
Visited (Based on	**North Central Health Care**	$45,236	114
Total Payments)	Atrium Post Acute Care of Weston	$5,475	84
51884	**Acute and chronic respiratory failure**	**$211,617**	**11**
Top 3 SNF Facilities	**North Central Health Care**	$148,253	
Visited (Based on	Strawberry Lane Medical and Rehabilitation Center	$18,397	
Total Payments)	Eastview Medical & Rehabilitation Center	$11,487	

Based on the data above, it would appear Aspirus considers certain diagnoses to be best served by MVCC, however, rehabilitation procedures, related to the top two diagnosis groups, are typically discharged elsewhere.

MVCC captures 8% of the Medicare spending at SNFs referred from Aspirus Wausau and rank very close to the second and first highest SNF referral source. We have designated the top six SNFs in the chart below as the peer group for additional analysis later in this report. MVCC has been able to maintain a relatively high and competitive market share in comparison to other SNFs in the area as they continue to focus on complex cases.

	Provider	% of Spending Captured	% of Patients Captured	Peer Group?
1	Rennes Health and Rehab Center of Weston/Wausau	10%	10%	Yes
2	Wausau Manor	9%	9%	Yes
3	**North Central Health Care**	8%	6%	Yes
4	Colonial Manor Medical and Rehabilitation Center	6%	4%	Yes
5	Stoney River - Marshfield	5%	6%	Yes
6	Benedictine Living Community of Wausau (Marywood Convalescent Center)	**5%**	**5%**	Yes
7	Atrium Post Acute Care of Weston	4%	3%	
8	Eastview Medical & Rehabilitation Center	4%	3%	
9	Rennes Health and Rehab Center of Rhinelander (FKA: Lillian Kerr Healthcare Center)	4%	5%	
10	Homme Home For The Aging	3%	3%	
11	Atrium Post Acute Care of Wisconsin Rapids (FKA: Wisconsin Rapids)	3%	2%	
12	Atrium Post Acute Care of Stevens Point (FKA: Stevens Point Care Center)	3%	2%	
13	Pine Crest Nursing Home	2%	3%	
14	Portage County Health Care Center	2%	2%	
15	Strawberry Lane Medical and Rehabilitation Center	2%	1%	

The area SNFs have excess capacity, which represents a risk that must be evaluated in the strategic planning process:

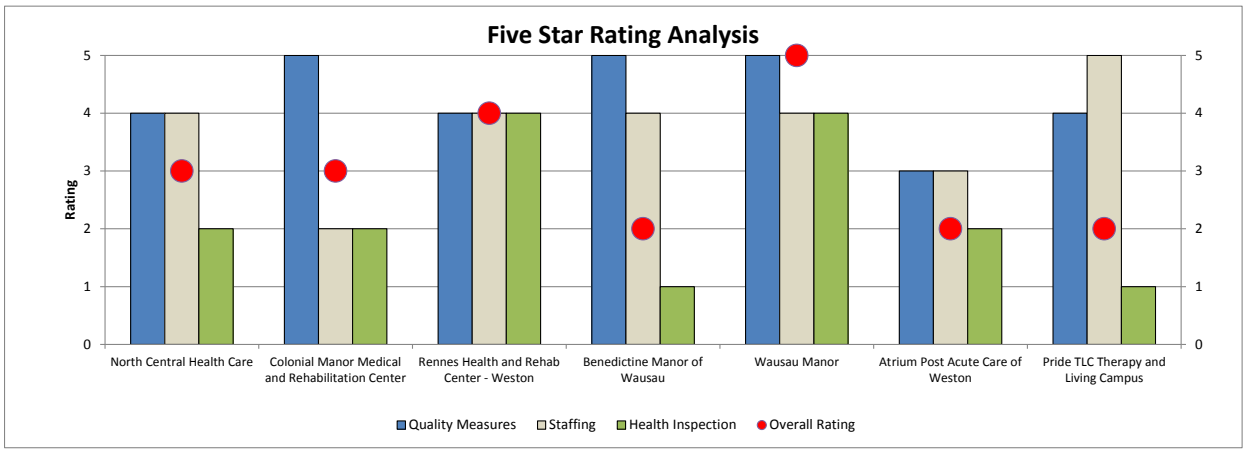
Nursing Community	Ownership Type	Certified Beds	Occupancy	CCRC	Overall Star Rating
WAUSAU MANOR	For profit - Corporation	68	53	FALSE	★★★★★
RENNES HEALTH AND REHAB	For profit - Corporation	84	80	FALSE	★★★★
MOUNT VIEW CARE CENTER	Government - County	220	198	FALSE	★★★
ATRIUM POST ACUTE CARE WESTON	For profit - Partnership	128	41	FALSE	★★★
COLONIAL MANOR	For profit - Corporation	150	66	FALSE	★★
BENEDICTINE MANOR	Non profit - Church related	82	59	FALSE	★★
PRIDE TLC THERAPY	For profit - Partnership	35	19	FALSE	★★

None of the area competitors are CCRCs and three of the six competitors are at a 2 star rating.

Quality and Medicare Five Star analysis

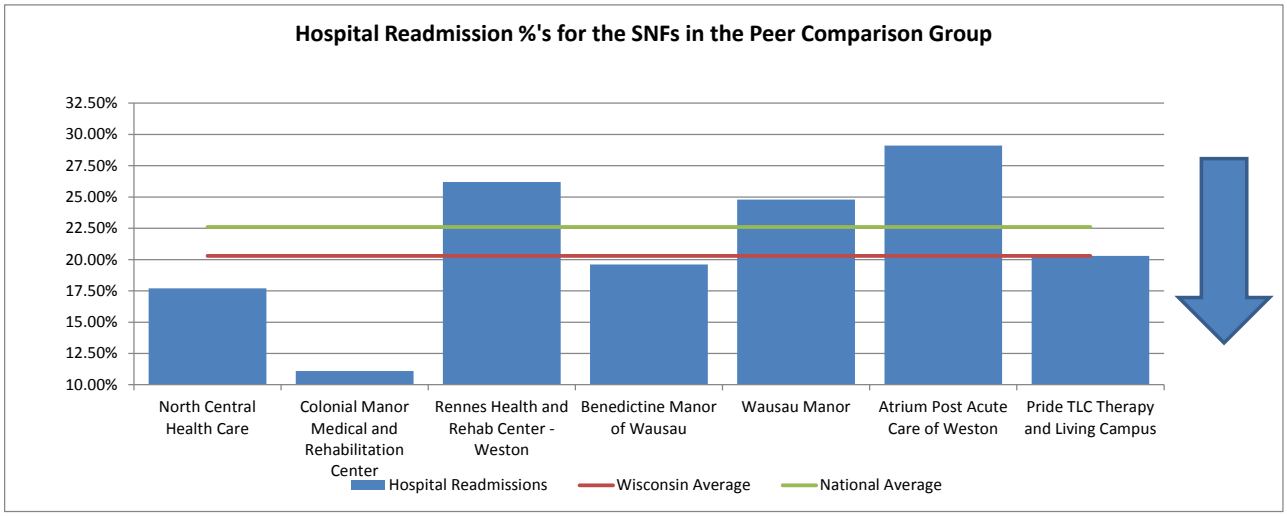
The key competitor peer group in Wausau and the Marathon County area are all experiencing lower rated health inspections, which is a trend that CLA has seen occurring throughout Wisconsin. Quality measure performance has been the main strategy used by most other organizations to increase their overall star rating. For example, between April and May 2017, Wausau Manor increased their overall rating from 4 to 5 stars by

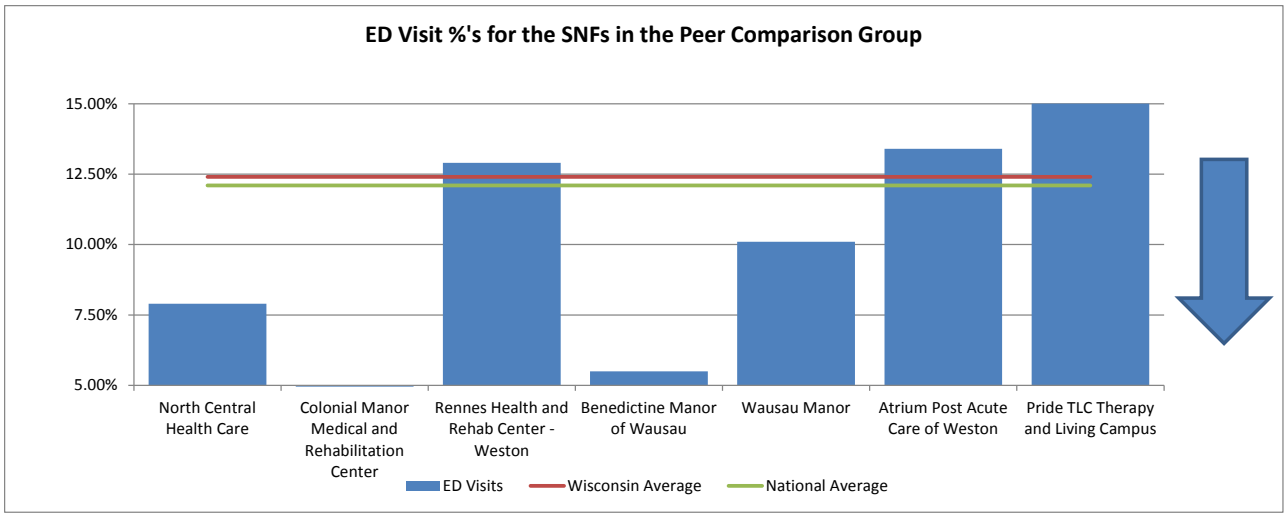
achieving a 5 star rating in their quality measures. This will become a key factor for all SNFs as the labor market continues to tighten.

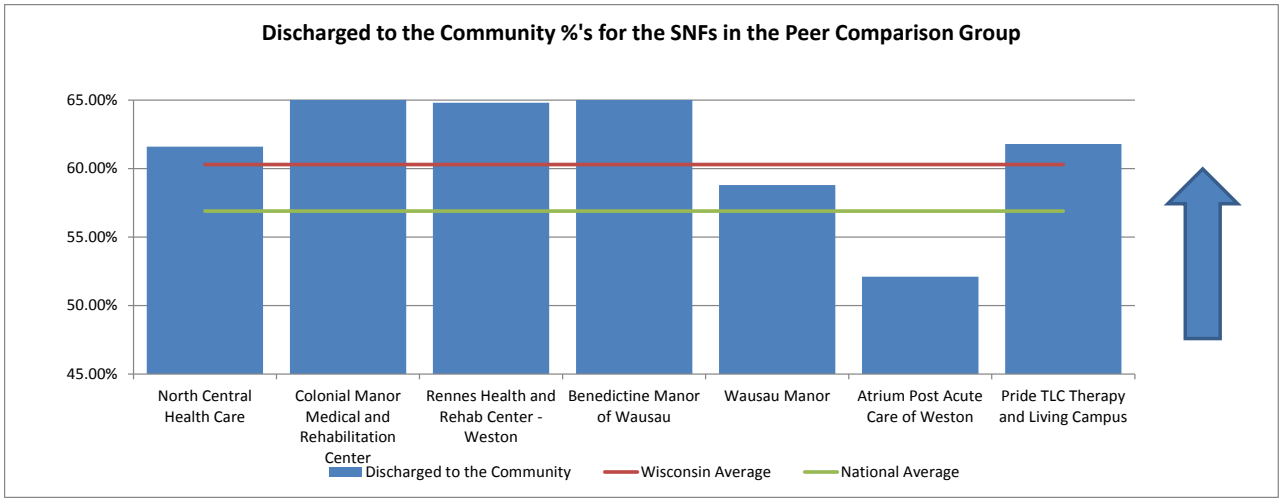


As can be seen in the chart above, MVCC is still positioned well in the market according to the 5 star rating system. It should be noted that all competitors other than Rennes Health and Rehab and Wausau Manor have a health inspection rating of 2 stars or less. Rennes and Wausau Manor have upcoming inspections this summer while most of the others were inspected after October 2016, so it is possible that their 4 star ratings may be challenged over the next several months.

Key quality measures to focus on include those noted below. The desired trend is indicated by the arrow to the right of the charts:







In each of these cases, MVCC is performing above most of its competitors as well as the national and state averages. Continued focus on these measures should be maintained and improved where possible. Ongoing discussions with Aspirus and other referring hospitals should also be a key focus.

Quality Measures which need improvement to reach state averages and to increase the overall Quality Measure star rating relate to long stay residents. Due to the population served at MVCC, it is understood that some of these measures will not be able to be lowered significantly and MVCC management should determine which measures can be improved most effectively. These measures include long stay residents who:

- Received an antipsychotic medication
- Have/had a catheter inserted and left in their bladder
- Have a UTI
- Self-report moderate to severe pain

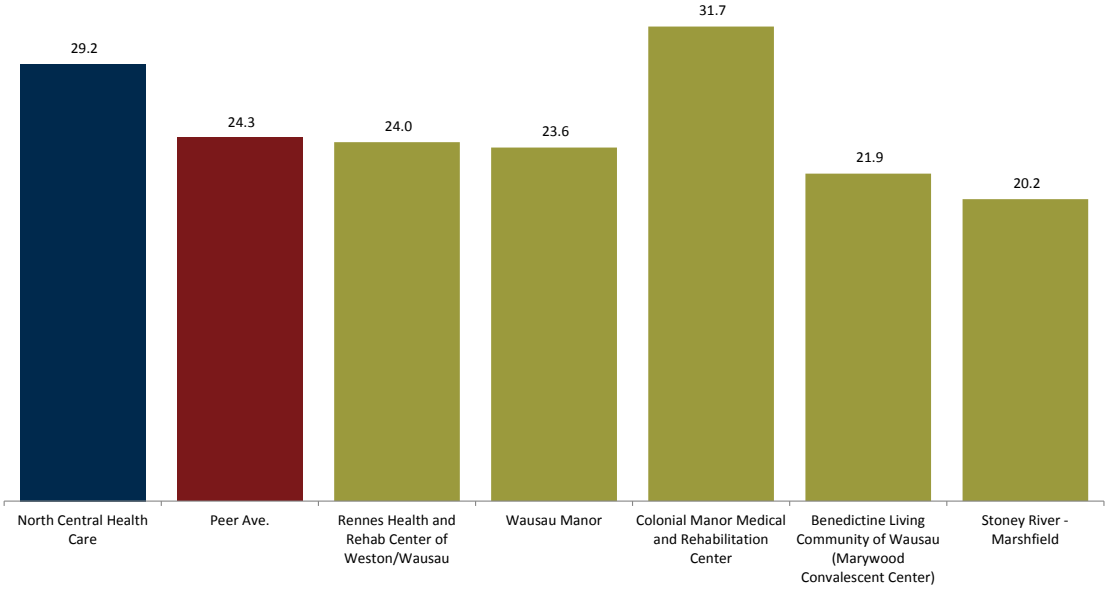
CLA also noted that the percentage of long stay residents who have depressive symptoms was extremely low at .70% compared to the national and state averages of approximately 5.50%. This measure may indicate undocumented behaviors observed and proper coding would produce higher reimbursements than what are currently being paid as well.

Length of stay analysis

MVCC has a longer length of stay as compared to other SNFs in its peer group, however, it is comparable to the Wisconsin state average Medicare stay of 29 days. As value based purchasing continues, it is likely that this average length of stay will continue to decline.

vs. Other Peer SNF Referral Sites

Average SNF Length of Stay per Unique Patient



Referrals

Referrals from hospitals and other health care providers have increased from a monthly average of 62 in 2016 to an average of 85 in 2017. Due to the bed locked status of MVCC, however, only 36% were admitted in 2016 and 32% in 2017. Some of these declines could have impacted the total revenue if patients with higher Medicare reimbursement rates were not admitted (due to staffing issues or beds not being available.)

ASSESSMENT OF FINANCIAL STRUCTURE

Medicare and Medicaid cost report analysis

CLA utilizes a Proprietary Medicare Database aggregating data from the CMS Medicare cost reports that were filed in the previous reporting year. The data used here is specific to Wisconsin and Marathon County and compares the respective facility data to state and MVCC's peer group as well as SNF specific information for the respective facilities. Data is aggregated as follows:

- County-where the facility is located
- State- Wisconsin

CLA relies on the data in assessments as the "certified" source of skilled nursing expense and revenue information.

NCHC files a combined Medicare Cost Report which includes MVCC, however MVCC does not file a separate Medicare Cost Report for its specific costs and residents. Therefore, MVCC costs per day, wage rates and other metrics used were calculated from the 2016 Medicaid cost report filed by MVCC with the State of Wisconsin. A summary of the review findings follows as a reference point for some of the observations and recommendations included in the report.

MVCC reported costs vs. County Medians:

- Medicare days of 7,183 are the highest in the peer group above and are 160% higher than the county median of 2,760 Medicare Part A days. While MVCC is larger than its main competitors, the number of Medicare referrals relate to the quality of care of a facility as Medicare is typically a preferred payor.
- The reported Medicare PPS average rate of $473.18 is higher than the county median of $463.23 but lower than the state median of $476.41.
- Medicaid days of 51,352 are over 3 times the average of the peer group of 16,794 days as are overall days of 73,917 vs. the median of 23,287.
- Average Length of Stay (ALOS), estimated at 29 days, is close to the median of 32 days but significantly lower than the average of the peer group median of 38.2 days reported to CMS. The ALOS is expected to decline over time.
- Benefits are significantly higher in 2016 at 48.3% of Payroll vs. a median of 17% for all nursing homes in the county. Governmental Homes statewide achieved a median of 44% as published by LeadingAge Wisconsin.

Average hourly wages are high overall as noted by the following:

Department	MVCC	County Median/Peer Group
Nursing	$20.52	$19.19
Plant and Maintenance	$23.39	$18.70
Laundry	$14.20	$9.96
Housekeeping	$13.58	$12.01
Dietary	$14.89	$12.87

Social Services	$25.15	$20.36

- Staffing hours per resident day outside of Nursing are close to the county medians in most departments other than Plant and Maintenance at .25 vs. .12 and Dietary at .86 vs. .73. Other General Services are also high at 1.13 vs. 0.20. Other General Services for MVCC includes Volunteer Coordinator hours, Activities hours and Transportation hours which may not have been consistently reported on the peer group cost reports.
- Direct Nursing Hours overall are significantly higher at 5.49 vs. 4.71.
- Occupancy at 92% (calculated using 220 beds) is stronger than the county median of 76%.

Analysis of calculated per diem revenue and daily costs

Revenue and Direct Costs are captured for each nursing unit: Legacies, Long Term Care and Post Acute Care. At times, Long Term Care residents are place on the Post Acute Unit. Post Acute Care revenue is also captured in each unit when costs may be captured in the Post Acute Care unit if the services are provided there. Post Acute Care costs are combined for the ventilator residents and the short term rehab care residents.

CLA reviewed average rates paid for all payors and allocated costs and revenue per day to each unit based on these rates. CLA made an estimate of cost allocations in the Post Acute unit between ventilators and short term rehab residents in relation to the nursing and respiratory therapy hours staffed in each unit.

Medicare costs outside of the routine costs were estimated based on overall Therapy, Pharmacy and Ancillary gross profit percentages since these revenues and costs are captured in separate departments.

This process creates a high level estimate of gross profit per day for each type of resident and payor combination as noted below. The gross profit percentage and per diem gross profit amounts calculated may be misestimated where there is a low percentage of days in certain payor-care type combinations and where costs are spread more evenly over the more diverse populations. Results for 2016 are as follows:

Number of Days Per Unit	Self Pay	Insurance	Medicaid	Medicare	Total
Vent	272	1,283	5,459	827	7,841
Short Term Care	625	1,188	2,292	4,199	8,304
Long Term Care	2,292	1,068	17,808	782	21,950
Legacies	7,108	1,548	25,791	1,375	35,822

Percentage of Days per unit	Self Pay	Insurance	Medicaid	Medicare	Total
Vent	3%	16%	70%	11%	100%
Short Term Care	8%	14%	28%	51%	100%
Long Term Care	10%	5%	81%	4%	100%
Legacies	20%	4%	72%	4%	100%

Green shading represents areas where the percentage of days are lower indicating possible misestimate (due to outliers) of the gross profit calculation. Red shading represents Medicare days which were a low percentage for the unit indicating a possibility that costs required to care for these residents were captured outside of the unit's direct costs. Due to the low number of days spent in these categories, the allocations and calculations of gross profit are not significant in total to the overall financial results.

Gross Profit Per Day	Self Pay	Insurance	Medicaid	Medicare
Vent	$ 278.43	$ (184.41)	$ 184.43	$ 56.90
Short Term Care	$ 15.98	$ (76.08)	$ (107.90)	$ 61.23
Long Term Care	$ 122.65	$ 30.59	$ (1.23)	$ 167.91
Legacies	$ 118.57	$ 26.51	$ (5.31)	$ 163.83

Gross Profit Percentage	Self Pay	Insurance	Medicaid	Medicare
Vent	42.5%	(96.0%)	32.9%	10.1%
Short Term Care	5.6%	(39.6%)	(67.3%)	13.3%
Long Term Care	43.2%	15.9%	(0.8%)	36.4%
Legacies	41.7%	13.8%	(3.3%)	35.5%

The green and red shaded calculations are noted once again. The blue shaded calculations are reasonably calculated based on allocating all therapy and ancillaries across all residents on the Post Acute Care Unit.

Insurance payors represent 7% of all days served and since the total insurance revenue was spread evenly across all units, we expect that the Vent Unit and Short Term Care Unit performed better than calculated but may have still produced a negative gross profit.

The Medicare revenue per day and percentage is approximately $10 above the average of the peer group, however, it is $3 below the state median. The ventilator unit and complexity of residents that are cared for at MVCC suggest that this rate should be even higher.

Gross Profit per Resident day is between $14 and $19 higher per day than the county median of $42.17. Higher Routine Costs are offset by lower Therapy costs. Therapy cost estimated at $82.56 per day is significantly lower than the county median of $136.23 per day creating the majority of this difference. Based on our review and discussions with staff, therapy is available 6 days a week rather than 7 days, yet most people are not receiving therapy 6 days a week. The RUGs distribution supports this pattern and a more aggressive therapy program may both aid residents and increase average Medicare RUG rates. Pharmacy Costs are above the County and State medians by $3.78 to $7.45 per day based on the blended post acute care revenue and cost allocation noted above.

Medicare Ancillary Costs per Day			
Cost Type	County Median	State Median	Blended MVCC
Therapy	$136.23	$119.61	$82.56
Pharmacy	$43.14	$39.53	$46.98
Ancillary	$7.32	$5.12	$2.17
Total	$186.69	$164.26	$131.71

Recommendations:

- We recommend that MVCC create a more focused marketing plan to test the attraction of more Medicare residents after renovating the unit and implementing a bed management system. Each additional Medicare resident (and reduction in Medicaid residents) will improve financial performance by approximately $22,000 per year at the current revenue and estimated cost levels, but this margin can increase through other initiatives noted within this report.
- We recommend that MVCC further evaluate the Medicare program and MDS coding process (see Nursing department review)
    - Review coding/documentation to make sure MVCC is receiving credit for the services actually delivered
    - Arrange financial reporting systems to track revenue and costs by payor source within each unit (Legacies, Long Term Care, Ventilators, Short Term Care) for better analysis and profitability management

Nursing facility cost comparison

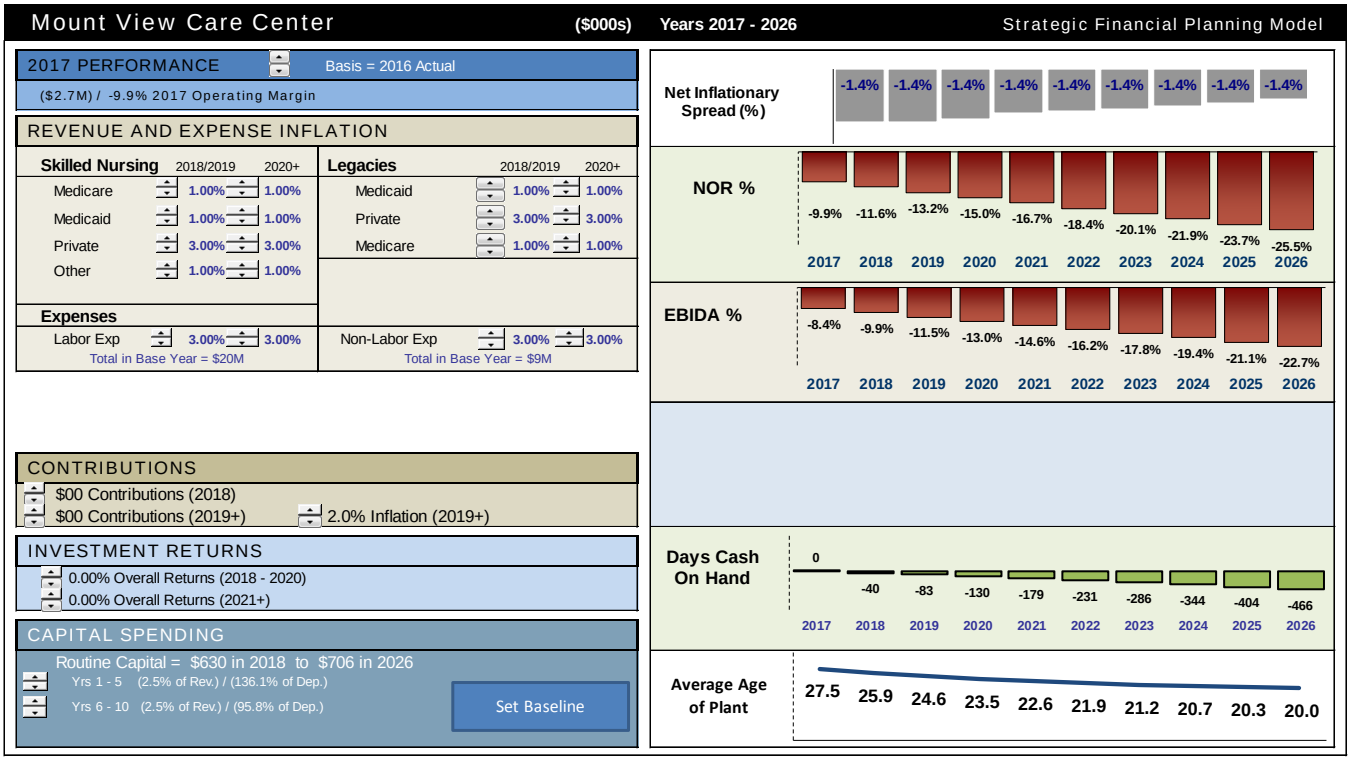
CLA reviewed the operating costs by categories from the 2016 Medicaid cost report for MVCC and compared the data with the 2016 CliftonLarsonAllen 31st Nursing Facility Cost Comparison. This report represents data from approximately 14,000 nursing facilities, including for-profit and not-for-profit in stand-alone and affiliated type organizations. Nursing staffing ratios from this report were utilized to benchmark the nursing staffing as well as other staffing ratios.

Summary of findings:

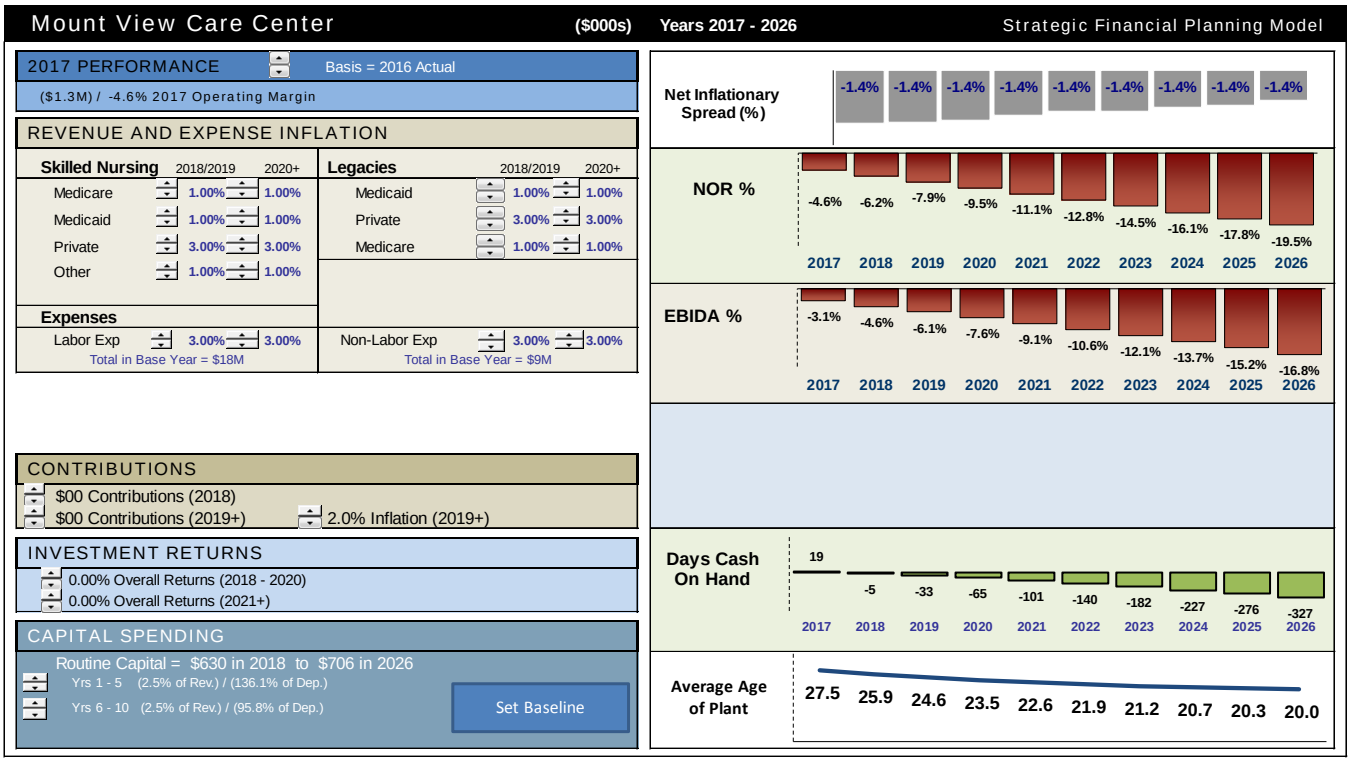
- All support departments other than Social Services and Laundry have recorded hours per resident day that were higher than the Midwest median
- All support departments recorded average hourly wages that were higher than the Midwest median
- Nursing care hours and per day costs are well above the Midwest medians
- Plant Maintenance is double the median in hours per resident day and Plant Maintenance costs per resident day are $2.95 above the median
- Housekeeping costs per resident day are $1.74 above the median
- Housekeeping average wage rate is $3.00 higher than the median
- Dietary costs per resident day are at $21.48 vs. $17.19 at the median
- Dietary average wage rate is $3.15 above the median

Financial ratios

A 10 year forecast of operating results was prepared with the assumptions noted below based on 2016 audited financial statements:



CLA noted that the employee benefits cost as a percentage of salaries was approximately 48% in 2016 and 37% in 2015. The additional 10 year forecast below assumes that the benefits cost will return to approximately 37% in 2017 and future years:



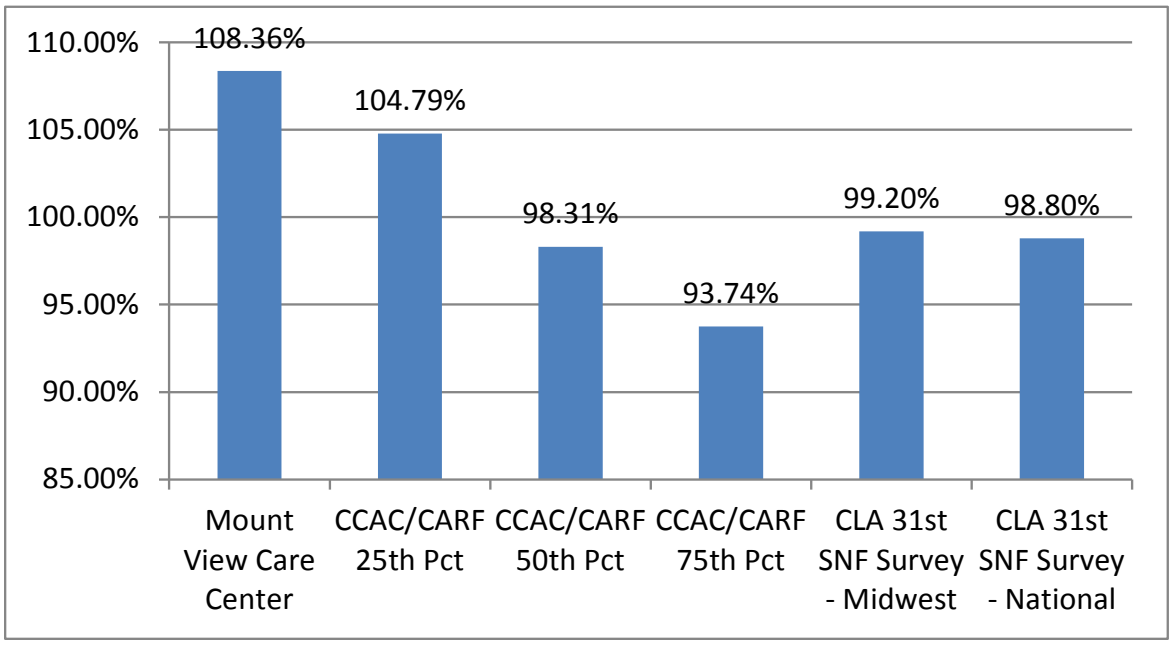
In each forecast, the need for additional tax levy will grow in proportion to the negative Net Operating Return percentage. CLA conducted a review of commonly used financial ratios, within continuing care comparing those of MVCC with the 2016 ratios of CARF-CCAC, a recognized accreditation commission, and the CLA 31st Nursing Facility Cost Comparison.

The ratios are calculated with the following formulas:

Total Operating Expense minus Amortization and Depreciation Expense
Total Operating Revenues minus Amortization of Deferred Revenue
Operating Ratio
Income or Loss From Operations minus Contributions
Total Operating Revenues
Operating Margin Ratio
Total Excess Revenues over Expenses
Total Operating Revenues and Net Non-Operating Gains and Losses
Total Excess Margin Ratio

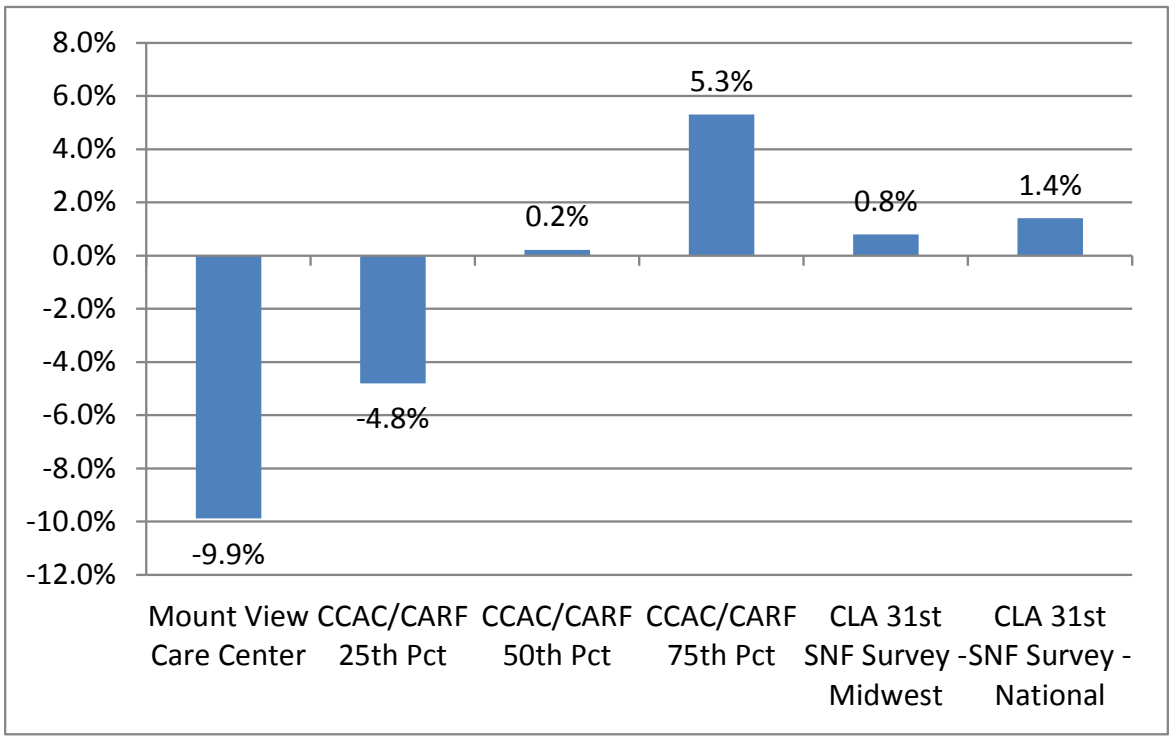
The results of the review are represented in the following graphs:

Operating Ratio



A lower Operating Ratio indicates better cost control related only to service delivery and a stronger performance.

Operating Margin Ratio



A higher Operating Margin Ratio indicates better control of all costs (including building and debt costs) in relation to earned revenues.

Both ratios indicate that MVCC's costs are higher with a significant portion related to the cost of employee benefits (medians benchmarked between 14.4% and 22.3% throughout the country.) If the pension portion is removed from employee benefits in 2016, the cost is still high at 35.3% which greatly affects the financial performance of MVCC in comparison to the rest of the industry.

CLA noted that none of the overall NCHC non-operating investment income and gains on capital dispositions ($124,480 in 2016) or the contributions for capital assets ($190,518) were allocated to MVCC. As such, the Excess Margin Ratio noted above would be the same as the Operating Margin Ratio. The benchmarks indicate that nursing and senior living communities add an additional 2% of revenue at the median through these components within the industry. This would represent an additional $320,000 of funding for MVCC if the median was achieved.

ASSESSMENT OF SELECTED DEPARTMENTS

Leadership

CLA interviewed the senior members of the Management Team. Leadership is experienced and have provided many years of service in health care, senior living and county services.

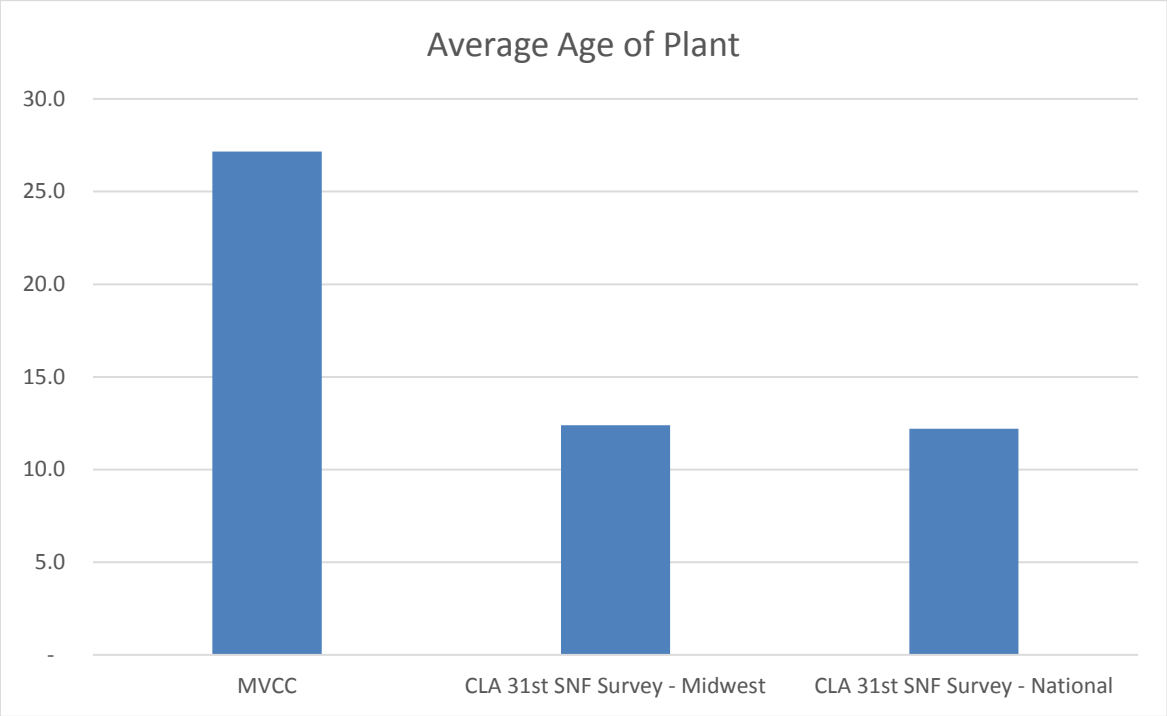
Overall, leadership identified the following as the most significant challenges they are facing:

- Staffing and attrition related to a lack of quality healthcare personnel in the market. Attrition has improved recently
- Low Medicaid reimbursement rate for the largest population of residents
- The need for redevelopment of several physical campus areas to stay competitive
- Managing admissions, referrals and beds
- Old technology in both administrative and personal care areas of the operations (i.e. call systems, care documentation, etc.)
- Deciding whether organizing a commission for operation of the nursing home among several counties would be a beneficial strategy
- Marketing perceived to have been treated more like public relations causing confusion in the market. Many county residents still think the property is a sanitarium
- Vent unit expansion may allow for investing in an oxygen farm to improve operations and possibly reduce costs per day

Plant Operations and Maintenance

The Average Age of Plant Ratio measures the average age of a facility by estimating the number of years of deprecation has already been realized for a facility by dividing accumulated depreciation by depreciation expense. A higher value may indicate that a facility is in need of remodeling or renovation and that the facility should be evaluating its current level of reinvestment and financing options for these projects. In the past 10 years, the senior care industry has seen a steady trend of shorter timeframes between renovation projects as facilities have aged in the US and consumers have expected spaces which are more modern. Based on our experience, as this ratio reaches 16 years, a facility begins to look out of date to prospective residents and their families.

The Average Age of Plant Ratio for MVCC at 27.2 years is more than double the medians for both the Midwest and the Nation (Source: CLA 31st Nursing Facility Cost Comparison):



Nursing and senior living facilities have consistently used various debt options to expand and renovate their facilities and grounds. Governmental units also issue bonds on income producing ventures. MVCC currently has a solid foundation of service and a strong reputation. MVCC has several options to increase the admission of higher profitability Medicare and Private Pay residents in order to offset the high Medicaid population currently in residence. Refurbishment of the building as well as key technology infrastructure is needed in order to restructure the resident population mix.

A prudent issuance of debt is a common method of financing these renovations. The CLA 31st Nursing Facility Cost Comparison Report notes that the median Debt Service Coverage Ratio in the Midwest is 1.8 and the median Debt to Equity Ratio is 65%. MVCC has the ability to repay a large portion of renovation costs through an increase in the capital cost component of the Medicaid rate which has been estimated by management to fund 70% of possible debt payments. It is more than likely that the projected revenue increase from additional short stay residents would allow MVCC to meet and even exceed these median ratios.

We recommend that a new renovation planning project be launched as soon as possible with an updated feasibility study performed to project the ability to pay back the debt required and to improve overall results of MVCC.

Information Technology

Direct IT Costs in 2016 represent 2.4% of revenues overall. While benchmarking IT costs has been limited, the senior living industry typically spends 2 – 3 % of revenues on these services so this is within range. Conventional wisdom indicates that most senior living facilities are not spending enough on IT costs, however, this is also related to the lack of reimbursement from both governmental and private payor sources.

The reinvestment in information technology has the potential to radically improve both care and efficiency at MVCC. We noted four main areas that should be considered for additional investment along with revising processes around the new technology. These four initiatives will require outside assistance and a well thought out roadmap for implementation since the timeline to implement these initiatives may be substantial:

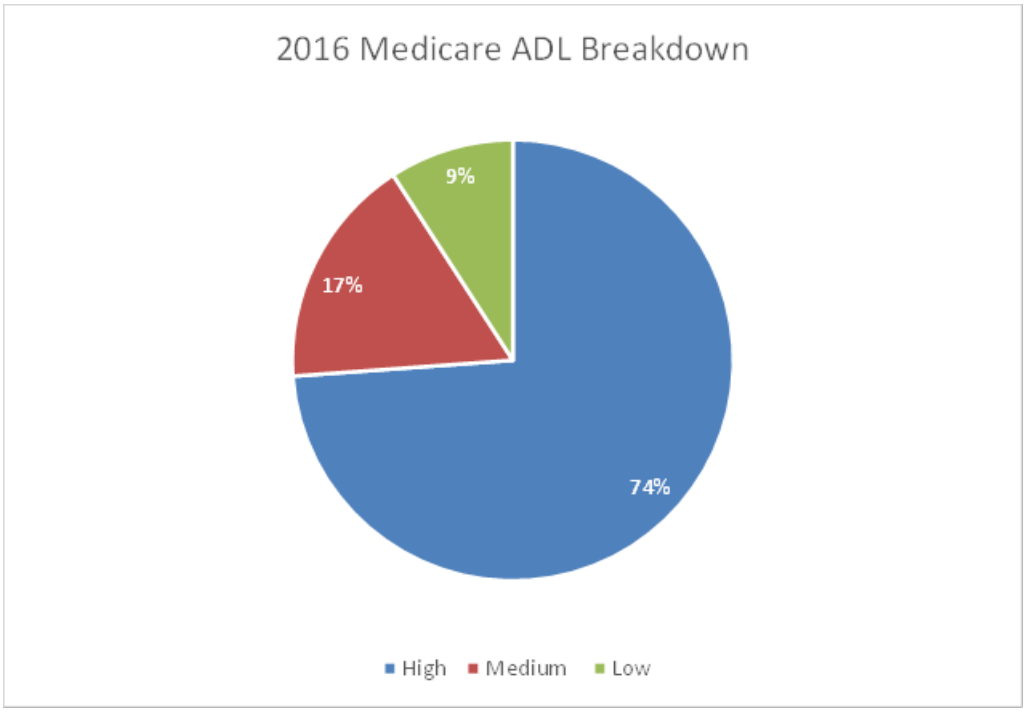
- Upgrade the wireless infrastructure to allow for additional mobile device use
- Implement a modernized call light system with options to contact other staff quickly when needed
- Implement a new culinary information system to increase the options for person centered care in an efficient manner
- Implement an updated ERP system including additional kiosks for nursing staff to easily capture the care they are giving to residents

Clinical Nursing

For the purposes of this report it is important to understand that “acuity” is the care provided by the licensed and registered nurses and that “intensity of care” refers to the care provided by the certified nursing assistants.

Correct MDS scoring and supporting documentation is vital because it not only determines reimbursement, it is the basis for CMS to calculate the Quality Indicator scores, the basis for developing resident plans of care and measuring the residents’ improvement and decline. Per Tracy McConnell, MDS coordinator, the current Medicare Advantage plans also use the RUGs scores as the basis for payments. One Medicare Advantage plan used at MVCC provides an expected score up front but this is adjusted with a final RUGs score through a reconciliation process. Staff performing these assessments need to ensure that they are as thorough and accurate as possible as MVCC is at risk for the entire length of stay based on these assessments.

Activities of Daily Living



The 2016 RUG distribution placed 74% of Medicare resident days in High ADL categories. Residents in the Low and Medium categories require far less CNA assistance than those in the High categories which is reflected in the current staffing hours per patient day ("HPPD") as noted below. These calculations and observations are indicators for the determination of nursing licensure skill mix (relative percentages of RNs, LPNs, and CNAs) percentages for determining the staffing plan for the units.

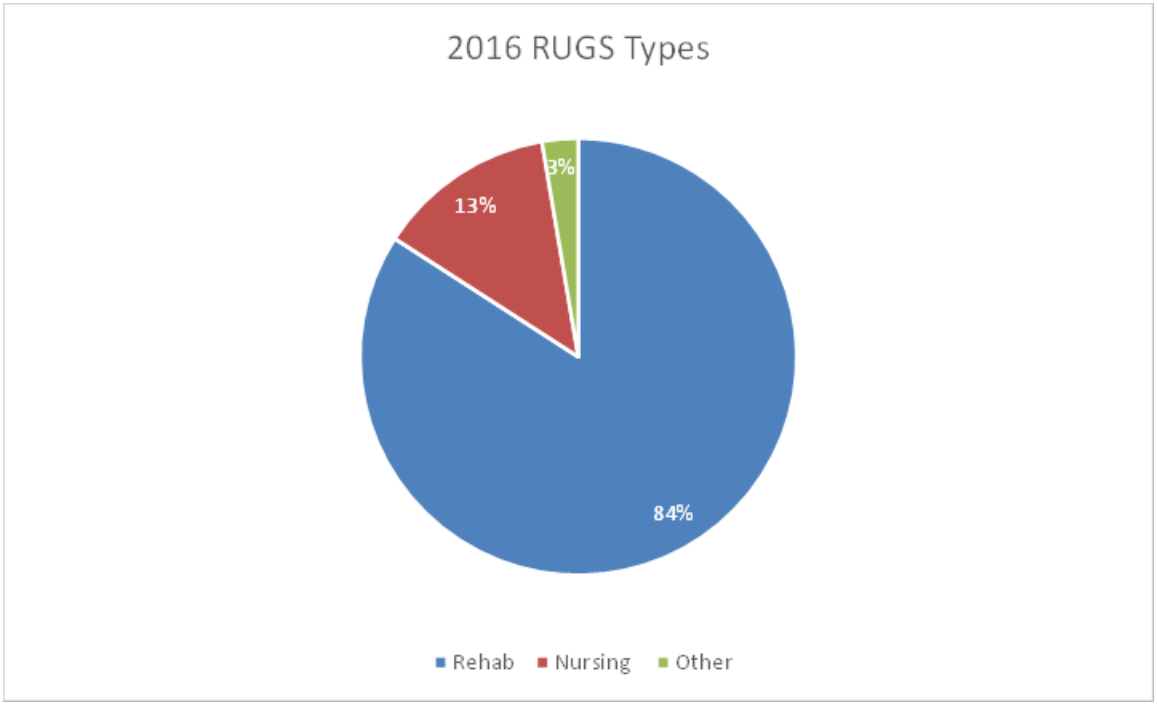
The significant percentage of days in the High category indicate that residents are not improving in regaining ADL functions overall during their short term stays. While the complexity of the ventilator residents contributes to the High ADL scores, a more balanced distribution in the Medium category is still expected since more than half of the post acute resident days are Medicare short term stays outside of the ventilator resident population. MDS coding as well as nursing protocols can be adjusted appropriately to improve the distribution and decrease staffing needs over time.

RUG Category Percentages

RUG categories are indicators of the acuity of the residents. Residents in the Rehab category receive therapy and may have some chronic conditions, but generally are planning to return home.

Residents in the Nursing category may have diagnoses such as: chronic obstructive lung disease, ventilator residents who are short of breath and on oxygen, diabetes with daily insulin injections and insulin order changes, complex wounds with dressing changes, Parkinson's disease, or residents with treatments such as dialysis, blood transfusions, IVs, IV medications, or chemotherapy. These residents require frequent nursing assessments and monitoring during each shift and at times of medication administration.

The Other category includes residents that may have behaviors that require additional nursing time to provide care, manage mood swings and refusal of care.



Based on the ventilator residents and complexity of cases observed in short stays, we would expect to see a much higher percentage in the Nursing category and in the Extensive Services (ES2 and ES3) categories. The Rehab category at 84% is very high and coupled with the fact that the ADL scores are also high, the documentation does not indicate that patients are improving enough to be successfully discharged to the community or another facility. Since the calculated cost of therapy services from the Medicare cost calculation is low as compared to median benchmarks, rehab services appear to be prevalent but not extensive enough for the population observed (i.e. more therapy minutes appear to be needed for residents to see greater improvement.) This percentage may also be low because documentation and MDS coding may be missing or inaccurate. For instance, the Rehab Plus Extensive Services category RUGs represent 2.2% of the total days which would be expected to be higher due to the complexity of the ventilator residents alone. These RUG categories do not appear to be maximized and may be miscoded CLA noted that steps are being taken to improve coding and care planning by a key MDS coordinator and along with increased cross education for staff, these distributions are expected to improve over time. As the distribution over various RUGs categories changes, the average daily reimbursement rate should also increase.

All direct care staff should be continually trained on the required documentation so that the intensity and amount of care provided can be scored properly on the MDS. With accurate capture of the provision of care, it is likely

that the case-mix scores can be increased with a positive impact on reimbursement as well as more proactive planning for staff needs and costs.

Staffing Observations

Current staffing on skilled nursing as detailed in the first three months of 2017 provide the following hours of direct care per patient day (HPPD) along with benchmark information from the CLA 31st Nursing Cost Comparison Report, the 2015 State of Seniors Housing Report and the County Median from Medicare Cost Reports.

Our observation is that purely Long Term Care units staff at a range between 3.2 to 3.7 hours of direct care per day.

Long Term Care

Hours Per Patient Day

Level	MVCC	Industry	Proposed	Potential Reduction
Licensed Nurses	1.17	1.05	1.03	0.14
C.N.A.s	2.93	2.45	2.46	0.47
Total	4.10	3.50	3.49	0.61

Legacies

Hours Per Patient Day

Level	MVCC	State of Senior Housing 2015	Proposed	Potential Reduction
Licensed Nurses	1.10		1.05	0.05
C.N.A.s	3.42		2.30	1.11
Total	4.52	2.40	3.35	1.17

Post Acute Care

Hours Per Patient Day

Level	MVCC	County Median (includes Rehab)	CLA 31st SNF Report - Midwest	Proposed	Potential Reduction
Licensed Nurses	2.29		1.33	1.42	0.88
C.N.A.s	3.90		2.45	3.90	0.00
Total	6.19	4.71	3.78	5.31	0.88

Ventilator Unit and Short Stay Rehab Unit Distribution

Level	Ventilator Unit	Short Stay Unit
Licensed Nurses	1.74	1.09
C.N.A.s	4.52	3.27
Total	6.26	4.36

Respiratory Therapist staffing was also reviewed:

- MVCC staffs 8.60 FTEs of Respiratory Therapists for an average census of 24-25 residents. The caseload ratio for each Respiratory Therapist is approximately 1 Therapist to 10 ventilator residents over two 12 hour shifts.

- Data and review of hospital ventilator unit therapist ratios published by the California Society for Respiratory Care state that the median ratio in the acute setting of a hospital is 1 Therapist to 5 residents and that 80% of the hospitals staff at 1 Therapist to 8 residents or lower.

- CLA has observed that ventilator units in Skilled Nursing Facilities staff between a caseload of 10 – 12 ventilator residents per therapist during the day and that these units tend to run at 3.75 to 4 hours per day including Respiratory Therapists.

MDS Coordinator Observations

There are three full-time MDS staff. In most care centers, a census of 45 in post-acute care could be handled by one MDS staff member, however, the high Medicaid population also requires more MDS preparation than in most organizations. At MVCC, the MDS staff is also involved in more than completing the MDSs. Other duties they perform include:

- Writing all of the resident care plans, though they are training other disciplines to participate in the writing of these plans
- Writing all the Care Area Assessments which are completed for all comprehensive assessments
- Attending resident care conferences
- ICD-10 coding
- Monitoring residents on psychoactive medications and coordinating the gradual dose reduction with the care staff, pharmacist and the physician
- Monitoring weight gain and loss

These are functions that are part of different nursing administration roles in other facilities. The MDS coordinators at MVCC are additionally responsible for covering all aspects of case management for Medicare Advantage programs and managed care programs. This involves dealing with case managers at the respective insurance organizations, getting pre-authorization, determining what is covered for the stay, what the approved length of stay is and continuing to send documentation throughout the stay for continued skilled coverage. This process can be time consuming, especially when the managed care/Medicare advantage census is high. Average insurance census was 13.9 and 12.3 residents per day in 2016 and 2017, respectively.

Process Observations

Admissions and MDS process

- The Admissions process was reviewed noting that several referrals were not admitted that could have increased RUGS rates and Medicare admissions. Bed lock issues and a concern by nursing staff on their ability to administer the care needed were cited as the main reasons for these denials.
- Tracy McConnell in the MDS office is certified and believes that with better documentation and a greater focus on MDS coding, revenue can be increased by $600,000 annually. Managing short stay patients properly is a critical factor for increasing revenue per day at MVCC.

- MDS staff is in charge of Utilization Review which can be performed by non-clinical staff to be more efficient.
- MDS staff have been more involved recently in C.N.A. education and should continue to increase the proper recording of ADLs.
- Currently MDS staff are attending every resident care conference (care plan meetings) which is not best practice nor best use of MDS staff time.
- Tracy is working to reinstitute a restorative program and will hopefully start with a walk to dine program soon.
- On the MVCC organizational chart the MDS department reports to nursing yet it typically reports to non-clinical administration for better prioritization of revenue and billing.

Workflow

- The computer/documentation system is slow and cumbersome and poses a number of problems with productivity.
- Staff feel that the decisions are being made from the top down without any input from staff on the floors.
- Some portions of the medical record are still recorded on paper and some are scanned into a different system (laserfiche) than the system being used for daily documentation.
- IT staff are not onsite at the building to assist with the numerous problems that arise with current systems.
- There is not an option for residents to have a telephone in their rooms so personal calls to and from the residents go through the nursing desk which can be time consuming and does not allow for patient privacy and dignity
- C.N.A's complete the vital signs for the shift they work and they manually give them to the nurses who then enter them into the computer which is an inefficient use of nursing time.
- Wall mounted kiosks for the C.N.A's to document care were eliminated in the past.
- A common observation and discussion with nursing staff related to the fact that C.N.A's are currently using laptops to document ADLs but they are the same laptops that the nurses use around the building which often results in a loss of the wireless signal and downtime.

Systems and processes

- The new onboarding method for C.N.A's is very successful and has already shown increased percentage of staff retention. C.N.A turnover had been around 63% with the new orientation this has decreased to 24%. New training for licensed nursing staff should be implemented in the future to improve retention as well.
- The onsite pharmacy is beneficial and convenient however staff have requested a pharmacy cost/evaluation as they feel some of the charges are high or are being charged incorrectly. Current spending on consultation fees is $11,000 a month which is high.
- The onsite lab and phlebotomist are beneficial and could be expanded. Periodic evaluation versus outsourcing should be performed to ensure that it remains cost effective.

- The volunteer program is quite robust and can be used for additional projects. This also represents a strong level of community support.
- The pay structure for the C.N.A's is in a positive range for both attraction and retention, however licensed nursing staff ranges should be reviewed. The perception is that licensed nursing pay rates are $5 below standard in the area but the reported medians are lower than current licensed nursing rates of pay.
- Human Resources has recently begun performing exit interviews which should be continued and reviewed often for trends in the tight labor market.
- HR has converted most requirements to electronic recording including an online application process and a "step one survey" for entry level staff (C.N.A, housekeeping, kitchen, activities etc.). Some applicants get rejected from this process which becomes more efficient for the organization and should be continued. Staff education should be improved on these processes as many employee referrals come from current staff and misunderstanding this process has caused some concerns when applicants are rejected without being called back. Including a call back upon automated rejection would also aid in this communication and understanding.

Staffing

- Due to labor issues, 4 hour shifts have been offered to allow for a better chance of providing proper coverage which have been successful and positive.
- Staff was being mandated to work overtime for a while because staff would not voluntarily pick up shifts when there were holes in the schedule. Keith (nurse/scheduler) and Kristen (assistant administrator) meet weekly to be proactive in filling gaps. They work to allow staff to have their day off and they do not allow anyone to work 16 hours in a row. In most cases, staff may be required to work an additional added (usually half) shift, but morale has improved. They indicated this has been working fairly well but it is time consuming.
- There has been a vacancy in the Director of Nursing position for several months. A previous DON has recently been rehired who has a lot of experience and the ability to make some great changes. CLA met with her and agree that this is a positive step for the nursing staff.
- Overtime has increased because the nurses do not leave promptly at the end of their shift. Staff indicated this is directly related to the inefficient computer system causing documentation requirements to take longer than necessary.
- Based on our discussions, a dedicated staff development coordinator (SDC) is not available to assist with training nurses for annual competencies.

Other

- Due to the closing of the Reflections unit, some long term care residents are in beds on the rehab unit that cannot be transferred off because there are not any open beds elsewhere in the facility. The process of managing beds should be reviewed and beds should be segregated for long and short term care to ensure that more short term beds are available to improve payor mix. Limiting short term and ventilator beds to a distinct area and not allowing these beds to be used for long term care would be beneficial.

- There are a large number of bariatric patients on a regular basis but not enough bariatric equipment to always accommodate these patients. The bathrooms are too small to accommodate these patients as well.
- The therapy room is outdated and antiquated. MVCC offers outpatient therapy but does not have a separate therapy entrance.
- Difficulty in obtaining prime rehab candidates relates mainly to the facility appearance, even with the beauty of the exterior surroundings. Two competitors in the area have buildings with high end finishing and they tend to get the higher quality rehabilitation patients.
- Medication technicians are not currently employed resulting in a greater use of licensed staff than is needed.
- The therapy contract with Aegis was executed in May 2015 with a standard rate of 94 cents per minute which is within the benchmark range of 90 cents to $1.10 per minute. Productivity reports are not received from the current therapy provider. Therapy staffs six days per week and could be broadened to include seven days as best practice to maximize rehabilitation for short term residents.
- Concerns were discussed related to the new Requirements of Participation ("Megarule") which have not been fully evaluated for needed implementation.
- Overall, staff believe that marketing to hospitals is lacking. A nurse liaison could be considered to help with obtaining and evaluating for better admissions.

Legacies (3 dementia units)

- The showers in Evergreen Place are very small and outdated. It is difficult for caregivers to provide assistance to the residents due to the cramped quarters and creates a safety risk.
- The dementia units' staff C.N.A's are also recreational aids and spa aids. When staffing is low the spa aids get pulled to work the floor fairly often.
- The dementia units have closed-in nursing stations behind thick walls of glass. Remodeling these is likely to improve the space, however, a locked medication storage solution would also be needed.
- This unit can also be used as an overflow unit for short term therapy patients through proper planning and bed management.
- There are private rooms on this unit but shared bathrooms which is a big complaint of residents and family members.
- There are 5 vent capable facilities in the state. Recently, more admissions were turned down that CLA believes could have been accepted. Admission decisions have been delegated to the floor nurses who were reportedly uncomfortable and did not have time to properly evaluate the admissions.

Southern Reflections (2nd floor unit)

- This unit is currently closed due to staffing concerns and a desire to reduce beds at MVCC.
- Staff have indicated if a remodel moves forward it would make the most sense to start here since it is already closed.

Nursing Administration

The benchmark that CLA has developed for Nursing Hours Per Patient Day in Administration including all supervisors/managers, MDS and admission nurses, unit clerks, medical records and is .50 hours.

MVCC is within the range of the benchmark with the 2016 average census of 202 as well as at a lower census of 185 more recently experienced as noted below:

	Nursing Administration Per Organizational Chart Hours Based on Budgeted FTEs	
Average Census	202	185
	Hours per Week	
DON	40.0	40.0
Unit Supervisors	120.0	120.0
MDS Nurses	120.0	120.0
Staff Enrichment Coordinator	40.0	40.0
Infection Control	20.0	20.0
Admissions Coordinator	40.0	40.0
Scheduler	40.0	40.0
Unit Clerks	156.0	156.0
Logistics Worker	32.0	32.0
RN Supervisor PM	56.0	56.0
	664	664
Nursing Administration HPRD	0.47	0.51
Benchmark	0.50	0.50

Average census could drop to 170 before administration staffing would be outside of an appropriate range of the benchmark.

Dietary

Food costs per resident day and per meal are above the benchmarks. Raw Food costs were also higher. Dietary costs are allocated from a shared kitchen for all service lines provided by North Central Health Care. We reviewed the allocations based on meals served which are reasonable. MVCC also has several dining venues and a shared employee and guest café which can make accounting complex. At least one of these dining rooms provides an onsite chef offering a personal choice menu for residents at one meal per day. While this type of person centered care and choice fits the mission of NCHC and is certainly a key industry goal, overall cost management needs to accompany this trend as reimbursement has not been increased for providing this service.

Other common problems in senior living dietary departments include inventory management, food cost management and efficient delivery of meals. MVCC should review their procedures for these areas annually and involve vendors to aid in management and cost control.

With information gathered in interviews, from payroll and staffing and from financial reports, CLA calculated productivity, meal counts total dietary and raw food costs per meal and resident day.

- Overall, productivity is lower than the typical benchmark of 4 to 5 meals served per productive staff hour
- Dietary food costs per meal and per day are also higher than the benchmarks by 50.1%
- Raw food costs are higher than the benchmark by 15.7%

The actual results as compared to benchmarks noted above indicate that the cost of preparing and serving meals is affecting the financial performance of the dietary department more significantly than the raw food costs.

The following chart presents the findings from these calculations:

Meal Count Calulations	MVCC	Benchmark
Daily Production Hours	200.9	
Average Meal Prod/day	651	
Meals per labor hour	3.24	4 to 5
Dietary Costs/Meal	$8.60	$5.73
Dietary Costs/Day	$25.81	$17.19
Raw Food Cost/Meal	$2.54	$2.20
Raw Food Cost/Day	$7.63	$6.59

Notes:

- Dietary Revenue was not used to offset costs in these calculations
- The Medicaid cost report noted 221,000 meals served in 2016 while CLA estimated 237,615 meals served based on average census and employee meal estimates provided by management. 237,615 meals were used in the calculations above
- In 2016, the allocation percentage based on meals prepared was 74.5% for MVCC versus other programs

North Central Health Care
Person centered. Outcome focused.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	**5-7%**	**N/A**	⇩	13.1%	13.1%	10.3%	10.6%	13.2%	10.9%	8.40%						**8.4%**	**7.1%**
Retention Rate	**75-80%**	**N/A**	⇧	98.0%	95.3%	93.6%	90.2%	87.0%	85.1%	83.6%						**83.6%**	\
SERVICE																	
Patient Experience: % Top Box Rate	**77-88%**	**N/A**	⇧	69.0%	70.6%	76.7%	77.2%	79.7%	68.3%	80.7%						**75.2%**	\
CLINICAL																	
Nursing Home Readmission Rate	**11-13%**	**17.3%**	⇩	15.2%	14.8%	0.0%	13.3%	12.5%	10.3%	8.0%						**11.1%**	**11.5%**
Psychiatric Hospital Readmission Rate	**9-11%**	**15.5%**	⇩	4.8%	21.8%	11.3%	10.4%	12.3%	10.9%	17.1%						**12.5%**	**10.9%**
AODA Relapse Rate	**36-40%**	**40-60%**	⇩	20.0%	12.5%	11.1%	0.0%	18.6%	100.0%	0.0%						**15.8%**	\
COMMUNITY																	
Access to Behavioral Health Services	**90-95%**	**NA**	⇧	73%	61%	67%	72%	69%	73%	72%						**69%**	**80%**
FINANCE																	
***Direct Expense/Gross Patient Revenue**	**60-64%**	**N/A**	⇩	66%	62%	62%	59%	56%	60%	58%						**61%**	**65%**

KEY: ⇧ **Higher rates are positive**

⇩ **Lower rates are positive**

*** Monthly Rates are Annualized**

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

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. *Benchmark: HealthStream 2016 Top Box Data*
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
AODA Relapse Rate	Percent of patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that relapse within 7 days post discharge. *Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction*
COMMUNITY	
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs. • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.

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Quality Executive Summary
August 2017

Organizational Outcomes

People

- **Vacancy Rate**
  The vacancy rate decreased for the second month in a row to 8.4%. We had 22 new employees join NCHC in the month of July.

- **Employee Retention Rate**
  Employee Retention Rate is currently at 83.6% which is exceeding the NCHC target of 75-80%. In July the retention rate decreased by 1.5%. This was a small decrease as we have been averaging a decrease of 2.5% per month for January through June 2017.

Service

- **Patient Experience**
  There was a large improvement in the number of surveys returned and percent of patients ranking their overall experience at a 9 or 10 (10 point scale) at 80.7 % in July which does achieve NCHC's target of 77-88%. July was the first time NCHC has ever exceeded 80%. Year to date, through the end of July, is 75.2%, just short of the minimum target of 77%. Individual programs achieving the target of 77-88% in June included: Lakeside Recovery (MMT), CBRF, Langlade Telepsychiatry, Lincoln Outpatient, Marathon Outpatient and Psychiatry, Aquatic, Birth to Three, Community Treatment, Wausau ADS, Wausau Prevocational, Mount View Care Center's Long Term Care, Legacies by the Lake and Adult Protective Services. Programs continue to integrate specific actions based on the priority analysis data specific to their program and it is showing improvement.

Clinical

- **Nursing Home Readmissions**
  The rate of readmissions to the hospital within 30 days in July was 8.0% bringing YTD rate to 11.1%, at lower end of target and benchmark.

- **Hospital Readmissions**
  The rate of readmissions within 30 days failed to meet the target in July and increased to 17.1%. Year to date is slightly above target at 12.5%. All readmissions continue to be reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has decreased as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first ten days.

- **AOD Relapse Rate**
  The rate of patients who complete treatment programing in either our AODA Day Treatment or Medically Monitored 21 Day program who reuse substances within 7 days in the month of July was 0% with two people responding to the 7 day follow-up. Year to date continues to exceed target at 15.8%. This is significantly better than industry benchmark 36-40%.

Community

- **Access Rate for Behavioral Health Services**

  Access rates remain below target year-to-date at 69% with a goal of 90-95%. Analysis indicates Outpatient and Community Treatment programs continue to struggle to meet target. The month of June, Outpatient was at 75% and Community Treatment was at 15%. Community Treatment continues to hire additional case managers to compensate for the communities increased need for their services. Outpatient continues to struggle in Lincoln County where Therapist recruitment challenges remain.

Finance

- **Direct Expense/Gross Patient Revenue**

  Year to date expense to revenue ratio is steady at 61% within target of 60-64%. The month of July was at 58% which is exceeding target. Extreme focus on cost management by individual departments has made an impact.

Safety Outcomes

Patient/Resident Adverse Events

The rate for July was 3.6 adverse events/1000 patient days/visits. Year to date rate is 3.9/1000 patient days/visits which remains below 2016 overall rate of 4.2. Noted improvement in the overall number of falls and medication errors in the month, improved outcomes in the Nursing Home was a significant contributing factor.

Employee Adverse Events

Rates for July were .09 adverse events/1000 employee hours. July had an increase in adverse events after a decrease from in the previous two months. July was still below the average per month in 2017.

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

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

Human Service Operations

- **Outpatient Services:**

  Monitoring immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement was seen in the month of July to a 73.9% success rate which remains well below target of 90-95%. A collaborative action team has revised discharge planning processes to improve transitions between Outpatient Services and the Hospital.

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

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

- **Lakeside Recovery (MMT):**
  The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 7.1%, significantly better than industry benchmark 36-40%. The month of July shows an N/A as no clients were able to be reached for follow-up at 7 days.

- **Aquatic:**
  Year to date, the rate of consumers working on pain management has shown a decrease in their pain levels currently is at 90.4% which is within their target of 90-95%.

- **Birth-3:**
  A system to measure availability for early intervention was established to ensure access and positive financial productivity. July was below target at 263 with their goal of 481-491 per month. Birth to 3 continues to look at opportunities to increase this number. With new staff stating in the month of July, this number should begin to increase as they become orientated and begin to build their case load.

- **Residential and Pre-Vocational Services:**
  It has been identified that employee vacancy rate in residential services was a critical issue. The month of July saw a large drop in vacancy rate to 4.6%. This is an 18% decrease from the previous month. Contributing factors are the closure of one of the group homes, and onboarding on a number of new staff members over the past few months. Focus will now be on retention in these programs.

Nursing Home

Occupancy Rate based on a 220 licensed beds is at 83.3 %. Impacts on census include: In June and July increased number of residents discharging to community with shorter rehab stays, and an increased number of long term residents expired. Number of available admission from hospitals had been lower.

Support Departments

- **Communication and Marketing:**
  Year-to-date, a 9.95% increase in the number of "hits" on the NCHC employment page has been achieved which has not yet met the target of 15%. A new mobile enabled employment page has been developed which should contribute to improvement here.

- **Health Information:**
  Health Information has achieved a 95.1 % completion of health records within 23 days post-discharge for the month of July and year to date at 92.6% which is exceeding their target set at 80-85%.

- **Nutritional Services:**
  Nutritional Services is hitting their target of 90-95% with a score year to date of 95% of patient/resident satisfaction rating with food temperatures year-to-date.

- **Pharmacy**:
  For the month of July, dispensing error rates are below target at .08% with a target of .081-.90%. Year to date remains in target at .09%.

- **Volunteers:**
  Continues to progress toward target to recruit 35 or more new volunteers in 2017. They currently have a total of 24 new volunteer's year to date through July. This department is in a great position to achieve their target.

- **Adult Protective Services:**
  The percent of at-risk investigations completed and closed within 30 days for the month of July is within target at 74%. The year to date measure currently at 65% is below target of 70-80% but this team has steadily increased their numbers over the past three months.

- **Demand Transportation:**
  Double occupancy per trip numbers have plateaued in May, June and July. The average year to date is 37 per month with a goal of 44-50 per month. Continued process improvements are underway.

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MEMORANDUM

DATE: August 25, 2017
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim Chief Executive Officer
RE: Application for Joint Commission Accreditation

Purpose

North Central Health Care decided to pursue Joint Commission Accreditation for all of our Behavioral Health Programs approximately five years ago. We achieved initial accreditation for our hospital and behavioral health care programs two years ago. Accreditation runs on three year cycles and the application for reaccreditation is due in September. The NCCSP Board is being asked to consider if Joint Commission Accreditation will continue to be an important part of our ongoing strategy.

Background

Joint Commission Accreditation is the gold standard of quality in healthcare. There are several different accreditations the Joint Commission provides in healthcare. Specific to the services NCHC provides, this would include behavioral health care, hospital, laboratory, and nursing center care accreditation. When NCHC decided to pursue Joint Commission Accreditation, it chose only to pursue accreditation for programs that fell under the behavioral health and hospital accreditations. While there are similar elements in each of the accreditation standards, there are also nuances or requirements specific to certain programs attempting accreditation.

Currently Accredited NCHC Programs

Behavioral Health Programming	Hospital Programming
• Community Corner Clubhouse • Outpatient Counseling • Psychiatry • Community Treatment • Residential CBRFs and Supportive Apartments • Crisis Services • Medically Monitored Treatment Program • CBRF • Adult Day Services	• Inpatient Hospital • Warm Water Therapy Pool • Waived Lab Testing

Acute care hospitals pursue accreditation because it is required for their organizations to receive payment from the federally funded Medicare and Medicaid programs. As a psychiatric hospital, North Central Health Care was not required to have Joint Commission Accreditation but in achieving accreditation, we avoid recertification visits to our hospital system by the Centers for Medicare and Medicaid Services (CMS). This is beneficial as the CMS survey process is known to be more rigorous and less collaborative than the Joint Commission process.

The accreditation survey process consists of three to four days of our organization facing intense scrutiny. Once accredited, an organization receives a number of potential benefits as a result. Here are benefits to Joint Commission Accreditation from their website:

Helps organize and strengthen patient safety efforts – Patient safety and quality of care issues are at the forefront of Joint Commission standards and initiatives.

Strengthens community confidence in the quality and safety of care, treatment and services – Achieving accreditation makes a strong statement to the community about an organization's efforts to provide the highest quality services.

Provides a competitive edge in the marketplace – Accreditation may provide a marketing advantage in a competitive health care environment and improve the ability to secure new business.

Improves risk management and risk reduction – Joint Commission standards focus on state-of-the-art performance improvement strategies that help health care organizations continuously improve the safety and quality of care, which can reduce the risk of error or low quality care.

May reduce liability insurance costs – By enhancing risk management efforts, accreditation may improve access to and reduce the cost of liability insurance coverage.

Provides education to improve business operations – Joint Commission Resources, the Joint Commission's not-for-profit affiliate, provides continuing support and education services to accredited organizations in a variety of settings.

Provides professional advice and counsel, enhancing staff education – Joint Commission surveyors are experienced health care professionals trained to provide expert advice and education services during the on-site survey.

Provides a customized, intensive review – Joint Commission surveyors come from a variety of health care industries and are assigned to organizations that match their background. The standards also are specific to each accreditation program so each survey is relevant to your industry.

Enhances staff recruitment and development – Joint Commission accreditation can attract qualified personnel, who prefer to serve in an accredited organization. Accredited organizations provides additional opportunities for staff to develop skills and knowledge.

Provides deeming authority for Medicare certification – Some accredited health care organizations qualify for Medicare and Medicaid certification without undergoing a separate government quality inspection, which eases the burdens of duplicative federal and state regulatory agency surveys.

Recognized by insurers and other third parties – In some markets, accreditation is becoming a prerequisite to eligibility for insurance reimbursement and for participation in managed care plans or contract bidding.

Provides a framework for organizational structure and management – Accreditation involves preparing for a survey and maintaining a high level of quality and compliance with the latest standards. Joint Commission accreditation provides guidance to an organization's quality improvement efforts.

May fulfill regulatory requirements in select states – Laws may require certain health care providers to acquire accreditation for their organization. Those organizations already accredited by The Joint Commission may be compliant and need not undergo any additional surveys or inspections.

Provides practical tools to strengthen or maintain performance excellence – The Leading Practice Library offers good practices submitted by accredited organizations.

Analysis

Hospital accreditation derives significant value for North Central Health Care. There is no doubt as to whether NCHC should continue hospital accreditation. Losing accreditation in the hospital would have referral source consequences, potential contractual issues, it is required by the Medical College of Wisconsin for the residency program, and it reduces the regulatory survey and inspection burdens to the organization.

For the other NCHC behavioral health programs there is significantly less derived value. Here would be some potential, though unlikely significant risks that could be argued for in not seeking reaccreditation for the other behavioral health programs:

a. Less of a focus on patient safety and quality
b. Loss of referrals
c. Insurance reimbursement eligibility
d. Survey and inspection implications
e. Increase liability costs
f. Loss of competitive edge in the marketplace
g. Resources and education
h. Loss of structure and management

Ultimately, North Central Health Care would remain a Joint Commission Accredited organization, but instead would have fewer programs accredited. Having accreditation standards as a major piece of our organization will set the bar for patient safety and quality across the entire organization as the standard for all activities. NCHC would continue to derive benefits from pursuing this high standard in risk management, reputation and the structure and management of patient safety and quality issues. Not pursuing reaccreditation for behavioral health programs outside of the hospital would not likely impact referrals, insurance reimbursement eligibility, or increase survey and inspection implications in a negative way. The stated benefits of Joint Commission Accreditation are not as high a level in our behavioral health programs as they are in the hospital, based on the fundamental ownership and structure of NCHC.

Fiscal Impact

Annual recertification and required survey process fees include:

Behavioral Health Programs	Hospital
$2,545 annual fee based on volume	$2,340 annual fee based on volume
$4,720 Site survey (due in 2018)	$3,850 Chemical Dependency Surveyor $5,330 Engineer Surveyor $5,530 MD Surveyor $5,330 RN Surveyor
$7,265 Total for BH Programs	*$22,180 for Hospital*

Recommendation

Staff's recommendation is that NCHC continues to pursue hospital accreditation with the Joint Commission but consider discontinuing accreditation for behavioral health care programs. Hospital accreditation with the Joint Commission will continue to serve as a beacon for all other programs in many regards and would still serve NCHC's strategic interests.

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MEMORANDUM

DATE: August 25, 2017
TO: North Central Community Services Program Board (NCCSP)
FROM: Sue Matis, Human Resources Executive
RE: Department of Employee Trust Funds Income Continuation Insurance Program

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Purpose

To continue to offer a competitive benefit package, Administration is requesting approval from NCHC Board to move forward with the implementation of the Income Continuation Insurance (ICI) program administered by the Department of Employee Trust Funds (ETF). This is the same entity that administers the Wisconsin Retirement System.

Background

Currently NCHC provides income continuation to employees via a voluntary benefit which the employee assumes 100% of the benefit cost. The short-term disability plan covers 66% of earnings, not to exceed $5,000 monthly up to a maximum period of 90 days. North Central Health Care also offers and pays for a long-term disability program starting at day 91.

The ICI program available through the State's Department of Employee Trust Funds is an "income replacement" benefit plan that provides up to 75% of an employee's gross salary (based on a maximum salary of $120,000/year) if the employee becomes ill or injured and is unable to work. The ICI program provides replacement income for disabilities which are both short- and long-term.

Employees must meet the following requirements to be eligible for this plan:

- Are eligible for coverage under the Wisconsin Retirement System (WRS),
- Under age 70 at the time initial eligibility, and
- Are not receiving a Wisconsin Retirement System annuity.

Employees have 30 days from their hire date of employment or their newly benefits-eligible job to enroll in the Income Continuation Insurance (ICI) program. It would be the goal of NCHC to have all eligible employees enroll for a January 1, 2018 effective date should the Board decide to approve this offering. Current employees would be eligible without underwriting if they enroll January 1, 2018. New hires would be offered the opportunity to enroll upon their initial eligibility. If employees do not enroll in Income Continuation Insurance (ICI) when they are initially eligible, they may have an opportunity to enroll through underwriting. Underwriting may include such items as an individual questionnaire, lab work or documentation from their physician.

Coverage

If unable to work due to disability, the ICI program provides payment to an employee of up to 75% of their earnings (based on a maximum salary of $120,000 year). The ICI program has two different levels of coverage.

- Standard ICI covers the first $64,000 of earnings.
- Supplemental ICI covers earnings between $64,001 and $120,000.

The amount of ICI benefits payable is based upon WRS reported earnings in the calendar year prior to the first date disability, rounded to the next highest thousand. The rounded-up annual salary is divided by 12 to obtain the monthly salary and then multiplied by 75% to obtain the monthly benefit amount. The maximum benefit payable is $4,000.00 per month. However, for disabilities lasting longer than 12 months, an additional $75 per month is added to the normal benefit amount. The gross ICI benefit is reduced by other income sources received by an employee or benefit amounts they are otherwise eligible to receive.

Benefits are payable following the elimination period which begins on the first full day that an employee is continuously and completely absent from work due to disability. If the employee returns to work during their elimination period, even to perform incidental work at the employer's request, the employee's elimination period may be extended.

The benefit usually lasts until an employee is no longer disabled, dismissed, terminated, retires, dies or reaches age 65 (with some exceptions). If the employee is disabled under the terms of the plan at the time coverage terminates, they will continue to be eligible to receive benefits as long as the disability continues, up to the maximum duration of benefits as stipulated in the plan documents. There are longer coverage opportunities with the ICI program as compared to the current short-term disability product offered to employees.

Fiscal Impact

The WRS has waived premiums for local government employers therefore there is no cost to NCHC or an employee for standard ICI coverage up to the first $64,000 of earnings. Employees can buy supplemental coverage for earnings above $64,000 up to $120,000 in earnings annually for additional costs. Because this program is both a short-term and long-term program, North Central Health Care will now no longer need to provide long-term disability insurance to employees. Annually this will save NCHC up to $97,000 in employee benefit costs as the ICI program has no premium for local government employers. The only downside risk to the program is for employees earning over $64,000 who would now have to pay the supplemental premium to increase their coverage for the long-term protection. However, this can be mitigated largely as it is not required to buy the supplemental coverage above $64,000 in earnings. Further, these employees would be receiving short-term disability at no costs versus the premium they would have to pay under the current plan. Overall, this enhances the benefit package and significantly decreases cost.

Recommendation

A motion to *Approve Participation in the Department of Employee Trust Funds Income Continuation Insurance Program* is respectfully offered as a recommendation to the Board.

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Dec-16	Appointment	Appointments - Marathon County: Chair Lance Leonard, Deputy Administrator, Chad Billeb, Chief Deputy; Lincoln County: Nancy Bergstrom, Corporation Counsel; Langlade County: Robin Stowe, Corporation Counsel.	Completed												
Appointment of NCCSP Board Members	Counties	Jan-17		Holly Matucheski from Langlade County resigned in August 2017. Planning to have a new appointment in place prior to the October NCCSP Board meeting	Open												
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 provided copies of the audit documents. The RCA accepted the audit at their April 27th meeting.	Completed												
Policy Governance for the NCCSP Board	NCCSP	Jan-17	Policy Governance Manual Approved	The NCCSP Board will consider the draft End Statements at the August meeting and begin to discuss what the Board would like the Committees to do on their behalf. The Board will continue this work at the end of each Board meeting for the coming months with a target completion date of November.	Open												
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												
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	The strategic action register of recommendations from the CLA report was approved at the MVCC Committee meeting in July. A list of pro/cons of three options for moving forward will be presented at their next meeting on September 5, 2017. These option will evaluate the choices between closing, selling, or rightsizing the nursing home.	Open												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	The full County Board will vote in September on the project which will require the 3/4ths super majority support of the County Board to move the project forward. The CEO is working on behalf of the North Central Health Foundation along with Steve Anderson to develop the community fundraising campaign. The target for the campaign is $3M that would need to be largely raised/pledged by March of 2018.	Open												
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 statements and budget to enable 2018 financials to be completely separate between the 51.42 program and MVCC. Further consideration will be made on doing the same for the Community Living developmental disability programs.	Open												
Review of Bylaws	NCCSP	Jan-17	Adopted Amended Bylaws	The Board adopted an update to the Bylaws to make them contemporary with the new Tri-County Agreement at their January meeting.	Completed												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Develop Training Plan for each County	NCCSP	Feb-17	Adopted Annual Training Plan	Administration contacted each of the three County administrations to identify training needs on accessing and using NCHC services along with general support for skill enhancement for individual county departments sharing in the responsibility for our managed population. The process was initiated in a request to each County's Corporation Counsels. No requests were made at this time but NCHC will be open and willing to fulfill any future requests not contemplated at this time. There are annual training expectations as part of the RCA's performance expectation responsbilities.	Completed												
CEO Selection Plan and Recommendation	NCCSP	Feb-17	Adopted CEO Recruitment Plan	The recruitment has begun with the position posted and advertised in August. Applications will be accepted until late September. Interviews are anticipated in October.	Open												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	This initiative has not begun.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	The NCCSP Board reviewed 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. Langlade and Lincoln Counties have provided input thus far. The policy is slated for action but is currently waiting final County input.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-17	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Completed												
Annual Report	NCCSP	May-17	Annual Report Release	The Annual Report was presented to the NCCSP Board and released following the May meeting. Presented the annual report to Langlade County. Hard copies were sent to all members of the three County Boards .	Completed												
Review of Personnel Policies	NCCSP	Sep-17	Appropriate Policies Identified and Adopted	The NCCSP Board reviewed the Employee Compensation Policy and Administration Manual at their April meeting. The NCCSP Board adopted the policy and plan. The full plan was forwarded to the RCA in July who will now review and adopt the policy and plan, with any recommended changes, prior to August 15th, and send the adopted policy back to the NCCSP Board for implementation.	Completed												
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												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	The CFO has reached out to each of the Finance Directors in the time before and following the audit to check-in. Nothing of significance to report.	Completed												
Annual Budget	RCA	Feb-17	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The NCCSP Board will received the proposed 2018 budget for consideration at their August meeting. The proposed budget delivers on the direction set by the RCA and NCCSP Board to the highest degree possible.	Open												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This documet serves as the work plan document.	Completed												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	The RCA reduced the CEO compensation two pay grades lower plus an additional 5% reduction below than compensation plan recommended by the NCCSP Executive Committee resulting in a market rate reduction of $50,000 below the NCCSP Executive Committee recommendation and much more significantly below the market analysis.	Open												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Finalized at the February meeting	Completed												
Determine "Substantially Modify" Criteria and Application Structure	RCA	Feb-17	Agreed upon guidelines and Application process	Definition and adoption done at the February RCA meeting. The CEO and committee members will brief each of their committees/boards on the resolution of this item. The NCCSP Board reviewed this policy and guideline at their March meeting.	Completed												
Non-CEO Employee Compensation Plan	RCA	Mar-17	Adopted Plan	The compensation plans were reviewed by the RCA. The RCA adjusted only the Executive level pay grades lower by one pay grade each while the CEO and CFO were reduced two grades. An additional 5% reduction in the grades was added to these adjustment. The RCA instructed the NCHC Human Resources Executive to meet with each of the other Counties to evaluate comparability of other like positions for other employees to note differences for consideration of further adjustment by the RCA.	Open												
Capital Improvement Policy	RCA	Mar-17	Develop comprehensive CIP Policy for NCCSP and RCA adoption	No activity on this intiative to report.	Open												
CEO Appraisal Process Design	RCA	Mar-17	Written Assessment Process and Documents	No activity on this intiative to report.	Open												
Performance Standards	RCA	Mar-17	Adopted Annual Performance Standards	Performance expecations and outcomes were discussed again at the August RCA meeting and the final list was included in the 2018 proposed budget for final consideration by the RCA at their September meeting.	Open												
Reserve Policy Review	RCA	Apr-17	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status		Completed												
Selection of NCCSP Auditor	RCA	Apr-17	RFP and seleciton of auditing firm	Four firms responded to the RFP and were interviewed by NCHC in July. A recommendation to sign a three-year agreement with WIPFLI was provided to and adopted by the RCA at their July meeting.	Completed												
Tri-County Contral Annual Review	RCA	Oct-17	Revision Recommendation to County Boards if necessary	No activity on this intiative to report.	Open												

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MEMORANDUM

DATE: August 25, 2017
TO: North Central Community Services Program Board (NCCSP)
FROM: Michael Loy, Interim Chief Executive Officer
RE: Policy Governance End Statements

Purpose

The North Central Community Services Program (NCCSP) Board is embarking on moving the work of the Board to a Policy Governance model of governance. A key element of Policy Governance is the creation of Board End Statements.

Background

Having clarified ownership of NCHC, the NCCSP Board embarked on determining the end statements for the organization. End statements could be described as the organization's purpose, destination and difference it intends to make in the world. These end statements provide the rationale for everything else the organization does.

Please refer to the minutes of the Board Retreat's Policy Governance Discussion (attached) for further context. The notes in the end statements section of the minutes are verbatim notes from the Board's whiteboard activities of defining end statements within our five pillars of excellence. Based on the Board's discussion, the draft end statements are included below for consideration.

Recommendation

For the NCCSP Board to review the draft end statements below at its next meeting, avoiding wordsmithing as a group, seeking to consider the context of each statement and consider whether any outcome(s) excludes any important elements. After discussion, the end statements will be finalized and presented again to the Board for adoption at a future meeting.

People

Individuals will be served by a stable, highly qualified and competent staff who take pride in their work and seek to collaborate in the health care journey with each person. North Central Health Care will be a learning organization offering a career of opportunity of growth and development to ensure a best practices focus.

Service

Patient Experience and referral source satisfaction will exceed expectations as a result of our readiness, clarity of treatment planning, and superb ability to follow through.

Quality

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines to improve the quality of life of the individuals we care for. North Central Health Care's ability to assess and develop a comprehensive treatment plan and measure outcomes in real-time will be unparalleled.

Community
Community members will be able to access services through a highly responsive seamless integration of services. North Central Health Care will work to have strong affiliations with both public and private partners to share information, develop a web for continuity of care and by thinking of the collective impact on the health of the population we serve.

Financial
North Central Health Care will be a viable organization and offer value through efficiency, growth and diversification, and by being highly adaptable to changing conditions by remaining future focused.

North Central Health Care
Person centered. Outcome focused.

NCCSP Board Retreat

June 29, 2017 **1:00 p.m.** **Westwood Conference Center**

Policy Governance Discussion

- Getting Started with Policy Governance by Caroline Oliver, NCHC Team Game Plan, and Balanced Scorecard Step Diagram were distributed.
- Three key questions are on the agenda for today:
  - What is our purpose?
  - Who do we serve?
  - What is the structure of the Board?
- Today is a mode of inquiry and discussion. The Board has an important role in delivering the best services and should decide on how it wants to govern moving forward. What can be done over the next five years to set NCHC up for success for the following 50 years?
- The CEO works with the Executive Team, Medical Staff, and Board. To maintain success, the Board also needs a direction and vision including working with the Retained County Authority Committee and the three county governments.
- Overall objectives of policy governance:
  1) Define end statements (from board perspective)
  2) Committee structure (purpose and structure)
  3) Executive limitations (clearly articulate what you don't want CEO to do)
  4) Board policies
  5) Board agenda and calendar
- A Policy Governance Manual will be developed which will identify the work of board and the executives, how we interact to move the organization forward, the adding of board members, the terms of board members considering the more frequent turnover of the county board member appointments.
- Ownership is two-fold:
  1) Legal (Langlade, Lincoln and Marathon Counties
  2) Moral (community)
  - Marathon County owns the facility and property but NCHC is a vendor to the county boards which provides services to the counties. The counties can purchase services from any provider but have chosen to purchase from NCHC as a provider.
  - As it is today financial equity is divided between the three counties.
- NCHC is an organization of organizations:
  - 51.42 (required):
    1) behavioral health
    2) community services via emergency and crisis services
  - Community Living (Adult Developmental Disability Services), (not required)
  - Mount View Care Center (county operations delegated to NCHC to manage), (not required)
  - Adult Protective Services, (required)
  - Aquatic, (not required)
  - Birth to 3, (required)
  - Demand Transportation (Marathon County only)

- Who represents the community and makes the decision on their behalf?
    - If financial support by the counties is part of NCHC then counties have a say in decisions. The Board exists and acts on behalf of the counties' as owners of NCHC.

Stakeholders

- County Government
- Medical Community
- State
- Federal Government – Medicare/Medicaid
- Insurance
- Care Management

End Statements

1. What benefit does our organization exist to produce?
    - Needs
    - Ability to afford services
    - Emergent needs (unplanned)
    - Nobody else can (or will) care for
    - Specialty
    - Benefit to individuals and families around MH, substance abuse
    - Benefit to community as a whole (sometimes not a realization as an upstream benefit i.e. B-3) or having a recovery friendly eco system.
        - law enforcement
        - legal system
        - schools
    - Substance abuse
    - Enhance quality of life issues for neighborhoods and citizens in a community at large
    - Meet needs for those with no resources i.e. populations that government looks at as 'last best hope'
    - A provider for 3rd party reimbursement.
    - Quality care in diverse areas
    - Positive Outcomes reputation
    - Multi-disciplinary addiction
    - People are savvy with investigating reputation, etc.
    - What do other providers look to NCHC to be able to do?

2) For Whom?
    - Populations of our counties

3) At what cost efficiency?
    - No way 'we' (Lincoln and Langlade Counties) can afford to do on their own
    - To maximize county financial contribution
    - We cannot discriminate based on payer source
    - There is a cost to not providing quality care.
    - NCHC was selected as a CCS regional provider because of the other services we provide in conjunction with the program.

4) We take care of people who can't take care of themselves and do it better than anyone else.

People

- Employee Engagement
- Premier provider employer
- Quality People
- Stability
- Dedication
- Collaborative
- Continuing education
- Pride (3 affirmations for every criticism)
- Competency
- Career Path Development – Professional Growth

Service

- Patient Satisfaction
- Exceed expectations
- Be the best
- Follow-up
- Compassionate Care
- Clarity of treatment plan
- Preparation
- Perspective
- Referral Source Satisfaction

Clinical

- Regulatory compliance
- Risk management
- Interdisciplinary (Population Health)
- Integrated (Seamless)
- Quality of Life
- Evidenced-based – screening / comprehensive assessments
- Best practice (center of excellence)
- Quality/financial/effectiveness
- Real Time Quality

Community

- Access
- Response and Responsiveness
- Public/Private Partnership
- Shared Information for Continuity of Care
- Awareness
- Respect
- Affiliations
- Perception
- Tell the Store
- Collective Impact
- Messaging/Advertising
- Connecting to resources

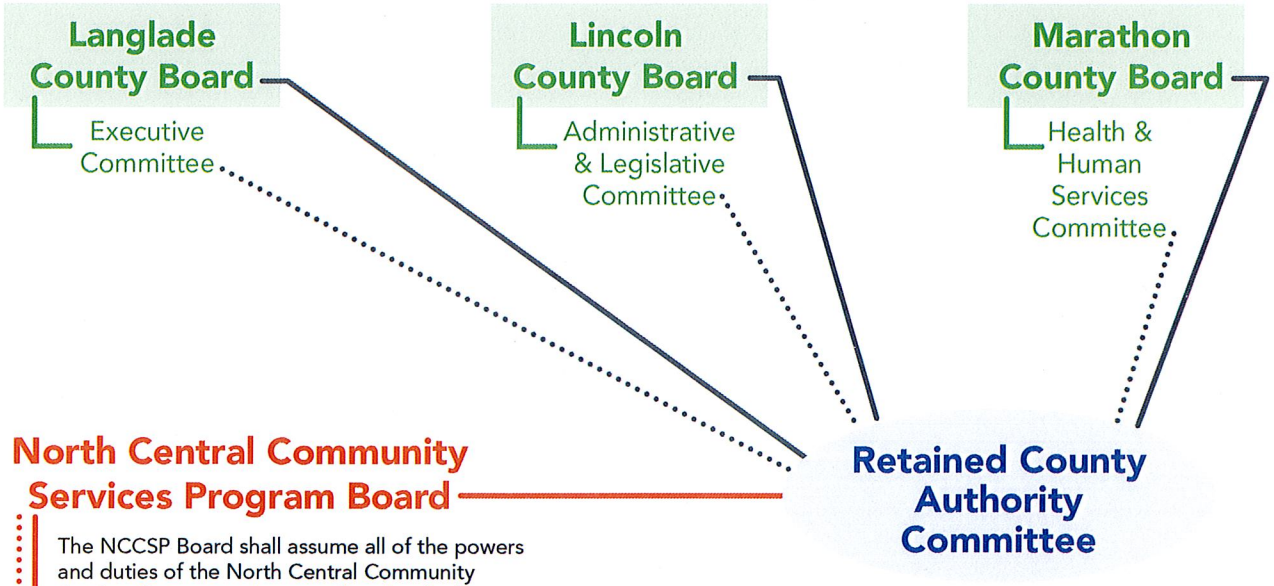
Financial

- Efficiency
- Growth
- Diversification
- Viability
- Value
- Adaptable
- Teaching-access

Feedback - What did you like about today's retreat/discussion and what would you change?

- Like discussion and what we need to look at.
- Would like the addition of small group discussion which would help drive conversation.
- Prepare a game plan so as not to get to a point we were previously.
- Ownership piece helps – to be mindful of the relationship with counties.
- Reading was helpful but was a lot.
- Get more out of discussion than just reading the materials.
- Incorporate additional discussion every other month after the Board meeting (45 min.)
- Liked getting back to basics, what we are, where we came from, who we are, how we are governed, and how we rely on the counties.
- More conversation of county being bad guy/good guy and appreciate what counties have to deal with.
- Process helps define who we are, where gaps were in own knowledge.
- Liked how the discussion unfolded. Have better sense of competencies and who board members are. Gained trust and respect of different viewpoints.
- Good to be mindful of breaks. In favor of small groups breakout sessions.
- Process good. Liked seeing Michael perform, learning clinical side, numbers, etc.
- Appreciated input from Lance.
- Appreciated Michael's preparation for today and did great job.
- Time well spent; didn't lose train of thought, engaging, no one got lost.
- Will be stronger because of today.
- Appreciated ability of better understanding of ownership, how we fit in, where board is in terms of everything else, the exercise, and getting to know people.

Governance Relationships Between the North Central Health Care Community Services Program Board and the Sponsoring Counties



North Central Community Services Program Board

The NCCSP Board shall assume all of the powers and duties of the North Central Community Services Program not expressly or impliedly reserved by the member counties.

- Executive Committee
- Finance, Personnel & Property Committee
- Human Services Operations Committee
- Nursing Home Operations Committee
- Quality Committee
  - Collaborative Care Quality Committee

Retained County Authority Committee

Specific Retained County Authority of the RCA p.11-16.

1. Chief Executive Officer of NCCSP
   - a) Selection
   - b) Appraisal
     - Annual Work Plan
     - Semi Annual Performance Evaluation
   - c) Removal
2. Salaries of NCCSP Employees
   - — Final Approval of Compensation Policy by July 1, 2017, then as needed
   - — CEO Compensation on annual basis by Aug. 15 each year
3. Budget
   - a) Annual Budget by Oct. 1
   - b) Program development plans, intermediate and long range goals.
   - c) Selection of annual audit firm
   - d) Financial transfers in excess of $20,000
4. Assessment of Services
   - a) Development of Performance Standards by July 1
   - b) Program Reporting and Improvement Plan Oversight
   - c) Decision on Direct Provision or Contracted Services
   - d) Approval of Program Creation, Substantial Modification, Suspension or Termination
   - e) Review State and Federal Inspection Reports
5. Recommend Extension, Revision or Termination of Joint County Agreement

January 2017

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Person centered. Outcome focused.

North Central Community Services Program Board
Executive Committee

Charter

Members: Chairperson of NCCSP Board, Vice-Chairperson of NCCSP Board, Secretary of NCCSP Board, Immediate Past-Chairperson of NCCSP Board

Resource: NCHC CEO

Purpose: To provide direction for the NCCSP board, advise the NCHC CEO on operational and strategic matters, perform an annual evaluation of the CEO, negotiate CEO employment agreement and compensation and act on behalf of the full NCCSP board when needed.

Authority: The Executive Committee by virtue of the NCCSP Bylaws which state "The officers along with the immediate past chair shall make up the Executive Committee, which develops the Board meeting agendas, recommends Board priorities and can be delegated specific responsibilities between Board meetings by the Board." shall have the authority to act on behalf of the NCCSP Board between board meetings. The Executive Committee may exercise the full powers of the NCCSP Board when the NCCSP Board is not in session and timely action is required.

Restrictions on Authority: The Executive Committee shall not have power to act on the following:

- Dissolution of the organization
- Amendment of the Three County Contract
- Election of principal officers
- Filling of vacancies on the NCCSP Board or committees
- Incurrence of debt
- Amendment of the NCCSP bylaws
- Approval of the annual budget

Outcomes: Recommends priorities to NCCSP Board
Plans agendas for NCCSP Board

Meeting: At least monthly, or as scheduled by the Chairperson of the NCCSP Board

Reporting: North Central Community Services Program Board's Executive Committee shall report back to the Board on any actions taken

Adopted: By NCCSP Board, July 30, 2009

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North Central Community Services Program Board
Finance, Personnel & Property Committee

Charter

Members:	Minimum of 5 members consisting of representatives from the NCCSP Board and representatives of the three sponsor counties with particular expertise in the area of Finance, Human Resources, Physical Assets.
Resource Team:	NCHC CEO NCHC CFO
Purpose:	Appointed by the NCCSP Board. Provides oversight of financial operations of the organization. Reviews pertinent Human Resource policy issues and makes recommendations to the NCCSP Board. Does appropriate planning for maintenance and development of the physical plant of NCHC. Reviews annual operating and capital budgets and makes recommendations to the NCCSP Board. Approves selection of auditor for NCHC and reviews annual audit and makes recommendation to NCCSP Board for approval of annual audit.
Authority:	Provides operational and strategic consultation to the management of NCHC on matters relating to finance, human resources and property. Reports to and makes recommendations to the NCCSP Board.
Outcomes:	Sound financial practices and policies Financial stability for the organization Approval and recommendation of an annual operating and capital budget Appropriate human resources policies and practices Appropriate planning and maintenance of physical assets
Meeting:	At least monthly, or as scheduled by the Committee Chair
Reporting:	NCCSP Board
Adopted:	By NCCSP Board, March 25, 2010

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North Central Community Services Program Board
Human Services Operations Committee

Charter

Members: Eight (8) to twelve (12) member committee consisting of representatives from the North Central Community Services Program Board (51.42) and the general public with knowledge or expertise in human services, community issues, and/or business and industry. The number of members from the board is at the discretion of the Board.

Resource: NCHC CEO, CFO, Director - Human Services Operations, and other NCHC Team as deemed helpful.

Purpose: To assure that North Central Health Care meets the communities' most critical mental health, alcohol/drug abuse and developmental disability service needs with available resources, and by working in collaboration with the communities served.

Responsibility & Authority: The Committee works closely with senior management, providing expertise, establishing expectations of operations and monitoring those expectations, including quality of care. The Committee provides input and oversight with regards to the broad strategic direction for the NCHC Human Services programs. The Committee is accountable to the North Central Community Services Program Board. Makes recommendations to the Board when policy changes are needed. The Committee will be involved in setting strategic direction and performance expectations, which may or may not require Board action.

Outcomes: Outcomes will be established on an annual basis for the following categories:

- Financial
- Community
- Clinical Quality
- Service
- People

Meeting: At least four times per year.

Reporting: North Central Community Services Program Board

Adopted: By NCCSP Board, December 22, 2011

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North Central Community Services Program Board
Nursing Home Operations Committee

Charter

Members: Minimum of five (5) member committee consisting of representatives from the North Central Community Services Program Board (51.42 Board) and the general public who are residents of Marathon County with knowledge or expertise in long term care, healthcare, and/or business and industry.

Terms: Annual appointments.

Resource Team:
NCHC CEO
Mount View Care Center Administrator
NCHC CFO
NCHC Human Resource Director
NCHC Quality Director
Other NCHC and Marathon County Staff as deemed helpful

Purpose: The Nursing Home Operations Committee is appointed by the North Central Community Services Program Board to oversee the operations of the Marathon County nursing home, Mount View Care Center. The Committee works closely with the NCHC CEO, Nursing Home Administrator and CFO, providing expertise, establishing expectations of operations and monitoring those expectations, including quality of care. The Committee provides consultation with regards to the broad strategic direction for the Nursing Home. The Committee is accountable to the North Central Community Services Program Board.

Authority: Makes recommendations to the Board when policy changes are needed. The Committee will be involved in operational consultation, strategic planning and performance expectations, which may not require Board action.

Outcomes: Outcomes will be established on an annual basis for the following categories:

- Demonstrated quality
- Fiscal responsibility
- Strong human relations
- Regulatory compliance
- Resident/family expectations

Meeting: As scheduled by the Committee Chair, Administrator or CEO; usually monthly.

Reporting: North Central Community Services Program Board

Adopted: By NCCSP Board, October 27, 2011 (Committee revisions 151218)

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North Central Community Services Program Board
Quality Committee

Charter

Members: Minimum of three members consisting of representatives from the NCCSP Board and community members appointed by the NCCSP Board.

Resource Team: NCHC Chief Executive Officer, NCHC Director of Operations – Human Services, Nursing Home Administrator, Director of Quality Improvement

Purpose: To create a culture of quality and continuous improvement in alignment with the mission, vision and values of North Central Health care and to support the development and implementation of north Central Health Care's process improvement system.

Authority: The NCCSP Board gives the committee authority to meet the fiduciary responsibility of the board for oversight of quality.

Outcomes: Approve an annual Quality Improvement Plan.
Approve an annual report to the board on quality improvement.
Monitor quality metrics and make recommendations.
Insure that the board is well-informed about the quality improvement process.
Seek accreditations and awards that demonstrate quality.

Meeting: As scheduled by the Sub-Committee Chair

Reporting: North Central Community Services Program Board

Adopted: By NCCSP Board, November 17, 2011

North Central Health Care

Person centered. Outcome focused.

5 TO 50

A VISION **FOR SUCCESS**

2018 PROPOSED BUDGET

2018 PROPOSED BUDGET

TABLE OF CONTENTS

North Central Community Services Program Board Members;

With great enthusiasm for the work contained herein, I present the 2018 North Central Health Care budget for your review. I am very proud of the work that went into the development of this year's budget and how we continue to improve upon the new budget format we introduced last year. I want to commend our leadership team – and as always, Brenda Glodowski, our Chief Financial Officer – for their dedication in producing this year's budget. As a Board, you represent a Community who is receiving great leadership in providing very valuable services at an incredibly reasonable cost to the taxpayers.

As often as we have looked back in celebrating our 45th Anniversary in 2017, we have remained steadfastly focused on our future. Turning the page into 2018, we start the journey on our *5 to 50 Vision*. In the spirit of this vision, our focus turns to the necessary steps to get NCHC to our 50th Anniversary in 2022.

- First, we started with a reboot to our Mission, Vision and Values. These were important foundations to our overall direction which needed clarity. These updates are included on page 8.

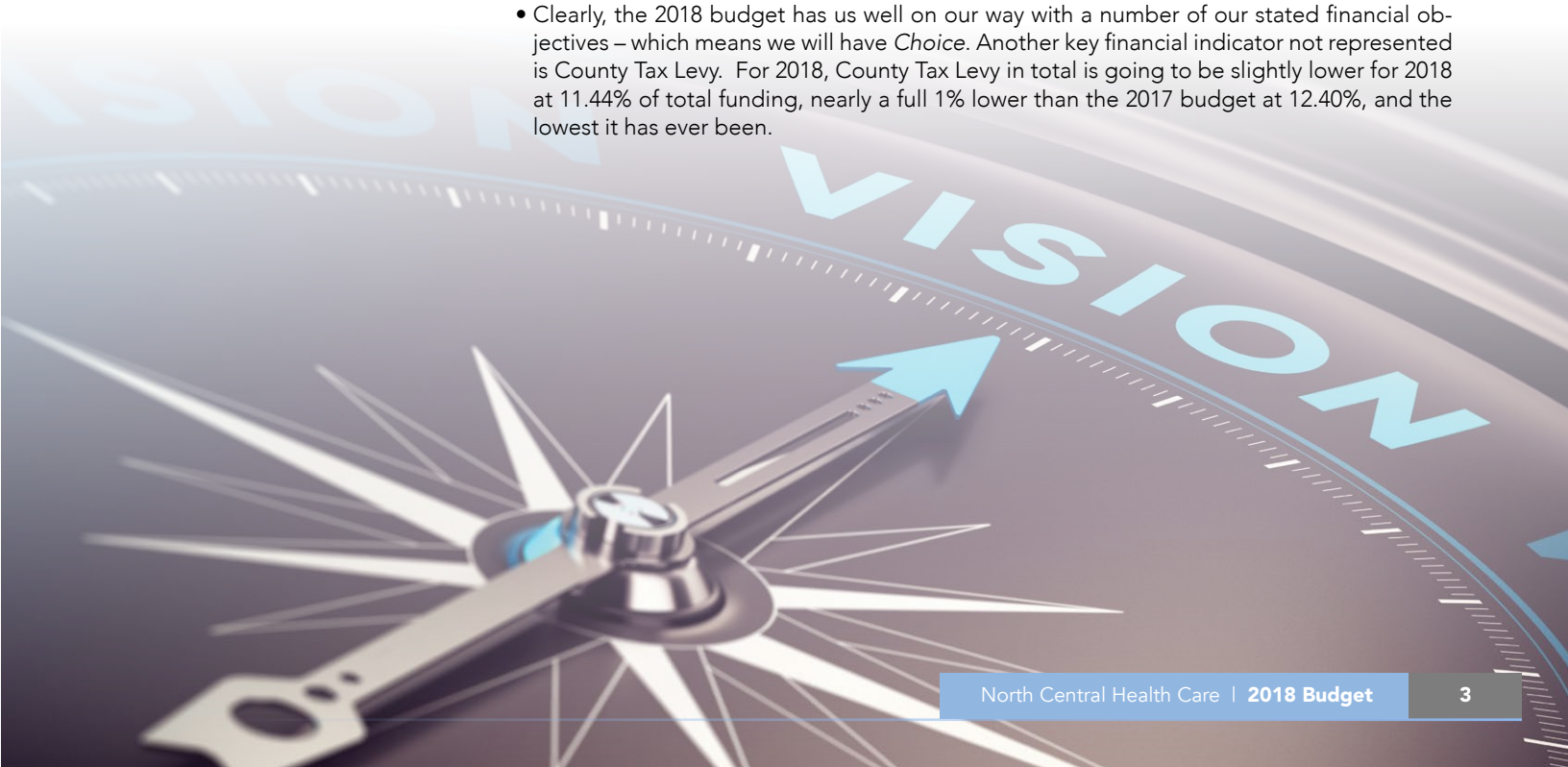
- A major aspect of the *5 to 50 Vision* is achieving financial *Viability* to increase our ability to have *Choice*. The saying in healthcare is, no margin, no mission. *Viability and Choice* are our financial objectives and to achieve both, we need growth. We are facing unprecedented pressure on local, state and federal government revenue sources while at the same time being cognizant of the limitation to our entrepreneurialism by staying true to our core. All of this is clear and present, as is the continuing escalation of costs to continue. With these tensions in mind, the Executive Management team has committed to the following financial objectives as part of our *5 to 50 Vision*:

  1) 3-5% Compound Annual Growth Rate
  2) Reduce the Ratio of % Indirect to Direct Expenses
  3) Reduce the Ratio of % Direct Expense to Gross Patient Revenue

  The projection of these goals over the next 5 years is:

	2017	2018	2018 Budget	2019	2020	2021	2022
(1)	$60M	$62M	$66.7M	$63.7M	$65.5M	$67.7M	$70M
(2)	42.5%	41%	38.3%	40%	39%	38%	37%
(3)	64%	63.5%	66%	63%	62%	61%	60%

- Clearly, the 2018 budget has us well on our way with a number of our stated financial objectives – which means we will have *Choice*. Another key financial indicator not represented is County Tax Levy. For 2018, County Tax Levy in total is going to be slightly lower for 2018 at 11.44% of total funding, nearly a full 1% lower than the 2017 budget at 12.40%, and the lowest it has ever been.



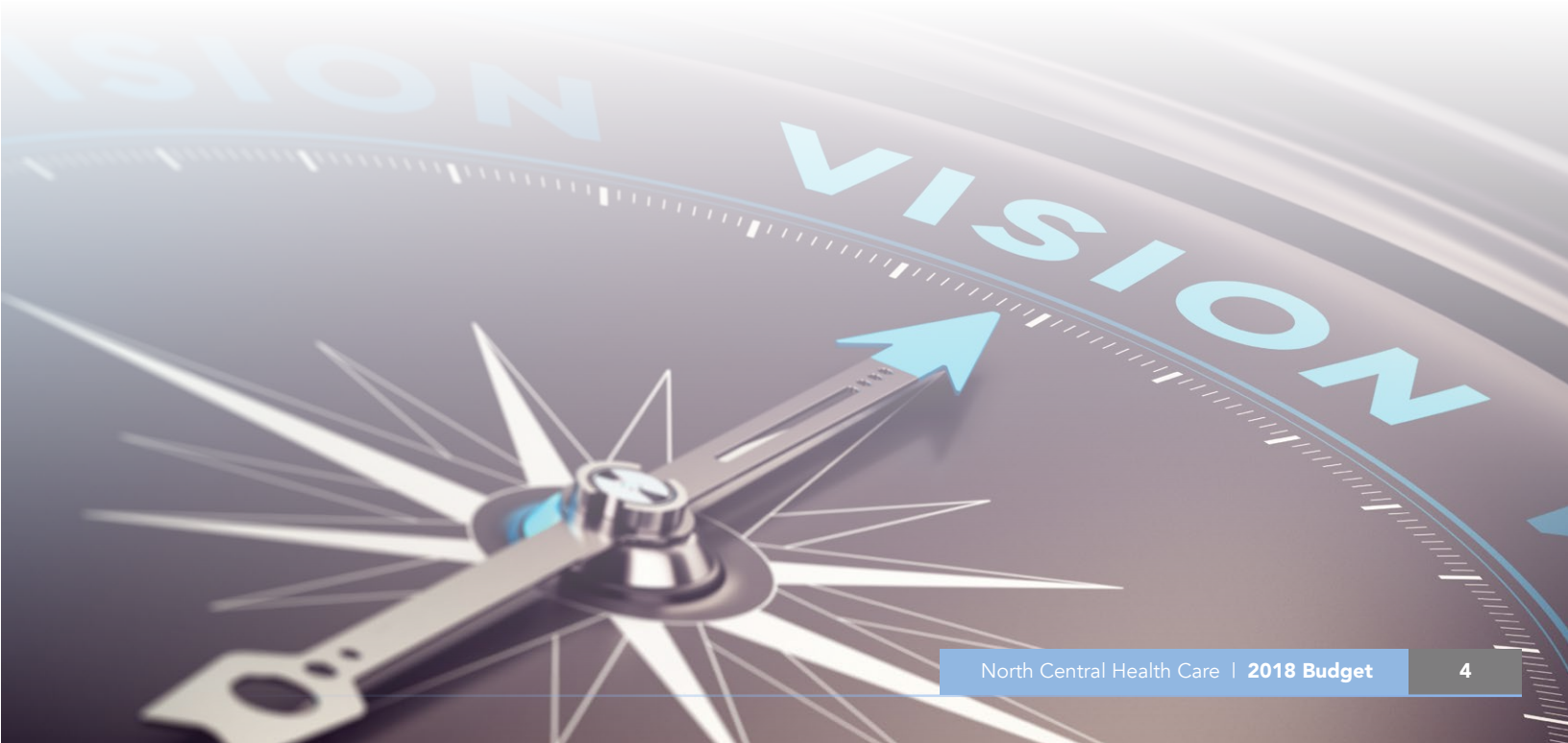
- Going forward, a major cornerstone for the next five years will be built on the growth we can support through investment in bricks and mortar. The NCHC Campus is in need of major revitalization to support growth and lower operational expenses. Along these lines, our overall capital program strategy is to build our capital expense (combination of new capital spending and annual depreciation) to 5% of the operations budget. For 2018, our budget ($1,162,367 in new capital spending and budgeted $1,695,000 of depreciation) is at 4.28% of budget. We are maintaining some capacity in our capital program in anticipation of a number of major capital projects coming in 2018-2020 following the Master Facility Planning activities set to conclude at the end of 2017. Our cash position continues to improve as well. As we enter into 2018, a big part of our picture of the future is whether we can gain commitment to double down and invest on our potential through capital spending.

- Lastly, it is important to plan for unexpected changes. With major health care reform efforts imminent at both the federal and state level, we need to build contingency funding of 1.5% as part of the annual budget – the 2018 Budget includes approximately $800,000 in total contingency funding or 1.21%, a significant improvement from the 2017 Budget.

Budgets are all about the numbers. The most important number we have is the next person we serve. A growth-oriented budget affords us the opportunity to serve more. Each year brings an extraordinary opportunity to transform lives and our community, with no two years being alike. As I indicated in last year's budget letter, we are on a stage of what our future will become. We've made a full turn from 2016 through 2017 and now chart a course for 2018 and beyond. As an organization, we are serving over 10,000 people annually over 5,000 square miles. These numbers matter the most. I see a future of unfettered optimism and hope for everything we can accomplish as an organization, and with each person we serve. Think about all we have accomplished over our 45 years, starting in 1972. Think about what we can achieve if we succeed in our *5 to 50 Vision*. Together, our contributions to our community through our work lead toward a seamless environment of care where *Lives are Enriched and Fulfilled*. There is a brighter future for all the people we care for…today and tomorrow.

I look forward to working with you in 2018!

Michael Loy, Interim CEO
North Central Health Care



EXECUTIVE SUMMARY

Brenda Glodowski
Chief Financial Officer

The overall Proposed 2018 Budget reflects an operational increase of $4,828,201, which is 7.8% above 2017. This is the most significant overall change in several years. The budget includes needed growth to some of the behavioral and mental health programs, as well as changes to the nursing home to bring the program back in line financially. An overview of program changes and other assumptions is provided in this summary.

THE SERVICE LINE CHANGES/ASSUMPTIONS

The budget is regrouped into different service lines as part of our developing strategic plan. This provides a better view of the funding and costs of the types of services provided. The first service line is Behavioral Health Services, which includes Inpatient and the State Institutes, the Crisis CBRF, Lakeside Recovery, the Medically Monitored Treatment (MMT) Program, and Crisis Services. There are significant changes in each of these programs. The highly anticipated Psychiatry Residency Program started July, 2017. Included in the Inpatient budget is $188,000 for residency stipends that have been committed for this program. This will remain an ongoing budget item for the years to come. The amount does increase in 2019 and 2020. The hospital census remains at a target of 14 patients per day, which is consistent with 2017. Included in the hospital budget is another Psychiatrist position, as the organization prepares the transition to a teaching hospital and expansion of emergency services. The Crisis CBRF and MMT Programs are both expanding due to the need and demand for services. The CBRF will be expanding from 6 beds to 12 beds, and the MMT Program is expanding from 6 beds to 15 beds. The increase in these programs increases staffing by 7.66 FTE's. The overall increase in expenses is just over $1,000,000. About half of the increase is offset with increased revenue. Comprehensive Community Service (CCS) funding has been expanded to include MMT services, so this provides Medicaid funding opportunities for MMT. Prior to this change, MMT was not eligible for Medicaid funding, so most clients had no payer source available. There are some insurance companies that will also cover this service. Crisis Services is expanding again, adding 4.0 more Crisis Professionals. This will allow for expansion of linkage, follow-up and case management. The expansion of services increases this budget by approximately $300,000. With the indicated changes being implemented, it is anticipated that the diversions to the state institutes will decrease. As a result, that budget is being decreased by $200,000.

The next service line is Community Behavioral Health Services. Included in this area are Outpatient Services, AODA Day Treatment, Community Treatment and Clubhouse. While Outpatient Services, AODA Day Treatment and Clubhouse remain relatively consistent with 2017, Community Treatment is seeing significant changes. This is a program that continues to have significant demand. The expansion of MMT and increased expansion of linkage and follow-up will also increase the growth of Community Treatment. To reduce the current backlog, as well as prepare for the anticipated growth of the other programs, Community Treatment in all three

…continued

counties is expanding. Overall, 36.95 FTE's are anticipated to be added. This will not all occur at once. The additions are planned to be done over time to provide ample training time and time to build caseloads. Further, if growth is slower, the expansion can be contracted. In addition to the added positions, the contracted providers continue to increase. This program is the largest growth area in this budget, with the budget increasing just over $4.3 million from the 2017 budget. All of this growth will be funded through billing the Medicaid Program. At this time, CCS is cost based, so the organization is able to capture most of the cost back through the annual CCS cost reconciliation process. Since North Central Health Care is a regional provider, (Marathon, Lincoln and Langlade Counties), CCS provides better reimbursement. The growth in this program has decreased the need for this program to utilize Base County Allocation and County Appropriation. As a result, the funds that are freed up are able to be utilized for the some of the growth in Behavioral Health Service programs.

Community Living Services includes Day Services and Residential, both serving adults with developmental disabilities. This area is seeing a decrease in expenses, as one of the group homes is slated to close. These programs are mostly funded through Family Care, and do not utilize any county appropriations. We continue to experience low reimbursement rates which may make it difficult for maintenance of efforts in the future.

Other Services include Birth to Three, Protective Services, Demand Transportation, and Aquatic Services. The Protective Service budget does include an additional 1.0 FTE. The demand for these services continues to grow. There is no revenue to offset this increase. The Aquatic program is adding a .60 lifeguard, for safety reasons, following a survey requirement by the Health Department. This program has increased the reliance on county appropriation. The program is waiting for a decision on having a new pool built.

The Nursing Home is seeing a decrease in the budget of over $1.6 million. The target census is decreasing from 203 in 2017 to 185 in 2018. The average census has continued to decrease, so the budget is being reflective of this. The Medicare and Medicaid rates are both anticipated to increase, as well as the amount of Supplemental payment. The nursing home self pay rates will stay the same as 2017, as the rates are on the higher side in the market. This program is working on a study with a consultant. The consultant has made a number of recommendations, some of which are being implemented and included in this budget. The program is waiting for a decision on a renovation project as well. Without an investment upgrading the facility, it is expected the revenue will continue to be pressured.

The pharmacy is anticipating a $261,000 budget increase. The increase should be offset with billed revenue. Pharmacy performance will be a key focus in 2018 with opportunities for financial improvement targeted.

…continued

GENERAL BUDGET ASSUMPTIONS

The budget does include 2.5%, or $678,000, for employee merit increases. No increases were given in 2017. The wages for nurses have fallen behind the market. Over the next two years, there is a plan to get the wages for nurses back in line with the market. For 2018, $105,000 is planned for the first phase.

Benefits have improved in 2018, compared to 2017. The contribution rate for the WI Retirement System is decreasing from 13.6% to 13.4%. The employer and employee both share in the decrease, with each seeing a .10% decrease. This has an impact of about $65,000 to the organization. After a number of years of increasing, the workmen's compensation modification factor is dropping, going from 1.32 to an anticipated 1.01. This has direct impact on the workmen's compensation premiums. It is anticipated that the premiums will decrease by $200,000. Health insurance has also seen significant improvements again. With improvements in claims, it is anticipated only a $100,000 increase, or 1.6%, is needed.

The budget also includes $307,000 for contingency. There was no contingency included in 2017 due to the unavailability of funding. However, with the changes and improvements to 2018, this is able to be included again.

SUMMARY

The 2018 budget is more of a growth orientated budget, compared to more recent years. As has been indicated in the past several budgets, the organization is in need of revenue growth. With the expansion of some of the programs that are billable, revenue growth is possible, and also offsets costs for programs that do not have billable sources. Targets are set for all programs, and will need to be closely monitored. If targets are not met, some of the growth may slow down until the targets can be met. It is anticipated, though, that a number of additional community needs will be met with the changes occurring in this budget.

MISSION, VISION & CORE VALUES

Our purpose and beliefs aren't simply words on a page or aspirations we are unwilling to achieve.

As the dawn of a new day began in 2017, it was time for a reboot on our Mission, Vision & Core Values. Our prior work in this regard was not fundamentally flawed as to require us to start over, but rather an externally focused perspective needed to be incorporated. As we listened to our community more closely in 2016, our Mission, Vision and Core Values became simpler, they more clearly define who we are, what we stand for, how we interact with people, and why every one of us works at North Central Health Care – because we can make a difference in the lives of individuals in our community.

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

North Central Health Care has a deep history and relationship with our Central Wisconsin community. We are committed to our partnership with our three counties as we continually seek to provide the highest levels of accessible and specialized care for those we serve. Our person-centered service approach to the complex needs of those we serve and those we partner with are identical – we will meet you where you are at and walk with you on the journey together. Our programs and services provide compassionate and specialized care that is designed around each individual's abilities and challenges – creating a path to move forward together.

Our Vision: **Lives Enriched and Fulfilled.**

Each interaction we have with those we serve, our community partners and each other will lead to lives that are more enriched and fulfilled. We face the world with undeterred optimism and hope of possibility. Every day a new chance to make people's lives better. The vast potential to make a difference in each individual's life is our greatest inspiration and measure of success.

Our Core Values

The Core Values we share at NCHC guide us in each interaction we have and allow us to carry out our Mission and Vision. Embodying our Core Values will allow North Central Health Care to

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

…become the very best place for employees to work…*A Career of Opportunity,*

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

DIGNITY

We are dedicated to providing excellent service with acceptance and respect to every individual, every day.

INTEGRITY

We keep our promises and act in a way where doing the right things for the right reasons is standard.

ACCOUNTABILITY

We commit to positive outcomes and each other.

PARTNERSHIP

We are successful by building positive relationships by working across the organization and as a trusted County partner.

CONTINUOUS IMPROVEMENT

We embrace change, value feedback, creativity and the advancement of excellence

CULTURE

There is a lot of talk about culture out there. Culture is about creating the right environment and structures for success. Culture at NCHC starts with the foundation of our Mission, Vision and Core Values. Culture at North Central Health Care focuses on three key elements for success:

Do the right thing, work to the best of your ability and care about people.

We experience the presence of our culture each day, good or bad. We want to create a culture to influence people in a positive way, a culture where if people are willing to violate the statement above they will feel very uncomfortable. In late 2016, a team from North Central Health Care was charged with developing our approach to building our culture around Person Centered Service. The development of the model allowed NCHC to create a customer service approach distinctly our own.

Person-Centered Service is about serving others through effective communication, listening to understand and building meaningful relationships. The Person-Centered Service model provides a framework and common language for everyone across NCHC, regardless of where they work. The model helps make NCHC a great place to work, an organization we are all proud of, that has a great reputation.

A few key points of emphasis in the Person-Centered Service model:

- ★ The model is surround by a ring of communication – a lack of communication is the first thing that breaks down between people and teams. We have to ensure we are excellent communicators.
- ★ The Service Excellence Star connects with our service excellence vision of quality and connects Person-Centered Service with our dashboard results.
- ★ The graphic of the four individuals represents that we are family and we are serving people as if they are *our* family.
- ★ Our Core Values hold together our Person-Centered Service approach and we serve others based on the following service-focused concepts:
    - Proactive Approach & Caring Attitude
    - Culture of Trust & Safety
    - Values & Respect Based
    - Choice, Input & Involvement

Our NCHC team has been using the Person-Centered Service model as the support structure to continue to develop our culture. So far there has been some amazing momentum created to carry us into 2018 and beyond.

BOARD OF DIRECTORS

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

Jeff Zriny
Board Chair, *Executive Committee Chair*

- Marathon County
- Joined April 2014
- Retired President/ CEO, Wausau Region Chamber of Commerce
- Retired, Health Insurance Executive
- Marathon County Board Supervisor

Jean Burgener
Board Vice Chair, *Executive Committee Vice Chair, Nursing Home Operations Chair*

- Marathon County
- Joined August 2006
- Retired VP of Post Acute Care-Aspirus
- Licensed Nursing Home Administrator

Ben Bliven
Quality Committee Chair

- Marathon County
- Joined February 2016
- Deputy Chief, Wausau Police Department

Robert Weaver
Secretary/Treasurer, Finance/Personnel/ Property Chair

- Lincoln County
- Joined April 2012
- Retired Plumbing Contractor
- Lincoln County Board Supervisor

Randy Balk

- Marathon County
- Joined February 2016
- President/CEO Intercity State Bank

Dr. Steve Benson

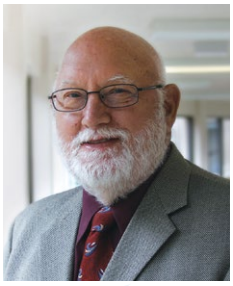
- Marathon County
- Joined May 2016
- Psychologist
- Clinical and Consulting Psychology

Holly Matucheski

- Langlade County
- Joined April 2012
- Retired Langlade County Public Health Officer
- Langlade County Board Supervisor

William Metter

- Marathon County
- Joined October 2010
- Retired, Information Technology expert
- Retired, Clergy



Bill Miller

- Marathon County
- Joined May 2014
- Retired auditor
- Marathon County Board Supervisor

Thank you to John Robinson, Marathon County Board Supervisor and Scott Parks, Marathon County Sheriff for their service on the NCCSP Board in 2017.

Dr. Corrie Norrbom

- Marathon County
- Joined October 2016
- Primary Care Physician
- WIPPS Health Policy Fellow
- Medical College of WI Faculty Navigator

Greta Rusch

- Lincoln County
- Joined April 2014
- Retired Lincoln County Public Health Officer
- Lincoln County Board Supervisor

Rick Seefeldt

- Marathon County
- Joined March 2017
- Marathon County Board Supervisor
- Former Dairy Farmer (42 years) and current Cash Crop Farmer

Robin Stowe

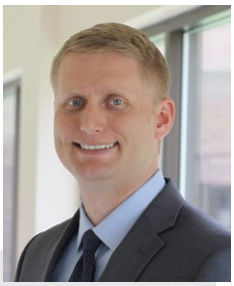
- Langlade County
- Joined April 2016
- Langlade County Corporation Counsel

Theresa Wetzsteon

- Marathon County
- Joined February 2017
- Marathon County District Attorney

NORTH CENTRAL HEALTH CARE

EXECUTIVE MANAGEMENT TEAM



Michael Loy
Interim Chief Executive Officer

Kim Gochanour
Nursing Home Operations

Laura Scudiere
Human Services Operations

Brenda Glodowski
Chief Financial Officer

Sheila Zblewski
Information Technology

Sue Matis
Human Resources

ORGANIZATIONAL CHART

North Central Community Services Program Board

- **Nursing Home Operations Committee** — Chair - J. Burgener; Support - K. Gochanour
- **Finance/Personnel/Property/Committee** — Chair - R. Weaver; Support - B. Glodowski
- **Executive Committee** — Chair - J. Zriny; Support - M. Loy
- **Human Services Operations Committee** — Chair - Vacant; Support - L. Scudiere
- **Quality Committee** — Chair - B. Bliven; Support - M. Loy

Chief Executive Officer — Interim - Michael Loy

- **Nursing Home Operations Executive** — Kim Gochanour
  - Ancillary Services
  - Housekeeping
  - Laundry
  - Long-Term Care
  - Memory Care
  - Nutritional Services
  - Post-Acute Care
  - Rehab
  - Pharmacy
  - Ventilator Care
- **Human Services Operations Executive** — Laura Scudiere
  - Adult Protective Services
  - Aquatic Services
  - Behavioral Health Services
  - Birth to Three Services
  - Clubhouse
  - Community Living
  - Community Treatment
- **Chief Financial Officer** — Brenda Glodowski
  - Business Operations
  - Demand Transportation Services
  - In-House Transportation
  - Patient Financial Services
  - Purchasing
- **Medical Director** — Dr. Anne Dibala
- **Information Services Executive** — Sheila Zblewski
  - Health Information Management
  - Information Management Services
- **Human Resources Executive** — Sue Matis
  - Talent Development
  - Marketing & Communications
  - Volunteer Services

LOOKING BACK – 2016 INDIVIDUALS SERVED BY COUNTY

SERVICES	MARATHON	LINCOLN	LANGLADE	*2015 Total*	2016 TOTAL
Inpatient Psychiatric Care	646	91	98	*891*	835 people
Community Treatment	516	90	74	*631*	680 people
Community Corner Clubhouse	170			*175*	170 people
Outpatient Services Counseling	948	352	456	*1,768*	1,756 people
Outpatient Psychiatric Care	1348	276	145	*1,782*	1,769 people
Outpatient Services Substance Abuse	1187	347	311	*1,839*	1,845 people
Residential Supported Apartments	87	/	/	*58*	87 people
Residential CBRF	34	/	/	*50*	34 people
Substance Abuse Day Treatment	44	4	16	*58*	64 people
Medically Monitored Treatment for Drug & Alcohol Addiction	98	7	15	*44*	120 people
OWI Assessments	682	97	106	*890*	885 assessments
Driving with Care	9	/	/	*17*	9 people
Inpatient Detoxification	119	12	9	*55*	140 people
Crisis Stabilization	137	19	20	*236*	176 people
Mobile Crisis Care	2,054 1,269	266 254	222 197	*3,876* *1,320*	2,542 assessments 1,720 people
Youth Crisis Stabilization	116	21	15	*119*	152 people
Adult Day Services	68	/	39	*105*	107 people
Birth to Three	342	60	44	*457*	446 people
Children's Long Term Support	/	26	21	*61*	47 people
Prevocational Services	124	/	39	*165*	163 people
Demand Transportation	725	/	/	*740*	725 people
Adult Protective Services	378 430	39 86	75 80	*357* *520*	492 people 596 initial elder at risk assmts.
Aquatic Services	526	25	5	*474*	556 people
Post-Acute Rehabilitation	159	7	7	*269*	239 people*
Dementia Care	151	4	2	*163*	162 people*
Long Term Care	89	2	/	*129*	92 people*

Note: This data does not include people or services provided to clients, patients and residents who reside outside Langlade, Lincoln and Marathon Counties, unless marked with *.

**Total includes residents from other counties.*

BUDGET PRIORITIES & GUIDELINES

The new Agreement for the Joint Sponsorship of Community Programs between Langlade, Lincoln and Marathon Counties requires the Retained County Authority (RCA) Committee to provide budget guidelines and priorities to the NCCSP Board prior to the development of each year's budget by June 1st. The RCA approved the budget guidelines and priorities listed below at their May 25, 2017 meeting.

BUDGET GUIDELINES

Present a formal proposed budget document in a similar format to the 2017 budget document with the following key elements included:

1) Clearly distinguish the definition and application of shared versus direct budgeting decisions as they are applied to each program.
2) Separate county appropriations (levy) per program and make itemized levy requests for each program to the three counties versus one bundled levy request. Counties would incorporate this itemization within their own budgets to reflect this detail as well.
3) Develop a multi-year forecast for programs as part of the budget.
4) Include some explanation that relates to whether particular programs, or services, are mandated and the level of those mandates.

BUDGET PRIORITIES

Present a Budget that includes the priorities listed on page 14, in the order of importance, in addition to a maintenance of effort in all other programs for 2018.

The Proposed 2018 Budget includes all of the Budget Guidelines and the operationalization of the following program priorities:

Priority #1: Targeted Case Management through the new Linkage and Follow-up programs

Priority #3: Expansion of the Medically Monitored Treatment program from 6 to 15 beds

Priority #4: Expansion of the Community Based Rehabilitation Facility (CBRF) from 6 to 12 beds

Priority #6: Dedication of additional Crisis Professionals for the C.A.R.T. Initiative in Marathon County

The 2018 Budget does not include the following identified priorities:

Priority #2: Open an 8-Bed Youth Crisis Stabilization Group Home: The State of Wisconsin is currently working on administrative rules to allow for the operation of a Youth Crisis Stabilization Group Home. Once the administrative rules are completed (anticipating early 2018) the State of Wisconsin will create an RFP process to issue a limited number of licenses for this program. If NCHC receives a license, we will move quickly in 2018 to operationalize our Youth Crisis Stabilization program as approved in the program application to the RCA. We have not built the revenues and expenses into the 2018 budget because we anticipate having less than 6 months of operation in 2018 as a best case scenario. In the meantime, we will start to work on the design work of the home and prepare to apply for the new licensure.

Priority #6: Langlade County Based Crisis Stabilization and Detox Beds: North Central Health Care will continue to work with Langlade County on researching the scope and potential for the creation of local voluntary acute crisis stabilization and/or detoxification beds with the local hospital. New leadership at Langlade Hospital has recently been installed and we expect to further identify options into 2018. Any expansion of services will be reviewed with the RCA if a plan is developed and would require either a reallocation or additional allocation of resources in 2018. We have not included any budgetary support for these program in the Proposed 2018 Budgets.

Priority #7: Eliminate Billing for Crisis Services: We could eliminate the billing for Crisis Services but it would cost the counties an additional $248,000 in additional tax levy for 2018. In consultation with the State of Wisconsin about our options to accomplish the objective they recommend we continue our current practice to maximize the use of available Federal funding for the program and related State dollars for the corresponding billing activity versus shifting the complete financial responsibility to the counties. We agree with this approach.

BUDGET PRIORITIES & GUIDELINES

Priority & Program	*Description*	*Initiative*
1. EMERGENCY & CRISIS SERVICES	Develop case management services within the Crisis Services program for individuals under commitments and settlement agreements including broader coordination of the court liaison function	The intended result in the development of this service expansion is that individuals not already case managed through the voluntary Comprehensive Community Services program would be assigned a case manager who would coordinate their care and the dynamics within their commitment or settlement agreement.
2. EMERGENCY & CRISIS SERVICES	Open an 8-Bed Youth Crisis Stabilization Group Home	The Youth Crisis Stabilization Group Home would serve adolescents' age 13-17. The objective of this service is to ensure safe and healthy healing environment for adolescents during times of crisis, by offering longer term placements in a less restrictive and appropriate setting to the individual's needs.
3. MMT	Expand the Medically Monitored Treatment (MMT) Program from 6 to 15 beds	NCHC currently operates a 6-bed Medically Monitored Treatment (MMT) 21-day residential program. There is a significant waiting list of individuals wanting residential treatment for their addiction. The expansion would necessitate relocation of the program and additional staff to reach the 15-bed target. Space on the NCHC campus has been identified for this purpose.
4. CBRF	Expand the Community Based Rehabilitation Facility (CBRF) Program from 6 to 12 beds	The expansion of the MMT program would allow the 6-bed CBRF program to expand to 12-beds within its current space with some additional staff required. This program would be expanded to alleviate the need for some inpatient detentions and would also serve as a step down program from the inpatient hospital.
5. EMERGENCY & CRISIS SERVICES	Creation of a behavioral health team (C.A.R.T)	This is an evidence based program other governmental agencies have implemented as means to avoid hospitalization and to better serve the needs of individuals out in the community. It will be initially piloted with the Wausau PD and the Marathon County Sheriff's Department. Essentially, it would pair an officer and crisis worker from NCHC to respond to behavioral health calls and perform follow-up and preventative work in the community.
6. INPATIENT	Research the scope and potential for the creation of a local voluntary acute crisis stabilization and/or detoxification beds with Langlade Hospital	Langlade County would like to develop more local options as an alternative to transportation to NCHC's main campus to better serve the community's needs. This may include expanded face to face resources for crisis services.
7. EMERGENCY & CRISIS SERVICES	Eliminate billing for Crisis Services	Currently Crisis assessments are billed to the patient or guardian of an individual in crisis. Community partners have expressed a desire to avoid the billing function and to provide Crisis assessment without a charge being generated as a community service to increase utilization of services.

2018 COUNTY APPROPRIATIONS (LEVY) REQUESTS

A key Budget Guideline for 2018 was to itemize levy requests versus one bundled levy request per County. The detailed itemization will also now be reflected in each County budget to ensure transparency of taxpayer support. The following is the levy request detail for each program by county for 2018. Overall, the levy requests are down slightly in total for Lincoln and Marathon Counties while they remained flat for Langlade County. The reduction in tax levy is a result of NCHC now relying on Marathon County to provide all legal support for NCHC's Adult Protective Services program versus NCHC contracting out for legal services. Marathon County will be responsible for legal services for both Lincoln and Marathon Counties.

DIRECT SERVICES

Direct Services programs have specific locations in each County therefore the revenues and expenses can be directly reported to these programs. The following levy requests are made for direct services.

DIRECT SERVICES	LANGLADE	LINCOLN	MARATHON	TOTAL
Outpatient Services	$138,263	$229,012	$1,055,197	$1,422,472
Community Treatment – Adult	$13,127	$10,179	$27,473	$50,779
Community Treatment – Youth	$2,218	$5,133	$6,605	$13,956
TOTAL	**$153,608**	**$244,324**	**$1,089,275**	**$1,487,207**

SHARED SERVICES

Shared Services programs requiring levy are detailed below. Shared Services programs are based in Marathon County but each County has equal access to their use. All revenues and expenses for these programs are proportionately allocated based on population with the exception of Birth to Three. Birth to Three is based on the number of children enrolled in each County as they are served in the homes of County residents. Allocations based on population are reviewed every five years per the Agreement between the counties. Mostly recently this was reviewed in 2015. Currently this equates to an allocation of 11% for Langlade County, 15% for Lincoln and 74% for Marathon County. Levy numbers below may not represent these percentages precisely as the grants and base county allocations from the State vary by County.

SHARED SERVICES	LANGLADE	LINCOLN	MARATHON	TOTAL
Inpatient Hospital	$ -	$42,302	$236,250	$278,552
Lakeside Recovery (MMT)	$ -	$73,806	$364,113	$437,919
Crisis	$ -	$ -	$1,225,461	$1,225,461
Protective Services	$63,709	$79,877	$395,593	$539,179
Birth to Three	$79,482	$133,923	$621,707	$835,112
Day Treatment	$1,684	$2,296	$11,325	$15,305
Contract Services	-	$135,888	$670,380	$806,268
TOTAL	**$144,875**	**$468,092**	**$3,524,829**	**$4,137,796**

MARATHON COUNTY ONLY PROGRAMS

North Central Health Care operates a number of programs directly for Marathon County that require tax levy support to operations. The largest program is Mount View Care Center (MVCC).

Community Corner Clubhouse	$92,000
Aquatic Therapy Pool	$214,115
MVCC - Long Term Care	$483,000
MVCC - Legacies Dementia Care	$1,217,000
TOTAL	**$2,006,115**

TOTAL TAX LEVY REQUEST FOR 2018

	LANGLADE	LINCOLN	MARATHON	TOTAL
TOTAL 2018 LEVY	**$298,483**	**$712,416**	**$6,620,219**	**$7,631,118***

*The 2018 Tax Levy of $7,631,121 represents 11.44% of NCHC's $66,698,978 in expenses.

INDIRECT COST ALLOCATION REQUESTS POLICY

Name of Policy: **Indirect Cost Allocations**		North Central Health Care Person centered. Outcome focused.
Policy #: TBD	Effective Date: TBD	Most Recent Revision: TBD
Primary Approving Body: Chief Executive Officer	Committee Approvals: Chief Financial Officer	

I Policy Statement

It is the policy of North Central Health Care to allocate the expenses from the non-direct service programs (indirect programs) to the direct service programs (direct programs). The allocated expenses are referred to as indirect expenses.

II Purpose

Allocating indirect expenses to the direct service programs and adding these expenses to the direct expenses will provide the full costs of providing services for each service program. Appropriate cost allocations are important to ensure the full program costs are accurately reflected, and reported in financial reports. Allocations are done through the use of acceptable defined statistics.

III Definitions

Indirect costs: Expenses associated with non-revenue generating programs, such as administrative and building costs

Direct costs: Expenses directly assigned to the revenue generating programs that are associated with providing the service of that program. This will include expenses such as salaries, employee benefits, and supplies.

Statistics: Defined data used to allocate indirect costs to direct programs. Examples include pounds of laundry for laundry service and meals served for dietary services.

IV General Procedure

1. Each indirect program is assigned a statistic to be used to allocate that program to the direct program costs. (Examples include laundry pounds, meals served, time spent, direct costs)
2. Indirect programs are allocated to the direct program that uses the service. If a direct program does not use a particular service, it does not receive an allocation for that service.
3. Indirect costs are assigned directly to direct programs. Indirect costs are not assigned to other indirect programs.
4. Indirect costs are allocated monthly to direct programs so monthly financial statements accurately indicate full program costs for each service program.
5. Indirect allocations are reviewed during the annual audit process.

V Program-Specific Requirements:

N/A

References:

RETAINED COUNTY AUTHORITY (RCA)
2018 PERFORMANCE EXPECTATIONS & OUTCOMES

With the creation of the Retained County Authority (RCA) Committee, a key aspect of the RCA's accountability was to articulate their performance expectations for NCHC on behalf of the counties. There are two elements to creating performance expectations:

Program Standards: General expectations of performance for each program that are either not easily measurable or the measurement of performance would be administratively burdensome. Stated expectations are still of great importance in NCHC's accountability to our County partners when we do not meet these expectations on a consistent basis.

Outcomes: Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness.

As the RCA worked to define the performance expectations and outcomes, the Committee decided to keep the Program Standards as stand alone items and embed the Program Outcomes into NCHC's Service Excellence Dashboard system.

PROGRAM EXPECTATIONS

Behavioral Health Services Program Expectations

All BHS staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

Program/Function Specific Expectations

Crisis & Suicide Prevention Hotline
All callers to the hotline will be offered face to face evaluation and/or intervention; callers offered opportunity for voluntary admission if applicable.

Mobile Crisis
Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent); Crisis workers must:

- Be educated annually on admission laws in the State of Wisconsin;
- Offer each patient resource literature during every Crisis assessment; and
- If applicable, provide patients the opportunity for voluntary admission.

Youth Crisis Stabilization
Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent).

Court Liaison
With the assistance of Corporation Counsels, create a policy with clear expectations for communication between NCHC and Corporation Counsels, with respect:

- Probable Cause Hearings, Settlement Agreements, Commitments, etc.;
- To set standard for notification of admission to Corporatiob Counsels;
- Manage admission to other facilities;
- Manage transition of care to outpatient providers;
- Case management of patients under settlement agreements;
- Manage timelines and requisite paperwork to proactively initiate re-commitments; and
- Staff will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

Inpatient Hospital, Detox, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment Programs

- A comprehensive discharge plan will continue to be completed prior to discharge.

RETAINED COUNTY AUTHORITY (RCA)
2018 PERFORMANCE EXPECTATIONS & OUTCOMES

PROGRAM EXPECTATIONS

Community Behavioral Health Services Program Expectations

All staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

There should be increased case monitoring for all patients and clients under commitments and settlement agreements.

All patients and clients screened for services will receive information on services available and how to access them.

Enhance community engagement through ongoing outreach activities to increase knowledge of referral process, especially Community Corner Clubhouse.

Program/Function Specific Expectations

Children's Long-Term Services
NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable.

Outpatient Services
NCHC will be an active participant in youth counseling consortium in the schools.

PROGRAM OUTCOME EXPECTATIONS

The Program Outcome Expectations set by the RCA fit nicely into NCHC's Dashboard system which is a cascading measurement system where all programs share outcomes and have individual program accountabilities in five domains of excellence established by the NCCSP Board several years ago. Every employee at NCHC is aligned to achieving results in the Dashboard system through our performance based compensation, process improvement and performance evaluation systems. The Dashboard has the following five pillars where outcome measures fall into:

People – This pillar demonstrates NCHC's commitment to create a values-driven culture that attracts, retains and promotes people who are committed to NCHC's mission, vision and values.

Service – This pillar demonstrates NCHC's commitment to providing an excellent experience and service to the people we serve directly or as referral sources.

Quality – This pillar demonstrates how NCHC improves clinical excellence to set industry standards and exceed expectations.

Community – This pillar demonstrates NCHC's commitment to be an exemplary public citizen by making a difference in the community and being accessible.

Finance – The pillar demonstrates NCHC's commitment to achieve financial results to ensure NCHC's viability to provide quality health care services and investment in the organization.

The NCCSP Board is currently working to define the end statements for success in each of these domains while the RCA has been in the process of defining specific program expectations and outcomes in each relevant domain.

As the RCA reviews the current outcome measurements and considers others, it was determined that the NCCSP Board's outcomes in People and Finance were sufficient in meeting the needs of the counties. For Service indicators there were two outcome measures applicable for all programs to be fully implemented in 2018.

Overall Program Patient Experience Percent Top Box: The percentage of patient experience surveys returned with a score of 9 or 10 (top box) on a scale of 1-10 rating their overall satisfaction with services received at NCHC.

Overall Referral Sources Experience Percent Top Box: The percentage of referral source experience surveys returned with a score of 9 or 10 (top box) on a scale of 1-10 rating their overall satisfaction with services at NCHC. This outcome measurement system will be new in 2018.

RETAINED COUNTY AUTHORITY (RCA)
2018 PERFORMANCE EXPECTATIONS & OUTCOMES

In addition to the specific outcome measures below, the RCA instructed NCHC leadership to develop quality of life indicators for patients and clients in 2018 as a way to measure the success of treatment. Once developed, these indicators will be included in the Clinical Indicators, as applicable. The following Outcome expectations will be measured and reported to the RCA in 2018 as part of our Dashboards.

BEHAVIORAL HEALTH SERVICES

	Clinical Indicators	*Community Indicators*
Crisis & Suicide Prevention Hotline	% of callers who are linking with services within 72 hours	
Mobile Crisis		Ratio of voluntary to involuntary commitments; % of crisis assessments with documented linkage and follow-up within 24 hours of service; % of referrals from law enforcement, schools and Department of Social Services who have a release of information.
Youth Crisis	Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old); avoid diversions of less than 72 hours	% of crisis assessments with documented linkage and follow-up within 72 hours of discharge; % of referrals from law enforcement, schools and Department of Social Services who have a release of information.
Court Liaison (Linkage & Follow-Up)	% of settlement agreements and commitments extended;	Compliance rate with court liaison policy (to be created); % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral
Inpatient Hospital	% of patients who have a post-discharge counseling appointment within 4 days of discharge; % of patients who have a post-discharge psychiatry appointment within 14 days of discharge	Ratio of patient days served at NCHC vs. Out of County placements
Detox	Length since previous admission, if applicable; % of detox patients admitted to substance abuse programming within 4 days of discharge	
CBRF	Patient kept their outpatient appointment, if applicable	% of eligible patients are admitted within 24 hours
MMT	Successful completion rate; compliance rate with discharge plan 60 days post-discharge	% of MMT clients who are case managed by CCS
Community Treatment	% of Treatment plans completed within thirty (30) days of admission into the program; % of Treatment plans reviewed every six (6) months; Employment rate of Individual Placement and Support (IPS) clients	Eligible CCS and CSP clients are admitted within 60 days of referral; same day cancellation and no-show rate; average days from referral to initial appointment
Outpatient	% of hospital patients who have a post-discharge counseling appointment within 4 days of discharge; % of patients who have a post-discharge psychiatry appointment within 14 days of discharge; OWI Recidivism Rate	Offered an appointment within 4 days of screening by a referral coordinator; hospitalization rate of active patients; same day cancellation and no-show rate; Criminal Justice Post-Jail Release Access Rate
Day Treatment	Successful completion rate	% of eligible patients are admitted within 24 hours
Adult Protective Services	% of at-risk investigations closed within 30 days; comprehensive evaluation completed within 24 hours of date the report is sent to the initial parties, % of at-risk cases re-opened within one (1) month of closure	
Birth to Three		Eligible clients are admitted within 45 days of referral; same day cancellation and no-show rate; average days from referral to initial appointment

ORGANIZATION DASHBOARD

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

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

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

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

2018 PROPOSED ORGANIZATION DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE OVERALL DASHBOARD **FISCAL YEAR: 2018 - PROPOSED**

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2017 YTD
PEOPLE																	
Vacancy Rate	5-7%	TBD	⇩														8.4%
Retention Rate	78-82%	TBD	⇧														83.6%
SERVICE																	
Patient Experience: % Top Box Rate	78-82%	TBD	⇧														75.2
Referral Source Experience: % Top Box Rate	TBD	TBD	⇧														TBD
CLINICAL																	
Nursing Home Readmission Rate	10-12%	TBD	⇩														11.1%
Psychiatric Hospital Readmission Rate	8-10%	TBD	⇩														12.5%
COMMUNITY																	
Access to Behavioral Health Services	90-95%	TBD	⇧														69%
No-Show Rate for Community Behavioral Health Services	TBD	TBD	⇧														TBD
FINANCE																	
Direct Expense/Gross Patient Revenue	60-64%	TBD	⇩														61%
Indirect Expense/Direct Expense	36-38%	TBD	⇩														41%

KEY: ⇧ Higher rates are positive
⇩ Lower rates are positive

* Monthly Rates are Annualized

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

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

Retention Rate
Number of employees 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 Patient Experience survey.

Referral Source Experience: % Top Box Rate
Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey to be developed prior to 2018.

CLINICAL

Nursing Home Readmission Rate
Number of residents re-hospitalized within 30 days of admission to nursing home divided by total admissions.

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.

COMMUNITY

Access to Behavioral Health Services
Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.

- Adult Day Services - within 2 weeks of receiving required enrollment documents
- Aquatic Services - within 2 weeks of referral or client phone requests
- Birth to Three - within 45 days of referral
- Community Corner Clubhouse - within 2 weeks
- Community Treatment - within 60 days of referral
- Outpatient Services - * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients,
  * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit
- Prevocational Services - within 2 weeks of receiving required enrollment documents
- Residential Services - within 1 month of referral

No-Show Rate for Community Behavioral Health Services
Percent of clients who no-show or have same day cancellations in Birth to Three, Community Treatment and Outpatient Services.

FINANCE

Direct Expense/Gross Patient Revenue
Percentage of total direct expense compared to gross revenue.

Indirect Expense/Direct Expense
Percentage of total indirect expenses compared to direct expenses.

2018
BUDGET & FINANCIAL STATEMENTS

DEFINITION OF TERMS

Self-Pay: Funding received from the patient.

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

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

Insurance: Funding from commercial insurance.

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

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

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

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

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

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

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

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

Children's LTS (Children's Long Term Support): Funding used to provide a range of different services for children who are living at home or in the community and have substantial limitations in multiple daily activities as the result of developmental disabilities, severe emotional disturbances, and/or physical disabilities.

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

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

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

OWI Surcharges (Operating While Intoxicated): Funding received for providing court-ordered assessments to OWI offenders.

DEFINITION OF TERMS

…continued

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

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

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

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

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

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

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

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

2018 COMBINING STATEMENT OF REVENUE & EXPENSES

	2018 BUDGET:			2017 BUDGET:		
	TOTAL	HUMAN SERVICES OPERATIONS	NURSING HOME	TOTAL	HUMAN SERVICES OPERATIONS	NURSING HOME
REVENUE						
Net Patient Service Revenue	$48,948,800	$29,965,800	$18,983,000	$44,486,800	$22,845,800	$21,641,000
Other Revenue						
State Match/Addendum	$2,130,700	$2,130,700	$0	$2,132,700	$2,132,700	$0
State Grant-in-Aid	$3,901,436	$3,901,436	$0	$3,901,436	$3,901,436	$0
Department and Other Revenue	$3,936,924	$2,581,644	$1,355,280	$3,578,723	$1,995,005	$1,583,718
Counties' Appropriations	$7,631,118	$5,931,118	$1,700,000	$7,671,118	$5,971,118	$1,700,000
Total Other Revenue	**$17,600,178**	**$14,544,898**	**$3,055,280**	**$17,283,977**	**$14,000,259**	$3,283,718
TOTAL REVENUE	**$66,548,978**	**$44,510,698**	**$22,038,280**	**$61,770,777**	**$36,846,059**	**$24,924,718**
EXPENSES						
Direct Expenses	$48,249,430	$34,749,521	$13,499,909	$43,426,665	$27,045,550	$16,381,115
Indirect Expenses	$18,449,548	$9,911,177	$8,538,371	$18,444,112	$9,276,370	$9,167,742
TOTAL EXPENSES	**$66,698,978**	**$44,660,698**	**$22,038,280**	**$61,870,777**	**$36,321,920**	**$25,548,857**
Operating Income (Loss)	($150,000)	($150,000)	$0	($100,000)	$524,139	($624,139)
Nonoperating Gains /(Losses)						
Interest Income	$150,000	$150,000	$0	$100,000	$100,000	$0
Gain/(loss) Disposal of Assets				$0	$0	
Total Nonoperating Gains (Loss)	**$150,000**	**$150,000**	**$0**	**$100,000**	**$100,000**	**$0**
Income (Loss)	**$0**	**$0**	**$0**	**$0**	**$624,139**	**($624,139)**

2018 BUDGET TO BUDGET COMPARISON

	2018 BUDGET REVENUE	2018 BUDGET EXPENSE	VARIANCE FUNDED BY STATE BCA/ APPROPRIATION	2017 BUDGET REVENUE	2017 BUDGET EXPENSE	VARIANCE FUNDED BY STATE BCA/ APPROPRIATION
BEHAVIORAL HEALTH SERVICES						
Inpatient	$4,653,828	$6,029,616	($1,375,788)	$4,128,683	$4,896,367	($767,684)
Contract Services (State Institutes)	$0	$905,919	($905,919)	$0	$1,118,839	($1,118,839)
CBRF	$1,011,583	$1,011,583	$0	$789,236	$446,462	$342,774
Crisis Services	$349,047	$2,670,983	($2,321,936)	$276,797	$2,326,934	($2,050,137)
Lakeside Recovery (MMT)	$506,645	$998,688	($492,043)	$213,925	$491,613	($277,688)
Subtotal:Behavioral Health Services	**$6,521,103**	**$11,616,789**	**($5,095,686)**	**$5,408,641**	**$9,280,215**	**($3,871,574)**
COMMUNITY SERVICES						
Outpatient Services	$2,673,051	$5,697,472	($3,024,421)	$2,609,574	$5,555,836	($2,946,262)
AODA Day Treatment	$73,874	$89,178	($15,304)	$108,774	$130,049	($21,275)
Community Treatment	$11,624,623	$11,791,362	($166,739)	$6,558,629	$7,440,856	($882,227)
Clubhouse	$399,251	$491,251	($92,000)	$352,097	$447,097	($95,000)
Subtotal: Community Services	**$14,770,799**	**$18,069,263**	**($3,298,464)**	**$9,629,074**	**$13,573,838**	**($3,944,764)**
COMMUNITY LIVING SERVICES						
Day Services	$2,080,254	$2,080,254	$0	$2,283,140	$2,272,772	$10,368
Residential Services-Group Homes	$1,937,000	$1,937,000	$0	$2,448,300	$2,362,127	$86,173
Residential Services-Apartments	$2,317,000	$2,317,000	$0	$2,360,896	$2,453,408	($92,512)
Subtotal: Community Living	**$6,334,254**	**$6,334,254**	**$0**	**$7,092,336**	**$7,088,307**	**$4,029**
OTHER SERVICES						
Birth To Three	$950,625	$1,785,737	($835,112)	$981,114	$1,816,226	($835,112)
Protective Services	$241,379	$780,556	($539,177)	$238,570	$673,793	($435,223)
Demand Transportation	$431,235	$431,235	$0	$409,644	$409,644	$0
Aquatic Services	$792,100	$1,006,215	($214,115)	$791,629	$941,956	($150,327)
Subtotal: Other Services	**$2,415,339**	**$4,003,743**	**($1,588,404)**	**$2,420,957**	**$3,841,619**	**($1,420,662)**
NURSING HOME						
Daily Services	$18,314,067	$20,942,719	($2,628,652)	$19,099,784	$22,139,872	($3,040,088)
Rehab and Ancillary Services	$2,024,213	$1,095,561	$928,652	$2,171,670	$1,571,165	$600,505
Subtotal: Nursing Home	**$20,338,280**	**$22,038,280**	**($1,700,000)**	**$21,271,454**	**$23,711,037**	**($2,439,583)**
Pharmacy	$4,636,649	$4,636,649	$0	$4,375,761	$4,375,761	$0
TOTALS	**$55,016,424**	**$66,698,978**	**($11,682,554)**	**$50,198,223**	**$61,870,777**	**($11,672,554)**
Base County Allocation	$3,901,436		$3,901,436	$3,901,436		$3,901,436
County Appropriation	$7,631,118		$7,631,118	$7,671,118		$7,671,118
Nonoperating Revenue	$150,000		$150,000	$100,000		$100,000
TOTAL REVENUE/EXPENSE	**$66,698,978**	**$66,698,978**	**$0**	**$61,870,777**	**$61,870,777**	**$0**

2018 BUDGET BY COUNTY

HUMAN SERVICES OPERATIONS

	LANGLADE	LINCOLN	MARATHON	TOTAL
PROGRAM REVENUE				
Direct Services	$2,559,983	$2,220,549	$13,219,985	$18,000,517
Shared Services	$1,105,641	$1,223,781	$9,711,557	$12,040,979
Base County Allocation	$798,531	$829,977	$2,272,928	$3,901,436
TOTAL PROGRAM REVENUE	**$4,464,155**	**$4,274,307**	**$25,204,470**	**$33,942,932**
PROGRAM EXPENSES				
Direct Services	$2,959,740	$2,792,873	$15,745,173	$21,497,786
Shared Services	$1,811,043	$2,204,230	$14,510,991	$18,526,264
TOTAL COST OF SERVICES	**$4,770,783**	**$4,997,103**	**$30,256,164**	**$40,024,050**
Excess Revenue/(Expenses)	($306,628)	($722,796)	($5,051,694)	($6,081,118)
Non-Operating Revenue	$8,145	$10,380	$131,475	$150,000
County Appropriations	$298,483	$712,416	$4,920,219	$5,931,118
Excess Revenue/(Expenses) After County Appropriation	$0	$0	$0	$0

NURSING HOME

PROGRAM REVENUE			
Nursing Home Revenue		$18,314,067	$18,314,067
Nursing Home Ancillary Revenue		$2,024,213	$2,024,213
TOTAL PROGRAM REVENUE		**$20,338,280**	**$20,338,280**
PROGRAM EXPENSES			
Nursing Home Expenses		$20,942,719	$20,942,719
Nursing Home Ancillary Expense		$1,095,561	$1,095,561
TOTAL PROGRAM EXPENSES		**$22,038,280**	**$22,038,280**
Excess Revenue/(Expenses) Non-Operating Revenue		($1,700,000)	($1,700,000)
County Appropriation		$1,700,000	$1,700,000
Excess Revenue/(Expenses) After County Appropriation		$0	$0

PHARMACY

Direct Services Revenue	$4,636,649	$4,636,649
Direct Services Expense	$4,636,649	$4,636,649
Excess Revenue/(Expenses)	$0	$0

2018 BUDGET WITH COUNTY APPROPRIATION (TAX LEVY)

	2018 BUDGET EXPENSES	NET BILLED REVENUE	GRANT FUNDING	SUPPL. PAYMENT	OTHER FUNDING	MARATHON CO MATCH	BASE CO ALLOCATION	COUNTY LEVY	2018 BUDGET REVENUE	% OF PROGRAM FUNDED BY LEVY
BEHAVIORAL HEALTH SERVICES										
Inpatient	$6,029,616	$4,375,000			$156,904	$121,924	$1,097,236	$278,552	$6,029,616	4.62%
Contract Services (State Institutes)	$905,919	$0					$99,651	$806,268	$905,919	89.00%
CBRF	$1,011,583	$860,000		$140,000	$3,841	$7,742			$1,011,583	0.00%
Crisis Services	$2,670,983	$128,000		$120,000	$229,000	$22,046	$946,476	$1,225,461	$2,670,983	45.88%
Lakeside Recovery (MMT)	$998,688	$486,000		$10,000	$1,743	$8,902	$54,124	$437,919	$998,688	43.85%
Subtotal: Behavioral Health Services	**$11,616,789**	**$5,849,000**	**$0**	**$270,000**	**$391,488**	**$160,614**	**$2,197,487**	**$2,748,200**	**$11,616,789**	**23.66%**
COMMUNITY SERVICES										
Outpatient Services	$5,697,472	$1,835,000	$402,000	$24,000	$340,416	$71,635	$1,601,949	$1,422,472	$5,697,472	24.97%
AODA Day Treatment	$89,178	$69,000		$1,000	$351	$3,523		$15,304	$89,178	17.16%
Community Treatment-Adult	$7,425,056	$5,941,000	$267,000	$898,000	$140,161	$26,112	$102,000	$50,783	$7,425,056	0.68%
Community Treatment-Youth	$4,366,306	$3,411,000	$480,000	$302,000	$145,290	$14,060		$13,956	$4,366,306	0.32%
Clubhouse	$491,251	$284,000			$115,251			$92,000	$491,251	18.73%
Subtotal: Community Services	**$18,069,263**	**$11,540,000**	**$1,149,000**	**$1,225,000**	**$741,469**	**$115,330**	**$1,703,949**	**$1,594,515**	**$18,069,263**	**8.82%**
COMMUNITY LIVING SERVICES										
Day Services	$2,080,254	$1,785,000			$220,000	$75,254			$2,080,254	0.00%
Residential Services-Group Homes	$1,937,000	$1,937,000							$1,937,000	0.00%
Residential Services-Apartments	$2,317,000	$2,317,000							$2,317,000	0.00%
Subtotal: Community Living	**$6,334,254**	**$6,039,000**	**$0**	**$0**	**$220,000**	**$75,254**	**$0**	**$0**	**$6,334,254**	**0.00%**
OTHER SERVICES										
Birth To Three	$1,785,737	$318,000	$519,000	$50,000	$29,971	$33,654		$835,112	$1,785,737	46.77%
Protective Services	$780,556	$500	$225,000		$6,569	$9,310		$539,177	$780,556	69.08%
Demand Transportation	$431,235	$24,300	$237,700		$168,000	$1,235			$431,235	0.00%
Aquatic Services	$1,006,215	$550,000			$102,952	$139,148		$214,115	$1,006,215	21.28%
Subtotal: Other Services	**$4,003,743**	**$892,800**	**$981,700**	**$50,000**	**$307,492**	**$183,347**	**$0**	**$1,588,404**	**$4,003,743**	**39.67%**
MOUNT VIEW CARE CENTER										
Long Term Care	$4,007,614	$2,344,000		$713,000	$54,472	$412,750		$483,000	$4,007,222	12.05%
Legacies Dementia Care	$9,509,926	$6,616,000		$809,000	$89,652	$411,140		$1,217,000	$9,142,792	12.80%
Post Acute Care	$2,700,405	$1,899,000		$154,000	$47,151	$137,891			$2,238,042	0.00%
Ventilator Care	$4,724,774	$4,154,000		$308,000	$26,119	$137,892			$4,626,011	0.00%
Rehab and Ancillary Services	$1,095,561	$1,986,000			$6,695	$31,518			$2,024,213	0.00%
Subtotal: Mount View Care Center	**$22,038,280**	**$16,999,000**	**$0**	**$1,984,000**	**$224,089**	**$1,131,191**	**$0**	**$1,700,000**	**$22,038,280**	**7.71%**
Pharmacy	$4,636,649	$4,100,000	$0	$0	$516,762	$19,887	$0	$0	$4,636,649	0.00%
TOTALS	**$66,698,978**	**$45,419,800**	**$2,130,700**	**$3,529,000**	**$2,401,300**	**$1,685,623**	**$3,901,436**	**$7,631,118**	**$66,698,978**	**11.44%**
PERCENT OF TOTAL FUNDING		**68.10%**	**3.19%**	**5.29%**	**3.60%**	**2.53%**	**5.85%**	**11.44%**	**100.00%**	

2018 BUDGET BY FUNDING

	GROSS CHARGES	%	EXPENSES	FUNDING BY PAYER	%	FUNDED BY OTHER SOURCES	%
PAYER							
Self Pay	$6,743,000	9%	$6,002,908	$2,355,800	39%	($3,647,108)	61%
Medicare	$15,199,000	21%	$14,006,785	$8,095,000	58%	($5,911,785)	42%
Medicaid	$46,741,000	64%	$42,687,346	$35,914,000	84% **	($6,773,346)	24%
Insurance	$4,198,000	6%	$4,001,939	$2,584,000	65%	($1,417,939)	35%
TOTAL	**$72,881,000**	**100%**	**$66,698,978**	**$48,948,800**	**73%**	**($17,750,178)**	**32%**

FUNDING	AMOUNT	%	
Self Pay	$2,355,800	3.5%	
Medicare	$8,095,000	12.1%	
Medicaid	$32,385,000	48.6%	
Insurance	$2,584,000	3.9%	
Supplemental Pay	$1,984,000	3.0%	
WIMCR	$435,000	0.7%	
CCS Reconciliation	$1,110,000	1.7%	$48,948,800
State Addendums	$2,130,700	3.2%	
Community Aids	$3,901,436	5.8%	
County Appropriation	$7,631,118	11.4%	
All Other	$4,086,924	6.1%	$17,750,178
	$66,698,978	**100.0%**	**$66,698,978**

2018 REVENUE BUDGET COMPARISONS

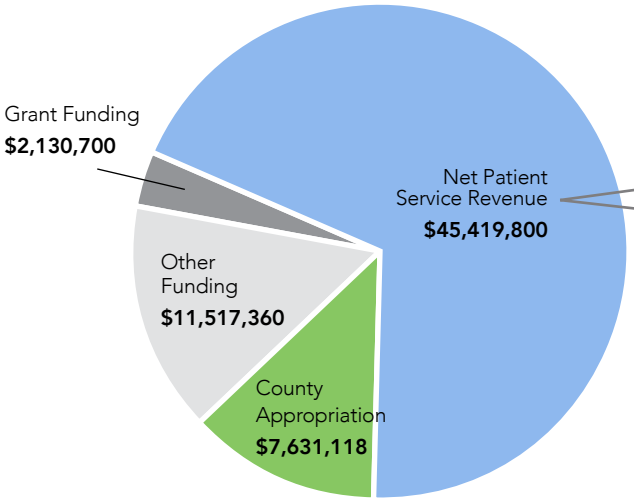
DESCRIPTION	2015 BUDGET	2016 BUDGET	2017 BUDGET	2018 BUDGET	2017-2018 % OF CHANGE
Nursing Home Gross Revenue	$28,882,000	$28,256,000	$25,808,000	$24,342,000	
Nursing Home Contractual Adj's	($8,536,400)	($7,541,000)	($7,767,000)	($7,343,000)	
Net Nursing Home Revenue	$20,345,600	$20,715,000	$18,041,000	$16,999,000	-5.78%
Outpatient Gross Revenue	$25,521,100	$23,343,100	$26,722,000	$31,642,000	
Outpatient Contractual Adj's	($10,950,200)	($8,548,100)	($10,474,200)	($11,696,200)	
Net Outpatient Revenue	$14,570,900	$14,795,000	$16,247,800	$19,945,800	22.76%
Inpatient Gross Revenue	$6,558,000	$7,205,000	$7,653,000	$8,050,000	
Inpatient Contractual Adj's	($3,495,000)	($3,365,000)	($3,753,000)	($3,675,000)	
Net Inpatient Revenue	$3,063,000	$3,840,000	$3,900,000	$4,375,000	12.18%
Pharmacy Gross Revenue	$8,768,000	$9,652,000	$8,996,000	$8,847,000	
Pharmacy Contractual Adj's	($4,778,000)	($5,455,000)	($4,948,000)	($4,747,000)	
Net Pharmacy Revenue	$3,990,000	$4,197,000	$4,048,000	$4,100,000	1.28%
Net Patient Revenue	$41,969,500	$43,547,000	$42,236,800	$45,419,800	7.54%
State Addendums	$1,763,489	$2,512,000	$2,132,700	$2,130,700	-0.09%
State Grant-In-Aid	$3,901,436	$3,901,436	$3,901,436	$3,901,436	0.00%
County Appropriations	$8,834,788	$8,924,688	$7,671,118	$7,631,118	-0.52%
Other Income	$2,093,017	$1,851,000	$5,928,723	$7,615,924	28.46
TOTAL REVENUE	**$58,562,230**	**$60,736,124**	**$61,870,777**	**$66,698,978**	**7.80%**

2018 EXPENSE BUDGET COMPARISONS

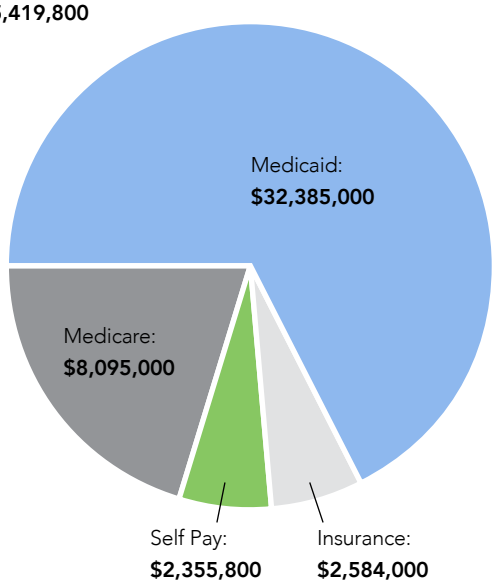
DESCRIPTION	2015 BUDGET	2016 BUDGET	2017 BUDGET	2018 BUDGET	2017-2018 % OF CHANGE
Salaries and Wages	$29,066,696	$30,972,254	$30,474,824	$32,738,156	7.43%
Employee Benefits	$11,820,000	$11,480,000	$11,626,000	$11,938,000	2.68%
Program Supplies and Expense	$8,010,253	$8,329,670	$8,781,340	$9,212,902	4.91%
Purchased & Contracted Services	$5,500,587	$5,643,600	$6,907,349	$8,795,473	27.34%
Utilities	$935,294	$874,850	$611,447	$611,447	0.00%
Education and Travel	$417,400	$419,750	$351,817	$428,000	21.65%
Depreciation and Insurance	$2,212,000	$2,216,000	$2,118,000	$2,175,000	2.69%
State Institutes	$600,000	$800,000	$1,000,000	$800,000	-20.00%
TOTAL EXPENSES	**$58,562,230**	**$60,736,124**	**$61,870,777**	**$66,698,978**	**7.80%**

2018 REVENUE & EXPENSE OVERVIEW

2018 Total Revenue: **$66,698,978**



2018 Net Patient Service Revenue by Payer Source
$45,419,800



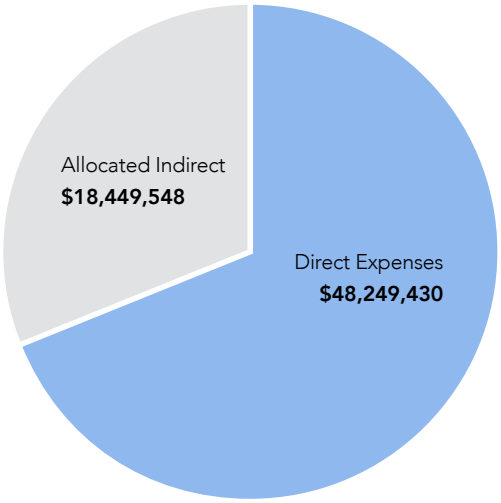
Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care such as Family Care.

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

Self-Pay: Funding received from the patient.

Insurance: Funding received from commercial insurance.

2018 Total Expense: **$66,698,978**



2018 REVENUE & EXPENSE DETAIL

	REVENUE: NET PATIENT SERVICE REV	GRANT FUNDING	OTHER FUNDING	TOTAL REVENUE	EXPENSE: DIRECT EXPENSES	ALLOCATED INDIRECT EXP	TOTAL EXPENSES
MARATHON COUNTY-DIRECT SERVICES							
Outpatient Services	$1,211,000	$280,000	$2,317,690	$3,808,690	$2,785,159	$1,023,531	$3,808,690
Community Treatment-Adult	$4,821,000	$211,000	$738,481	$5,770,481	$4,949,682	$820,799	$5,770,481
Community Treatment-Youth	$2,106,000	$220,000	$226,049	$2,552,049	$2,193,911	$358,138	$2,552,049
Day Services	$1,450,000		$235,254	$1,685,254	$1,219,825	$465,429	$1,685,254
Clubhouse	$284,000		$207,251	$491,251	$398,524	$92,727	$491,251
Aquatic Services	$550,000		$456,215	$1,006,215	$504,996	$501,219	$1,006,215
Demand Transportation	$24,300	$237,700	$169,235	$431,235	$375,741	$55,494	$431,235
Subtotals	**$10,446,300**	**$948,700**	**$4,350,175**	**$15,745,175**	**$12,427,838**	**$3,317,337**	**$15,745,175**
LANGLADE COUNTY-DIRECT SERVICES							
Outpatient Services	$316,000	$51,000	$548,525	$915,525	$675,309	$240,216	$915,525
Community Treatment-Adult	$509,000	$22,000	$277,313	$808,313	$594,653	$213,660	$808,313
Community Treatment-Youth	$573,000	$99,000	$168,904	$840,904	$611,171	$229,733	$840,904
Day Services	$335,000		$60,000	$395,000	$282,880	$112,120	$395,000
Subtotals	**$1,733,000**	**$172,000**	**$1,054,742**	**$2,959,742**	**$2,164,013**	**$795,729**	**$2,959,742**
LINCOLN COUNTY-DIRECT SERVICES							
Outpatient Services	$308,000	$71,000	$594,257	$973,257	$757,924	$215,333	$973,257
Community Treatment-Adult	$611,000	$34,000	$201,262	$846,262	$659,027	$187,235	$846,262
Community Treatment-Youth	$732,000	$161,000	$80,353	$973,353	$742,424	$230,929	$973,353
Subtotals	**$1,651,000**	**$266,000**	**$875,872**	**$2,792,872**	**$2,159,375**	**$633,497**	**$2,792,872**
SHARED SERVICES							
Inpatient	$4,375,000		$1,654,616	$6,029,616	$4,656,576	$1,373,040	$6,029,616
Contract Services (State Institute)			$905,919	$905,919	$800,000	$105,919	$905,919
CBRF	$860,000		$151,583	$1,011,583	$586,270	$425,313	$1,011,583
Crisis Services	$128,000		$2,542,983	$2,670,983	$1,807,666	$863,317	$2,670,983
Lakeside Recovery (MMT)	$486,000		$512,688	$998,688	$716,205	$282,483	$998,688
Birth To Three	$318,000	$519,000	$948,737	$1,785,737	$1,397,678	$388,059	$1,785,737
Protective Services	$500	$225,000	$555,056	$780,556	$564,379	$216,177	$780,556
AODA Day Treatment	$69,000		$20,178	$89,178	$36,633	$52,545	$89,178
Residential-Group Homes	$1,937,000		$0	$1,937,000	$1,474,364	$462,636	$1,937,000
Residential-Apartments	$2,317,000		$0	$2,317,000	$1,857,687	$459,313	$2,317,000
Subtotals	**$10,490,500**	**$744,000**	**$7,291,760**	**$18,526,260**	**$13,897,458**	**$4,628,802**	**$18,526,260**
NURSING HOME SERVICES							
Long Term Care	$2,344,000		$1,663,222	$4,007,222	$1,935,331	$2,072,283	$4,007,614
Legacies Dementia Care	$6,616,000		$2,526,792	$9,142,792	$5,645,102	$3,864,824	$9,509,926
Post Acute Care	$1,899,000		$339,042	$2,238,042	$1,823,465	$876,940	$2,700,405
Ventilator Care	$4,154,000		$472,011	$4,626,011	$3,197,711	$1,527,063	$4,724,774
Rehab and Ancillary Services	$1,986,000		$38,213	$2,024,213	$898,300	$197,261	$1,095,561
Subtotals	**$16,999,000**	**$0**	**$5,039,280**	**$22,038,280**	**$13,499,909**	**$8,538,371**	**$22,038,280**
Pharmacy	$4,100,000	$0	$536,649	$4,636,649	$4,100,837	$535,812	$4,636,649
Total NCHC	**$45,419,800**	**$2,130,700**	**$19,148,478**	**$66,698,978**	**$48,249,430**	**$18,449,548**	**$66,698,978**

2018 GRANT FUNDING

GRANT	AODA BLOCK GRANT	MH BLOCK FUNDS	IDP EXPANSION	CST MH PROG.	CERTIFIED GRANT	85.21 LTS	CHILDREN GRANT	APS GRANT	BIRTH TO THREE FUNDING	TOTAL GRANT
MARATHON COUNTY-DIRECT SERVICES										
Outpatient Services	$211,000		$69,000							$280,000
Community Treatment-Adult		$51,000			$160,000					$211,000
Community Treatment-Youth				$60,000	$160,000					$220,000
Day Services										$0
Clubhouse										$0
Aquatic Services										$0
Demand Transportation						$237,700				$237,700
Subtotals	**$211,000**	**$51,000**	**$69,000**	**$60,000**	**$320,000**	**$237,700**	**$0**	**$0**	**$0**	**$948,700**
LANGLADE COUNTY-DIRECT SERVICES										
Outpatient Services	$35,000		$16,000							$51,000
Community Treatment-Adult		$8,000			$14,000					$22,000
Community Treatment-Youth				$60,000	$14,000		$25,000			$99,000
Day Services										$0
Subtotals	**$35,000**	**$8,000**	**$16,000**	**$60,000**	**$28,000**	**$0**	**$25,000**	**$0**	**$0**	**$172,000**
LINCOLN COUNTY-DIRECT SERVICES										
Outpatient Services	$50,000		$21,000							$71,000
Community Treatment-Adult		$12,000			$22,000					$34,000
Community Treatment-Youth				$60,000	$21,000		$80,000			$161,000
Subtotals	**$50,000**	**$12,000**	**$21,000**	**$60,000**	**$43,000**	**$0**	**$80,000**	**$0**	**$0**	**$266,000**
SHARED SERVICES										
Inpatient										$0
Contract Services (State Institute)										$0
CBRF										$0
Crisis Services										$0
Lakeside Recovery (MMT)										$0
Birth To Three									$519,000	$519,000
Protective Services								$225,000		$225,000
AODA Day Treatment										$0
Residential-Group Homes										$0
Residential-Apartments										$0
Subtotals	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$225,000**	**$519,000**	**$744,000**
NURSING HOME SERVICES										
Long Term Care										$0
Legacies Dementia Care										$0
Post Acute Care										$0
Ventilator Care										$0
Rehab and Ancillary Services										$0
Subtotals	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Pharmacy										**$0**
Total NCHC	**$296,000**	**$71,000**	**$106,000**	**$180,000**	**$391,000**	**$237,700**	**$105,000**	**$225,000**	**$519,000**	**$2,130,700**

2018 FUNDING BY OTHER SOURCES

	OWI SURCHARGES	COP	DVR	CONTRACT SERVICES	WIMCR	CCS RECONCILE	SUPPL. PAYMENT	OTHER	ALLOCATED REVENUE	MARATHON CO. MATCH (MAINT.)	BASE COUNTY ALLOCATION	COUNTY APPRO-- PRIATION	TOTAL OTHER FUNDING
MARATHON COUNTY-DIRECT SERVICES													
Outpatient Services	$105,000				$4,000			$5,000	$27,058	$71,635	$1,049,800	$1,055,197	$2,317,690
Community Treatment-Adult			$30,000		$60,000	$500,000			$14,896	$26,112	$80,000	$27,473	$738,481
Community Treatment-Youth						$199,000			$6,384	$14,060		$6,605	$226,049
Day Services			$48,000	$20,000				$92,000		$75,254			$235,254
Clubhouse			$20,000					$94,500	$751			$92,000	$207,251
Aquatic Services								$100,000	$2,952	$139,148		$214,115	$456,215
Demand Transportation				$168,000						$1,235			$169,235
Subtotals:	**$105,000**	**$0**	**$98,000**	**$188,000**	**$64,000**	**$699,000**	**$0**	**$291,500**	**$52,041**	**$327,444**	**$1,129,800**	**$1,395,390**	**$4,350,175**
LANGLADE COUNTY-DIRECT SERVICES													
Outpatient Services	$20,000				$10,000				$143,113		$237,149	$138,263	$548,525
Community Treatment-Adult			$1,000		$20,000	$144,000			$90,182		$9,000	$13,131	$277,313
Community Treatment-Youth		$20,000				$54,000			$92,686			$2,218	$168,904
Day Services			$40,000					$20,000					$60,000
Subtotals:	**$20,000**	**$20,000**	**$41,000**	**$0**	**$30,000**	**$198,000**	**$0**	**$20,000**	**$325,981**	**$0**	**$246,149**	**$153,612**	**$1,054,742**
LINCOLN COUNTY-DIRECT SERVICES													
Outpatient Services	$22,000				$10,000				$18,245		$315,000	$229,012	$594,257
Comm. Treatment-Adult			$3,000		$20,000	$154,000			$1,083		$13,000	$10,179	$201,262
Community Treatment-Youth		$25,000				$49,000			$1,220			$5,133	$80,353
Subtotals:	**$22,000**	**$25,000**	**$3,000**	**$0**	**$30,000**	**$203,000**	**$0**	**$0**	**$20,548**	**$0**	**$328,000**	**$244,324**	**$875,872**
SHARED SERVICES													
Inpatient								$125,000	$31,904	$121,924	$1,097,236	$278,552	$1,654,616
Contract Services (State Institute)											$99,651	$806,268	$905,919
CBRF					$140,000				$3,841	$7,742			$151,583
Crisis Services				$51,000	$120,000			$150,000	$28,000	$22,046	$946,476	$1,225,461	$2,542,983
Lakeside Recovery (MMT)						$10,000			$1,743	$8,902	$54,124	$437,919	$512,688
Birth To Three				$23,000	$50,000				$6,971	$33,654		$835,112	$948,737
Protective Services									$6,569	$9,310		$539,177	$555,056
AODA Day Treatment					$1,000				$351	$3,523		$15,304	$20,178
Residential-Group Homes													$0
Residential-Apartments													$0
Subtotals:	**$0**	**$0**	**$0**	**$74,000**	**$311,000**	**$10,000**	**$0**	**$275,000**	**$79,379**	**$207,101**	**$2,197,487**	**$4,137,793**	**$7,291,760**
NURSING HOME SERVICES													
Long Term Care							$713,000		$54,472	$412,750		$483,000	$1,663,222
Legacies Dementia Care							$809,000		$89,652	$411,140		$1,217,000	$2,526,792
Post Acute Care							$154,000		$47,151	$137,891			$339,042
Ventilator Care							$308,000		$26,119	$137,892			$472,011
Rehab and Ancillary Services									$6,695	$31,518			$38,213
Subtotals	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$1,984,000**	**$0**	**$224,089**	**$1,131,191**	**$0**	**$1,700,000**	**$5,039,280**
Pharmacy				$500,000		$0			$16,762	$19,887	$0	$0	$536,649
TOTAL NCHC	**$147,000**	**$45,000**	**$142,000**	**$762,000**	**$435,000**	**$1,110,000**	**$1,984,000**	**$586,500**	**$718,800**	**$1,685,623**	**$3,901,436**	**$7,631,118**	**$19,148,478**

2018 UNIT COSTS

The following is additional information showing the total cost per unit for each program, which is direct cost and overhead. In the event that a program is not included, the total unit cost for all other programs would increase as overhead would be reallocated.

	TOTAL EXPENSES	BILLABLE UNIT	UNIT HOURS/DAYS	UNIT TOTAL EXP	COUNTY (LEVY) APPROPRIATION	APPROPRIATION (LEVY) PER UNIT
BEHAVIORAL HEALTH SERVICES						
Hospital (without Residency Costs)	$5,841,616	5,110	Days	$1,143.17	$278,552	$54.51
CBRF	$1,011,583	43,800	Hours	$23.10	$0	$0.00
Crisis Services	$2,670,983	5,800	Hours	$460.51	$1,225,461	$211.29
Medically Monitored Treatment (MMT)	$998,688	33,215	Hours	$30.07	$437,919	$13.18
COMMUNITY SERVICES						
Wausau Outpatient	$3,808,690	19,300	Hours	$197.34	$1,055,197	$54.67
Merrill Outpatient	$973,257	5,350	Hours	$181.92	$229,012	$42.81
Antigo Outpatient	$915,525	5,650	Hours	$162.04	$138,263	$24.47
Day Treatment	$89,178	2,760	Hours	$32.31	$15,304	$5.54
Wausau Community Treatment	$8,322,530	81,123	Hours	$102.59	$34,078	$0.42
Merrill Community Treatment	$1,819,615	15,830	Hours	$114.95	$15,312	$0.97
Antigo Community Treatment	$1,649,217	13,195	Hours	$124.99	$15,349	$1.16
Clubhouse	$491,251	6,250	Hours	$78.60	$92,000	$14.72
COMMUNITY LIVING SERVICES						
Wausau ADS	$652,023	62,196	Hours	$10.48	$0	$0.00
Wausau PreVoc	$1,033,231	81,240	Hours	$12.72	$0	$0.00
Antigo ADS	$395,000	35,500	Hours	$11.13	$0	$0.00
Residential-Andrea	$478,188	2,890	Days	$165.46	$0	$0.00
Residential-Chadwick	$479,338	2,529	Days	$189.54	$0	$0.00
Residential-Hillcrest	$0	-	Days	$0.00	$0	$0.00
Residential-Bissell	$489,417	2,529	Days	$193.52	$0	$0.00
Residential-Heather	$490,057	2,529	Days	$193.78	$0	$0.00
Residential-Riverview	$612,886	9,395	Days	$65.24	$0	$0.00
Residential-Jelinek	$755,439	7,588	Days	$99.56	$0	$0.00
Residential-Forest St	$584,963	5,779	Days	$101.22	$0	$0.00
Residential-Fulton	$363,712	2,890	Days	$125.85	$0	$0.00
OTHER SERVICES						
Birth To Three	$1,785,737	11,400	Hours	$156.64	$835,112	$73.26
Demand Transportation	$431,235	13,700	Trips	$31.48	$0	$0.00
Aquatic Services	$1,006,215	3,500	Hours	$287.49	$214,115	$61.18
NURSING HOME SERVICES						
Long Term Care	$4,007,614	13,505	Days	$296.75	$483,000	$35.76
Legacies Dementia Care	$9,509,926	36,500	Days	$260.55	$1,217,000	$33.34
Post Acute Care	$2,700,405	8,395	Days	$321.67		$0.00
Ventilator Care	$4,724,774	9,125	Days	$517.78		$0.00

2018 – 2019 FORECAST

The 2019 Budget Forecast projects total revenue will increase to $68,051,801 (2.0%) and total expenditures will increase to $68,505,310 (2.7%) above the 2018 Budget. The 2019 Forecasted Budget is a continuation of the 2018 budget with 2018 program changes fully implemented. As projected, the 2019 Forecasted Budget would require additional funding of $454,509 to balance the gap between increased expenditure and revenues based on the assumptions included. To maintain service levels at the 2018 level, investment for revenue growth must be made to offset any tax levy request for 2019 or potential reduction in service levels. Other considerations for expense reductions in 2019 might also be possible to alleviate this cost-to-continue gap.

2018 BUDGET	REVENUE: NET PATIENT SERVICE REV	GRANT FUNDING	OTHER FUNDING	COUNTY APPROP.	TOTAL REVENUE	EXPENSE: DIRECT EXPENSES	ALLOCATED INDIRECT EXP	TOTAL EXPENSES
MARATHON COUNTY-DIRECT SERVICES								
Outpatient Services	$1,211,000	$280,000	$1,262,493	$1,055,197	$3,808,690	$2,785,159	$1,023,531	$3,808,690
Community Treatment-Adult	$4,821,000	$211,000	$711,008	$27,473	$5,770,481	$4,949,682	$820,799	$5,770,481
Community Treatment-Youth	$2,106,000	$220,000	$219,444	$6,605	$2,552,049	$2,193,911	$358,138	$2,552,049
Day Services	$1,450,000		$235,254	$0	$1,685,254	$1,219,825	$465,429	$1,685,254
Clubhouse	$284,000		$115,251	$92,000	$491,251	$398,524	$92,727	$491,251
Aquatic Services	$550,000		$242,100	$214,115	$1,006,215	$504,996	$501,219	$1,006,215
Demand Transportation	$24,300	$237,700	$169,235	$0	$431,235	$375,741	$55,494	$431,235
Subtotals	**$10,446,300**	**$948,700**	**$2,954,785**	**$1,395,390**	**$15,745,175**	**$12,427,838**	**$3,317,337**	**$15,745,175**
LANGLADE COUNTY-DIRECT SERVICES								
Outpatient Services	$316,000	$51,000	$410,262	$138,263	$915,525	$675,309	$240,216	$915,525
Community Treatment-Adult	$509,000	$22,000	$264,182	$13,131	$808,313	$594,653	$213,660	$808,313
Community Treatment-Youth	$573,000	$99,000	$166,686	$2,218	$840,904	$611,171	$229,733	$840,904
Day Services	$335,000		$60,000		$395,000	$282,880	$112,120	$395,000
Subtotals	**$1,733,000**	**$172,000**	**$901,130**	**$153,612**	**$2,959,742**	**$2,164,013**	**$795,729**	**$2,959,742**
LINCOLN COUNTY-DIRECT SERVICES								
Outpatient Services	$308,000	$71,000	$365,245	$229,012	$973,257	$757,924	$215,333	$973,257
Community Treatment-Adult	$611,000	$34,000	$191,083	$10,179	$846,262	$659,027	$187,235	$846,262
Community Treatment-Youth	$732,000	$161,000	$75,220	$5,133	$973,353	$742,424	$230,929	$973,353
Subtotals	**$1,651,000**	**$266,000**	**$631,548**	**$244,324**	**$2,792,872**	**$2,159,375**	**$633,497**	**$2,792,872**
SHARED SERVICES								
Inpatient	$4,375,000	$1,376,064		$278,552	$6,029,616	$4,656,576	$1,373,040	$6,029,616
Contract Services (State Institute)			$99,651	$806,268	$905,919	$800,000	$105,919	$905,919
CBRF	$860,000		$151,583	$0	$1,011,583	$586,270	$425,313	$1,011,583
Crisis Services	$128,000		$1,317,522	$1,225,461	$2,670,983	$1,807,666	$863,317	$2,670,983
Lakeside Recovery (MMT)	$486,000		$74,769	$437,919	$998,688	$716,205	$282,483	$998,688
Birth To Three	$318,000	$519,000	$113,625	$835,112	$1,785,737	$1,397,678	$388,059	$1,785,737
Protective Services	$500	$225,000	$15,879	$539,177	$780,556	$564,379	$216,177	$780,556
AODA Day Treatment	$69,000		$4,874	$15,304	$89,178	$36,633	$52,545	$89,178
Residential-Group Homes	$1,937,000		$0	$0	$1,937,000	$1,474,364	$462,636	$1,937,000
Residential-Apartments	$2,317,000		$0	$0	$2,317,000	$1,857,687	$459,313	$2,317,000
Subtotals	**$10,490,500**	**$744,000**	**$3,153,967**	**$4,137,793**	**$18,526,260**	**$13,897,458**	**$4,628,802**	**$18,526,260**
NURSING HOME SERVICES								
Long Term Care	$2,344,000		$1,180,222	$483,000	$4,007,222	$1,935,331	$2,072,283	$4,007,614
Legacies Dementia Care	$6,616,000		$1,309,792	$1,217,000	$9,142,792	$5,645,102	$3,864,824	$9,509,926
Post Acute Care	$1,899,000		$339,042		$2,238,042	$1,823,465	$876,940	$2,700,405
Ventilator Care	$4,154,000		$472,011		$4,626,011	$3,197,711	$1,527,063	$4,724,774
Rehab and Ancillary Services	$1,986,000		$38,213		$2,024,213	$898,300	$197,261	$1,095,561
Subtotals	**$16,999,000**	**$0**	**$3,339,280**	**$1,700,000**	**$22,038,280**	**$13,499,909**	**$8,538,371**	**$22,038,280**
Pharmacy	$4,100,000	$0	$536,649	$0	$4,636,649	$4,100,837	$535,812	$4,636,649
Total NCHC	**$45,419,800**	**$2,130,700**	**$11,517,359**	**$7,631,118**	**$66,698,978**	**$48,249,430**	**$18,449,548**	**$66,698,978**

2018 – 2019 FORECAST

2019 BUDGET	REVENUE: NET PATIENT SERVICE REV	GRANT FUNDING	OTHER FUNDING	COUNTY APPROP.	ADDITIONAL FUNDING REQ.	TOTAL REVENUE	EXPENSE: DIRECT EXPENSES	ALLOCATED INDIRECT EXP	TOTAL EXPENSES
MARATHON COUNTY-DIRECT SERVICES									
Outpatient Services	$1,211,000	$280,000	$1,262,493	$1,055,197	$75,693	$3,884,383	$2,837,267	$1,047,116	$3,884,383
Community Treatment-Adult	$5,105,000	$211,000	$817,552	$27,473	$0	$6,161,025	$5,223,507	$937,518	$6,161,025
Community Treatment-Youth	$2,306,000	$220,000	$219,479	$6,605	$0	$2,752,084	$2,333,302	$418,782	$2,752,084
Day Services	$1,485,000		$235,327	$0	$0	$1,720,327	$1,242,425	$477,902	$1,720,327
Clubhouse	$284,000		$124,960	$92,000	$0	$500,960	$406,243	$94,717	$500,960
Aquatic Services	$550,000		$242,100	$214,115	$16,020	$1,022,235	$515,237	$506,998	$1,022,235
Demand Transportation	$24,300	$237,700	$169,235	$0	$9,143	$440,378	$381,587	$58,791	$440,378
Subtotals	**$10,965,300**	**$948,700**	**$3,071,146**	**$1,395,390**	**$100,856**	**$16,481,392**	**$12,939,568**	**$3,541,824**	**$16,481,392**
LANGLADE COUNTY-DIRECT SERVICES									
Outpatient Services	$316,000	$51,000	$410,262	$138,263	$21,664	$937,189	$688,554	$248,635	$937,189
Community Treatment-Adult	$525,000	$22,000	$271,257	$13,131	$0	$831,388	$627,562	$203,826	$831,388
Community Treatment-Youth	$644,000	$99,000	$175,178	$2,218	$0	$920,396	$679,652	$240,744	$920,396
Day Services	$335,000		$69,238	$0	$0	$404,238	$288,527	$115,711	$404,238
Subtotals	**$1,820,000**	**$172,000**	**$925,935**	**$153,612**	**$21,664**	**$3,093,211**	**$2,284,295**	**$808,916**	**$3,093,211**
LINCOLN COUNTY-DIRECT SERVICES									
Outpatient Services	$308,000	$71,000	$365,245	$229,012	$18,097	$991,354	$772,050	$219,304	$991,354
Community Treatment-Adult	$627,000	$34,000	$201,873	$10,179	$0	$873,052	$682,851	$190,201	$873,052
Community Treatment-Youth	$803,000	$161,000	$79,870	$5,133	$0	$1,049,003	$803,024	$245,979	$1,049,003
Subtotals	**$1,738,000**	**$266,000**	**$646,988**	**$244,324**	**$18,097**	**$2,913,409**	**$2,257,925**	**$655,484**	**$2,913,409**
SHARED SERVICES									
Inpatient	$4,375,000		$1,376,064	$278,552	$124,314	$6,153,930	$4,762,086	$1,391,844	$6,153,930
Contract Services (State Institute)			$99,651	$806,268	($97,624)	$808,295	$700,000	$108,295	$808,295
CBRF	$860,000		$172,045	$0	$0	$1,032,045	$598,193	$433,852	$1,032,045
Crisis Services	$128,000		$1,317,522	$1,225,461	$56,798	$2,727,781	$1,844,884	$882,897	$2,727,781
Lakeside Recovery (MMT)	$486,000		$84,819	$447,919	$0	$1,018,738	$729,858	$288,880	$1,018,738
Birth To Three	$318,000	$519,000	$117,996	$835,112	$0	$1,790,108	$1,425,645	$364,463	$1,790,108
Protective Services	$500	$225,000	$15,879	$539,177	$15,192	$795,748	$575,446	$220,302	$795,748
AODA Day Treatment	$69,000		$4,874	$15,304	$1,643	$90,821	$37,370	$53,451	$90,821
Residential-Group Homes	$1,937,000		$36,364	$0	$0	$1,973,364	$1,502,403	$470,961	$1,973,364
Residential-Apartments	$2,317,000		$15,962	$0	$0	$2,332,962	$1,895,270	$437,692	$2,332,962
Subtotals	**$10,490,500**	**$744,000**	**$3,241,176**	**$4,147,793**	**$100,323**	**$18,723,792**	**$14,071,155**	**$4,652,637**	**$18,723,792**
NURSING HOME SERVICES									
Long Term Care	$2,386,000		$1,180,222	$483,000	$64,035	$4,113,257	$1,974,045	$2,138,212	$4,112,257
Legacies Dementia Care	$6,740,000		$1,309,792	$1,217,000	$389,843	$9,656,635	$5,759,304	$3,897,331	$9,656,635
Post Acute Care	$1,923,000		$339,042		$491,490	$2,753,532	$1,860,316	$893,216	$2,753,532
Ventilator Care	$4,159,000		$472,011		$195,557	$4,826,568	$3,260,882	$1,565,686	$4,826,568
Rehab and Ancillary Services	$1,986,000		$38,213		($927,356)	$1,096,857	$907,283	$189,574	$1,096,857
Subtotals	**$17,194,000**	**$0**	**$3,339,280**	**$1,700,000**	**$213,569**	**$22,446,849**	**$13,761,830**	**$8,684,019**	**$22,445,849**
Pharmacy	$17,194,000	$0	$3,339,280	$1,700,000	$213,569	$22,446,849	$13,761,830	$8,684,019	$22,445,849
Total NCHC	**$46,507,800**	**$2,130,700**	**$11,772,182**	**$7,641,119**	**$454,509**	**$68,506,310**	**$49,614,758**	**$18,890,552**	**$68,505,310**

HUMAN SERVICES OPERATIONS
2018 BUDGET BY PROGRAM

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

HUMAN SERVICES OPERATIONS ADMINISTRATION

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Successfully transitioned outreach and advocacy expectations to leaders within NCHC.

STAFFING

Position	2017 FTE's	2018 FTE's
Human Services Operations		
Executive	1.0	1.0
Quality Director	0.0	1.0
TOTAL	**1.0**	**2.0**

BUDGET HIGHLIGHTS

Prior to 2018, Quality was a separate program overseen by the Quality and Support Services Executive. The Executive position was eliminated in 2017 and the quality responsibilities were integrated into the Human Services Operations and Nursing Home Operations as opposed to being a consolidated function. With distinct regulatory and reporting responsibilities between these two areas, administration felt the program could be more effective separated than combined. The Human Services Operations Administration budget reflects a Director of Quality position being moved into the new reorganization of the Quality function.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	-	-	-
State Addendum Grants	80,000	-	-
TOTAL REVENUE	**80,000**	**-**	**-**
Salaries	210,018	144,999	253,540
Benefits	77,844	55,316	92,454
Other Direct Expenses	87,525	37,641	371,800
TOTAL DIRECT EXPENSES	**375,387**	**237,956**	**717,794**

OBJECTIVES FOR 2018

- Innovate and implement new programming for the most vulnerable and complex individuals and meet the needs of the larger community.

BEHAVIORAL HEALTH SERVICES

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

BEHAVIORAL HEALTH SERVICES

Emergency and Crisis Services

DESCRIPTION

North Central Health Care Emergency & Crisis Services is a state certified program offering services to residents of Marathon, Langlade and Lincoln Counties. Services include a 24-hour Crisis Center, a 24-hour Hotline, Mobile Crisis response team and Youth Crisis Stabilization. Individualized services are provided in the least restrictive manner utilizing natural and peer supports whenever possible. The focus of the program to prevent and de-escalate crisis situations, while also offering community-based treatment and support options. The program is equipped with resources to assess clients and determine their needs, which ranges from community supports and outpatient counselor to inpatient hospitalization.

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

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

Mobile Crisis: The staff of Crisis Services are trained as a state certified Mobile Crisis Unit that travels to avert crises and de-escalate situations. Assessments and interventions by the Crisis Team are available on-site at the North Central Health Care offices in Wausau, Antigo and Merrill, or out in the community. The Crisis teams are made up of trained personnel in the area of crisis intervention and utilize physicians, nurses, law enforcement personnel, psychiatrists, mental health technicians, and other specially trained staff. The team offers an assessment and assists with the disposition of the crisis situation. Disposition may include, but is not limited to, the following: inpatient psychiatric treatment, crisis bed placement, youth crisis bed, and other community placements. The team can also provide linkage and follow-up services with other community providers and agencies to ensure continuity of care.

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

Crisis Assessment Response Team (CART): Two crisis workers will be paired with two Crisis Intervention Team-trained members of Marathon County law enforcement. This evidence-based project is set to roll out in 2018, and will pair crisis workers with officers to more effectively address behavioral health related calls in our community. The CART team will also visit frequent patients proactively to build relationships during normal non-crisis situations. This innovative new program mirrors proactive programming that has been proven to more effectively manage issues surrounding mental health and substance abuse.

POPULATION SERVED

All ages and legal status are served by the Crisis Center Services. Anyone and everyone who is having a crisis related to mental illness, substance abuse or suicide may be served in some capacity. Elderly, developmentally disabled individuals, families, children, and adults may all be served in the Crisis Center. The Crisis Center also provides referrals to other organizations when needs are related to situations such as job loss, spousal abuse, housing and other life issues.

BEHAVIORAL HEALTH SERVICES

Emergency and Crisis Services

REGULATIONS

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

HOURS/DAYS OF SERVICE

Mobile Crisis Services are available for residents in: Lincoln & Marathon Counties: 24 hours/day, 7 days/week, 365 days/year Langlade County: 8:00 am – 4:30 pm, Monday – Friday only, excluding holidays

KEY ACCOMPLISHMENTS

- Established a transportation program serving over 171 individuals in a trauma-informed setting for transport between facilities
- Hired a Law Enforcement Liaison who has developed specialized training for mental health needs within Central Wisconsin's law enforcement communities
- Continued to work with Crisis Process Improvement collaborative partnership, which is a project of local law enforcement, school systems, public health, private counseling agencies, and North Central Health Care
- Greatly increased community crisis educational opportunities using the resources of crisis workers, community partners, and the law enforcement liaison

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Court Liaison	1.0	1.0
Crisis Service Professionals	13.6	17.6
Crisis Service Specialist	0.0	-
RN Case Manager	1.0	1.0
Law Enforcement Liaison	0.5	.5
Transportation Staff	4.60	1.0
Youth Crisis Workers	4.20	4.2
Security Officer	-	.8
TOTAL	**25.90**	**27.10**

BUDGET HIGHLIGHTS

The 2018 budget for Emergency and Crisis Services includes an additional 2.0 FTEs for the new Linkage and Follow-up program requests as the number one priority by the Retained County Authority. Another 2.0 FTEs was also added to support the new Crisis Assessment Response Team (C.A.R.T.) initiative with Wausau Police Department and the Marathon County Sheriff's Department. A reduction of the newly created Transportation staff positions in the 2017 budget was made to reflect the actual need of the service enhancement. An additional 0.8 FTE Security Officer is included for 2018 as well, but this new expense is offset by the reduction of a contract for these same services.

BEHAVIORAL HEALTH SERVICES

Emergency and Crisis Services

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	79,000	100,000	128,000
WIMCR	0	100,000	120,000
Base County Allocation	471,000	896,071	946,476
County Appropriation	502,985	1,154,066	1,225,461
Allocated Revenue	3,281	15,652	28,000
Contract Services	51,000	51,000	51,000
Other Revenue	152,000	-	150,000
Marathon County Match (Maintenance)	-	10,145	22,046
TOTAL REVENUE	**$1,259,265**	**$2,326,934**	**$2,670,983**
Salaries	601,918	1,116,572	1,262,254
Benefits	222,648	425,967	460,282
Other Direct Expenses	13,892	37,580	85,130
TOTAL DIRECT EXPENSES	**$838,458**	**$1,580,119**	**$1,807,666**

OBJECTIVES FOR 2018

- Establish a Crisis Assessment Response Team (CART) in which Law Enforcement partners with Crisis Workers in the field to handle mental-health related calls.
- Work in collaboration with the Crisis Process Improvement subgroup targeting Youth in Crisis, and streamlining crisis response in schools.
- Look to provide tele-communication availability to our partners for immediate crisis needs.
- Design and implement a case monitoring program that would provide eligible patients linkage and follow up services in addition to court case monitoring.

BEHAVIORAL HEALTH SERVICES

Inpatient Psychiatric Hospital

DESCRIPTION

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

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

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

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

Psychiatric Residency Program: In 2017, North Central Health Care began an educational partnership with the Medical College of Wisconsin to create a new psychiatric residency program. North Central Health Care is one partner out of various site rotations located in central Wisconsin, which is charged with providing experiences attached to certain programs or patient populations. In July, one resident began her Inpatient and Emergency rotations within the Behavioral Health Services Department. Rotations are four months long and give each participating resident the ability to experience the service under the supervision of an attending physician. Residents are chosen from hundreds of applicants during a challenging interview process with Medical College of Wisconsin Faculty and supervising physicians. After the interview, residents are "matched" with the sites that will provide them the best educational opportunity.

POPULATION SERVED

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

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

REGULATIONS

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

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

HOURS/DAYS OF SERVICE

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

BEHAVIORAL HEALTH SERVICES

Inpatient Psychiatric Hospital

KEY ACCOMPLISHMENTS

- Successfully recruited a new Inpatient physician and Inpatient Medical Director
- Designed and initiated program standards for the Psychiatric Residency program which launched in July 2017, with 3 residents beginning their rotation per year.

BUDGET HIGHLIGHTS

With the launch of the Psychiatry Residency Program there are new expenses included in the 2018 budget for the Inpatient Psychiatric Hospital and some additional FTEs for enhanced regulatory compliance. The Psychiatry Residency Program includes an additional Psychiatrist as well as $188,000 for stipend support for the residents. A 0.8 FTE Psychologist was transferred from Outpatient to provide more treatment and support for patients on the Inpatient unit along with an additional 1.0 FTE Substance Abuse Counselor and 0.4 FTE Occupational Therapist Assistant.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Master Social Worker	1.0	1.0
Bachelor Social Worker	1.0	1.0
Nurse Practitioner	1.4	1.4
Psychiatrist	1.0	2.0
Occupational Therapist	1.0	0.0
Occupational Therapist Assistant	1.0	1.4
Nurse Manager	1.0	1.0
RN	9.77	9.77
LPN	1.0	1.0
Behavioral Health Tech	6.30	6.3
Medical Scribe	0.5	1.0
Utilization Review	0.5	0.0
Substance Abuse Counselor	-	1.0
Psychologist	-	.80
TOTAL	**25.97**	**28.67**

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	3,840,000	4,000,000	4,375,000
Base County Allocation	1,041,000	400,000	1,097,236
County Appropriation	1,012,682	367,684	278,552
Allocated Revenue	15348	28,094	31,904
Other Revenue		-	125,000
Marathon County Match (Maintenance)	-	100,589	121,924
TOTAL REVENUE	**$5,909,030**	**$4,896,367**	**$6,029,616**
Salaries	1,876,004	2,044,163	2,494,360
Benefits	693,873	779,838	909,571
Other Direct Expenses	1,053,367	860,219	1,064.645
TOTAL DIRECT EXPENSES	**$3,623,244**	**$3,684,220**	**$4,468,576**

OBJECTIVES FOR 2018

- Renovate to provide a home-like environment.
- Evaluate and implement new enhanced treatment programming within the facility.
- Continue to enhance the residency program experience.
- Implementation of second year residency.

BEHAVIORAL HEALTH SERVICES

Contracted Services

DESCRIPTION

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

HOURS/DAYS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Established a transportation program serving individuals in a trauma-informed setting for transport between facilities
- Reduced the number of diversions to other facilities by 60

BUDGET HIGHLIGHTS

A reduction of $200,000 is being applied to the Contractual Services budget for stays at out of county inpatient treatment facilities as a result of expanded services in other areas in addition to increased linkage and follow-up initiatives aimed at keeping individuals out of the hospital.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	-	-	-
Base County Allocation	-	-	99,651
County Appropriation	955,323	1,118,839	806,268
TOTAL REVENUE	**$955,323**	**$1,118,839**	**$905,919**
Other Direct Expenses	800,000	1,065,000	800,000
TOTAL DIRECT EXPENSES	**$800,000**	**$1,065,000**	**$800,000**

OBJECTIVES FOR 2018

- Establish a new expanded CBRF facility, which will be available as a step down from inpatient hospital stays, or as a substitute for individuals who require a less restrictive setting.
- Explore Youth Crisis Group Home, which could decrease the number of youth diversions to settings outside of the three-county area.

BEHAVIORAL HEALTH SERVICES

Crisis Community Based Residential Facility (CBRF)

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Worked with other counties to determine best practice for CBRF size, given population size and volume of patients

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	0.5	1.0
Crisis Tech	1.86	4.0
Behavioral Health Tech	1.86	.80
Master Social Worker	0.0	2.0
RN	0.0	.80
TOTAL	**4.22**	**8.6**

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of 4.38 FTE's due to the expansion of the program from 6 beds to 12 beds due to the community need for expanded services. The CBRF will expand within its current location.

OBJECTIVES FOR 2018

- Establish a new expanded CBRF facility, which will be available as a step down from inpatient hospital stays, or as a substitute for individuals who require a less restrictive setting.
- Explore Youth Crisis Group Home, which could decrease the number of youth diversions to settings outside of the three-county area.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	766,000	638,000	860,000
WIMCR	-	100,000	140,000
County Appropriation	-	-	-
Allocated Revenue	5,742	4,636	3,841
Other Revenue	-	-	-
Marathon County Match (Maintenance)	-	46,600	7,742
TOTAL REVENUE	**$771,742**	**$789,236**	**$1,011,583**
Salaries	238,876	153,753	399,659
Benefits	88,377	58,656	145,736
Other Direct Expenses	14,100	17,829	40,875
TOTAL DIRECT EXPENSES	**$341,353**	**$230,238**	**$586,270**

BEHAVIORAL HEALTH SERVICES

Lakeside Recovery Medically Monitored Treatment (MMT)

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Worked with Marathon County's AOD Partnership, Langlade County's Drug Court exploration committees, and participated in a variety of community-based advocacy groups on behalf of individuals suffering from substance abuse disorders.
- Evaluated and improve the efficacy of the MMT waitlist, which helps staff manage demands for service while ensuring the individuals with the most pressing medical needs receive priority.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	0.5	1.0
Counselor	1.0	1.0
Registered Nurse	0.2	0.2
Peer Specialist	0.0	0.0
Nursing Assistant	0.0	0.0
Behavioral Health Tech	1.86	.80
Crisis Tech	1.86	4.8
Referral Coordinator	0.0	1.0
TOTAL	**5.42**	**8.8**

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of 3.38 FTE's due to the expansion of the program from 6 beds to 15 beds due to the community need for expanded services. The MMT program will be moving to an entirely new location in 2018 with the expansion.

OBJECTIVES FOR 2018

- Expansion from a 6-bed unit to a 15-bed unit in 2018.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Base County Allocation			54,124
Net Patient Services Revenue	50,000	165,000	486,000
County Appropriation	228,863	277,688	437,919
Allocated Revenue	-	2,325	1,743
Other Revenue	150,000	-	-
Marathon County Match (Maintenance)	-	46,600	8,902
CCS Reconciliation			10,000
TOTAL REVENUE	**$428,863**	**$491,613**	**$998,688**
Salaries	271,974	217,164	428,007
Benefits	100,617	82,847	156,073
Other Direct Expenses	6,500	10,572	132,125
TOTAL DIRECT EXPENSES	**$379,091**	**$310,583**	**$716,205**

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Behavioral Health Services includes Community Corner Clubhouse, Community Treatment-Adult (CCS, CSP, IPS), Community Treatment Youth (CCS, CLTS), Day Treatment and Outpatient Mental Health & Substance Abuse Services.

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Corner Clubhouse

DESCRIPTION

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

The Clubhouse helps empower members by offering:

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Thursday: 8:00 am – 4:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

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

KEY ACCOMPLISHMENTS

- Held annual fundraising event, which raised over $16,000 in operating assistance to Clubhouse.
- Opened Hope House, a sober living environment based off the Oxford House model.
- 34% of members held part-time or full-time employment with support from Clubhouse.
- Average # of members who were incarcerated for 2016- .006%.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Employment Specialist	1.0	1.0
Clubhouse Generalist	3.0	3.0
Peer Specialist	0.0	.5
TOTAL	**5.0**	**5.5**

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Corner Clubhouse

BUDGET HIGHLIGHTS

The 2018 budget includes an additional .50 FTE Peer Specialist. The additional FTE will assist in meeting needs of the growth in the program and was a recommendation from the International Clubhouse Accreditation site visit in 2017. The additional FTE will be supported entirely with offsetting billing revenue.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	226,000	208,000	284,000
DVR	14,000	20,000	20,000
County Appropriation	95,000	95,000	92,000
Allocated Revenue	-	2,597	751
Other Revenue	137,502	121,500	94,500
Marathon County Match (Maintenance)	-	-	-
TOTAL REVENUE	**$472,502**	**$447,097**	**$491,251**
Salaries	223,170	220,397	246,203
Benefits	82,570	84,080	89,778
Other Direct Expenses	51,650	59,918	62,543
TOTAL DIRECT EXPENSES	**$357,390**	**$364,395**	**$398,524**

OBJECTIVES FOR 2018

- Hold 4th annual fundraising event with the support of key stakeholders, members, and NCHC staff members' support.
- Grow membership through community outreach efforts and enhanced advocacy.
- Collaborate with law enforcement on Crisis Intervention trainings, to enhance the response in our community to individuals with mental health needs.
- Work with Housing and Homelessness Coalition to help area providers understand how to get homeless individuals into the right levels of service.

COMMUNITY BEHAVIORAL HEALTH PROGRAMS

Community Treatment Adult (CCS, CSP, IPS)

The descriptions on pages 50–51 include information for Community Treatment Adult Services. Community Treatment Youth Services are described separately on page 52. The Budget Highlights, Staffing and Budget Summary information shown on page 53 contains data that is combined back into one overall Community Treatment program. In future years, the budget information will be seprated to reflect the separate programs.

COMPREHENSIVE COMMUNITY SERVICES ADULT DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

COMMUNITY SUPPORT PROGRAM (CSP) DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

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

HOURS OF SERVICE

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

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Treatment Adult (CCS, CSP, IPS)

INDIVIDUAL PLACEMENT & SUPPORT (IPS) DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

KEY ACCOMPLISHMENTS OF COMMUNITY TREATMENT ADULT (CCS, CSP, IPS)

- Improved and added case management staff and enhanced the management structure to meeting increasing client volumes.
- Introduced Motivational Interviewing to the case management practice

STAFFING, BUDGET HIGHLIGHTS & SUMMARY

See page 53.

OBJECTIVES FOR 2018

- Move to greater fidelity of the ACT evidenced-based model for clients with high needs.
- Grow program to fully meet and anticipate community need.
- Implement Motivational Interview model of care.

COMMUNITY BEHAVIORAL HEALTH PROGRAMS

Community Treatment Youth (CCS, CLTS)

COMPREHENSIVE COMMUNITY SERVICES YOUTH DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

CHILDREN'S LONG TERM SUPPORT (CLTS) DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm

KEY ACCOMPLISHMENTS

- Improved and added case management staff and enhanced the management structure to meeting increasing client volumes.
- Introduced Motivational Interviewing to the case management practice.

STAFFING, BUDGET HIGHLIGHTS & SUMMARY

See page 54.

OBJECTIVES FOR 2018

- Grow program to fully meet and anticipate community need.
- Implement Motivational Interview model of care.

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Treatment Adult (CCS,CSP, IPS) & Youth (CCS, CLTS)

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of 36.95 FTE's. This is the largest growth area in the 2018 budget. The program continues to have significant demand, and will also see additional growth with the addition of the Linkage and Follow up services. The FTE's will not be added all at once. The additions will be done over time to allow for training and building caseloads.

In addition to the increased FTE's, contracted providers are anticipated to increase. All increases in expenditures will be offset from billing revenue from the State's Medicaid program. For the 2018 budget, the Community Treatment program will be split into an adult and youth programs for more detailed analysis of program operations and performance. The 2018 budget document still presents these two distinct programs as one budget program. In future years the budget will more clearly break these programs into two distinct budgets by program sections. They are broken out and reported separately in the 2018 financial reports.

COMMUNITY TREATMENT STAFFING (ADULT & YOUTH PROGRAMS)

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Clinical Coordinator	1.0	3.0
Manager	2.0	3.8
Referral Coordinator	2.0	3.0
Case Manager	33.55	54.2
Clerical	2.0	2.0
RN Coordinator	1.0	1.0
Register Nurse	3.0	4.0
Occupational Therapy Assistant	3.0	2.8
Community Treatment Tech	4.2	6.8
Employment Supervisor	1.0	1.0
Employment Specialist	3.6	3.6
Peer Specialist	1.0	1.0
Psychiatrist	1.0	.80
Medical Assistant	0.0	.80
AODA Counselor	0.0	1.0
Lead	0.0	5.5
QA Spec	0.0	1.0
TOTAL	**59.35**	**96.3**

BUDGET SUMMARY (COMMUNITY TREATMENT ADULT & YOUTH PROGRAMS)

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	3,763,000	5,375,000	9,352,000
Grant Funding	643,000	749,000	747,000
COP	-	65,000	45,000
IMD-OBRA	-	-	-
DVR	86,000	64,000	34,000
WIMCR	35,000	175,000	100,000
Allocated Revenue	173,099	116,212	206,451
Base County Allocation	1,020,000	805,365	102,000
County Appropriation	910,754	254,198	64,739
Other Revenue	24,836	-	-
Marathon County Match (Maintenance)	-	14,417	40,172
CCS Reconciliation			1,100,000
TOTAL REVENUE	**$6,655,689**	**$7,618,197**	**$11,791,362**
Salaries	2,890,945	3,242,624	4,806,063
Benefits	1,071,541	1,237,046	1,752,535
Other Direct Expenses	589,900	1,354,711	3,192,267
TOTAL DIRECT EXPENSES	**$4,552,386**	**$5,834,381**	**$9,750,865**

COMMUNITY BEHAVIORAL HEALTH SERVICES

Substance Abuse Day Treatment

DESCRIPTION

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

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

POPULATIONS SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Re-evaluated the program to ensure that all eligible candidates no longer have a wait to enter the program.

STAFFING

Position	2017 FTE's	2018 FTE's
Counselor	1.0	0.5
TOTAL	**1.0**	**0.5**

BUDGET HIGHLIGHTS

This program is seeing a reduction of a .50 FTE. This program is coordinated with Outpatient, and the staffing is reflective of the number of classes being requested. In 2018, the budget separates the program revenues and expenditures for day treatment away from Outpatient Services to more clearly distinguish program performance.

OBJECTIVES FOR 2018

- Expand to Langlade County.
- Explore addition of Intensive Outpatient Programming as step-down recovery opportunity for individuals who graduate Day Treatment.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	109,000	97,000	69,000
WIMCR	1,000	1,000	1,000
County Appropriation	-	-	15,304
Allocated Revenue	820	806	351
Other Revenue	-	-	-
Marathon County Match (Maintenance)	12,073	9,968	3,523
TOTAL REVENUE	**$122,893**	**$108,774**	**$89,178**
Salaries	52,077	52,000	24,426
Benefits	19,302	19,838	8,907
Other Direct Expenses	6,600	4,036	3,300
TOTAL DIRECT EXPENSES	**$77,979**	**$75,874**	**$36,633**

COMMUNITY BEHAVIORAL HEALTH SERVICES

Outpatient Services

DESCRIPTION

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

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

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

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

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

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

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

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

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

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

POPULATION SERVED

Outpatient Mental Health Services provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade Counties for a multitude of diverse situations including, but not limited to:

- Anxiety
- Abuse/Trauma
- Depression & Mood Disorders
- Stress
- Addiction
- Relationship Challenges
- Schizophrenia
- Grief & Loss
- Personality Disorders
- Major Life Changes
- Behavioral Disorders
- Conflict Resolution Outpatient Substance Abuse & Addiction Services: Provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:
- Alcohol Abuse
- Drug Abuse
- Gambling
- Smoking
- Behavioral Addictions

Outpatient Mental Health & Substance Abuse treatment options are available for individuals, couples, families, and groups and is provided in several locations including the Wausau Campus, Antigo Center, Merrill Center and Tomahawk Office. Substance Abuse Day Treatment: is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade Counties.

COMMUNITY BEHAVIORAL HEALTH SERVICES

Outpatient Services

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

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

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

REGULATIONS

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

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

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

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

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm.

KEY ACCOMPLISHMENTS

- Successful transition of new counselor and substance abuse assessments within Marathon County Jail.
- Participation on the development of the Marathon County School Counseling Consortium.
- Worked with Langlade, Lincoln, and Marathon Counties on the needs of their communities including drug courts, jail programming, and more.
- Successfully recruited an additional outpatient psychiatrist.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Clinical Coordinator	1.0	.5
Operations Manager	2.0	2.0
Clinical Supervisor	0.0	0.0
Referral Coordinator	1.8	1.8
OWI Scheduler	1.0	1.0
Registration Specialist	7.4	7.4
Psychiatrist	1.0	1.2
RN	2.4	2.8
Medical Assistant	3.2	3.0
Psychologist	1.0	1.2
Therapist	17.8	16.8
AODA Counselor	2.0	2.0
OWI Assessor	1.0	1.0
TOTAL	**42.6**	**41.7**

BUDGET HIGHLIGHTS

Outpatient Services consolidates Outpatient Administration, Mental Health and Substance Abuse Treatment and Psychiatry into one single program for the 2018 Budget. The 2018 budget for these programs remain relatively stable as compared to 2017 with the exception of the Outpatient Psychologist position moving into the Inpatient Hospital.

COMMUNITY BEHAVIORAL HEALTH SERVICES

Outpatient Services

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,098,000	1,922,000	1,835,000
Grant	402,000	402,000	402,000
OWI Surcharges	170,000	170,000	147,000
Contract Services	55,000	14,000	-
WIMCR	-	25,000	24,000
Base County Allocation	1,369,436	1,800,000	1,601,949
County Appropriation	2,320,550	1,167,536	1,422,472
Allocated Revenue	156,882	120,220	188,416
Other Revenue	183,164	-	5,000
Marathon County Match (Maintenance)	-	65,129	71,635
County Match	175,000	175,000	175,000
TOTAL REVENUE	**$6,930,032**	**$5,860,885**	**$5,872,472**
Salaries	3,019,380	2,546,568	2,499,587
Benefits	1,121,044	971,504	911,477
Other Direct Expenses	844,750	1,151,286	1,155,255
TOTAL DIRECT EXPENSES	**$4,985,174**	**$4,669,358**	**$4,566,319**

OBJECTIVES FOR 2018

- Implement Intensive Outpatient Treatment (IOP) programming for Marathon and Langlade Counties.
- Enhance ties between existing programming and community-based supports.
- Develop an outpatient psychiatry rotation for the Medical College of Wisconsin Psychiatry Residency Program.

COMMUNITY LIVING

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

COMMUNITY LIVING

Community Living Administration

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Added a Community Living RN and enhanced the on-boarding training process to increase staff competency.
- Enhanced Continuing Education to improve direct care competencies.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Residential Manager	2.0	1.0
Registered Nurse	.80	.8
Scheduler	0.0	1.0
TOTAL	**3.8**	**3.8**

BUDGET HIGHLIGHTS

The 2018 budget reflects the transition of a 1.0 FTE from and Residential Manager to a 1.0 Scheduler. This change will help meet the administrative needs of the Residential programs at a lower cost with higher level of support to both management and staff.

OBJECTIVES FOR 2018

- Implement new management structure.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	181,975	232,016	210,055
Benefits	67,733	88,513	76,597
Other Direct Expenses	4,600	10,890	12,590
TOTAL DIRECT EXPENSES	**$254,308**	**$331,419**	**$299,242**

COMMUNITY LIVING

Day Services

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

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

KEY ACCOMPLISHMENTS

- 100% Customer Satisfaction Year to date – Wausau ADS.
- Successfully met and obtained alignment with Community Based Service Waiver definitions.
- Successful employment for six long term workshop individuals who had previous difficulties obtaining and remaining employed.
- Further expansion of community-based prevocational work sites.
- Implementation of a new contract with CLI for the development of consumers' independent living skills.

COMMUNITY LIVING

Day Services

STAFFING

Position	2017 FTE's	2018 FTE's
Coordinator	3.0	3.0
Vocational Consultant	2.46	2.46
D.D. Workers	10.56	9.31
D.D. Aides	12.59	12.59
TOTAL	**28.61**	**27.36**

BUDGET HIGHLIGHTS

The 2018 budget reflects a decrease of a 1.25 FTE due to a slight reduction in demand for services as more consumers move to community based programs. The Wausau Day services program will be relocating in 2018 into the former ADRC space to allow for MMT program growth.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	1,982,000	1,940,000	1,785,000
DVR	125,000	80,000	88,000
Contract Services	20,000	20,000	20,000
Base County Allocation	-	-	-
Allocated Revenue	49,710	49,658	-
Other Revenue	110,000	122,000	112,000
Marathon County Match (Maintenance)	-	71,481	75,254
TOTAL REVENUE	**$2,286,710**	**$2,283,139**	**$2,080,254**
Salaries	888,868	896,392	871,909
Benefits	231,311	341,970	317,942
Other Direct Expenses	414,825	326,461	312,854
TOTAL DIRECT EXPENSES	**$1,535,004**	**$1,564,823**	**$1,502,705**

OBJECTIVES FOR 2018

- 2018 Goal – Transition 50 % of work force to community based services.

COMMUNITY LIVING

Residential – Community Based Residential Facilities (CBRFs)

DESCRIPTION

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

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- The licensing of a new 8-bed home on Andrea Street.
- Award and successful completion of CLI grant for program to support the development of community connections and natural supports for individuals with developmental disabilities.

STAFFING

Position	2017 FTE's	2018 FTE's
Care Coordinator	5.0	4.0
Residential Care Assistants	27.95	23.62
TOTAL	**32.95**	**27.62**

BUDGET HIGHLIGHTS

The 2018 budget anticipates the closure of one of the residential CBRF's. Residents from this CBRF will be relocated to other NCHC residential sites. Due to the closure, there is a reduction of 5.33 FTE's as well as other operational expenses. The closure is related to rate and staffing pressures as well as safety of the location for consumers.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,222,000	2,424,000	1,937,000
Allocated Revenue	15,666	24,300	-
TOTAL REVENUE	**$2,237,666**	**$2,448,300**	**$1,937,000**
Salaries	1,019,388	1,017,506	876,749
Benefits	377,841	388,174	319,708
Other Direct Expenses	336,460	363,462	277,907
TOTAL DIRECT EXPENSES	**$1,733,689**	**$1,769,142**	**$1,474,364**

OBJECTIVES FOR 2018

- Transition CBRF to align with the NCHC Mission and Vision serving higher acuity of care. Based on current community need, this alignment is accomplished by enhanced competency training and recruiting for skilled employee levels needed to meet need.

COMMUNITY LIVING

Residential – Supported Apartments

DESCRIPTION

Residential Services operates five supported apartment settings:

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

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Transitioned one of our residential housing sites to assist solely with mental health residents in order to fill a gap in community need.

STAFFING

Position	2017 FTE's	2018 FTE's
Care Coordinator	6.0	6.8
Residential Care Assistants	36.89	34.48
TOTAL	**42.86**	**41.28**

BUDGET HIGHLIGHTS

Staffing in Supported Apartments fluctuates with changes in demand and is budgeted to decrease by 1.58 FTE in 2018. Changes in demand and corresponding staffing adjustments are offset with matching revenue sources.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,360,000	2,337,000	2,317,000
Allocated Revenue	12,631	23,896	-
Other Revenue	-	-	-
TOTAL REVENUE	**$2,372,631**	**$2,360,896**	**$2,317,000**
Salaries	1,243,080	1,267,272	1,253,241
Benefits	460,753	483,458	456,995
Other Direct Expenses	208,716	242,737	147,453
TOTAL DIRECT EXPENSES	**$1,912,549**	**$1,993,467**	**$1,857,689**

OBJECTIVES FOR 2018

- Focus on increased staff knowledge in mental health and substance abuse services to meet community needs. Ensure that staff training focuses on increasing community placement success and transition to life without support for members through motivation and empowerment.

ADULT PROTECTIVE SERVICES

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Managed caseload of client cases with increased numbers and complexity.
- Provided outreach to community placement locations on dementia care needs – in an attempt to provide better dementia care and placement success.
- Dementia "Train the Trainer" training completed by APS staff and Crisis Staff – providing in house trainers to continue trainings on dementia care.
- Explored opportunity to share legal resources/representation for APS between three counties.
- Collaborative contact with Aspirus to explore ways to work together for dementia training and increased community awareness.
- Initiated work on improving options for Emergency Protective placement location for our counties (focus on dementia care).
- Worked on development of a Mobile App for APS for our tri county area.

ADULT PROTECTIVE SERVICES

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Protective Services Rep.	4.0	5.0
Administrative Assistant	1.0	1.0
TOTAL	**6.0**	**7.0**

BUDGET HIGHLIGHTS

Adult Protective Services continues to experience growth in the demand for at-risk investigations and protective placement requests. The 2018 budget reflects the addition of a 1.0 FTE to help support the sustained increase in demands for services. The legal budget is being reduced by $40,000 from 2017 as Marathon County has taken on the responsibilities for all APS legal work in Marathon County and through a contract for Lincoln County as opposed to NCHC contracting out for these services. The levy request for Marathon and Lincoln County has been reduced to reflect this shift of responsibility to Marathon County. Langlade County APS legal work will continue to be outsourced as needed.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	1,000	500	500
Grant	225,000	225,000	225,000
County Appropriation	335,858	435,223	539,177
Allocated Revenue	820	8,339	6,569
Marathon County Match (Maintenance)	-	4,731	9,310
TOTAL REVENUE	**$562,678**	**$673,793**	**$780,556**
Salaries	285,894	301,122	357,575
Benefits	105,770	114,877	130,390
Other Direct Expenses	66,900	72,964	76,414
TOTAL DIRECT EXPENSES	**$458,664**	**$488,963**	**$564,379**

OBJECTIVES FOR 2018

- Increased collaboration and cross training between APS and Crisis Services.
- Continued collaboration with internal and external partners in developing appropriate options for protective placement locations – including settings able to attain stability.
- Roll out Mobile App for APS – for use with Community Partners and the Community resulting in improved accessibility to information and resources.
- Expand knowledge of crisis responders and the community of dementia and best case practices.
- Attain improved understanding of the role of guardianship and protective placement with internal and external partners.
- Provide community training on the topic of financial exploitation.
- Anticipate growth and determine program needs and changes in upcoming years.

AQUATIC SERVICES

DESCRIPTION

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Patient top box experience is at 94.9%.
- The percentage of clients meeting treatment goals is exceeding target at 95.3%.
- Partnered with Advance Pain Management to help lower pain levels without opioids.

AQUATIC SERVICES

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Physical Therapy Assistant	1.4	1.4
Physical Therapist	1.2	1.2
Lifeguard	2.0	2.6
TOTAL	**5.6**	**6.2**

BUDGET HIGHLIGHTS

The 2018 budget reflects an increase of a .60 FTE for an additional lifeguard. The increase is required for safety reasons, following a survey conducted by the Health Department in 2017. While expenses have increased, revenues remain constrained. Despite referrals continuing to be strong, the recruitment of additional staff to meet these demands has been stymied by inaction of the building of a new pool.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	679,000	551,000	550,000
Contract Services	-	-	-
Other Revenue	99,000		100,000
Allocated Revenue	-	3,904	2,952
Marathon County Match (Maintenance)	-	137,725	139,148
County Appropriation	-	150,327	214,115
TOTAL REVENUE	**$781,367**	**$941,956**	**$1,006,215**
Salaries	352,985	319,022	342,338
Benefits	103,585	121,705	124,834
Other Direct Expenses	63,300	36,524	37,824
TOTAL DIRECT EXPENSES	**$519,870**	**$477,251**	**$504,996**

OBJECTIVES FOR 2018

- Raise funds to invest in new refurbished pool space.
- Hire another Physical Therapist to assist with increased demand due to partnership with Advanced Pain Management and other local physicians looking for non-opioid pain management techniques.

BIRTH TO THREE

DESCRIPTION

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

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Recruited new manager to lead the program in ongoing improvements.
- Successfully implemented a grant in partnership with the Marathon County Health Department to provide information and referrals on behalf of the Northern Regional Center for Children and Youth with Special Health Care Needs Program.

BIRTH TO THREE

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Service Coordinator	5.0	5.0
Teacher	1.0	1.0
Physical Therapist	0.8	1.0
Occupational Therapist	1.5	1.6
Speech Therapist	4.0	3.6
Administrative Assistant	1.0	1.0
TOTAL	**14.30**	**14.20**

BUDGET HIGHLIGHTS

The Birth to Three program remains relatively stable in the 2018 budget with a small .10 FTE change due to restructuring of the Therapy FTE's. The change better reflects the needs of the program. The program is also providing referral services for the Health Department, which is reflected in Contract Services revenue. No additional expenses are added to fulfill this contract. As a condition of the federal governments IDEA acts, the Birth to Three program must accept all referrals which has created volume pressures on staffing to meet the community needs. The program is primarily funded through a state grant with corresponding required county match. Additional funding is not available through the grant at this time.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	392,000	379,000	318,000
Grant	519,000	519,000	519,000
WIMCR	-	50,000	50,000
County Appropriation	835,112	835,112	835,112
Allocated Revenue	5,689	9,219	6,971
Marathon County Match (Maintenance)	-	23,895	33,654
Contract			23,000
TOTAL REVENUE	**$1,751,801**	**$1,816,226**	**$1,785,737**
Salaries	940,403	928,489	922,623
Benefits	347,849	354,214	336,435
Other Direct Expenses	135,600	101,430	138,620
TOTAL DIRECT EXPENSES	**$1,423,852**	**$1,384,133**	**$1,397,678**

OBJECTIVES FOR 2018

- Enhance efficiencies in documentation systems to improve time spent in the field with families and children.

DEMAND TRANSPORTATION

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

85.21 WI DOT requirements

HOURS OF SERVICE

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

KEY ACCOMPLISHMENTS

- All employees in Demand and In-house Transportation (including Management) acquired CDLs with P and SB endorsements.
- Leveraged labor to increase efficiencies and coverage between In-house and Demand Transportation.
- All Transportation employees are engaged in monthly Safety and Patient Experience training.

DEMAND TRANSPORTATION

STAFFING

Position	2017 FTE's	2016 FTE's
Manager	0.75	.75
Logistics Worker	2.3	2.3
Administrative Assistant	1.0	1.0
TOTAL	**4.05**	**4.05**

BUDGET HIGHLIGHTS

The 2018 Budget reflects an increase in contracted rates for reimbursement of trips requested by Social Services. The remainder of the revenues and expenses are relatively comparable to the 2017 budget.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	179,000	57,300	24,300
Grant	240,000	237,700	237,700
DVR	-	-	-
Contracted Services	-	110,000	168,000
Allocated Revenue	-	4,178	-
Other Revenue	1,718	-	-
Marathon County Match (Maintenance)	-	466	1,235
TOTAL REVENUE	**$420,718**	**$409,644**	**$431,235**
Salaries	144,750	134,906	137,760
Benefits	53,561	51,466	50,234
Other Direct Expenses	162,500	164,147	187,747
TOTAL DIRECT EXPENSES	**$360,811**	**$350,519**	**$375,741**

OBJECTIVES FOR 2018

- Exploring grant opportunities for safety equipment on buses-primarily camera/surveillance.
- Expanding social trip services to the other nursing homes in the county.
- Work with Marketing to get the word out on social media about the Marathon County Transportation Program.

NURSING HOME OPERATIONS
2018 BUDGET BY PROGRAM

North Central Health Care's Nursing Home Operations include Mount View Care Center, a skilled nursing facility located on the main campus in Wausau. With a licensed capacity of 200 residents, Mount View Care Center's neighborhoods serve individuals in need of short term rehabilitation, post acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, and those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavioral needs. The following programs are the consolidated service areas for NCHC's Nursing Home Operations:

NURSING HOME OPERATIONS ADMINISTRATION

DESCRIPTION

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

KEY ACCOMPLISHMENTS

In 2017 we have focused on our employees by recognizing the importance of staff retention. With this focus we have enhanced and added a staff development role to Mount View Care Center. We also focused on our clinical charting and enhanced our activities of daily living charting for more accurate picture of our resident's needs.

STAFFING

Position	2017 FTE's	2018 FTE's
Nursing Home Operations Executive	1.0	1.0
Director of Nursing	1.0	1.0
Assistant Administrator	1.0	1.0
Central Scheduler	0.9	1.0
Executive Assistant	1.0	1.0
Administrative Assistant	0.0	0.0
RN Supervisors	1.4	1.0
Transitional Care Nurse	0.0	0.0
Admission Coordinator	1.0	1.0
Restorative LPN	0.0	0.0
Logistics Worker	1.0	1.0
Staff Education Specialist	1.0	1.0
Asst. Administrative Coord.	0.0	.50
Performance Imp. Specialist	0.0	1.0
Enrollment Specialist	0.0	1.0
Billing Specialist	0.0	1.0
TOTAL	**10.2**	**12.5**

BUDGET HIGHLIGHTS

In 2018, with an overall census of 185, Mount View Care Center will again reduce the number of licensed beds from 220 to 200. Reducing licensed beds will reduce bed tax payments and increase opportunity for bed hold revenues.

Nursing Home Operations Administration transferred 2.0 FTE from Patient Financial Services to work directly out of the MVCC Administration office. There is a 0.4 FTE reduction for nursing supervision and an addition of 0.5 FTE to support the admissions function. In 2017, an operational and financial assessment of MVCC operations was conducted by the firm Clifton Larson Allen (CLA). A number of the study's recommendations have been incorporated into the 2018 budget.

KEY OBJECTIVES FOR 2018

- Mount View Care Center will be implementing team-based leadership.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	8,10,000	10,000	10,000
Donations	-	-	-
TOTAL REVENUE	**$10,000**	**$10,000**	**$10,000**
Salaries	734,593	678,806	799,534
Benefits	271,721	258,961	291,551
Other Direct Expenses	175,250	288,599	367,749
TOTAL DIRECT EXPENSES	**$1,181,564**	**$1,226,366**	**$1,458,834**

ANCILLARY

DESCRIPTION

Ancillary services are services or items that are not included in our daily rates. Some examples of these items are transportation, durable medical equipment, oxygen, laboratory test and vaccinations that are required to be administered through our Federal and State Regulations.

BUDGET HIGHLIGHTS

Both revenues and expenses are down due to census.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	150,000	140,000	86,000
Allocated Revenue	656	123	82
Marathon County Match (Maintenance)	-	-	-
TOTAL REVENUE	**$150,656**	**$140,123**	**$86,082**
Other Direct Expenses	111,000	114,000	153,000
TOTAL DIRECT EXPENSES	**$111,000**	**$114,000**	**$153,000**

REFLECTIONS LONG-TERM CARE

DESCRIPTION

Mount View Care Center's Long Term Care units were consolidated in early 2017 into one unit, Northern Reflections totaling 40 licensed beds. Northern Reflections provides 24 hour skilled nursing services that are adapted to helping residents, assisting with the task of daily living, physical therapy, transitioning to dementia care, comfort/hospice care, or the management of chronic illness. Each individual care plan is structured around the resident's life pattern.

POPULATION SERVED

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

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

KEY ACCOMPLISHMENTS

Reflections Long Term Care has successfully transitioned from operating 83 licensed beds to 40 in 2017. Through this transition we have been able to right size our team to ensure that we are meeting the needs of our residents. When reviewing our quality indicators, Northern Reflections has effectively reduced the fall rates, reduced their infection control rates, and have increased their patient experience to over 75%.

STAFFING

Position	2017 FTE's	2018 FTE's
Nurse Manager	1.0	.3
MDS Coordinator	1.0	1.0
Registered Nurse	7.5	5.0
Licensed Professional Nurse	2.35	0.0
Certified Nursing Assistant	26.2	14.0
Unit Clerk	1.0	.5
Social Worker	1.0	.5
Activity Therapist	2.0	2.0
Medical Technician	0.0	2.15
TOTAL	**42.05**	**25.45**

BUDGET HIGHLIGHTS

Census has been reduced from 60 residents down to 37 in 2018. Revenues and expenses are reduced respectively overall. Revenue per patient day is anticipated to increase with improvements both to the daily rate and case mix index adjustment to the rate based on the acuity of the residents. Other direct expenses and indirect expenses have been thoroughly reviewed with this reduction in census.

KEY OBJECTIVES FOR 2018

Northern Reflections focus will be on providing high quality resident directed care in 2018. They will accomplish this by increased patient satisfaction scores and continued focus on quality of life areas such as falls, infection prevention and medication management.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	4,244,000	3,978,000	2,344,000
Supplemental Payment	647,000	647,000	713,000
Other Revenue	-	-	-
County Appropriation	446,000	291,000	483,000
Allocated Revenue	68,078	49,951	54,472
Marathon County Match (Maintenance)	-	396,543	412,750
TOTAL REVENUE	**$5,405,078**	**$5,362,494**	**$4,007,222**
Salaries	1,985,277	1,937,880	1,276,774
Benefits	734,295	739,292	465,577
Other Direct Expenses	385,900	365,710	192,980
TOTAL DIRECT EXPENSES	**$3,105,472**	**$3,042,882**	**$1,935,331**

LEGACIES BY THE LAKE MEMORY CARE

DESCRIPTION

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

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

POPULATION SERVED

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

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

KEY ACCOMPLISHMENTS

- Legacies by the Lake is recognized regionally and in the State of Wisconsin for its innovative dementia care and specialized training. In late 2016 we were awarded a grant from the State of Wisconsin to begin sharing this program/training with other nursing homes within the State of Wisconsin. These trainings are to start in Fall of 2017 and continue through 2018.
- In 2016 Legacies was recognized as the Alzheimer's Association top fundraising Corporate Partner and largest walk team. This was the third year we received this honor.
- Legacies participated in SPARK. It is a program for individuals with dementia to participate in engaging art experiences and hands on art activity.
- Legacies participated in the music and memory program and have over 50 residents enjoying individualized music through iPods. From a clinical area of excellence, we have a very low rehospitalization rate.

LEGACIES BY THE LAKE MEMORY CARE

STAFFING

Position	2017 FTE's	2018 FTE's
Nurse Manager	1.0	1.0
MDS Coordinator	1.0	1.0
Registered Nurse	13.65	10.9
Licensed Professional Nurse	3.15	0.00
Certified Nursing Assistant	59.0	55.0
Unit Clerk	1.0	1.0
Social Worker	1.6	1.5
Activity Therapist	1.9	2.0
Medical Technician	0.00	8.4
TOTAL	**82.3**	**80.8**

BUDGET HIGHLIGHTS

The budgeted census for Legacies by the Lake remains the same in 2018 as in 2017 at 100 residents per day. Revenues increase as a result of an improvement in reimbursement again to an increase in the case mix index (CMI) or acuity of the residents, along with an overall increase in the base rates. On the expense side 1.5 FTEs have been reduced as a result of efficiencies recommended by the CLA operational assessment.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	6,212,000	6,418,000	6,616,000
Supplemental Payment	734,000	734,000	809,000
Contract Services	-	100,000	-
Other Revenue	-	-	-
County Appropriation	987,000	803,000	1,217,000
Allocated Revenue	73,267	80,812	89,652
Marathon County Match (Maintenance)	-	374,012	411,140
TOTAL REVENUE	**$8,006,267**	**$8,509,824**	**$9,142,792**
Salaries	3,724,734	3,698,275	3,808,487
Benefits	1,377,646	1,410,874	1,388,769
Other Direct Expenses	421,800	441,352	447,846
TOTAL DIRECT EXPENSES	**$5,524,180**	**$5,550,501**	**$5,645,102**

KEY OBJECTIVES FOR 2018

- Continue to focus on creating innovative programming to enhance our resident's lives through individualized resident directed process.

SOUTHSHORE POST ACUTE CARE & NORTHWINDS VENTILATOR CARE

DESCRIPTION

Southshore Short-Term Rehabilitation offers post-acute care for short term rehabilitation in Southshore, a 25-bed skilled nursing community. Southshore specializes in complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

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

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

POPULATION SERVED

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

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

REGULATIONS

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

HOURS/DAYS OF SERVICE

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

KEY ACCOMPLISHMENTS

Southshore and Northwinds pride themselves on high quality care for the residents we serve. In 2016 we had no pneumonia acquired ventilator dependent residents infections and have led the surrounding area with one of the lowest rehospitalization rates that are lower than the national and state average.

SOUTHSHORE POST ACUTE CARE & NORTHWINDS VENTILATOR CARE

STAFFING

Position	2017 FTE's	2018 FTE's
Nurse Manager	1.0	0.7
MDS Coordinator	1.0	1.0
Registered Nurse	12.90	14.5
Respiratory Therapist	9.25	8.8
Certified Nursing Assistant	30.30	30.3
Unit Clerk	1.9	1.5
Social Worker	1.2	1.5
Music Therapist	1.0	1.0
Activity Therapist	1.0	0.9
TOTAL	**59.55**	**60.2**

BUDGET HIGHLIGHTS

These two programs have traditionally been reported as one consolidated Post-Acute Care unit. In the 2018 financial statements we are now breaking them into two distinct programs for performance reporting purposes. The overall census for Southshore is slated at 23 patients while the Northwinds Vent Community is budgeted at a census of 25 for a combined total of 48 patients per day. This is an increase of 2 patients per day over the 2017 budget. The 2018 budget anticipates an average of 16 Medicaid Vent and 15 Medicare patients. Revenues continued to receive pressure on length of stay and with managed care programs despite seeing improvements in the rates for 2018. Supporting an adequate payer mix in these programs will be contingent on the expediency in which a renovation in 2018 can be pursued.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	6,227,000	5,528,000	6,053,000
Supplemental Payment	419,000	419,000	462,000
Other Revenue	-	-	-
County Appropriation	267,000	606,000	-
Allocated Revenue	76,280	46,017	73,270
Marathon County Match (Maintenance)	-	328,449	275,783
TOTAL REVENUE	**$6,989,280**	**$6,927,466**	**$6,864,053**
Salaries	3,062,578	3,117,959	3,284,812
Benefits	1,132,741	1,189,486	1,197,810
Other Direct Expenses	643,625	603,273	538,554
TOTAL DIRECT EXPENSES	**$4,838,944**	**$4,910,718**	**$5,021,176**

KEY OBJECTIVES FOR 2018

- Southshore and Northwinds will continue to focus on key quality items such as rehospitalization rates and excellent discharge planning for our short term residents.

REHAB

DESCRIPTION

Rehab services are a contract provider of physical, occupational and speech therapy for residents and patients of Mount View Care Center to enhance them to their highest possible activities of daily living.

POPULATION SERVED

Residents and patients of Mount View Care Center. Some outpatient services provided for the Inpatient Hospital and Outpatient therapy for recently discharged residents.

REGULATIONS

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

HOURS/DAYS OF SERVICE

Monday – Friday: 8:00 – 4:30, with 7-day coverage as needed.

BUDGET HIGHLIGHTS

Revenues and expenses have decreased relative to the overall census reductions.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Services Revenue	2,082,000	1,977,000	1,900,000
Allocated Revenue	820	8,217	6,613
Marathon County Match (Maintenance)		46,330	31,518
TOTAL REVENUE	**$2,082,820**	**$2,031,547**	**$1,938,131**
Salaries	-	-	-
Benefits	-	-	-
Other Direct Expenses	1,184,310	1,069,450	823,000
TOTAL DIRECT EXPENSES	**$1,184,310**	**$1,069,450**	**$823,000**

SUPPORT SERVICES
2018 BUDGET BY PROGRAM

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

BUSINESS OPERATIONS

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Completed an audit RFP for a new three year cycle, with the option of renewing for an additional three years.
- Completion of monthly financial statements earlier.
- Additional financial tools are being provided to programs for better budget management.

STAFFING

Position	2017 FTE's	2018 FTE's
Business Operations Director	1.0	1.0
Accounting Assistant	1.0	1.0
Accountant	1.0	1.0
Accounts Payable Rep.	1.0	0.8
Administrative Assistant	4.35	3.35
Payroll Specialist	1.0	1.0
TOTAL	**9.15**	**8.15**

BUDGET HIGHLIGHTS

Business Operations has a 1.0 FTE decrease from 2017 as the mailroom position allocation is being transferred and divided among various programs.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Contracted Services Revenue	3,000	-	-
Other Revenue	17,000	17,000	10,000
TOTAL REVENUE	**$20,000**	**$17,000**	**$10,000**
Salaries	387,398	400,299	376,794
Benefits	143,311	152,712	137,398
Other Direct Expenses	278,900	256,159	263,098
TOTAL DIRECT EXPENSES	**$809,609**	**$809,170**	**$777,290**

OBJECTIVES FOR 2018

- Complete monthly financial statements within 5 to 7 business days after the close of the month.
- Review financial tools and provide additional information to programs.

CORPORATE ADMINISTRATION

DESCRIPTION

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

STAFFING

Position	2017 FTE's	2018 FTE's
Chief Executive Officer	1.0	1.0
Chief Financial Officer	1.0	1.0
Contract and Credentialing Spec	1.0	1.0
Executive Assistant	2.0	2.0
TOTAL	**5.0**	**5.0**

BUDGET HIGHLIGHTS

Direct expenses have increased as the legal budget from Quality was consolidated into Corporate Administration.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	578,568	498,635	513,793
Benefits	213,988	190,227	187,355
Other Direct Expenses	135,400	153,647	244,469
TOTAL DIRECT EXPENSES	**$927,956**	**$842,509**	**$945,617**

EMPLOYEE BENEFITS

DESCRIPTION

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

BUDGET HIGHLIGHTS

Overall benefits expenses are increasingly slightly, mostly related to the increase in FTEs and salaries throughout the organization. Health Insurance was only a slight increase of $100,000 from 2017 while Workers Compensation costs were reduced by $200,000 and Wisconsin Retirement System costs went down by $65,000.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	-	-	-
Benefits	11,480,000	11,626,000	11,938,000
Other Direct Expenses	-	-	-
TOTAL DIRECT EXPENSES	**$11,480,000**	**$11,626,000**	**$11,938,000**

ENVIRONMENTAL SERVICES

DESCRIPTION

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

STAFFING

Position	2017 FTE's	2018 FTE's
Environmental Services Director	0.0	0.0
Clerical	0.0	0.0
Maintenance Supervisor	0.0	0.0
Building Maintenance Tech	0.0	0.0
Preventative Maintenance Tech	0.0	0.0
Systems Maintenance Supervisor	0.0	0.0
Systems Tech	0.0	0.0
Grounds Maintenance	0.0	0.0
TOTAL	**0.0**	**0.0**

BUDGET HIGHLIGHTS

North Central Health Care contracts for Environmental Services from Marathon County. There is no change in this line item for 2018. The cost of these support services is listed in each program as an in-kind, non-cash based revenue under "Marathon County Match (Maintenance) and is included in their indirect allocation expense. Within each program these costs are allocated based on square footage occupied by the program. The reporting mechanism allows reimbursement of these costs to occur.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	1,718	-	-
TOTAL REVENUE			
Salaries	723,182	-	-
Benefits	267,592	-	-
Other Direct Expenses	1,024,409	1,685,623	1,685,623
TOTAL DIRECT EXPENSES	**$2,015,183**	**$1,685,623**	**$1,685,623**

HEALTH INFORMATION

DESCRIPTION

Health Information Management (HIM) is responsible for maintaining NCHC's medical record. The record is the "bridge" between patients, regulators, consumers, payors and clinicians. NCHC has both paper and electronic records. The department helps our clinicians provide quality care to our patients.

KEY ACCOMPLISHMENTS

- Chart completion (target 80-85%)
  Nursing home – 94.7%
  Hospital – 90.3%
- 97.8% ROI completion (target 90-95%).
- Successfully planned and executed a Laserfiche merge of just less than 10,000 folders under various programs into one client level folder for ease of access by all staff.
- Scanning of documents completed within 24 hours for prompt access by staff.

STAFFING

Position	2017 FTE's	2018 FTE's
Supervisor	1.0	1.0
Administrative Assistant II	2.0	2.0
Administrative Assistant	3.2	3.6
TOTAL	**6.2**	**6.6**

BUDGET HIGHLIGHTS

The 2018 budget includes an additional 0.4 FTE previously reduced in the 2017 budget.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	20,000	20,000	20,000
TOTAL REVENUE	**$20,000**	**$20,000**	**$20,000**
Salaries	254,251	233,376	260,234
Benefits	94,056	89,032	94,895
Other Direct Expenses	25,325	19,789	15,489
TOTAL DIRECT EXPENSES	**$373,632**	**$342,197**	**$370,618**

OBJECTIVES FOR 2018

- Implement offline solution for specific documents in the Birth to Three. This solution will automatically provide the ability to auto scan the documents created offline into Laserfiche. This will provide savings in program staff and HIM staff time.
- Create an Email solution that will allow outside records to be sent electronically to NCHC. The records will be imported directly into Laserfiche without manual scanning, indexing and prepping.
- Continue to work with the Information Management Services program to find opportunities to eliminate current paper forms into the EHR record.
- Implement an electronic process for sharing medical records with other organizations through upload to secure sites and use of encrypted flash drive.

HOUSEKEEPING

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Housekeeping has successfully met our standards set by federal and state regulations with no recommendations to change.

STAFFING

Position	2017 FTE's	2018 FTE's
Supervisor	0.5	.5
Lead Housekeeper	0.5	.5
Housekeeping Aides	6.6	6.6
TOTAL	**7.6**	**7.6**

BUDGET HIGHLIGHTS

The 2018 Housekeeping budget includes $90,000 of new contract revenue from payments related to services provided to the organizations leasing space on the NCHC campus as part of their rental costs. Marathon County receives the full rent payment for these spaces and reimburses NCHC on an actual cost basis for these services.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Contracted Services	-	-	90,000
TOTAL REVENUE			**$90,000**
Salaries	247,877	233,565	238,506
Benefits	91,701	89,104	86,971
Other Direct Expenses	100,700	101,124	105,055
TOTAL DIRECT EXPENSES	**$440,278**	**$423,793**	**$430,532**

OBJECTIVES FOR 2018

- Housekeeping will be focusing on product review to offer the most efficient and cost effective cleaning.

INFORMATION MANAGEMENT SERVICES

DESCRIPTION

Information Management Services (IMS) is responsible for the oversight of the organization's overall information systems application portfolio. They support 27 different solutions with help from the City County Information Technology Commission. Some key tasks that IMS routinely provides to over 700 employees are training, production support, system enhancements and break-fix.

KEY ACCOMPLISHMENTS

- The creation of consoles within our electronic health record (EHR) specific to physicians, clinicians, HIM, Nursing, Crisis and a generic signature.
- Creating the role of relationship partner. This role provides dedicated and unique support to programs across the organization.
- Created key forms in our EHR that were needed for the residency program.
- Developed multiple training tracks for over 700 employees. The tracks provide multiple opportunities in an effort to meet the needs of our employees differing schedules.

STAFFING

Position	2017 FTE's	2018 FTE's
Senior Executive	1.0	1.0
Information Services Manager	1.0	0.0
Information System Specialist	1.0	1.0
Information Systems Assistant	2.0	3.0
Clinical System Analyst	1.0	1.0
Programming System Analyst	2.0	0.0
Intern	0.0	0.0
Quality Data Specialist	0.00	1.0
TOTAL	**8.0**	**7.0**

BUDGET HIGHLIGHTS

The 2018 budget reflects an overall reduction of 1.0 FTE. A 1.0 FTE is transferred in to Information Services from the prior Quality Program, while a 1.0 FTE is being transferred to Health Information and 1.0 FTE is being transferred to Patient Financial Services to better reflect the roles of these positions.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	1,718	-	-
TOTAL REVENUE	**$1,718**	**-**	**-**
Salaries	439,937	498,846	491,807
Benefits	162,743	190,307	179,338
Other Direct Expenses	1,763,400	1,654,474	1,548,783
TOTAL DIRECT EXPENSES	**$2,366,080**	**$2,343,627**	**$2,219,928**

OBJECTIVES FOR 2018

- Evaluate our current application portfolio and look for opportunities to make enhancements or find other solutions that will better meet our needs.
- Continue to expand our training opportunities.
- Find additional opportunities to provide EHR enhancements to help streamline user workflow.

IN-HOUSE TRANSPORTATION

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- All employees in Demand and In-House Transportation (including Management) acquired CDLs with P and SB endorsements.
- Leveraged labor to increase efficiencies and coverage between In-House and Demand Transportation.
- All Transportation employees are engaged in monthly safety and patient experience training.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	0.25	.25
Coordinator	1.0	1.0
Logistics Worker	1.5	1.5
TOTAL	**2.75**	**2.75**

BUDGET HIGHLIGHTS

The 2018 budget is comparable to the 2017 budget..

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	90,896	103,420	105,608
Benefits	33,650	39,454	38,510
Other Direct Expenses	(50,000)	(109,063)	(108,450)
TOTAL DIRECT EXPENSES	**$74,546**	**$33,811**	**$35,668**

OBJECTIVES FOR 2018

- Exploring grant opportunities for safety equipment on buses-primarily camera/surveillance.
- Expanding Social Trip Services to the other nursing homes in the county.
- Work with Marketing to get the word out on social media about the Marathon County Transportation Program.

LAUNDRY

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Laundry strives for high patient satisfaction and works hard to return laundry in a timely manner.
- Laundry also assists the local warming center with their linen during the months of operation.

STAFFING

Position	2017 FTE's	2018 FTE's
Supervisor	0.0	0.0
Team Coordinator	1.0	1.0
Laundry Worker	6.0	5.0
TOTAL	**7.0**	**6.0**

BUDGET HIGHLIGHTS

The 2018 budget reflects a decrease of a 1.0 FTE due to the decrease in the census in the nursing home.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	-	-	-
TOTAL REVENUE	**-**	**-**	**-**
Salaries	223,270	218,942	193,361
Benefits	82,607	83,525	70,509
Other Direct Expenses	107,600	74,019	83,600
TOTAL DIRECT EXPENSES	**$413,477**	**$376,486**	**$347,470**

OBJECTIVES FOR 2018

- To enhance patient satisfaction, laundry will be implementing the labeling of resident items process back under their umbrella. This will reduce unmarked personal linen and streamline returns to the resident.

MARKETING & COMMUNICATIONS

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Created monthly series of Brown Bag Lunch events to bring community partners and employees together to learn from each other and set the groundwork for future collaboration possibilities.
- Increased Social Media outreach by engaging community on Facebook. In 2016, NCHC saw a 199% increase in Facebook followers.
- Worked on increasing traffic to the NCHC Employment page, that also included producing a series of videos for web, social media and internally sharing that can be utilized for recruitment, retention and engaging community.
- Collaborated with Human Resources to create a new Careers web page that showcases employment opportunities, our teams and our community. The page will launch in August 2017 and will include videos, links and employment opportunities and engagement events.

STAFFING

Position	2017 FTE's	2018 FTE's
Coordinator	1.0	1.0
Specialist	0.0	1.0
TOTAL	**1.0**	**2.0**

BUDGET HIGHLIGHTS

The 2018 budget reflects a 1.0 FTE increase due to the transfer of various printing functions transferred from Business Operations and increased need for marketing production assistance.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	73,523	73,382	117,839
Benefits	27,224	27,995	42,970
Other Direct Expenses	87,000	75,361	111,312
TOTAL DIRECT EXPENSES	**$187,747**	**$176,738**	**$272,121**

OBJECTIVES FOR 2018

- Produce and launch a brand new responsive design website on a modern platform that integrates social media, information, and patient access to information.
- Increase engagement and feedback on social media from those who utilize services to use in marketing efforts as well as use for internal communication to engage and retain staff.
- Recruit and retain a specialist to add to the Communications team to be able to quickly respond to communication needs and meet the increasing need for communication pieces and advanced technology. This additional person will also be key in maintaining existing communications so that work that focuses on web development and additional needs can be progressive and proactive.

NURSING HOME HOUSEKEEPING

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- In the past three years during our annual inspection we have had no environmental citations. They practice patient directed care by consistent assignment and do the added extra touches to make our residents feel welcome.

STAFFING

Position	2017 FTE's	2018 FTE's
Coordinator	1.0	1.0
Housekeeping Aides	11.0	10.5
Client Program	0.0	0.0
Homemaker	3.85	3.85
TOTAL	**15.85**	**15.35**

BUDGET HIGHLIGHTS

A 0.5 FTE reduction was made related to the overall downsizing of Mount View Care Center.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	475,314	472,471	471,492
Benefits	175,830	180,245	171,930
Other Direct Expenses	112,500	108,355	102,177
TOTAL DIRECT EXPENSES	**$763,644**	**$761,071**	**$745,599**

OBJECTIVES FOR 2018

- Housekeeping will be focusing on product review to offer the most efficient and cost effective cleaning.

NUTRITION SERVICES

DESCRIPTION

Nutrition Services provides meal service for the Nursing Home, Inpatient Hospital, CBRF, MMT and Adult Day Programs. Required Dietitian consulting is also provided to these locations based on regulatory requirements. This area provides service for the cafeteria, which is a revenue generating function. This program is allocated based on number of meals served.

KEY ACCOMPLISHMENTS

- In late 2016, Nutrition Services moved away from the tray line delivery system to an enhanced dining experience in Mount View Care Center offering more choices and options for the residents. This has shown dramatic improvement in patient satisfaction, reduced weight loss and more home like environment.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Dieticians	1.6	1.6
Supervisor	1.0	1.0
Administrative Assistant	1.0	1.0
Cooks	8.8	8.8
Dietary Aides	21.0	20.0
Baker	0.0	0.0
TOTAL	**34.4**	**33.4**

BUDGET HIGHLIGHTS

A 1.0 FTE was reduced and over $100,000 in food costs related to the nursing home census reduction.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	130,000	120,000	150,000
TOTAL REVENUE	**$130,000**	**$120,000**	**$150,000**
Salaries	1,250,898	1,181,731	1,182,845
Benefits	462,685	450,825	431,326
Other Direct Expenses	947,090	933,129	725,303
TOTAL DIRECT EXPENSES	**$2,660,673**	**$2,565,685**	**$2,339,474**

KEY OBJECTIVES FOR 2018

- Nutrition services is striving for consistent staff assignment on certain areas. This is to build resident, employee relationships and gain consistency for the excellent service delivery.

PATIENT FINANCIAL SERVICES

DESCRIPTION

Patient Financial Services enrolls and verifies all clients admitted into NCHC programs. This includes demographic and benefit verification including prior authorization. Patient Financial Services provides all billing of services for all revenue programs of NCHC, which equates to approximately 10,000 bills per month. This program is allocated based on the number of clients in NCHC programs.

KEY ACCOMPLISHMENTS

- NCHC recently became an approved CAC (Certified Application Counselor) organization to help patients understand, apply and enroll for health insurance coverage through the Marketplace to assist our patients in obtaining health insurance coverage.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Billing Analyst	1.0	1.0
Patient Account Rep.	5.0	4.0
Administrative Assistant	1.3	1.3
Provider Credentialing	1.0	1.0
Information Systems Analyst	0.0	1.0
Benefits Specialist	0.0	1.0
Enrollment Specialist	4.0	4.0
Prior Authorization Rep.	1.9	1.9
TOTAL	**15.2**	**16.2**

BUDGET HIGHLIGHTS

Enrollment and Patient Accounts were combined programs in the 2018 Budget to emphasize increased coordination in the revenue cycle operations. Salaries and Benefits include a 1.0 FTE increase for a benefits specialist position meant to increase program revenues through enrollment in the health exchanges at the time of admission.

OBJECTIVES FOR 2018

- Add processes to assist clients in enrolling in benefits which will result in increased revenue.
- Implementation of a revenue cycle committee which will improve overall revenue collections.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	90,000	90,000	90,000
TOTAL REVENUE	**$90,000**	**$90,000**	**$90,000**
Salaries	582,657	584,228	645,290
Benefits	215,559	222,881	235,305
Other Direct Expenses	81,700	88,020	119,120
TOTAL DIRECT EXPENSES	**$879,916**	**$895,129**	**$999,715**

PHARMACY

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- In early 2017, Pharmacy implemented a new medication packaging system for the nursing home, community treatment and residential locations.

STAFFING

Position	2017 FTE's	2018 FTE's
Director	1.0	1.0
Pharmacist	2.25	2.25
Pharmacy Tech.	5.0	5.0
Billing Specialist	1.0	0.0
Manager	0.0	1.0
TOTAL	**9.25**	**9.25**

BUDGET HIGHLIGHTS

Revenues will increase at the same pace of expenses from a budgetary standpoint but it is the objective of this program to return a positive operating margin throughout the year.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Net Patient Revenue	4,047,000	4,048,000	4,100,000
Contracted Services Revenue	150,000	279,800	500,000
Allocated Revenue		16,390	16,762
Cash Discounts and Rebates	3,000	-	-
County Appropriation	-	115,445	-
Marathon County Match (Maintenance)	-	17,571	19,887
TOTAL REVENUE	**$4,200,000**	**$4,491,206**	**$4,636,649**
Salaries	680,759	649,319	668,662
Benefits	251,809	247,712	243,828
Drugs	2,600,000	2,975,000	2,975,000
Other Direct Expenses	56,200	160,263	213,347
TOTAL DIRECT EXPENSES	**$3,588,768**	**$4,032,294**	**$4,100,837**

OBJECTIVES FOR 2018

- 2018 will be a year of evaluating system processes and streamlining for enhanced outcomes.

PURCHASING

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Focused on continued efficiencies of deliverables.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Administrative Assistant	0.2	0.2
Storekeeper	2.0	2.0
TOTAL	**3.35**	**3.35**

BUDGET HIGHLIGHTS

The 2018 Purchasing budget reflects a status quo in operations.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	50,000	60,000	50,000
TOTAL REVENUE	**$50,000**	**$60,000**	**$50,000**
Salaries	130,752	131,402	134,937
Benefits	48,360	50,129	49,205
Other Direct Expenses	46,177	45,837	48,437
TOTAL DIRECT EXPENSES	**$225,289**	**$227,368**	**$232,579**

OBJECTIVES FOR 2018

- Review of group purchasing agreements for improved cost savings.

SAFETY & LAB SERVICES (PREVIOUSLY QUALITY SERVICES)

DESCRIPTION

Safety & Lab Services are responsible for the overall safety of North Central Health Care and also responsible for laboratory functions and testing.

KEY ACCOMPLISHMENTS

- In 2017 we have incorporated numerous lab testing that in prior years was sent to outside labs to enhance patient/client outcomes. Established incident command training and enhanced our response time.

STAFFING

Position	2017 FTE's	2018 FTE's
Quality & Clinical		
Support Services Executive	1.0	0.0
Quality Data Analyst	2.0	0.0
Safety & Risk Manager	1.0	1.0
Employee Health Specialist	1.0	0.0
Phlebotomist	0.5	1.0
TOTAL	**5.5**	**2.0**

BUDGET HIGHLIGHTS

Previously listed as the Quality program, Safety and Lab Services reflects the remaining functions not allocated elsewhere with dispersion of the quality function. The 2018 Budget for Safety and Lab responsibilities has increased with a 0.5 FTE Phlebotomist.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Salaries	420,705	437,570	117,819
Benefits	155,627	166,931	42,963
Other Direct Expenses	155,900	168,435	127,115
TOTAL DIRECT EXPENSES	**$732,232**	**$772,936**	**$287,897**

KEY OBJECTIVES

- In 2018 focus will be on final rule for emergency preparedness, infection control and facilities environment of care.

TALENT DEVELOPMENT

DESCRIPTION

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

KEY ACCOMPLISHMENTS

- Implemented comprehensive recruitment and onboarding experience within organization. Decreased overall staff turnover by 16.0% over a similar time from 2016.
- Decreased first year turnover by 51.1% over the same time from 2016.
- Implementation of Staff Development Specialists to oversee program specific onboarding.

STAFFING

Position	2017 FTE's	2018 FTE's
Human Resources Executive	1.0	1.0
HR Manager	1.0	1.0
HR Business Partners	2.0	2.0
HRIS Analyst	1.0	1.0
Human Resources Assistant	1.0	1.0
Organizational Development Manager	1.0	1.0
Development Specialist	1.0	1.0
Employee Health Specialist	0.0	1.0
TOTAL	**8.0**	**9.0**

BUDGET HIGHLIGHTS

The 2018 budget includes the addition of the Employee Health Specialist, which was transferred from the prior Quality Program budget.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Other Revenue	-	-	-
TOTAL REVENUE			
Salaries	503,397	476,798	596,885
Benefits	186,210	181,896	217,655
Other Direct Expenses	301,500	259,840	322,050
TOTAL DIRECT EXPENSES	**$991,107**	**$918,534**	**$1,136,589**

OBJECTIVES FOR 2018

- Continued focus on vacancy rate for open positions, in light of program expansion efforts.
- Enriching employee benefit plans without increasing costs to employees.
- Full implementation of Learning Council to align training efforts throughout NCHC.

VOLUNTEER SERVICES

DESCRIPTION

Volunteers play a very important role at North Central Health Care as part of our team. They offer clients, patients, residents, families and staff members their compassion, skills, talent and time. In so doing, North Central's professionals are able to devote more time to direct patient care and recovery.

KEY ACCOMPLISHMENTS

- About 200 volunteers annually donate close to 10,000 hours of their time to those we serve. In 2016, 209 volunteers donated 10,406 hours of service.
- Coordinate the annual Holiday "gift" program. Work with local organizations and donors to provide over 400 gifts to the residents of Mount View and anyone being served by our programs that would not otherwise receive a gift during the Holidays.
- Partnership with other NCHC departments and outside agencies to provide additional support at a lesser cost for our organization. These partnerships include: Community Corner Clubhouse members to staff and support the Canteen area and utilizing the Senior Employment Program to support Mount View Care Center residents with their personal laundry and provide assistance with resident activities.

STAFFING

Position	2017 FTE's	2018 FTE's
Manager	1.0	1.0
Administrative Assistant	0.55	0.55
TOTAL	**1.55**	**1.55**

BUDGET HIGHLIGHTS

Additional revenue added for operation of the canteen in the former ADRC space.

OBJECTIVES FOR 2018

- Volunteer Services will look to continue to grow our Volunteer program. One such way will be to provide Community-Based Prevocational Services for our partner agencies. As a "pre" vocational program, the purpose is to help people learn and practice the skills they will use in the future to gain employment. These volunteer opportunities are used to build and maintain physical work tolerance and put skills to practical use along with assisting NCHC with accomplishing so tasks to enrich the resident experience.

BUDGET SUMMARY

	2016 Budget	2017 Budget	2018 Budget
Gift Shop	-	-	22,000
TOTAL REVENUE	**-**	**-**	**$22,000**
Salaries	63,612	64,955	66,329
Benefits	23,556	24,780	24,187
Other Direct Expenses	7,400	18,186	27,966
TOTAL DIRECT EXPENSES	**$94,568**	**$107,921**	**$118,482**

CAPITAL BUDGET

North Central Health Care has a multi-faceted process for capital budgeting and funding with each of our county partners. Capital budgeting is a process that involves the identification of potentially desirable projects for capital expenditures, the subsequent evaluation of capital expenditure proposals, and the selection of proposals that meet certain criteria. North Central Health Care's threshold to capitalize an asset and depreciate their use requires the purchase to be $2,500 or more and have a useful life of two or more years. Straight-line depreciation methods are used and funding for capital assets are available for the approved year and two consecutive years. Equipment with a value of less than $2,500 are budgeted separately and expensed within a program's budget. Moveable equipment of any cost is considered an operational expense and is budgeted for and approved as either an expense or a capitalized asset when eligible.

Generally, the use of capital can be summarized in the following categories:

1) Replacement: needed to continue current operations
2) Replacement: cost reduction
3) Expansion of current services
4) Expansion into new services
5) Safety and/or environmental projects
6) Other projects

CAPITAL BUDGETING PROCESSES

Marathon County Capital Improvement Program (CIP)

Any building alteration of more than $30,000 must be submitted by June of each year to be considered for funding by Marathon County for the following year. There is a detailed ranking and funding process for all projects submitted. If a project is ranked (approved) but does not get funded, NCHC can budget for and pay for these projects using NCHC's available capital funding, even if the project exceeds $30,000.

Building projects under $30,000 are considered operational projects and are exclusively funded by NCHC through the budgeting process. These projects still must be approved by each County in advance.

All anticipated building renovation projects, regardless of price, must be submitted to Marathon County Facilities & Capital Maintenance by May 1st of each year so the projects can be designed, scoped and priced for the following year.

NCHC Capital Budget

Building projects must be approved by Marathon County per above but can be funded using NCHC capital dollars. All other asset purchases which can be capitalized must be submitted and approved as part of NCHC's Capital Budget.

Rolling Stock

Rolling Stock includes vehicles and buses intended for NCHC programs. Rolling stock purchase for use in programs serving Marathon County shall fall under Marathon County's policy and procedures on rolling stock in determining need and replacement schedule. Rolling stock intended for Marathon County programs that are more than $5,000 must be approved by Marathon County. Purchases under $5,000 are considered operational expenses and are funded by NCHC.

Any rolling stock request that is requested for funding but does not receive funding approval by Marathon County may be funded by NCHC if it receives approval by the NCHC Board. All rolling stock purchases for use in Langlade and Lincoln Counties, regardless of price, are included in NCHC's budget.

CAPITAL IMPROVEMENT REQUESTS SUBMITTED TO MARATHON COUNTY

For the 2018 Budget, NCHC submitted and prioritized six (6) Capital Improvement Projects (CIP) requests and two (2) rolling stock requests to Marathon County for funding. The requests were prioritized and approved by the Marathon County Health & Human Services Standing Committee and CIP Committee.

PRIORITY	PROJECT	DESCRIPTION OF PROJECT	ESTIMATED COSTS
1	Mount View Care Center (MVCC) Window Replacement	Window replacement in the MVCC Building	$480,000
2	Health Care Center (HCC) Roofing	Replace roofing on MVCC, HCC link and Doctor's Suite	$98,000
3	Security Upgrades	Security and safety assessment and phase 1 of facility security upgrades	$100,000
4	HCC Boiler Replacement	Replace the 45 year old steam boilers in the Health Care Center	$2,000,000
5	Replace Sloped Glazing Areas	Replace leaking sloped window framing in 9 areas in the Health Care Center building	$720,000
6	HVAC Replacements in HCC Pyramid Roofs	Replace the air handlers in the HCC units and roof work to complete the replacement	$850,000
7	Rolling Stock - Replacements	Replace 2 small mini-buses, 2 vans, and one sedan	$190,000
8	Rolling Stock – New Vehicles	Purchase additional four door sedan for Community Treatment	$25,000

CAPITAL FUNDED IN NCHC 2018 BUDGET

PROGRAM NUMBER	PROGRAM	DESCRIPTION OF REQUEST	COST OF REQUEST	REASON FOR REQUEST
10-100-0100	General	Furniture Replacement	$75,000	Replacement
10-100-0105	Administration	Administration Office Integration	$25,000	Renovation
10-100-0200	Quality	Crisis Go	$20,000	Reduce Personnel Time
10-100-0200	Quality	I-Stat	$13,000	New
10-100-0200	Quality	Sysmex PocH-100i	$12,000	New
10-100-0200	Quality	Remodel Lab Bathroom	$25,000	Renovate
10-100-0215	Volunteer Services	Quick Charge System for Gift Shop	$8,325	Replacement
10-100-0300	Business Operations	Equipment for switchboard to dial into network	$20,000	Additional Item
10-100-0500	Information Management System	Device replacements	$100,000	Replacement
10-100-0720	Laundry	Small Dryer (2)	$19,900	Replacement
10-100-0720	Laundry	Laundry Scale	$5,000	Replacement
10-100-0740	Housekeeping	Smart Vac	$3,184	Replacement
10-100-0745	NH Housekeeping	Advance Advenger Ecoflex Rider Scrubber	$21,396	Replacement
10-100-0745	NH Housekeeping	Total 360 Electrostatic Sprayer	$6,500	Additional Item
10-100-0760	Food Service	Meat Grinder	$3,378	Replacement
10-100-0760	Food Service	Blixer Blender	$4,035	Replacement
20-100-0710	In-House Transportation	Dispensing Equipment-Fuel Pump	$11,274	Replacement
20-100-0805	DD Services Administration	Dining Room Sets (3) (Chadwick, Bellewood, Heather St)	$6,600	Replacement
20-100-1125	Medically Monitored Treatment (MMT)	Beds for MMT expansion (15)	$18,000	Additional Item
20-100-2375	Clubhouse	Automatic Doors	$7,000	Renovation
20-100-2750	Demand Transportation	Grant Vehicle Match	$10,000	Replacement
25-100-0900	Nursing Home Administration	Stoves (4) (3-Legacies, 1-LTC)	$2,800	Replacement
25-100-3000	Post Acute Care	Bariatric Lift-1000#	$9,500	Replacement
25-100-3000	Post Acute Care	Bathroom Renovations	$50,000	Renovation
25-100-3100	Long Term Care	Sit to Stand Lift	$9,200	Replacement
25-100-3100	Long Term Care	Full Body Lift-1000#	$9,500	Replacement
25-100-3100	Long Term Care	Tilt and Space Wheelchairs (3)	$12,000	Replacement
25-100-3200	Legacies	Bedside Tables (107)	$53,500	Replacement
25-100-3200	Legacies	Scales (2)	$3,600	Replacement
25-100-3200	Legacies	Over the Bed Tables (107)	$32,100	Replacement
25-100-3200	Legacies	Full Body Lift -600# (2)	$9,800	Replacement
25-100-3200	Legacies	Tilt and Space Wheelchairs (2)	$8,000	Replacement
25-100-3500	Pharmacy	Painting	$2,500	Renovation
25-100-3600	Nursing Home Rehab	Hydroculator with cover and hotpacks	$3,500	Additional Item
30-200-0105	Lincoln County Administration	Merrill Center Furniture	$73,275	Replacement
30-200-0105	Lincoln County Administration	Minivan	$25,000	Additional Item
30-200-0105	Lincoln County Administration	Lincoln County Office Remodel and furnishings	$400,000	Renovation
40-300-0105	Langlade County Administration	Administrative Support Staff and Psychiatry Staff Furniture	$18,500	Replacement
40-300-0105	Langlade County Administration	Minivan	$25,000	Replacement
		TOTAL	**$1,162,367**	











North Central Health Care

Person centered. Outcome focused.

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Wausau, Wisconsin 54403
715.848.4600

Mount View Care Center
2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

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

Antigo Center
1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

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

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