

OFFICIAL NOTICE AND AGENDA

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Board Room** at **12:00 pm** on **Thursday, September 28th, 2017**

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

For TDD telephone service call 715-845-4928.

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

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Education: Medically Monitored Treatment – D. Shine/L. Scudiere
4. Chairman's Report and Announcements– J. Zriny
 - a. Update on Chief Executive Officer Recruitment Plan and Selection Timeline
5. ACTION: Approval of 8/31/17 NCCSP Board Meeting Minutes
6. Committee Reports
 - a. Executive Committee Report – J. Zriny
 - i. Overview of the 9/20/17 Meeting
 - b. Finance, Personnel & Property Committee Report – B. Weaver
 - i. Review Draft Minutes of 8/31/17 Meeting
 - ii. August Financials – B. Glodowski
 1. CFO Report
 2. ACTION: Accept the August Financial Report and Financial Statements
 - c. Nursing Home Operations Committee Report – J. Burgener
 - i. Overview of Joint meeting with Mount View Care Center Committee of 9/21/17
 - ii. Review Draft Minutes of 8/25/17 and 9/5/17 Meetings
 - d. Quality Committee Report – M. Loy
 - i. Organizational Outcomes
 1. ACTION: Accept the Quality Dashboard as Presented
7. Update on Aquatic Therapy Pool – M. Loy
8. ACTION: Application for Program Creation – Linkage and Follow-up for Individuals Under Court Orders – M. Loy
9. CEO Work Plan Review and Report – M. Loy
10. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
11. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 09/21/17 TIME: 4:00 p.m. BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM JOINT FINANCE, PERSONNEL & PROPERTY AND BOARD MEETING MINUTES

August 31, 2017

11:30 a.m.

North Central Health Care-Wausau

Present:

X	Randy Balk	X	Steve Benson	X	Ben Bliven
EXC	Jean Burgener	X	Bill Metter	X	Bill Miller
X	Corrie Norrbom	X	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, Ken Day

Call to Order

- The Joint Meeting of the Finance, Personnel & Property Committee and Board was called to order at 11:35 p.m. by B. Weaver and J. Zriny.

Public Comment for Matters Appearing on the Agenda

- No public comments made.

Resolution Honoring Holly Matucheski for Her 5 Years of Service to the NCCSP Board

- **Motion**/second, Stowe/Weaver, to recognize Holly Matucheski for her years of service with a formal resolution from the Board and a plaque commemorating her service. Unfortunately Holly was not able to attend this meeting, therefore the resolution and plaque will be presented to her at an upcoming Langlade County Board meeting. Motion carried.

Finance, Personnel & Property Committee Report – B. Weaver

- **Motion**/second, Balk/Miller, to approve the 7/27/17 Finance, Personnel & Property Committee Meeting Minutes. Motion carried.
- July financials showed a gain of just under \$242,000. Revenues were slightly under target overall. Nursing home census dropped to 178, which is the lowest this year but is back up in August. The Hospital stayed consistent at 14. Expenses are below target by \$343,000; health insurance is continuing to do well and state institute expenses are down. There was a gain for the month with \$1.3 million ahead of target year to date.
- **Motion**/second, Metter/Stowe, to accept the July Financial Report and July Financial Statements. Motion carried.
- Presentation of the Proposed 2018 Budget.
 - Once the proposed budget is approved the Retained County Authority Committee (RCA) will review and recommend the budget to the three counties by the end of September.
 - M. Loy commended Brenda Glodowski and the rest of the Executive Team and Leaders for their work in putting this budget document together which fully represents the value of the services we provide with exceptional transparency.
 - Budget Priorities and Guidelines were given to us by the RCA (page 13) and included in the budget.

- Brenda Glodowski provided a high level review of the 2018 Budget in which every area has a direct budget that includes all expenses and revenues associated with each. This budget includes almost \$5 million of change and it is exciting that the change is coming from growth which is needed for sustainability and viability. New this year is the inclusion of a forecast for 2019 as well. See attached budget presentation document.
- Questions and discussion followed relative to the Board's role in determining allocations for programs, use/development of Day Treatment/Outpatient services, etc., particularly as it relates to the broader development of pretrial services to help higher level offenders and hopefully a drug court at Marathon County. Internal modifications in 2018 can be made working with the RCA as well as when working on the 2019 budget.
- It was suggested to provide an educational session again on the Medically Monitored Treatment (MMT) program at an upcoming meeting to understand how the program is working, why some of the outcomes are occurring, and the opportunities for growth and additional changes.
- **Motion**/second, Stowe/Miller, for the Finance, Personnel & Property Committee to recommend the 2018 Proposed Budget to the NCCSP Board for approval. Motion carried.

Adjourn Joint Meeting with Finance, Personnel & Property Committee

- **Motion**/second, Stowe/Miller, to adjourn the Finance, Personnel & Property Committee at 12:46 p.m. Motion carried.

ACTION: Accept the Financial Report and July Financial Statements

- **Motion**/second, Weaver/Rusch, to accept the Financial Report and July Financial Statements. Motion carried.

ACTION: Recommend the 2018 NCCSP Budget to the Retained County Authority Committee (RCA) for Adoption

- **Motion**/second, Weaver/Seefeldt, to recommend the 2018 NCCSP Proposed Budget to the RCA for adoption. Motion carried.

Chairman's Report and Announcements – J. Zriny

- J. Zriny and T. Wetzsteon attended the employee recognition event. It was evident that staff at NCHC are in a career and not just a job.
- Impressed with the work on the 2018 budget with the 5 to 50 vision.
- The Executive Committee provided a position vision and compensation plan for the CEO Recruitment to the RCA. The RCA rejected the compensation plan and lowered it to a level more equitable with County pay bands.
- The CEO search closes on 9/15 and to date have received eight qualified candidates from the outside; 5 of which significantly exceed the compensation pay band established by RCA, one who has not completed the compensation information request, and two candidates with less relevant experience. In the last 1 ½ years as chairman and observing a monumental turnaround and organizational refocus of NCHC, the 2018 budget document that provides a bright future for the organization and its tri-county residents, J. Zriny expressed his continued frustration with the process. The next RCA meeting on Sept. 28 will review the CEO applicant information.

- Concern was expressed as to the quality of candidates at the salary level proposed by the RCA. The decision to proceed with search coordinated by our internal Human Resources staff and not an outside consultant at this time was made as a joint decision between the Executive Committee and the RCA.

ACTION: Approval of 7/27/17 NCCSP Board Meeting Minutes

- **Motion**/second, Stowe/Seefeldt, to approve the 7/27/17 Board Meeting Minutes. Motion carried.

Executive Committee Report – J. Zriny

- The CEO recruitment and timeline was discussed as well as the responsibilities of the Board, Executive Committee, Counties, and RCA.

Nursing Home Operations Committee Report – M. Loy for J. Burgener

- The Nursing Home Operations Committee continues to meet with the Mount View Care Center Committee that is charged with the policy decision about the future of the nursing home: to close, sell, or stay in the business. They continue to review the Clifton Larson Allen Report and information they have been provided on strategic action and how it will impact 51.42 services. The nursing home budget is balanced in 2018. The nursing home has a lot of potential but remodeling is a big factor in its success.

Quality Committee – M. Loy

- The Dashboard and Executive Summary were reviewed. We are seeing a reduction in vacancy rate and the patient experience has passed 80% for the first time. There was a slight uptick in the hospital readmission rate.
- **Motion**/second, Stowe/Benson, to accept the Quality Dashboard. Motion carried.

ACTION: Amend the 2017 NCCSP Capital Budget for the Renovation of the Hospital in an Amount Not to Exceed \$40,000 – M. Loy

- The project has been approved by Marathon County Facilities and Capital Management. Mr. Lotter indicated this did not need to be a ranked project. The \$40,000 is intended to remodel the hospital, including usable office areas for two psychiatrists on the unit, and a more efficient nurses' station.
- **Motion**/second, Rusch/Benson, to amend the 2017 NCCSP Capital Budget for the renovation of the hospital in an amount not to exceed \$40,000. Motion carried.

Aquatic Therapy Pool Update – M. Loy

- Vote is slated for Sept. 19 with an education session 9/14. A passing vote, which is the approval of the project and bond approval, will require $\frac{3}{4}$ majority. Earlier this year the Marathon County Finance Committee approved 7-0 vote that the project go to the Board with the condition they fund \$3.4 million which includes decommissioning the old pool and fundraising supports the remaining \$3 million. We are already working on Foundation support. If the project is defeated we feel we will lose staff quickly and the operation of the pool will spiral; we are prepared for this succession.

Presentation of Compensation Plan as Modified by the RCA for Implementation – M. Loy

- The RCA was tasked to review the entire compensation plan of NCHC and return to the Board for implementation. Their focus was on the Executive and CEO positions in which they made substantial changes. S. Matis was asked to meet with the three counties. Recommended changes include a reduction in the current rate of all Executives by one pay grade and a reduction of the CFO and CEO rate by two pay grades plus an additional 5% reduction for all Executive pay grades.
- Further analysis of non-executive positions indicated there were more county government paid positions at higher pay grades than at NCHC and a few NCHC positions that were higher, therefore no additional changes were recommended at that time.

ACTION: Consideration of Continuation of Joint Commission Accreditation for Behavioral Health – M. Loy

- The memo regarding Joint Commission Accreditation for Behavioral Health was discussed.
- **Motion**/second, Stowe/Norrbom, to recommend NCHC continue to pursue Hospital accreditation with the Joint Commission and discontinue accreditation for non-hospital related behavioral health care programs. Motion carried.

ACTION: Approve Participation in Department of Employee Trust Funds Income Continuation Insurance Program – M. Loy

- This is an 'income replacement' benefit plan that provides up to 75% of an employee's gross salary (up to the first \$64,000 of earnings) for both short- and long-term disabilities. There is no cost to the employer or the employee. Employees can opt in or out of this program. The program will save employees' money and NCHC \$100,000 in 2018.
- **Motion**/second, Metter/Rusch, to approve participation in the Department of Employee Trust Funds Income Continuation Insurance Program. Motion carried.

CEO Work Plan Review and Report – M. Loy

- Proposals were received from six firms for the Master Facility Planning. After meeting with Marathon County the top three will be interviewed. Anticipate this project will be completed by the end of the year.

Policy Governance Discussion – Facilitated by K. Day

- See attached.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- Continuum of Services – Medically Monitored Treatment (MMT)

Adjourn

- **Motion**/second, Stowe/Balk, to adjourn the Board meeting at 2:02 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

Policy Governance Discussion – K. Day

Review Draft End Statements:

- A Board represents the ‘owners’. Outcome or End Statements are what you believe and/or know what the owners want the organization to generate and are more specific than the mission statement.
- Do the five pillars of excellence below embrace the outcomes of the organization? Discussion points are noted below each of the pillars:

❖ **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.*

- Is this too focused on internal staff rather than those we serve?
- Should ‘employee choice’ be included?
- Should ‘culture of the organization’ be added?
- Should ‘empathy’ be added? Without ‘empathy’ there is no therapeutic relationship which results in no change. Being competent doesn’t mean empathy.

❖ **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.*

- ‘Referral source’ relates to communication; should there be more references to communication added?
- Is ‘patient’ the proper term to use?
- Should ‘continuum of service’ be included?
- Need to think more inclusively, not on sides, but rather how to wrap services around what we do professionally and personally to make things work better
- Continuity of care and collaboration is challenging but will make for a tremendous service for the community. Continuity of care begins with first contacts i.e. law enforcement.

❖ **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.*

- ‘Unparalleled’ – definition means better than anyone else; is this accurate?

❖ **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.*

- Is more detail necessary regarding 'share information'?
- NCHC is not alone but part of all stakeholders who represent the community.
- NCHC should have flexibility and adaptability as the needs of the community change; should also be able to listen and be responsive.
-

❖ **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.*

- Should 'viable organization' have additional detail?

Additional questions to think about:

- What are things we monitor that may not be reflected in these five pillars?
- Where is the 'brand' and perception of the brand addressed? Image of the organization is important to the success of the organization.
- What is success from the owner's perspective?

Discussion of Committee Structures and the Work Committees Perform on Behalf of the Board

For the next discussion consider these:

- Committees are to help the Board do its work vs helping Administration.
- Considering the relationship now with the RCA (Retained County Authority). It appears the RCA now directs this organization and not this Board or CEO i.e. RCA hires, directs, and evaluates the CEO. However, if NCHC is successful as an organization the role/frequency of the RCA should diminish over time and the Board will assume additional responsibility.

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Adjourn Joint Meeting with Finance, Personnel & Property Committee

- **Motion/second, Stowe/Miller, to adjourn the Finance, Personnel & Property Committee at 12:46 p.m. Motion carried.**

dko

MEMO

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

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

BALANCE SHEET

Accounts Receivable has decreased in August as this area continues to improve. The State receivable did decrease due to some of the payments coming in during July.

STATEMENT OF REVENUE AND EXPENSES

The month of August shows a loss of (\$257,500) compared to the targeted gain of \$54,698, resulting in a negative variance of (\$312,198).

Overall revenue did meet target for the month. The nursing home census improved in August with an average of 185 per day. The Medicare census dropped from the prior month showing an average of 14.

The hospital census remains consistent at 14 per day which is the target. Outpatient areas are continuing to show improvement.

Overall expenses exceeded targets for the month by \$343,626. The two main areas contributing to the excessive expenses are health insurance and State institutes. These two areas exceeded targets by \$419,000.

Year to date the organization remains positive, with a gain of \$1,080,278, which exceeds target by \$1,035,254.

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

Thank you.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,509,586	2,346,406	5,855,992	6,297,659
Accounts receivable:				
Patient - Net	2,855,988	1,928,711	4,784,699	6,215,506
Outpatient - WIMCR & CCS	1,170,000	0	1,170,000	615,000
Nursing home - Supplemental payment program	0	210,400	210,400	328,600
Marathon County	117,551	0	117,551	133,229
Appropriations receivable	0	0	0	0
Net state receivable	1,619,691	0	1,619,691	126,861
Other	580,764	0	580,764	352,014
Inventory	0	305,373	305,373	303,535
Other	<u>454,727</u>	<u>336,240</u>	<u>790,968</u>	<u>840,111</u>
Total current assets	<u>10,308,307</u>	<u>5,127,131</u>	<u>15,435,438</u>	<u>15,212,515</u>
Noncurrent Assets:				
Investments	11,292,000	0	11,292,000	9,800,000
Assets limited as to use	1,887,495	365,560	2,253,055	2,743,323
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	12,602	35,917	48,519	63,116
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	323,975	1,226,371	1,550,345	844,101
Depreciable capital assets - Net	<u>6,626,069</u>	<u>3,083,764</u>	<u>9,709,833</u>	<u>10,651,022</u>
Total noncurrent assets	<u>20,642,140</u>	<u>4,711,613</u>	<u>25,353,752</u>	<u>28,948,500</u>
Deferred outflows of resources - Related to pensions	<u>10,070,362</u>	<u>7,446,358</u>	<u>17,516,720</u>	<u>4,851,842</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>41,020,809</u>	<u>17,285,101</u>	<u>58,305,910</u>	<u>49,012,857</u>

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	0	0	0	151,257
Accounts payable - Trade	962,476	711,687	1,674,163	1,582,850
Appropriations advances	497,593	141,667	639,259	682,975
Accrued liabilities:				
Salaries and retirement	1,211,166	895,576	2,106,742	2,056,788
Compensated absences	823,924	609,236	1,433,160	1,576,972
Health and dental insurance	430,025	317,975	748,000	857,000
Other Payables	209,729	155,080	364,809	410,383
Amounts payable to third-party reimbursement programs	360,000	0	360,000	289,253
Unearned revenue	<u>92,657</u>	<u>0</u>	<u>92,657</u>	<u>135,181</u>
Total current liabilities	<u>4,587,570</u>	<u>2,831,221</u>	<u>7,418,791</u>	<u>7,742,659</u>
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	<u>12,602</u>	<u>35,917</u>	<u>48,519</u>	<u>63,116</u>
Total noncurrent liabilities	<u>1,810,532</u>	<u>1,365,366</u>	<u>3,175,898</u>	<u>699,297</u>
Total liabilities	<u>6,398,102</u>	<u>4,196,587</u>	<u>10,594,689</u>	<u>8,441,956</u>
Deferred inflows of resources - Related to pensions	<u>3,821,383</u>	<u>2,825,657</u>	<u>6,647,040</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	6,950,043	4,310,135	11,260,178	11,495,123
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	1,887,495	365,560	2,253,055	0
Undesignated	20,083,060	5,887,610	25,970,669	30,460,116
Operating Income / (Loss)	<u>1,380,726</u>	<u>(300,448)</u>	<u>1,080,278</u>	<u>(1,469,211)</u>
Total net position	<u>30,801,324</u>	<u>10,262,857</u>	<u>41,064,180</u>	<u>40,486,028</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>41,020,809</u>	<u>17,285,101</u>	<u>58,305,910</u>	<u>49,012,857</u>

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

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,804,532</u>	<u>\$3,802,828</u>	<u>\$1,704</u>	<u>\$29,152,278</u>	<u>\$29,598,116</u>	<u>(\$445,838)</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,596,029	2,600,957	(4,929)
Grant Revenue	225,788	197,183	28,605	1,613,326	1,577,467	35,860
County Appropriations - Net	639,260	639,260	0	5,114,079	5,114,079	0
Departmental and Other Revenue	<u>294,958</u>	<u>302,268</u>	<u>(7,310)</u>	<u>2,384,640</u>	<u>2,318,147</u>	<u>66,493</u>
Total Other Revenue	<u>1,484,510</u>	<u>1,463,831</u>	<u>20,679</u>	<u>11,708,074</u>	<u>11,610,650</u>	<u>97,424</u>
Total Revenue	<u>5,289,042</u>	<u>5,266,659</u>	<u>22,383</u>	<u>40,860,352</u>	<u>41,208,766</u>	<u>(348,414)</u>
Expenses:						
Direct Expenses	4,274,714	3,895,918	378,796	29,906,063	30,697,354	(791,292)
Indirect Expenses	<u>1,289,206</u>	<u>1,324,375</u>	<u>(35,170)</u>	<u>10,020,449</u>	<u>10,533,054</u>	<u>(512,605)</u>
Total Expenses	<u>5,563,920</u>	<u>5,220,294</u>	<u>343,626</u>	<u>39,926,512</u>	<u>41,230,408</u>	<u>(1,303,897)</u>
Operating Income (Loss)	<u>(274,877)</u>	<u>46,365</u>	<u>(321,242)</u>	<u>933,840</u>	<u>(21,643)</u>	<u>955,483</u>
Nonoperating Gains (Losses):						
Interest Income	14,393	8,333	6,060	101,988	66,667	35,322
Donations and Gifts	2,985	0	2,985	38,207	0	38,207
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,243</u>	<u>0</u>	<u>6,243</u>
Total Nonoperating Gains / (Losses)	<u>17,378</u>	<u>8,333</u>	<u>9,044</u>	<u>146,438</u>	<u>66,667</u>	<u>79,772</u>
Income / (Loss)	<u>(\$257,500)</u>	<u>\$54,698</u>	<u>(\$312,198)</u>	<u>\$1,080,278</u>	<u>\$45,024</u>	<u>\$1,035,254</u>

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

51.42/.437 PROGRAMS	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,053,443</u>	<u>\$1,986,767</u>	<u>\$66,676</u>	<u>\$15,635,267</u>	<u>\$15,288,585</u>	<u>\$346,683</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,596,029	2,600,957	(4,929)
Grant Revenue	225,788	197,183	28,605	1,613,326	1,577,467	35,860
County Appropriations - Net	497,594	497,593	1	3,980,751	3,980,745	5
Departmental and Other Revenue	<u>136,769</u>	<u>149,059</u>	<u>(12,290)</u>	<u>1,164,752</u>	<u>1,192,471</u>	<u>(27,718)</u>
Total Other Revenue	<u>1,184,655</u>	<u>1,168,955</u>	<u>15,700</u>	<u>9,354,858</u>	<u>9,351,640</u>	<u>3,218</u>
Total Revenue	<u>3,238,098</u>	<u>3,155,722</u>	<u>82,376</u>	<u>24,990,125</u>	<u>24,640,225</u>	<u>349,901</u>
Expenses:						
Direct Expenses	2,771,260	2,407,174	364,087	18,758,911	18,971,310	(212,399)
Indirect Expenses	<u>649,346</u>	<u>658,413</u>	<u>(9,067)</u>	<u>4,990,681</u>	<u>5,236,508</u>	<u>(245,827)</u>
Total Expenses	<u>3,420,606</u>	<u>3,065,587</u>	<u>355,019</u>	<u>23,749,592</u>	<u>24,207,818</u>	<u>(458,226)</u>
Operating Income (Loss)	<u>(182,509)</u>	<u>90,135</u>	<u>(272,644)</u>	<u>1,240,534</u>	<u>432,407</u>	<u>808,127</u>
Nonoperating Gains (Losses):						
Interest Income	14,393	8,333	6,060	101,988	66,667	35,322
Donations and Gifts	2,100	0	2,100	31,961	0	31,961
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>6,243</u>	<u>0</u>	<u>6,243</u>
Total Nonoperating Gains / (Losses)	<u>16,494</u>	<u>8,333</u>	<u>8,160</u>	<u>140,192</u>	<u>66,667</u>	<u>73,526</u>
Income / (Loss)	<u>(\$166,015)</u>	<u>\$98,469</u>	<u>(\$264,484)</u>	<u>\$1,380,726</u>	<u>\$499,073</u>	<u>\$881,652</u>

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

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,751,089</u>	<u>\$1,816,061</u>	<u>(\$64,972)</u>	<u>\$13,517,010</u>	<u>\$14,309,531</u>	<u>(\$792,520)</u>
Other Revenue:						
County Appropriations - Net	<u>141,666</u>	<u>141,667</u>	<u>(1)</u>	<u>1,133,328</u>	<u>1,133,333</u>	<u>(5)</u>
Departmental and Other Revenue	<u>158,189</u>	<u>153,209</u>	<u>4,980</u>	<u>1,219,888</u>	<u>1,125,676</u>	<u>94,211</u>
Total Other Revenue	<u>299,855</u>	<u>294,876</u>	<u>4,979</u>	<u>2,353,216</u>	<u>2,259,010</u>	<u>94,206</u>
Total Revenue	<u>2,050,945</u>	<u>2,110,937</u>	<u>(59,992)</u>	<u>15,870,226</u>	<u>16,568,541</u>	<u>(698,315)</u>
Expenses:						
Direct Expenses	<u>1,503,454</u>	<u>1,488,745</u>	<u>14,709</u>	<u>11,147,152</u>	<u>11,726,044</u>	<u>(578,892)</u>
Indirect Expenses	<u>639,860</u>	<u>665,962</u>	<u>(26,102)</u>	<u>5,029,768</u>	<u>5,296,546</u>	<u>(266,778)</u>
Total Expenses	<u>2,143,313</u>	<u>2,154,707</u>	<u>(11,394)</u>	<u>16,176,920</u>	<u>17,022,590</u>	<u>(845,670)</u>
Operating Income (Loss)	<u>(92,369)</u>	<u>(43,770)</u>	<u>(48,599)</u>	<u>(306,694)</u>	<u>(454,050)</u>	<u>147,356</u>
Nonoperating Gains (Losses):						
Interest Income	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Donations and Gifts	<u>884</u>	<u>0</u>	<u>884</u>	<u>6,246</u>	<u>0</u>	<u>6,246</u>
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>884</u>	<u>0</u>	<u>884</u>	<u>6,246</u>	<u>0</u>	<u>6,246</u>
Income / (Loss)	<u>(\$91,485)</u>	<u>(\$43,770)</u>	<u>(\$47,715)</u>	<u>(\$300,448)</u>	<u>(\$454,050)</u>	<u>\$153,602</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
People's State Bank	365 Days	8/21/2018	1.10%	\$500,000	X
BMO Harris	365 Days	8/26/2017	1.35%	\$500,000	X
Abby Bank	365 Days	8/29/2018	1.20%	\$500,000	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		1.198% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet****As of August 31, 2017****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	4,570.81
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	29,179.60
Community Treatment	7,542.32
Fishing Without Boundries	4,952.80
General Donated Funds	60,482.35
Housing - DD Services	1,370.47
Langlade HCC	3,220.64
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,357.55
Total Legacies by the Lake	5,315.80
Marathon Cty Suicide Prev Task	17,158.64
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	3,377.82
Nursing Home - General Fund	4,294.91
Outpatient Services - Marathon	101.08
Pool	8,253.66
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	2,394.20

Total CHECKING ACCOUNT	162,803.74
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Total Checking/Savings	162,803.74
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Total Current Assets	162,803.74
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TOTAL ASSETS	<u>162,803.74</u>
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LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-14,477.14

Total Equity	162,803.74
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TOTAL LIABILITIES & EQUITY	<u>162,803.74</u>
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North Central Health Care Budget Revenue/Expense Report

Month Ending August 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,289,042</u>	<u>5,266,659</u>	<u>40,860,352</u>	<u>41,208,766</u>	<u>(348,414)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,319,335	2,589,553	18,376,079	20,298,735	(1,922,656)
Fringe Benefits	1,145,747	988,411	7,363,987	7,748,036	(384,049)
Departments Supplies	504,786	492,235	3,813,243	3,937,882	(124,640)
Purchased Services	592,118	364,450	4,018,783	2,960,599	1,058,184
Utilitites/Maintenance Agreements	433,795	372,653	3,255,208	2,981,220	273,988
Personal Development/Travel	27,194	37,985	216,952	303,878	(86,927)
Other Operating Expenses	101,377	108,966	915,099	871,724	43,375
Insurance	38,560	37,708	309,576	301,667	7,909
Depreciation & Amortization	132,415	139,583	1,085,787	1,116,667	(30,880)
Client Purchased Services	<u>268,592</u>	<u>88,750</u>	<u>571,798</u>	<u>710,000</u>	<u>(138,202)</u>
TOTAL EXPENSES	5,563,920	5,220,294	39,926,512	41,230,408	(1,303,897)
Nonoperating Income	<u>17,378</u>	<u>8,333</u>	<u>146,438</u>	<u>66,667</u>	<u>79,772</u>
EXCESS REVENUE (EXPENSE)	<u>(257,500)</u>	<u>54,698</u>	<u>1,080,278</u>	<u>45,024</u>	<u>1,035,254</u>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$5,308	\$72,699	\$132,245
Bad Debt	\$113	\$1,664	\$10,902
<i>Outpatient:</i>			
Administrative Write-Off	\$13,743	\$121,684	\$120,009
Bad Debt	\$1,074	\$3,137	\$6,833
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$0	\$724	\$50,088
Bad Debt	(\$2,591)	\$9,378	\$18,437
Ancillary Services:			
Administrative Write-Off	\$0	\$15,509	\$41,288
Bad Debt	\$0	\$321	(\$126)
Pharmacy:			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$19,051	\$210,617	\$343,630
Total - Bad Debt	(\$1,405)	\$14,500	\$36,046

**North Central Health Care
2017 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,293	5,784	(509)	84.58%	77.74%
	Hospital	434	502	68	87.50%	101.21%
February	Nursing Home	5,684	5,267	(417)	84.58%	85.50% ***
	Hospital	392	441	49	87.50%	98.44%
March	Nursing Home	6,293	5,703	(590)	84.58%	83.62%
	Hospital	434	462	28	87.50%	93.15%
April	Nursing Home	6,090	5,453	(637)	84.58%	82.62%
	Hospital	420	480	60	87.50%	100.00%
May	Nursing Home	6,293	5,698	(595)	84.58%	83.55%
	Hospital	434	432	(2)	87.50%	87.10%
June	Nursing Home	6,090	5,447	(643)	84.58%	82.53%
	Hospital	420	400	(20)	87.50%	83.33%
July	Nursing Home	6,293	5,530	(763)	84.58%	81.09%
	Hospital	434	429	(5)	87.50%	86.49%
August	Nursing Home	6,293	5,747	(546)	84.58%	84.27%
	Hospital	434	435	1	87.50%	87.70%
September	Nursing Home					
	Hospital					
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					
YTD	Nursing Home	49,329	44,629	(4,700)	96.95%	94.43%
	Hospital	3,402	3,581	179	100.29%	105.57%

*** Licensed beds decreased from 240 to 220

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

August 25, 2017 8:00 AM North Central Health Care – Board Room

Present: X Jean Burgener X Bill Metter X Bill Miller

Also Present: Kim Gochanour, Brenda Glodowski, Sue Matis, Connie Gliniecki, Michael Loy

Meeting was called to order at 8:01 a.m.

Margaret Donnelly has resigned her position on the committee as she has accepted a position out of state. Several names were suggested for additional members on the committee; Loy will make contacts.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

Approval of 06/23/17 and 7/11/17 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Miller, to approve the 06/23/17 Nursing Home Operations Committee and the 7/11/17 Joint Nursing Home Operations Committee/Mount View Care Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski

- Census dropped to 178 which is the lowest census we've had this year, however, the census for August is averaging 186 so far. Slightly off target for July by about \$16,600. We are anticipating a rate adjustment (approximate increase of 1.5%) effective in July which will be updated in August financials.
- Another invoice from Clifton Larson Allen (CLA) will also be included in August expenses.

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

- Continue to review PPD (per patient day) and make progress to meet our goal to 'break even' by end of the year.
- As of August 14 we have realigned our nursing managers and reduced out one program manager. We now have two managers with Cheryl Rye and Natasha Sayles.
- All training will be completed by October 1 on activities for daily living (ADL) coding.
- Connie Gliniecki, DON, has also been working on supply management; should see about a \$40,000 savings this year.
- The nursing home budget for 2018 is balanced and includes aggressive goals for next year. However, if no renovation occurs, it may result in losses. Members shared concerns about who will care for those at Mount View Care Center if the facility closes. M. Loy stated that B. Karger has committed to a decision about the future of Mount View Care Center by the end of 2017.
- Metter reminded members that the State Task Force on Dementia suggested our dementia program should be a model for the state commenting that we do provide something unique.
- NCHC did not participate in the priority based budget process this year due to the multiple studies that NCHC was asked to participate in by the county; B. Karger agreed to postpone our involvement until next year.

- We are anticipating a positive change in our CMS 5-Star rating in September to a 4-Star Overall rating. Brian Schoeneck, LeadingAge, announced that CMS is postponing any additional updates to the 5-Star rating for 18 months so that providers have time to adjust to the new survey process. Providers are writing CMS indicating 18 months is a long time to wait for an update.
- Payroll-based journal entry system is functioning; a second submission has been completed. The electronic system allows us to submit staff hours quarterly rather than annually.
- Quarterly Skilled Nursing Facility Readmissions Report and the Quality Measure Composite Report for Feb.-July by the Lake Superior Quality Innovation Network (Quality Improvement Organization) were reviewed.
- There is a bill in the State Senate proposing to reduce the requirement of CNA training hours from 100 to 72 which would mirror federal requirements. Committee felt the reduction is detrimental to the quality/skill level of new CNA's. An expansion of onboarding/training for new CNA's could be provided but it would add to our costs. K. Gochanour asked to gather additional data on impact of the reduction in required hours of training. It was noted that LeadingAge and the WI DON Council are advocating for the reduction.
- Our current onboarding of nursing staff, provided by Cagney Martin, has extended to dietary, housekeeping, and laundry. Since implementation our retention rate has increased by 59.1%. Continuous training includes some video training through HealthStream modules.
- Nursing positions are filled with the exception of a couple of every other weekend positions.
- The IDR (Internal Dispute Resolution) process is changing slightly in the company Maxximus has replaced the prior company as of 8/1/17.

Education: New Nursing Home Survey Process – K. Gochanour

- No new information. Will look to provide an update at the next meeting.

Review Progress made on Clifton Larson Allen's Operational and Financial Review and Corresponding Strategic Action Register – K. Gochanour

- Reviewed above.
- Committee would like a tracking document, approved strategic document and Kim's memo for next meeting.
- Next meeting of the Mount View Care Committee scheduled for Sept. 5. Clifton Larson Allen will be in attendance. The next Joint meeting currently scheduled for Sept. 21 at 6:30 p.m. NHOC meeting will not be held on Sept. 22 due to the Joint meeting.
- Additional analysis on closing/selling/renovating is being done. Committee would like to see information prior to it be provided for the MVCC meeting.
- Information is also being gathered on guardianships, protective placements, and power of attorney for healthcare, as well as out of county placements.

Discussion and Future Agenda Items

- None noted.

Adjourn

Motion/second, Miller/Metter, to adjourn the Nursing Home Operations Committee meeting at 8:46 a.m. Motion carried.

dko

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
JOINT NURSING HOME OPERATIONS COMMITTEE with the
MOUNT VIEW CARE CENTER (MVCC) COMMITTEE**

September 5, 2017

6:30 PM

North Central Health Care – Board Room

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

MVCC Committee Members Present: John Robinson, Katie Rosenberg, Tim Buttke, Allen Drabek, Jack Hoogendyk

Also Present: Michael Loy, Kim Gochanour, Connie Gliniecki, Kristin Woller, Brenda Christian, Brad Karger, Kurt Gibbs, Jeff Zriny, Michael Peer, Terry Kaiser, Brian Kowalski

Call Meeting to Order

Initially the MVCC Committee lacked a quorum so Call to Order was postponed. Jean Burgener called the Nursing Home Operations Committee to order at 6:32 p.m.

John Robinson, upon arrival of Katie Rosenberg at 6:45 p.m., called the MVCC Committee to order.

Public Comment

- None

Approval of Prior Meeting minutes

- **Motion**/second, Metter/Burgener, to approve the minutes of the July 31, 2017 meeting on behalf of the Nursing Home Operations Committee. Motion carried.
- **Motion**/second, Robinson/Hoogendyk, to approve the minutes of the July 31, 2017 meeting on behalf of the MVCC Committee. Motion carried.

Educational Presentations/Outcome Monitoring Reports

- Update on Strategic Action Register

Discussion:

- Kim Gochanour described several recommendations from the Strategic Register that her leadership team has made progress on:
 - Activities of Daily Living Coding
 - RUG Scores Determinations
 - Staffing Ratios
 - Information Technology Enhancements
 - Analyze Benefit Ratios

- In most cases the MVCC Leadership Team was able to implement the recommendations as written. In a few, such as staffing ratios for dementia clients, team leaders did not feel comfortable with the goal as written and is experimenting with a higher ratio. Michael Peer complimented Kim and the MVCC Leaders on their early progress and described the strategic register as a summarizing “stretch goals” that might take time to be ready to implement an others may not be desired. MVCC should feel comfortable to evaluate each goal, consider it, and look for other alternatives that might better achieve desired outcomes.
- Update from MVCC Administrator
Discussion:
 - Michael Loy indicated that there are currently 37 people in protective placement at MVCC. If you estimate an average cost of \$100 per day, the cost of taking care of these people is \$1,350,500 (37 x \$100 x 365 - \$1,350,500)
 - The County tax levy supporting 140 people at Mount View Care Center is \$1,700,000. Thus, the cost of serving the 37 people the county is required to serve and the additional 103 people served at Mount View Care Center is \$349,500.
 - Committee members discussed the possibility of reducing the County tax levy contributions to MVCC to be equal to the estimated cost of serving protective placement as a long term financial goal. No conclusion to that discussion. It will be discussed later as the planning process continues.
 Follow through:
 - Committee members expressed a desire to continue a conversation about financial goals at a subsequent meeting.

Policy Issues Discussion and Committee Determination to the County Board for its Consideration

- Protective Placement and Out of County Analysis
Discussion:
 - Michael Peer presented three key directions that MVCC could move toward in the future:
 1. Close institution and sell property
 2. Renovate campus and continue operations
 3. Sell MVCC to external nursing care provider
 - Jack Hoogendyk indicated that all options need to be considered both from a social perspective and a financial perspective.
 - Transition of residents can easily take two years which will result in a continuing obligation to care for some people until the transition can be completed.
 - Kurt Gibbs agreed that option #1 does not seem very desirable, but he explained that a \$16,000,000 building renovation will never be approved by the County Board absent a complete analysis of all alternatives.
 - The problem with selling MVCC to a private provider is the loss of control. In service to the bottom-line a private provider may make decisions inconsistent with the social needs of the community.
 Action:
 - **Motion**/second, Buttke/Rosenberg, to approve this criteria for evaluating alternatives:
 1. Technical feasibility/effectiveness
 2. Economic feasibility including capital and operational costs
 3. Continuing obligations including placements to other institutions.
 - Motion carried.

Follow through:

- John Robinson asked Brad Karger to work with CLA on a change order that will provide for a continuing relationship as the committee continues its analysis.

MVCC Recommendation Decision-Making Tree

1. Step 1 – Recommendation as to whether Marathon County should close, sell, or continue with Mount View Care Center as a County Nursing Home.
2. Discuss Parameters of Step 2 – Whether NCHC, Marathon County, or another partner should manage Mount View Care Center.

Discussion:

- See discussion above: Protective Placement and Out of County Analysis.

Action:

- No action requested.

Follow through:

- No follow through needed.

Scheduling of Future Meetings and Identifying Agenda Topics

- The Committee will meet next as follows:
 - September 21, 2017, 6:30 p.m.
 - October 16, 2017, 6:30 p.m.
- Both meetings will be in the Board Room at NCHC.
- Jean Burgener expressed a desire to get more community input/participation into the decision-making.
- Bill Metter indicated that he was very encouraged by the progress of these meetings and complimented the County Board members and Chair John Robinson on the thoughtful process.

Announcements

- None

Adjournment

- **Motion**/second, Metter/Burgener, to adjourn the Nursing Home Operations Committee meeting. Motion carried.
- **Motion**/second, Buttke/Drabek, to adjourn the Mount View Care Center Committee meeting. Motion carried.

Meeting adjourned at 8:15 p.m.

Minutes Prepared

By Brad Karger

On September 7, 2017

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%	13.1%	10.3%	10.6%	13.2%	10.9%	8.40%	9.30%					9.3%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%	93.6%	90.2%	87.0%	85.1%	83.6%	82.4%					82.4%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%	76.7%	77.2%	79.7%	68.3%	80.7%	75.0%					76.7%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%	0.0%	13.3%	12.5%	10.3%	8.0%	14.8%					11.5%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%	11.3%	10.4%	12.3%	10.9%	17.1%	16.9%					13.1%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%	11.1%	0.0%	18.6%	100.0%	0.0%	0.0%					16.5%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%	67%	72%	69%	73%	72%	76%					70%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%	62%	59%	56%	60%	58%	68%					62%	65%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

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

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent of patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that relapse within 7 days post discharge. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
NCHC Access	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.

Quality Executive Summary
August 2017

Organizational Outcomes

People

❖ **Vacancy Rate**

The vacancy rate for the month was 9.3%. We had 17 new employees join NCHC in the month of August. The month showed an expansion of programs which resulted in a focused effort to fill expanded vacancies with current employees.

❖ **Employee Retention Rate**

Employee Retention Rate is currently at 82.4% which is exceeding the NCHC target of 75-80%.

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 75.0 % in August. Year to date, through the end of August, Patient Experience is 76.7% which is just short of the minimum target of 77%. Individual programs achieving the target of 77-88% in August included: Lakeside Recovery (MMT), CBRF, Langlade Outpatient and Telepsychiatry, Lincoln Outpatient, Marathon Outpatient and Psychiatry, Aquatic, Birth to Three, Community Treatment, Wausau ADS, Wausau Prevocational, Mount View Care Center's 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 30-Day hospital readmission rate in August was 14.8% bringing YTD rate to 11.5%, within target and benchmark. August had a higher incidence of same diagnoses that show no symptoms prior.

❖ **Hospital Readmissions**

The rate of readmissions within 30 days failed to meet the target again in August at 16.9%. Year to date increased 13.1% above target. All readmissions continue to be reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has 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 programming in either our AODA Day Treatment or Medically Monitored 21 Day program who reuse substances within 7 days in the month of August was again 0% with five people responding to the 7 day follow-up. Year to date continues to exceed target at 16.5%. This is significantly better than industry benchmark 40-60%.

Community

❖ Access Rate for Behavioral Health Services

Access rates remain below target year-to-date at 70% with a goal of 90-95%. Analysis indicates Outpatient and Community Treatment programs continue to struggle to meet target. The month of August, Community Treatment was at 21% and Outpatient at 75%. 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 62% within target of 60-64%. The month of August was at 68% which is above target. Extreme focus on cost management by individual departments has made an impact.

Safety Outcomes

Patient/Resident Adverse Events

The rate for August was 4.1 adverse events/1000 patient days/visits. Year to date rate remains at 3.9/1000 patient days/visits, and remains below 2016 overall rate of 4.2. Pharmacy dispensing errors was a contributing factor to an increase in medication errors in August. Errors were related to the pharmacy packaging system and were errors identified before reaching the patient.

Employee Adverse Events

Rates for August were .10 adverse events/1000 employee hours. In August there were several motor vehicle accidents contributing to the rate.

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 August to a 70.8% 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 knows an approximate discharge date, to ensure a short and smooth transition to Outpatient from the Hospital.

❖ **Community Treatment:**

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

❖ **Lakeside Recovery (MMT):**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 16.5%, significantly better than industry benchmark 36-40%. The month of August shows 5 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 and currently is at 90.6% 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. August was below target at 288 with their goal of 481-491 per month. Birth to 3 continues to look at opportunities to increase this number. With new staff starting 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 August saw a large drop in vacancy rate to 4.0%. Focus is now be on retention in these programs. Community Living Employees' job competency proficiency was completed in July with a 74% rating.

Nursing Home

Occupancy Rate based on a 220 licensed beds is at 83.3 %. The number of referrals in August were 52 with 14 choosing competition, 8 out of county, 5 expired in hospital, 5 acuity too high, and 14 no beds available on LTC or Post-Acute Care.

Support Departments

❖ **Communication and Marketing:**

Year-to-date, a 12.14% 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 93.3 % completion of health records within 23 days post-discharge for the month of August and year to date at 92.7% 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 100% of patient/resident satisfaction rating with food temperatures year-to-date.

❖ **Pharmacy:**

For the month of August, dispensing error rates are below target at .09% 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 August. 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 August is below target at 60%. 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 increase in August to high of 48. The average year to date is 37 per month with a goal of 44-50 per month. Continued process improvements are underway.

PROGRAM APPLICATION TO THE RETAINED COUNTY AUTHORITY COMMITTEE

DATE: September 21, 2017
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
Michael Loy, Interim Chief Executive Officer
RE: Case Management of Individuals on Commitments and Settlement Agreements

Purpose

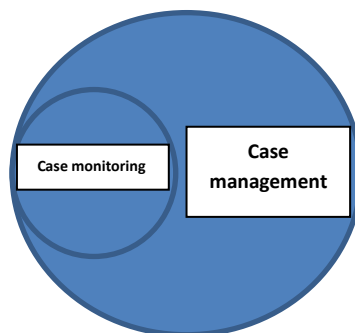
To provide the scope of a program aimed at ensuring all individuals in Langlade, Lincoln, and Marathon County who have an active mental health commitment or settlement agreement are case managed and/or case monitored appropriately.

Definition

Psycho-social rehabilitation— the process of restoring community functioning and well-being of an individual diagnosed with a mental health, substance, or emotional disorder and who may be considered to have a psychiatric disability.

Case management—to provide psycho-social rehabilitation, linkage, coordination of services, and follow up care to clients, performed by a clinically appropriate employee

Case monitoring—to connect with clients, collect and/or produce court-related documentation or data, provide linkage and referral services. Case monitoring is a subset of the duties required of case managers. See diagram below.



I. Current Situation and Program Overview

Background

As of July 2017, there were 272 individuals from Langlade, Lincoln, and Marathon County on active settlement agreements or commitments. Of those individuals, approximately 127 were

receiving case management through NCHC's Community Treatment (47% of the total target population). The number of individuals on active commitments or settlement agreements has been as high as 267 in 2016. Currently, NCHC has a very limited case monitoring option for clients. Some NCHC patients under settlement agreements and commitments are being case managed by Community Treatment, however, those that are not being case managed by Community Treatment currently do not have case monitoring services other than basic follow up calls completed by crisis staff or the Court Liaison. Current linkage and follow up services include phone follow ups and referrals to necessary services as provided by existing crisis staff.

NCHC currently employs a 1.0 FTE Court Liaison, which is supervised by the Crisis Manager in the Behavioral Health Unit. Court Liaison activities currently include, but are not limited to:

- Coordination of recommendations and other required information regarding involuntary commitment proceedings between courts and hospitals.
- Maintenance of court orders in both paper and electronic files and coordination of extensions of commitment and court petitions.
- Gathering and reporting of statistical data.
- Acting as liaison between NCHC staff, patients, and other providers regarding legal issues within the court system.
- Collaboration with multi-disciplinary team and court system regarding court proceedings by providing information and support as needed.
- Providing testimony as needed.
- Filing non-compliance forms with courts and initiate transfer to more restrictive paperwork when clients are diverted to other hospitals and require involuntary treatment beyond the emergency detention.
- Collaboration with case manager, families, outpatient providers through commitment process.
- Facilitation of requests for recommendation on recommitment proceedings, writing petition letters, and completion of Petition to Recommit (ME-945) for the courts.
- Collaboration with agencies to coordinate ongoing service for clients placed outside NCHC which includes providing follow-up when clients are inpatient in diverted facilities.
- Attendance at court hearings and bringing patients to on-site court room when admitted to NCHC inpatient unit.
- Serving patients on NCHC inpatient unit with court petition, Order for Probable Cause or Final Hearing, Commitment Rights, and Notice of Appointment of Legal Counsel.
- Coordination of settlement agreement and stipulation paperwork between courts, patients, and public defenders.
- Facilitation of change of venues with other counties.
- Tracking independent evaluators' recommendations.

The role of Court Liaison is currently tasked with court-related duties, however, the role is unable to also provide active case management or comprehensive case monitoring for the volume of individuals on active commitments and settlement agreements in addition to their current duties.

Several Wisconsin counties were contacted to request information about best practice and details on their programmatic design and structure. Four counties responded and shared information including Fond du Lac, Outagamie, Pierce, and Price Counties. All four counties had an active case monitoring or case management program for individuals on settlement agreements or commitments, and these services were conducted by individuals who were qualified to provide case management. The majority of the programs linked individuals to other services, including Comprehensive Community Services (CCS). Individuals were case monitored either directly or through the assigned CCS case manager.

The counties detailed their current billing strategy as well. Regardless of how it is billed, the services provided are essentially case monitoring and/or case management. Case monitoring is largely billed in two ways, either as “Targeted Case Management” services or “Linkage and Follow up” services. The regulatory bodies for the two services are different, but the service delivery is largely the same. Price and Pierce’s programs were designed to be billed as Targeted Case Management services. Outagamie County and Fond du Lac had switched from billing the case monitoring services from Targeted Case Management to Linkage and Followup, which is regulated by Chapter 34. This allows them to bill these services through their Crisis Departments as the reimbursement is better than that received for Targeted Case Management, though the activities are the same. Pierce and Price indicated they are both exploring moving to billing for case monitoring through Linkage and Followup in order to take advantage of the enhanced reimbursements.

Increased attention to ensuring appropriate and timely case management and/or case monitoring services to the individuals not yet served could have the following impacts:

1. A decrease in violations of commitments
2. A decrease in re-hospitalizations
3. An increase in patient quality of life
4. Decrease the number of recommitments
5. Delivery of quality care, to the appropriate target population, in a way that lowers total cost

Service Line Strategy

NCHC will create a new program within the Behavioral Health Department, which will work collaboratively with Community Treatment and other modalities of care to ensure that individuals on mental health commitments or settlement agreements within our three-county area are appropriately case managed. Our goal is to have 80% of individuals on commitments voluntarily enrolled in Community Treatment, and 100% of individuals on settlement agreements case monitored by Linkage Coordinators within the first year. The overall target outcome will be a 15% reduction in re-hospitalizations for individuals on active commitments or settlement agreements.

Target Population Served

At the time of writing, there are 272 individuals from Lincoln, Langlade and Marathon County on active settlement agreements or commitments. The target population will be adults and children who are residents of Lincoln, Langlade, and Marathon County who are under an active commitment or settlement agreement. Of those individuals, approximately 127 are receiving case management through NCHC’s Community Treatment program (47% of the total target population). The number of individuals on active commitments or settlement agreements has been as high as 267 in December 2016.

Recommendation

Develop a new program for Langlade, Lincoln, and Marathon Counties called the “Linkage and Follow up Program” to ensure that clients on a commitment or settlement agreement are case monitored either through by a Linkage Coordinator or CCS Case Manager. The design of the program is based off of the working systems of the surveyed counties, and uses NCHC’s robust Community Treatment program for additional client support.

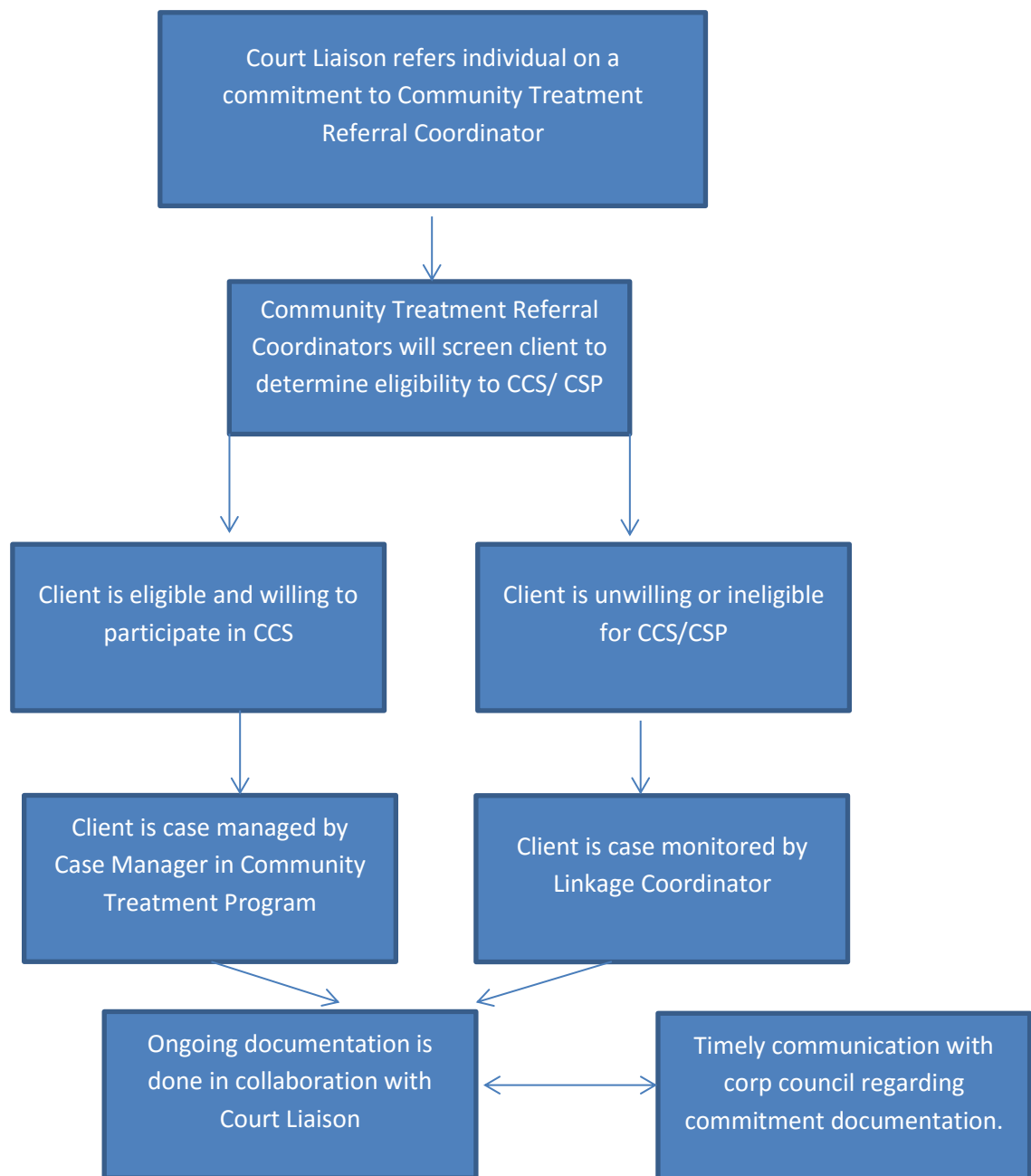
The program would require 2.0 FTE case managers (Linkage Coordinators) to operate out of the crisis program to manage and coordinate court-related treatment needs, linkage, follow up, and other case monitoring-related duties. The Linkage Coordinators will also be responsible to case monitor all the individuals on settlement agreements in addition to any individuals that are ineligible or unwilling to be in CCS. Linkage Coordinators will be responsible in linking clients to CCS services.

Please refer to the flow chart on page 5 and 6 to see how patients would be introduced into and case monitored/managed by our system.

Four additional case managers in the Community Treatment program would be required to handle the additional volume of this program. When determining the volume of individuals to be added to Community Treatment services, the assumption was made that 80% of those who are not already case managed would be eligible and agree to Community Treatment services. This adds approximately 112 individuals into the Community Treatment Program. Based on current case loads and the needs of the individuals, four case managers would be required to assist with the case management duties of the individuals in this program.

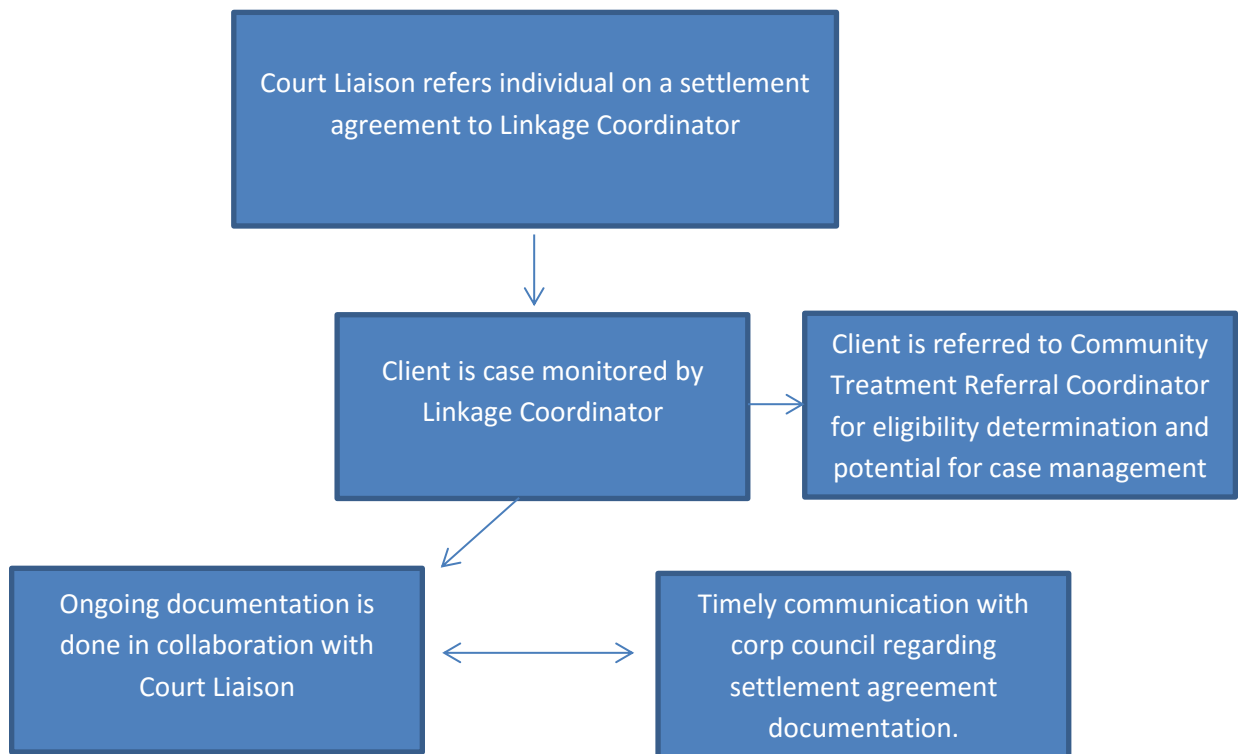
Much like the other counties queried, the case management program would be better for patients because there would be a centralized office for these duties and a sole point of contact would be assigned. Patients will be case monitored or case managed and provided the level of care required for better quality of life. Psycho-social rehabilitation through CCS is proven to restore a patient’s community functioning and well-being. Potentially, they will have less interaction with law enforcement, less re-hospitalizations, and less criminalized behavior. The program would also reduce the burden on the court systems in the tri-county area and local hospital systems.

Flow for Linkage Coordination for Case Management and Case Monitoring of Clients on Commitments



Flow for Linkage Coordination for Case Management and Case Monitoring of Clients on Settlement Agreements

Please note: Due to the short time frame of most settlement agreements, the case monitoring would be handled by the Linkage Coordinator. The client would also be referred to Community Treatment at that time.



II. Projected Costs/Operating Budget

(Please see attached financial statement.)

Financial Implications

There are two components to the budget. The first component is the staff additions to the Crisis department and associated revenues and expenses. The second is the staff additions to the Community Treatment Department and the associated revenues and expenses. Both components are required to ensure that the entire client volume is addressed.

The Crisis Program would need to hire two additional staff to assist with Linkage and Followup (case monitoring) activities. With the assumption that together the two case managers would bill 2,000 hours per year, they would generate \$73,000 in gross revenue. The associated expenses with this part of the program would be \$141,000.

The Community Treatment program would also need to hire 4.0 FTE additional staff to assist with the increased volume of clients. Assuming that the group would bill 5100 hours per year, the revenue would be \$342,000. Expenses for Community Treatment would be \$296,000.

When looking at the combined Crisis and Community Treatment program additions, the expense would exceed revenue by \$22,000.

The program has the potential to reduce the number of rehospitalizations, which in turn, reduces overall costs. With the assumption that the average hospital patient costs \$1,517 per day (\$1,250 daily charge plus \$267 per psychiatric evaluation) with an average four day stay, this would save approximately \$6,068 per prevented stay. Based on the final expense of the program after Community Treatment reimbursements and case monitoring reimbursements are applied (\$22,000), we'd need to prevent only four patients from hospitalization before seeing a return on the program. The 2018 Budget does include an assumption of reduced diversion costs as a mechanism to balance these additional expenses.

This program also has the potential to decrease the use of community resources, including jail services, law enforcement, and the court system, if individuals are properly case managed/monitored. Issues that would normally involve these systems could very well be prevented by appropriate case monitoring and/or case management .

Risk Factors

1. Volumes exceed Community Treatment's service ability. Additional growth in Community Treatment is needed to address the need.
2. Facility space needs to be identified for the new hires.
3. Assumptions for the program design are incorrect, and the staffing ratio is either under or over what is needed.

III. Summary of Other Factors

Impact on Other NCCSP Programs

Coordination and appropriate growth in Community Treatment will be necessary to assist individuals who are eligible and willing to participate. Spaces for the staff will need to be approved, and may include current office space in BHS. The Crisis program will need to expand and develop this new program and provide ongoing effectiveness of its service. At the present time, there is no office availability in close proximity to both Community Treatment and Crisis departments for the Linkage Coordination program.

Implementation Milestones

- Approval by RCA
- Determine/ secure facility space
- Update job descriptions
- Hire staff
- Work flow and internal referral processes determined
- Implement programming

IV. Summary of Impact on Member County Programs and Resources

Impact on County Programs

North Central Health Care
Proforma for Linkage Coordination
2018 Budget

Crisis Program:

Revenue: (assumes 2,000 billable hours)

Gross Revenue-Self Pay	\$78,000
Gross Revenue-Medicaid	\$78,000
Contractual Adj:-Self pay	(\$75,000)
Contractual Adj:-Medicaid	(\$28,000)
WIMCR	\$20,000
Total Revenue	\$73,000

Expenses:

Salaries (2.0 Bachelor Positions)	\$94,000
Employee Benefits	\$36,000
Telephone	\$2,000
IT Device Support	\$2,000
Staff Development	\$1,000
Travel	\$3,000
Supplies	\$3,000
Total Expenses	\$141,000

Excess Revenue (Expense) (\$68,000)

Community Treatment Program:

Revenue: (assumes 7650 billable hours)

Gross Revenue-Self Pay	\$60,000
Gross Revenue-Medicaid	\$537,000
Contractual Adj:-Self pay	(\$56,000)
Contractual Adj:-Medicaid	(\$55,000)
Total Revenue	\$486,000

Expenses:

Salaries (6.0 Bachelor Positions)	\$282,000
Employee Benefits	\$108,000
Telephone	\$6,000
IT Device Support	\$3,000
Staff Development	\$3,000
Travel	\$12,000
Supplies	\$4,000
Total Expenses	\$418,000

Excess Revenue (Expenses) \$68,000

Excess Revenue (Expense) Combined \$0

Note: Above expenses include direct expenses only.
Overhead expenses would be part of already existing expenses

<u>Plan of Action Tactics</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measures of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Appointment of RCA Members	Counties	Dec-16	Appointment	Appointments - Marathon County: 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 for Langlade County 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 work to finalized the End Statements at the October 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 December.	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 on 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 discussed in more detail at their September 21, 2017 meeting. These option will evaluate the choices between whether to close and sell property to a developer, renovate the campus and continue operations, or sell to a private skilled nursing operator.	Open												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	The County Board adopted a resolution authorizing amending the 2017 CIP budget and for bonding of \$3.4M to fund the building of a new \$6M pool and for the decommissioning of the current pool. Community support of \$3M must not be gathered prior to March 1, 2018 for the project to move ahead. Design work for the new pool will begin during that time.	Open												
Create "arms-length" financial relationship between NCHC and MVCC	NCCSP	Jan-17	Separate financial statements and legal status	Separate financials exist for Mount View Care Center and the NCHC Human Services Operations. Further work must now be done to further develop the contractual relationship between the two operations.	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												

<u>Plan of Action Tactics</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measures of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
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 responsibilities.	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 RCA has review the compensation plan and policies. Adjustments were made to Executive compensation and furhter adjustments were considered.	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 approved the proposed 2018 Budget at their August meeting. The RCA will be reviewing and considering approval of the proposed budget at its September 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												
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	The CEO Compensation pay range was reduce two pay grades and 5% to amount to appoximately a \$50,000 reduction by the RCA. The CEO compensation outside of the pay range is under the same policies and plan administered for all other employees. Going forward, any salary adjustments to the CEO's base salary will be considered annually.	Completed												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Finalized at the February meeting	Completed												

<u>Plan of Action Tactics</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measures of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
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 NCHC HR Executive was instructed to meet with HR representatives from each of the three Counties to further review non-executive pay practices. Following the review, no further adjustments are recommended and the pay plan and policy can be fully implemented by NCHC Administration thus fulfilling the JOint County Agreement requirements.	Completed												
Capital Improvement Policy	RCA	Mar-17	Develop comprehensive CIP Policy for NCCSP and RCA adoption	No activity on this initiative to report.	Open												
CEO Appraisal Process Design	RCA	Mar-17	Written Assessment Process and Documents	No activity on this initiative to report.	Open												
Performance Standards	RCA	Mar-17	Adopted Annual Performance Standards	Performance expectations 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 selection 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 initiative to report.	Open												