

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, October 26th, 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. ACTION: Approval of 9/28/17 NCCSP Board Meeting Minutes
4. Chairman's Report and Announcements– J. Zriny
5. Board Committee Minutes and Reports
6. CEO Appointment
 - A. ACTION: Motion to go into CLOSED SESSION pursuant to 19.85(1)(c) for purposes of considering employment of a specific candidate for CEO and taking action regarding appointment of such candidate in fulfillment of the duties and obligations of the Board as set forth in Wis. Stats. 51.42(5)4.
 - B. ACTION: Motion to come Out of Closed Session and Possible Announcements Regarding Issues discussed in Closed Session
 - C. ACTION: Resolution Appointing the Chief Executive Officer
7. CEO Work Plan Review and Report – M. Loy
8. Monitoring Reports
 - A. ACTION: Chief Financial Officer's Report; Review and Accept September Financial Statements
 - B. Human Services Operations Report – L. Scudiere
 - C. Nursing Home Operations Report – K. Gochanour
 - D. Quality Outcomes Review
 - I. ACTION: Review and Accept the Quality Dashboard and Executive Summary
9. Board Discussion and Action
 - A. ACTION: Motion to Approve Medical Staff Appointments for Patrick Helfenbein, MD, E. Rackley Ivey, MD, Peter Fischer, MD, and Gregory Varhely, MD, and the Reappointments for: Juan Fernandez, MD, Laurence Gordon, MD, Leandrea Lamberton, MD, Ikenna Obasi, MD, Chandra Shekar, MD, David Tange, MD, and Gabriel Ticho, MD
10. Policy Development
 - A. ACTION: Consideration of NCCSP Board End Statements for Adoption
 - B. Policy Governance Next Steps: Policy Governance Manual, Executive Limitations, Board Governance Process, Board and CEO Relationship, Board Policies and Bylaws
11. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
12. 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: 10/20/17 TIME: 4:00 p.m. BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

September 28, 2017

12:00 p.m.

North Central Health Care-Wausau

Present:

EXC	Randy Balk	X	Steve Benson	EXC	Ben Bliven
EXC	Jean Burgener	X	Bill Metter	X	Bill Miller
X	Corrie Norrbom	X	Greta Rusch	EXC	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

Guest: Ruth Heinzl

Call to Order

- The meeting was called to order at 12:03 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comments made.

Education: Medically Monitored Treatment – D. Shine/L. Scudiere

- Daniel Shine, Manager of the Crisis CBRF and MMT Program, along with Laura Scudiere, Human Services Operations Executive, provided a detailed review of the Lakeside Recovery Program (see attached).

Chairman's Report – J. Zriny

- Being a candidate for the CEO position, M. Loy stepped out of the meeting while S. Matis provided an update on the applicants and selection process. Telephone screening calls were made to nine candidates with two withdrawing due to the salary specifications recently established by the RCA. Qualifications of the remaining candidates were discussed. RCA's perspective is to have more candidates in the 'pool' with a range of experience and qualifications. NCCSP Board members expressed concern with the lack of comparable experience of the other candidates which, if selected, could be detrimental to the success of the organization as they grow into the position. J. Zriny will provide an update at the RCA meeting later today.
- The CEO Selection Committee (Executive Committee) will bring their final candidate recommendation to the Board at the October Board meeting.

Approval of 8/31/17 NCCSP Board Meeting Minutes

- **Motion**/second, Metter/Stowe, to approve the 8/31/17 NCCSP Board Meeting minutes. Motion carried.

Executive Committee Report – J. Zriny

- C. Norrbom and B. Metter joined the meeting. Committee discussed the CEO selection process at length and whether or not Policy Governance is a good fit for the organization with the current structure with the RCA. Policy Governance will be included again on a future meeting agenda.

Finance, Personnel & Property Committee Report – B. Weaver

- B. Glodowski provided a review of the August financials. The month of August showed a deficit of \$257,500. There were two driving factors contributing to the deficit this month: high health insurance claims and high costs from State Institutes. Revenue met target in August. Year to date we are ahead of target by \$1,035,254. Our leadership team continues to closely monitor revenues and expenses in an effort to finish the year strong.
- **Motion**/second, Weaver/Stowe, to accept the 8/31/17 Finance Meeting Minutes, August Financial Report, and Financial Statements. Motion carried.

Nursing Home Operations Committee Report – M. Loy

- Mount View Care Committee and the Nursing Home Operations Committee met jointly to review the operational assessment by Clifton Larson Allen (CLA). The focus currently is evaluating 3 options for MVCC:
 - 1) Continue with NCHC managing the nursing home.
 - 2) Sell the property to a developer for other than health care use.
 - 3) Have a private company manage MVCC.
- The Mount View Care Committee has directed the consultant to evaluate the technical, social, and financial impact of each option. It continues to be the goal of the MVCC Committee to make a recommendation on the future of the nursing home by the end of year.

Quality Committee Report – M. Loy

- The Dashboard and Executive Summary were reviewed. We continue to work to improve the vacancy rate and have had success in filling open positions to close the gap and improve access to behavioral health programs.
- **Motion**/second, Benson/Rusch, to accept the Quality Dashboard as presented. Motion carried.

Update on Aquatic Therapy Pool – M. Loy

- The County Board at their meeting last week voted, 33-2, in favor of supporting funding for half of the total projected cost, or \$3,000,000, toward the new Aquatic Therapy Pool Project contingent that the remaining \$3 million must be raised by community support by 3/1/18. In-kind donations are being allowed for specific items and contributions can be given through 2020.
- A Campaign Committee is organized with Steve Anderson as the Capital Campaign Chair, and includes representatives from the County Board, Warm Water Works, and NCHC.
- The North Central Health Foundation will act as the fiscal agent of grants and will also work with the Community Foundation on pledges, donations, etc.

Application for Program Creation – Linkage and Follow-up for Individuals Under Court Orders – M. Loy

- The Joint County Agreement requires that if NCHC creates, modifies, or changes a program it is to be first considered by the NCCSP Board and then presented to the RCA which then directs back to the Board for implementation if approved.
- The scope of the Linkage Program is aimed at ensuring all individuals in Langlade, Lincoln, and Marathon Counties who have an active mental health commitment or settlement agreement are case managed and/or case monitored appropriately. The program is included in the 2018 budget from a financial perspective based on direction from the RCA. Program was discussed.
- **Motion**/second, Benson/Wetzsteon, to develop the Linkage and Follow-Up Program. Motion carried.

CEO Work Plan Review and Report – M. Loy

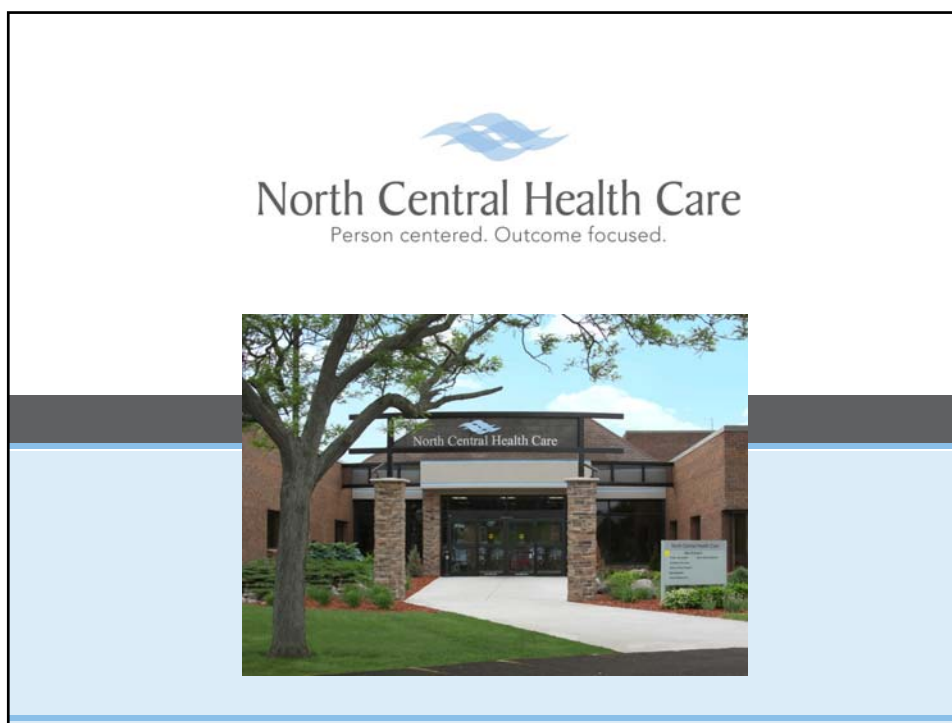
- Last month the Board approved a request to modify the Joint Commission Accreditation in the upcoming re-accreditation process by including only the Behavioral Health Inpatient Hospital. We have learned since then that the Accreditation cannot be divided, therefore, all of the human services operations programs will be included in the upcoming application process.
- The Master Facility Planning process has begun. The Board approved \$175,000 for this project. An RFP was completed and vendor, HGA, selected. Deliverable is anticipated in January. Presentations will be provided to the Board as well as the County Board for immediate and intermediate plans for NCHC.
- Policy Governance discussion will continue next month.
- 2018 Board Meetings will continue on the last Thursday of the month; from an interest standpoint a poll will be completed to see if there may be a better time to accommodate people's schedules.
- Psychiatry Residency Program candidate interviews will begin in October and wrap up in January. A physician's lounge is near completion. Dr. Krall joined the meeting and provided a brief update on the current residents in the program. Feedback from physicians and facilities indicates we are off to a great start. The quality of teaching and interaction with Dr. Dibala has been outstanding. Residents are learning a lot about clinical services, Chapter 51, jail system, etc. The first three months has been beyond expectation. The second round of interviews for the next 3 residents in the program has begun. After reviewing 725 applications, 50 applicants will be interviewed, and 3 'matched' for the next program. The support from this Board is incredibly important to the success of the program. NCHC is the 'jewel in the crown' of the program with the training, programs, resources, and involvement from M. Loy and the rest of the staff.
- Dr. Krall is also in conversation with the Medical College in Milwaukee to see about providing a Fellowship opportunity at NCHC for individuals interested in child psychiatry.
- A child psychiatrist candidate interviewed recently at NCHC. We were also able to connect him with Dr. Dodson and Dr. Krall of the Medical College as he had expressed interest in teaching and research. His decision is pending.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Metter/Miller, to adjourn the Board meeting at 1:39 p.m. Motion carried.



North Central Health Care | Lakeside Recovery MMT

Lakeside Recovery – Medically Monitored Treatment



- Provides services for 6 up to adults
- Medically-monitored means having physician oversight with ability to monitor physical health of a client 24/7 while receiving treatment
- State-certified treatment services in a safe, sober environment that supports substance abuse and addiction recovery.
- 21-day duration of structured programming

North Central Health Care
Person centered. Outcome focused.

Treatment programming includes a multi-disciplinary approach to recovery including techniques such as:

- Interactive Journaling
- Group Therapy
- Individual Therapy
- Substance Abuse Education (Alcohol and Other Drugs)
- Co-Occurring Education
- Guest Speakers
- Dietitians
- Activity Therapy
- Introduction to Community Based Recovery Groups
- Community Reintegration



Criteria for Admission (WI UPC)

Meet all of the following:

- Willing to voluntarily participate in treatment
- Willing to voluntarily participate in detoxification services if under the influence upon admission
- Agree to abstain from all addictive substances during treatment and follow treatment recommendation

Qualifying Criteria Domains:

1. Individual has recently experienced negative educational/vocational consequences that are linked to a substance use disorder.
2. Individual has recently experienced negative physical/mental health consequences that are linked to a substance use disorder.
3. Individual has recently experienced negative financial consequences that are linked to a substance use disorder.
4. Individual has recently experienced negative legal consequences that are linked to a substance use disorder.
5. Individual has recently experienced negative personal relationship consequences that are linked to a substance use disorder.
6. Individual has recently experienced impairment in his or her role as a caregiver and/or homemaker that is linked to a substance use disorder



Daily Schedule

8:30am-9:00am	Lakeside Community Meeting (Goals & Thought of the day) Staff Led
9:15am-10:00am	Goals & Daily Treatment Planning
10:15am-11:45am	Dimensions of Recovery
12:00pm- 1:00pm	Lunch Served Family Style
1:00pm- 2:00pm	Pool/AA Speaker/Healthy Activity
2:15pm- 3:30pm	Lakeside Recovery Skills Group
3:30pm- 4:00pm	Free time
4:00pm-5:00pm	Dinner Server Family Style
5:00pm-6:00pm	CBRF/MMT Exercise Group
6:00pm- 7:00pm	Lakeside Community Meeting(Review Journals and Daily Goals)
7:00pm- 8:30pm	AA Meeting Meetings/Journal Work
8:30pm-10:30pm	Medication pass/Progressive Muscle Relaxation/Free Time

Quick MMT Facts

- Served over 231 clients as of 9/25/2017
- Received a 94.2% client satisfaction score since opening in July 2015
- Had 80% of clients successfully completed (graduated) the program in 2017
- Successfully transitioned 65% of clients into continued outpatient treatment in 2017
- Helped 88% of clients secure housing after graduation in 2017
- 91% of clients had no law enforcement contacts after discharge in 2017



Since opening in July 2015, Lakeside Recovery has:



- Developed peer support groups and opportunities to address continuous need of recovery support
- Worked with Families, Employers and the Department of Corrections
- Created career opportunities for Substance Abuse Counselors In-Training and Interns from local colleges
- Built relationships with recovery organizations and the sober community to cultivate change
- Worked with Wausau Comprehensive Health Services for medication assisted clients

Expansion Plans



6 Beds to 15 Beds

- Neighborhood Model
- Gender-divided groups (best practice)
- Home-like environment
- Including family in groups and education

FAQ's



What is the waitlist for the program?

- 77 waiting for a start date
- All referrals linked to services immediately

What is the average wait time?

- Approximately 2-3 months based on need

What substance dependencies can be treated at Lakeside Recovery?

- Alcohol, opioids, amphetamines, benzodiazepines, THC (Marijuana), hallucinogens and other party drugs

FAQ's



Do all people need inpatient residential treatment?

- No. Not all individuals require MMT's level of treatment.

Is a 21-Day Program long enough?

- Evidence-based practice suggests that the longer you stay in substance abuse treatment the better your outcomes
- Individuals continue treatment through Outpatient Substance Abuse Treatment Program options after graduation.

FAQ's

Why does the dashboard measurement vary from month to month?

- Approximately 6-8 people graduate in a month
- 1 person who does not remain sober will greatly impact the dashboard measurements
- Difficult to follow up with clients because they move away from their environment
- Clients don't have cell phones or change their phone number after discharge
- Sobriety measures are being used less and less to determine the efficacy of recovery programs



Quality of Life Measures

- After-care attendance
- Housing
- Employment
- Law Enforcement contacts
- Support group attendance
- Service follow-through
(women with dependent children or pregnant)



NCHC's Substance Abuse Continuum of Care

Upon initial assessment with certified counselors and therapists, individuals will have a customized care plan that may incorporate other programming within the North Central Health Care continuum of care to ensure successful recovery.



NCHC Options

- 24-7 Crisis Services
- Ambulatory Detoxification
- Lakeside Recovery MMT
- Substance Abuse Day Treatment
- Relapse Prevention Groups
- Outpatient Services
- Community Treatment
- Community Corner Clubhouse
- Sober living groups
- Peer mentor opportunities



North Central Health Care
Person centered. Outcome focused.


North Central Health Care
Person centered. Outcome focused.



Thank you for your time today.
For more information, please visit us online at
www.norcen.org

Lakeside Recovery

MEDICALLY MONITORED SUBSTANCE ABUSE TREATMENT

PATIENT INSIGHTS

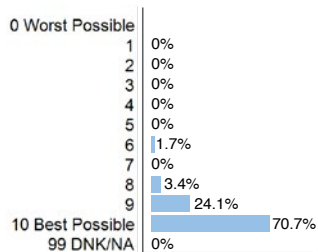
The responses below are from 58 clients that completed the HealthStream Insights survey at their time of discharge.

The opinions of all those cared for in North Central Health Care programs are very important to our staff and organization. Regular feedback is requested from patients when they complete satisfaction surveys. This information is used to shape and develop programming and ensure that our services are meeting the constantly evolving needs of those that North Central Health Care serves.

The data included here was collected during surveys administered from January 1, 2017 through September 27, 2017 of patients receiving care in the Lakeside Recovery Medically Monitored Treatment Program.

Lakeside Recovery Counseling/Treatment Overall Rating by Patients

January 1, 2017 – Sept 27, 2017

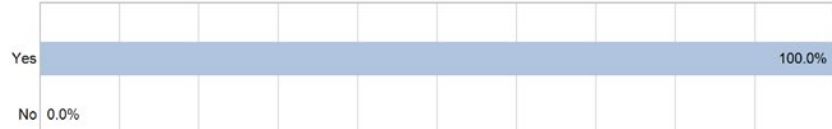


94.8% of Lakeside Recovery patients in the MMT Program felt their counseling and treatment rated a score of 9 or 10, or the **Top Box Score**. Compared to other organizations across the United States providing similar care and services, this ranks Lakeside Recovery MMT in the **98th percentile***.

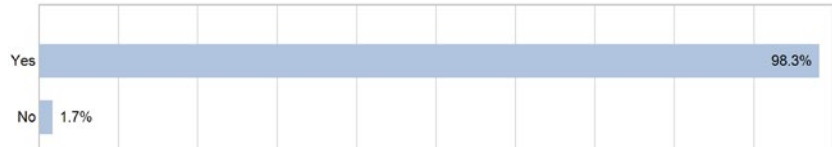


North Central Health Care has received Behavioral Health and Hospital Accreditation from The Joint Commission – **The Gold Standard in Health Care.**

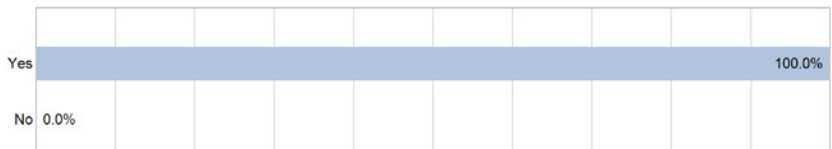
Lakeside Recovery patients were told about self-help or recovery groups.



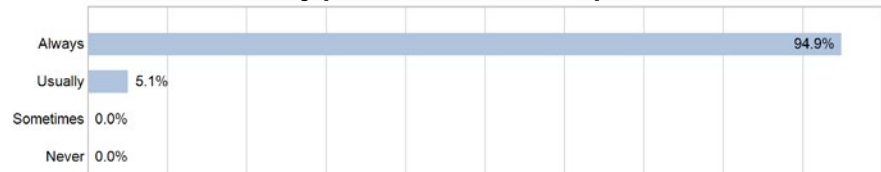
Lakeside Recovery patients given enough information on managing condition.



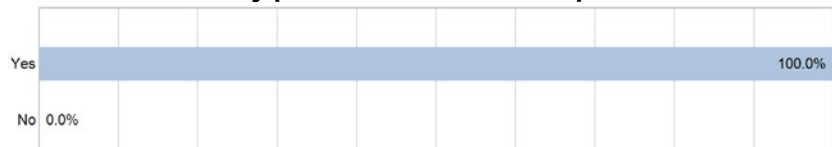
Lakeside Recovery patients discussed whether to include family or friends in treatment.



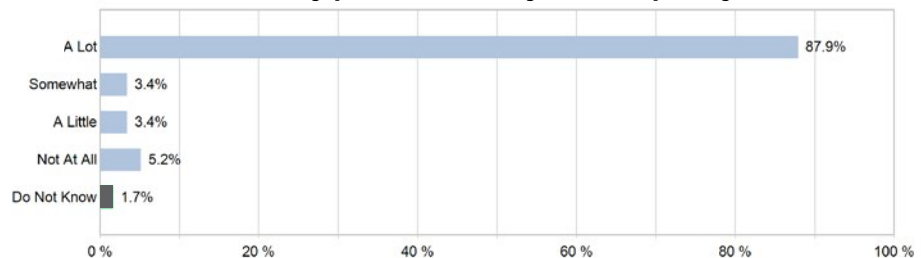
Lakeside Recovery patients felt safe with providers.



Lakeside Recovery patients felt care was responsive to needs.



Lakeside Recovery patients felt they were helped by treatment.



Lakeside Recovery patients are likely to recommend program to others.





North Central Health Care

Person centered. Outcome focused.

Lakeside Recovery

MEDICALLY MONITORED SUBSTANCE ABUSE TREATMENT

RECOVERY & QUALITY OF LIFE OUTCOMES

North Central Health Care administered a survey to all patients that completed the Lakeside Recovery MMT 21-day program between January 1 and September 27, 2017. 80% of clients that entered the treatment program during this time, completed all requirements for graduation. Upon completion of program, **77% of clients responded to the follow-up survey.** From those responses, NCHC received this feedback:

- **91% report being able to stay sober for 7 days after discharge.**
- **75% report attending their first Outpatient appointment.**
- **90% report having a stable housing arrangement 30 days after discharge.**
- **38% report having stable employment 30 days after discharge.**
- **92% report no contacts with law enforcement 30 days after discharge.**
- **61% report attending AA or NA on a regular basis (at least 1x per week)**

For more information, questions or referrals, please contact North Central Health Care:

**NCHC Wausau Campus
Lakeside Recovery
715.848.4355
1100 Lake View Drive
Wausau, Wisconsin 54403**

Our Philosophy

We believe that alcoholism and chemical dependency is a primary, progressive, predictable and chronic illness. We believe that unless this illness is intervened upon it will cause significant problems in all areas of life – emotional, physical, spiritual, social, familial, educational, and vocational. It is our goal to provide the best possible intervention and treatment of this disease. It is also our goal to provide a continuum of care that will best address the needs of every individual at each level of their recovery process. We intend to accomplish this in the most professional, efficient, and cost effective manner available to us.

As a multidisciplinary team we will evaluate, share our knowledge, strength, and support to provide a positive healing environment for each individual and his or her family. Every person will be treated as an individual with unique and varying problems that will be worked on throughout treatment. Through this experience, we hope to empower individuals and their family to fully participate in the program. Through this participation, we hope to improve the quality of their lives through the use of education, group therapy, family program, individual session, process groups, and therapeutic recreation.

We believe that each individual has the ability to learn to manage this disease and to achieve better balance in their lives through healthy, sober living.

We believe that we need to bring this philosophy to our community and will do so whenever possible. In doing so, there will be a better understanding of this disease, the effects on the individual, on the family, and on the community as a whole.



As long as I draw breath,
recovery is possible.



NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

October 12, 2017 1:30 PM

North Central Health Care – Juniper Room

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

Others present: Michael Loy, Sue Matis, Michael Loy, Ken Day

Chairman Zriny called the meeting to order at 1:30 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 9/20/17 Executive Committee Meeting Minutes

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

CEO Report

- Offers have been extended to two psychiatrists to join the organization. Responses may not be received for several months as they are interviewing at multiple locations.
- Currently three open recruitments are in progress.
- A psychiatrist currently under contract will be released from his contract due a violation of his agreement.
- Working on the Master Facility Planning for next year; making site visits next week; 2018 on schedule.
- Adult Day Services is moving their program 10/13/17 into the space vacated by ADRC.
- Process is underway to recertify the Medically Monitored Treatment (MMT) program including an expansion.
- Working with Executive Team on operationalizing the 2018 Budget Plan.

Policy Governance Next Steps – Final Draft End Statements – K. Day

- End Statements are the items identified for the organization to accomplish within the mission statement; high level items to measure and monitor based on the end statements. End Statements should be reviewed annually but updated if significant changes in the organization occur during the year. These are outcomes to judge organization and CEO on.
- **Motion**/second, Weaver/Burgener, to recommend the attached End Statements to the Board for approval. Motion carried.

Agenda for 10/26/17 Board Meeting – M. Loy

- Continued Progress Toward Policy Governance:
 - Develop a Policy Governance Manual: Include Board Bylaws, standardized Board agenda, annual calendar, etc.
 - Amend Bylaws i.e. remove existing committee structure; Executive Committee will meet to conduct the CEO evaluation and as needed. Other committees may be created as determined by the Board for specific and deliberate purposes.
 - The role of the Board will be different under Policy Governance i.e. more detailed discussion of finances at Board level rather than Committee level; however, the Board will focus on overall objectives, expectations and goals and hold the CEO accountable for the day to day operations.
 - The roles of the Board and the RCA will be reviewed for additional clarification.
 - It was suggested to provide an Executive Summary in advance of the Board meeting with the expectation that each member review the information prior to the meeting; discussion would revolve around any questions of the summary rather than a review of the full report.
 - All Board policies need to be reviewed annually; 1-2 policies would be reviewed each month.
 - It was agreed to begin integrating the new agenda format into the meetings and provide an index of the Policy Governance Manual to help understand the change in concept.

Agenda for 10/26/17 Board Meeting

- Policy Governance
- CEO Selection
- Medical Staff Privileging

Motion to go Into Closed Session

- **Motion**/second, Burgener/Weaver, to go into closed session pursuant to §19.85 (1)(c) Wis. Stats. for the purpose of considering employment, promotion, compensation or performance evaluation of any public employee over which the governmental body has jurisdiction or exercises responsibility, to wit: CEO Selection. Roll call taken: Stowe, aye; Zriny, aye; Burgener, aye; Weaver, aye. Motion carried. Michael Loy and Ken Day left the meeting.

Reconvene to Open Session and Report Out and Possible Action on Closed Session Item(s)

- **Motion**/second, Weaver/Burgener, to move out of closed session. Stowe, aye; Zriny, aye; Burgener, aye; Weaver, aye. Motion carried. Meeting convened in Open Session at 2:45 p.m.
- Executive Committee will recommend Michael Loy to be appointed as CEO at the October 26, 2017 Board Meeting. The terms of the employment agreement to be negotiated.

Motion/second, Burgener/Weaver, to adjourn the Executive Committee meeting at 2:49 p.m. Motion carried.

dko

NCCSP Board Policy Statements – Board Draft for October Board Meeting

People

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

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

Service

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

Quality

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

Community

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

Financial

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



A RESOLUTION APPOINTING THE CHIEF EXECUTIVE OFFICER OF NORTH CENTRAL HEALTH CARE

WHEREAS, the Board of Directors of North Central Health Care (“NCHC”) has been granted the power and authority, and has been charged with the obligation by the Legislature of the State of Wisconsin, pursuant to Wis. Stats. 51.42(5)4 to appoint a community program director who, pursuant to Wis. Stats. 51.42(6), has all of the administrative and executive powers and duties of managing, operating, maintaining, and improving the programs of NCHC for the prevention or amelioration of mental disabilities, mental illness, alcoholism and drug abuse; and

WHEREAS, the Board is responsible for all programs and services operated by and through NCHC, including but not limited to the programs defined in Wis. Stats. 51.42(2), as well as other programs and functions that are not within the scope of such programs; and

WHEREAS, the appointment of the community program director by the Board pursuant Wis. Stats. 51.42(5)4 is “subject to the approval of each county board of supervisors which participated in the appointment of the community program board; and

WHEREAS, pursuant to Wis. Stats. 51.42(5)4 the appointment of a community program director by the Board, and the approval of the individual county boards of supervisors, is to be on the basis of recognized and demonstrated interest in and knowledge of the problems of mental health, developmental disability, alcoholism and drug addiction, with due regard to training, experience, executive and administrative ability, and general qualification and fitness for the performance of the duties of the county community programs director as those duties are described in Wis. Stats. 51.42(5)6; and

WHEREAS, the Board, as the sole governing body of NCHC’s hospital facility, is legally responsible and obligated under Wisconsin hospital licensing regulations DHS 124.05(2)(f) and DHS 124.06(1), to appoint a Chief Executive Officer for the hospital “to act as the executive officer of the governing body, to be responsible for the management of the hospital and to provide liaison among the governing body, medical staff, the nursing service and other services of the hospital;” and

WHEREAS, the Board, as the sole governing body of NCHC’s hospital facility, is legally responsible and obligated under Medicare Conditions of Participation [42 CFR §482.12(b)] to carry out all functions specified in said Conditions of Participation that pertain to the governing body, including but not limited to the obligation to appoint a single Chief Executive Officer who is responsible for managing NCHC’s hospital facility and services; and

WHEREAS, the hospital conditions of participation and Wisconsin hospital licensing regulations impose on the Board the sole legal responsibility regarding appointment of a Chief Executive Officer of the licensed and certified hospital facility; and

WHEREAS, the Board delegated the power and authority to the Executive Committee of the Board to establish a process for consideration of appropriate candidates for the position of Chief Executive Officer of NCHC, to conduct a search, and to recommend a candidate to the Board for appointment; and

WHEREAS, the Executive Committee afforded the Retained County Board Authority Committee (“RCA Committee”) that was established pursuant to Article V. of the Agreement for the Joint Sponsorship of Community Programs between Langlade, Lincoln and Marathon Counties dated January 1, 2017 (“Agreement for Joint Sponsorship”) with the ability to participate in the selection planning process, access to all applicant materials, reports, and other materials and information related to the Chief Executive Officer selection, and the ability to participate in candidate interviews for purposes of permitting such committee to “make its own independent recommendation to the respective member County Boards regarding the hiring decision” all as set forth in Article V.D.2.a of the Agreement for Joint Sponsorship; and

WHEREAS, the Executive Committee has conducted a search, considered and interviewed appropriate candidates, assessed the qualifications of candidates, and has made a recommendation to the Board for the appointment of the candidate that resulted from this process for approval of such candidate by the Board as required and authorized under Wis. Stats. 51.42(5)4, DHS 124.05(2)(f) and DHS 124.06(1), and 42 CFR §482.12(b); and

WHEREAS, the Board has reviewed the recommendation of the Executive Committee and has determined that it is in the best interests of NCHC to appoint the recommended candidate as Chief Executive Officer of NCHC, with responsibilities of the community program director pursuant to Wis. Stats. 51.42(5)4 and as Chief Executive Officer of NCHC’s hospital facility as required by DHS 124.05(2)(f) and DHS 124.06(1); and

WHEREAS, upon appointment of such candidate as community program director pursuant to Wis. Stats. 51.42(5)4, the Chairman of the Board should forward the Board’s appointment to the individual county boards of supervisors for their approval of such appointment; and

WHEREAS, the Board previously approved a salary range for the Chief Executive Officer based on comparability data for officers in comparable healthcare positions; and

WHEREAS, the RCA Committee provided NCHC with salary parameters for the Chief Executive Officer position which were considered by the Executive Committee when setting the parameters for the search; and

WHEREAS, the Board wishes, to the extent reasonably possible, to secure the availability of the appointed Chief Executive Officer through the term of the current Agreement of Joint Sponsorship; and

WHEREAS, the Board desires to ensure that the Chief Executive Officer is offered reasonable compensation consistent with salary parameters previously adopted by the Board, and as necessary in the judgment of the Chairman of the Board to secure the services of the Chief Executive Officer, to fulfill the obligations of NCHC, and with consideration of appropriately justified salary parameters provided by the RCA Committee to the extent consistent with the best interests of NCHC; and

WHEREAS, upon obtaining approval of the Board’s appointment from each of the three counties, the Chairman of the Board is authorized and directed to offer employment to the appointed CEO and to negotiate and enter an employment agreement with the appointed Chief Executive Officer; and

NOW, THEREFORE, IT IS HEREBY:

RESOLVED, that pursuant to Wis. Stats. 51.42(5)4, the Board hereby appoints [XXXXXX] as Chief Executive Officer to fulfill the role of a community program director who, pursuant to Wis. Stats. 51.42(6), has the obligation, power and authority to exercise all of the administrative and executive powers and duties of managing, operating, maintaining, and improving the programs of NCHC for the prevention or amelioration of mental disabilities, mental illness, alcoholism and drug abuse as provided in Wis. Stats. 51.42(6).

RESOLVED FURTHER, that the Chairman of the Board is authorized and directed to transmit the appointment of said [XXXXXX] as Chief Executive Officer pursuant to Wis. Stats. 51.42(5)4 to the county boards of supervisors for Langlade, Lincoln and Marathon Counties requesting their approval of this Board's appointment, such approval to be based on the requirements of Wis. Stats. 51.42(5)4 and consistent with the appropriate exercise of the approval authority of each such county board of supervisors.

RESOLVED FURTHER, that in fulfillment of the Board's obligations as the sole governing body of the NCHC licensed hospital, as set forth in DHS 124.05(2)(f) and DHS 124.06(1), and as required under 42 CFR §482.12(b), the Board hereby appoints [XXXXXX] as Chief Executive Officer of said hospital to act as the executive officer of the governing body, to be responsible for the management of the hospital and to provide liaison among the governing body, medical staff, the nursing service and other services of the hospital.

RESOLVED FURTHER, that the Chairman of the Board is authorized and directed to work with legal counsel to prepare, offer, and as necessary, negotiate, the terms of an employment agreement with [XXXXXX] to serve as Chief Executive Officer of NCHC and to the extent reasonably possible, to secure the services of [XXXXXX], subject to reasonable and necessary termination provisions, through the term of the current Agreement for Joint Sponsorship.

Jeff Zriny, Chair, NCCSP Board

Date

<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. Continue to work with Aspirus Langlade Hospital to get approval of an appointment of someone to represent the Hospital as a community appointment.	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 adoption of 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. Administration has requested the RCA to help scope this deliverable at a future RCA meeting.	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 Committee continues to consider the three options the County has in regard to MVCC. These option will evaluate the choices between whether to close and sell the property to a developer, renovate the campus and continue operations, or sell to a private skilled nursing operator. The MVCC Committee has asked Administration to compare the WIPFLI information from 5 years ago to the CLA recommendations as well as review any deed restrictions on the property and ordered a commercial appraisal of the MVCC Property.	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 once the funding has been raised.	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 pending the conclusion the work Marathon County is doing for the nursing home.	Open												
Review of Bylaws	NCCSP	Jan-17	Adopted Amended Bylaws	The Board adopted an update to the Bylaws to make them contemporary with the new Tri-County Agreement at their January meeting. Further amendments might be necessary depending on the Policy Governance work of the Board.	Completed												

<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. Some training requirements were established as performance expectations by the RCA.	Completed												
CEO Selection Plan and Recommendation	NCCSP	Feb-17	Adopted CEO Recruitment Plan	The Executive Committee has interviewed candidates and will be making a recommendation to the full NCCSP Board at their October meeting. If appointment is made, the selection will be sent to the three County Boards in November for confirmation.	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. This item will be reviewed again by the RCA in the coming months.	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 on Executive compensation were forwarded to the NCCSP Board for implementation. No changes were made to Employee Compensation after further review.	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 recommended the proposed budget to each of their respective County Boards at their September meeting. All three County Boards are anticipated to approve the Proposed Budget as approved by the NCCSP Board. Final approval will be considered in November at each County Board's Annual Budget meeting.	Open												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This document serves as the work plan document.	Completed												
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	The CEO compensation plan was reviewed and sent to the NCCSP Board for implementation.	Completed												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Finalized at the February meeting	Completed												

<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 plan was reviewed by the RCA. The RCA adjusted only the Executive level pay grades lower by one pay grade each while the CFO was reduced two grades. An additional 5% reduction in the grades was added to these adjustments. The Employee Incentive Compensation plan was eliminated by the RCA for all NCHC employees. No further adjustments are recommended for any other parameters of the plan or specific pay grade changes. The pay plan and policy can be fully implemented by the NCCSP Board.	Completed												
Capital Improvement Policy	RCA	Mar-17	Develop comprehensive CIP Policy for NCCSP and RCA adoption	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. In voting to recommend the Proposed Budget, the RCA adopted the performance expectations and outcomes as presented for 2018.	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												

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: October 20, 2017
RE: Attached Financials

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

BALANCE SHEET

The accounts continue to be consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES

The month of September shows a loss of (\$152,795) compared to the targeted loss of (\$9,385). While this is an improvement from the prior month this does still result in a negative variance of (\$143,410).

Overall revenue did exceed target for the month. The nursing home census averaged just over 184 per day, with Medicare averaging almost 16 per day. The hospital census increased with an average of almost 16 per day. Outpatient areas are continuing to stabilize.

Overall expenses exceeded target for the month by \$151,717. The same two areas as last month, health insurance and state institutes, are the main contributors to the overage. These two items exceeded target by \$165,819.

Year to date the organization remains positive, with a gain of \$927,483 which exceeds target by \$891,844.

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

Thank you.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,541,584	1,757,247	5,298,831	5,171,706
Accounts receivable:				
Patient - Net	2,772,674	1,939,487	4,712,161	6,120,110
Outpatient - WIMCR & CCS	1,407,500	0	1,407,500	620,000
Nursing home - Supplemental payment program	0	360,400	360,400	492,900
Marathon County	117,551	0	117,551	202,401
Appropriations receivable	0	0	0	0
Net state receivable	1,449,711	0	1,449,711	156,880
Other	640,023	0	640,023	498,481
Inventory	0	305,373	305,373	303,535
Other	<u>441,180</u>	<u>326,223</u>	<u>767,403</u>	<u>730,964</u>
Total current assets	<u>10,370,222</u>	<u>4,688,730</u>	<u>15,058,953</u>	<u>14,296,977</u>
Noncurrent Assets:				
Investments	11,292,000	0	11,292,000	9,800,000
Assets limited as to use	1,202,255	332,266	1,534,521	2,742,182
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	13,303	36,765	50,068	66,819
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	373,711	1,326,546	1,700,258	1,055,751
Depreciable capital assets - Net	<u>6,550,854</u>	<u>3,050,036</u>	<u>9,600,890</u>	<u>10,519,410</u>
Total noncurrent assets	<u>19,932,123</u>	<u>4,745,613</u>	<u>24,677,737</u>	<u>29,031,100</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>40,372,708</u>	<u>16,880,701</u>	<u>57,253,410</u>	<u>48,179,919</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
SEPTEMBER 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	1,100,676	813,876	1,914,552	1,710,746
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	966,834	714,909	1,681,743	1,555,294
Compensated absences	770,985	570,091	1,341,076	1,465,931
Health and dental insurance	430,025	317,975	748,000	814,000
Other Payables	210,891	155,940	366,830	336,383
Amounts payable to third-party reimbursement programs	383,619	0	383,619	400,000
Unearned revenue	<u>81,718</u>	<u>0</u>	<u>81,718</u>	<u>291,866</u>
Total current liabilities	<u>3,944,747</u>	<u>2,572,791</u>	<u>6,517,538</u>	<u>6,725,477</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>13,303</u>	<u>36,765</u>	<u>50,068</u>	<u>66,819</u>
Total noncurrent liabilities	<u>1,811,233</u>	<u>1,366,214</u>	<u>3,177,447</u>	<u>703,000</u>
Total liabilities	<u>5,755,980</u>	<u>3,939,005</u>	<u>9,694,984</u>	<u>7,428,477</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	6,924,565	4,376,582	11,301,148	11,575,162
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	1,202,255	332,266	1,534,521	0
Undesignated	20,793,777	5,854,457	26,648,233	30,380,076
Operating Income / (Loss)	<u>1,374,748</u>	<u>(447,264)</u>	<u>927,484</u>	<u>(1,288,669)</u>
Total net position	<u>30,795,345</u>	<u>10,116,041</u>	<u>40,911,386</u>	<u>40,666,569</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>40,372,708</u>	<u>16,880,701</u>	<u>57,253,410</u>	<u>48,179,919</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 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>\$3,854,624</u>	<u>\$3,623,357</u>	<u>\$231,267</u>	<u>\$33,006,902</u>	<u>\$33,221,473</u>	<u>(\$214,570)</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,920,532	2,926,077	(5,545)
Grant Revenue	188,156	197,183	(9,028)	1,801,482	1,774,650	26,832
County Appropriations - Net	639,260	639,260	0	5,753,338	5,753,338	0
Departmental and Other Revenue	<u>272,397</u>	<u>302,268</u>	<u>(29,871)</u>	<u>2,657,037</u>	<u>2,620,415</u>	<u>36,622</u>
Total Other Revenue	<u>1,424,316</u>	<u>1,463,831</u>	<u>(39,515)</u>	<u>13,132,390</u>	<u>13,074,481</u>	<u>57,909</u>
Total Revenue	<u>5,278,940</u>	<u>5,087,188</u>	<u>191,752</u>	<u>46,139,292</u>	<u>46,295,953</u>	<u>(156,661)</u>
Expenses:						
Direct Expenses	4,156,236	3,801,920	354,316	34,062,299	34,499,275	(436,976)
Indirect Expenses	<u>1,292,139</u>	<u>1,302,985</u>	<u>(10,846)</u>	<u>11,312,588</u>	<u>11,836,039</u>	<u>(523,451)</u>
Total Expenses	<u>5,448,375</u>	<u>5,104,906</u>	<u>343,470</u>	<u>45,374,887</u>	<u>46,335,314</u>	<u>(960,427)</u>
Operating Income (Loss)	<u>(169,435)</u>	<u>(17,718)</u>	<u>(151,717)</u>	<u>764,405</u>	<u>(39,361)</u>	<u>803,766</u>
Nonoperating Gains (Losses):						
Interest Income	15,808	8,333	7,475	117,796	75,000	42,796
Donations and Gifts	832	0	832	39,040	0	39,040
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>16,640</u>	<u>8,333</u>	<u>8,307</u>	<u>163,079</u>	<u>75,000</u>	<u>88,079</u>
Income / (Loss)	<u>(\$152,795)</u>	<u>(\$9,385)</u>	<u>(\$143,410)</u>	<u>\$927,483</u>	<u>\$35,639</u>	<u>\$891,844</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 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>\$2,164,900</u>	<u>\$1,650,854</u>	<u>\$514,046</u>	<u>\$17,800,168</u>	<u>\$16,939,439</u>	<u>\$860,729</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	2,920,532	2,926,077	(5,545)
Grant Revenue	188,156	197,183	(9,028)	1,801,482	1,774,650	26,832
County Appropriations - Net	497,594	497,593	1	4,478,344	4,478,338	6
Departmental and Other Revenue	<u>120,593</u>	<u>149,059</u>	<u>(28,466)</u>	<u>1,285,345</u>	<u>1,341,530</u>	<u>(56,184)</u>
Total Other Revenue	<u>1,130,846</u>	<u>1,168,955</u>	<u>(38,109)</u>	<u>10,485,704</u>	<u>10,520,595</u>	<u>(34,891)</u>
Total Revenue	<u>3,295,746</u>	<u>2,819,809</u>	<u>475,937</u>	<u>28,285,871</u>	<u>27,460,034</u>	<u>825,838</u>
Expenses:						
Direct Expenses	2,671,399	2,155,638	515,761	21,430,310	21,126,948	303,362
Indirect Expenses	<u>646,261</u>	<u>647,779</u>	<u>(1,518)</u>	<u>5,636,942</u>	<u>5,884,287</u>	<u>(247,345)</u>
Total Expenses	<u>3,317,660</u>	<u>2,803,417</u>	<u>514,243</u>	<u>27,067,251</u>	<u>27,011,235</u>	<u>56,016</u>
Operating Income (Loss)	<u>(21,914)</u>	<u>16,392</u>	<u>(38,306)</u>	<u>1,218,620</u>	<u>448,799</u>	<u>769,821</u>
Nonoperating Gains (Losses):						
Interest Income	15,808	8,333	7,475	117,796	75,000	42,796
Donations and Gifts	127	0	127	32,089	0	32,089
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>15,935</u>	<u>8,333</u>	<u>7,602</u>	<u>156,128</u>	<u>75,000</u>	<u>81,128</u>
Income / (Loss)	<u>(\$5,978)</u>	<u>\$24,725</u>	<u>(\$30,704)</u>	<u>\$1,374,748</u>	<u>\$523,799</u>	<u>\$850,949</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING SEPTEMBER 30, 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>\$1,689,724</u>	<u>\$1,972,503</u>	<u>(\$282,779)</u>	<u>\$15,206,735</u>	<u>\$16,282,034</u>	<u>(\$1,075,299)</u>
Other Revenue:						
County Appropriations - Net	<u>141,666</u>	<u>141,667</u>	<u>(1)</u>	<u>1,274,994</u>	<u>1,275,000</u>	<u>(6)</u>
Departmental and Other Revenue	<u>151,804</u>	<u>153,209</u>	<u>(1,405)</u>	<u>1,371,692</u>	<u>1,278,886</u>	<u>92,806</u>
Total Other Revenue	<u>293,470</u>	<u>294,876</u>	<u>(1,406)</u>	<u>2,646,686</u>	<u>2,553,886</u>	<u>92,800</u>
Total Revenue	<u>1,983,194</u>	<u>2,267,379</u>	<u>(284,185)</u>	<u>17,853,420</u>	<u>18,835,919</u>	<u>(982,499)</u>
Expenses:						
Direct Expenses	<u>1,484,837</u>	<u>1,646,283</u>	<u>(161,445)</u>	<u>12,631,989</u>	<u>13,372,327</u>	<u>(740,338)</u>
Indirect Expenses	<u>645,878</u>	<u>655,206</u>	<u>(9,328)</u>	<u>5,675,646</u>	<u>5,951,752</u>	<u>(276,106)</u>
Total Expenses	<u>2,130,716</u>	<u>2,301,489</u>	<u>(170,773)</u>	<u>18,307,635</u>	<u>19,324,079</u>	<u>(1,016,443)</u>
Operating Income (Loss)	<u>(147,521)</u>	<u>(34,110)</u>	<u>(113,411)</u>	<u>(454,215)</u>	<u>(488,160)</u>	<u>33,944</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>705</u>	<u>0</u>	<u>705</u>	<u>6,951</u>	<u>0</u>	<u>6,951</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>705</u>	<u>0</u>	<u>705</u>	<u>6,951</u>	<u>0</u>	<u>6,951</u>
Income / (Loss)	<u>(\$146,817)</u>	<u>(\$34,110)</u>	<u>(\$112,707)</u>	<u>(\$447,264)</u>	<u>(\$488,160)</u>	<u>\$40,895</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
September 30, 2017

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	8/26/2018	1.35%	\$500,000	X
Abby Bank	365 Days	8/29/2018	1.20%	\$500,000	X
Abby Bank	365 Days	9/1/2018	1.20%	\$500,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	\$300,000	X
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		1.213% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet**

As of September 30, 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	29,929.60
Community Treatment	7,414.87
Fishing Without Boundries	4,952.80
General Donated Funds	60,422.35
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	3,117.55
Total Legacies by the Lake	5,075.80
Marathon Cty Suicide Prev Task	15,356.04
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	3,377.82
Nursing Home - General Fund	4,225.65
Outpatient Services - Marathon	101.08
Pool	9,338.74
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	983.37

Total CHECKING ACCOUNT	160,928.68
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Total Checking/Savings	160,928.68
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Total Current Assets	160,928.68
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TOTAL ASSETS	160,928.68
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LIABILITIES & EQUITY**Equity**

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-16,352.20

Total Equity	160,928.68
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TOTAL LIABILITIES & EQUITY	160,928.68
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North Central Health Care Budget Revenue/Expense Report

Month Ending September 30, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,278,940</u>	<u>5,087,188</u>	<u>46,139,292</u>	<u>46,295,953</u>	<u>(156,661)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,290,835	2,506,014	20,666,914	22,804,749	(2,137,835)
Fringe Benefits	1,059,284	956,562	8,423,271	8,704,598	(281,327)
Departments Supplies	564,269	492,235	4,377,511	4,430,118	(52,606)
Purchased Services	676,694	364,450	4,695,477	3,325,049	1,370,429
Utilitites/Maintenance Agreements	419,025	372,653	3,674,233	3,353,873	320,360
Personal Development/Travel	40,227	37,985	257,179	341,863	(84,684)
Other Operating Expenses	103,099	108,966	1,018,198	980,690	37,508
Insurance	38,557	37,708	348,133	339,375	8,758
Depreciation & Amortization	126,918	139,583	1,212,705	1,256,250	(43,545)
Client Purchased Services	<u>129,468</u>	<u>88,750</u>	<u>701,266</u>	<u>798,750</u>	<u>(97,484)</u>
TOTAL EXPENSES	5,448,375	5,104,906	45,374,887	46,335,314	(960,427)
Nonoperating Income	<u>16,640</u>	<u>8,333</u>	<u>163,079</u>	<u>75,000</u>	<u>88,079</u>
EXCESS REVENUE (EXPENSE)	<u>(152,795)</u>	<u>(9,385)</u>	<u>927,483</u>	<u>35,639</u>	<u>891,844</u>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$1,705	\$74,404	\$73,054
Bad Debt	\$85	\$1,749	\$1,718
<i>Outpatient:</i>			
Administrative Write-Off	\$18,783	\$140,467	\$89,993
Bad Debt	\$219	\$3,356	\$2,371
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$135	\$859	\$31,173
Bad Debt	\$0	\$9,378	\$25,520
Ancillary Services:			
Administrative Write-Off	\$1,049	\$16,558	\$49,818
Bad Debt	\$0	\$321	\$576
<i>Pharmacy:</i>			
Administrative Write-Off	\$650	\$650	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$22,322	\$232,938	\$244,038
Total - Bad Debt	\$304	\$14,804	\$30,185

**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	6,090	5,529	(561)	84.58%	83.77%
	Hospital	420	476	56	87.50%	99.17%
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					
YTD	Nursing Home	55,419	50,158	(5,261)	108.92%	106.13%
	Hospital	3,822	4,057	235	112.68%	119.60%

*** Licensed beds decreased from 240 to 220

**North Central Health Care
Nursing Home
Combining Statement of Revenue and Expenses
For the Period Ending September 30, 2017**

	Current Month Actual		Current 5529 Month Budget		Current 6090 Month Variance (PPD)	YTD Actual		50158 YTD Budget		55419 YTD Variance (PPD)	Prior YTD Actual	56029 PPD
Revenue												
Net Patient Services Revenue:												
Daily Services	\$1,405,586		\$1,658,986			\$12,645,900		\$13,435,898			\$13,439,148	
Ancillary Services	\$284,138		\$313,517			\$2,560,834		\$2,846,136			\$4,562,700	
Total Net Patient Services Revenue	\$1,689,724	\$305.61	\$1,972,503	\$323.89	(\$18.28)	\$15,206,734	\$303.18	\$16,282,034	\$293.80	\$9.38	\$18,001,848	\$321.30
Other Revenue												
County Appropriation	\$141,666		\$141,666			\$1,274,994		\$1,275,000			\$1,275,000	
Department and Other Revenue	\$151,804		\$153,209			\$1,371,692		\$1,278,886			\$624,270	
Total Other Revenue	\$293,470	\$53.08	\$294,875	\$48.42	\$4.66	\$2,646,686	\$52.77	\$2,553,886	\$46.08	\$6.68	\$1,899,270	\$33.90
Total Revenue	\$1,983,194	\$358.69	\$2,267,378	\$372.31	(\$13.62)	\$17,853,420	\$355.94	\$18,835,920	\$339.88	\$16.06	\$19,901,118	\$355.19
Expenses												
Direct Expenses	\$1,484,838		\$1,646,283			\$12,631,989		\$13,372,327			\$15,578,019	
Indirect Expenses	\$645,878		\$655,206			\$5,675,646		\$5,951,754			\$5,411,318	
Total Expenses	\$2,130,716	\$385.37	\$2,301,489	\$377.91	\$7.46	\$18,307,635	\$365.00	\$19,324,081	\$348.69	\$16.31	\$20,989,337	\$374.62
Donations and Gifts	\$705		\$0			\$6,951		\$0			\$6,023	
Nonoperating Gains/(Losses)	\$0		\$0			\$0		\$0			\$0	\$0.00
Total Nonoperating Gains/(Losses)	\$705	\$0.13	\$0	\$0.00	\$0.13	\$6,951	\$0.14	\$0	\$0.00		\$6,023	
Excess Revenue (Expenses)	(\$146,817)	(\$26.55)	(\$34,110)	(\$5.60)	(\$20.95)	(\$447,264)	(\$8.92)	(\$488,160)	(\$8.81)	(\$0.11)	(\$1,082,196)	(\$19.31)

**NORTH CENTRAL HEALTH CARE
MEDICARE DAYS BY RUG CATEGORY
2017**

RUG CATEGORY	RUG RATE	ACTUAL DAYS September	BUDGET DAYS September	ACTUAL REVENUE September	BUDGET REVENUE September	YTD ACTUAL DAYS	YTD BUDGET DAYS	YTD ACTUAL REVENUE	YTD BUDGET REVENUE
RUX	\$736.29	0	0	\$0	\$0	49	0	\$36,078	\$0
RUL	\$720.25	0	0	\$0	\$0	11	0	\$7,923	\$0
RVX	\$655.35	0	0	\$0	\$0	0	0	\$0	\$0
RVL	\$587.96	0	0	\$0	\$0	0	0	\$0	\$0
RHX	\$593.76	0	4	\$0	\$0	0	37	\$0	\$22,205
RHL	\$529.58	0	0	\$0	\$0	0	0	\$0	\$0
RMX	\$544.67	0	4	\$0	\$2,238	0	37	\$0	\$20,369
RML	\$499.74	0	0	\$0	\$0	0	0	\$0	\$0
RLX	\$478.34	0	0	\$0	\$0	0	0	\$0	\$0
RUC	\$558.20	109	46	\$60,844	\$25,922	477	423	\$266,261	\$235,889
RUB	\$558.20	39	123	\$21,770	\$68,819	925	1122	\$516,335	\$626,255
RUA	\$466.74	47	39	\$21,937	\$18,222	303	355	\$141,422	\$165,821
RVC	\$478.86	71	118	\$33,999	\$56,282	545	1070	\$260,979	\$512,170
RVB	\$414.68	87	72	\$36,077	\$29,823	875	654	\$362,845	\$271,388
RVA	\$413.08	54	49	\$22,306	\$20,371	399	449	\$164,819	\$185,377
RHC	\$417.27	24	12	\$10,014	\$5,144	184	112	\$76,778	\$46,814
RHB	\$375.55	6	16	\$2,253	\$6,173	92	150	\$34,551	\$56,178
RHA	\$330.62	6	4	\$1,984	\$1,359	23	37	\$7,604	\$12,364
RMC	\$366.57	0	31	\$0	\$11,298	86	280	\$31,525	\$102,815
RMB	\$344.11	0	0	\$0	\$0	29	0	\$9,979	\$0
RMA	\$283.14	14	0	\$3,964	\$0	59	0	\$16,705	\$0
RLB	\$356.40	0	0	\$0	\$0	0	0	\$0	\$0
RLA	\$229.65	0	0	\$0	\$0	0	0	\$0	\$0
ES3	\$672.21	0	41	\$0	\$27,625	243	374	\$163,347	\$251,388
ES2	\$526.20	0	0	\$0	\$0	0	0	\$0	\$0
ES1	\$470.05	0	0	\$0	\$0	0	0	\$0	\$0
HE2	\$454.00	0	0	\$0	\$0	0	0	\$0	\$0
HE1	\$376.99	0	0	\$0	\$0	79	0	\$29,782	\$0
HD2	\$425.12	0	0	\$0	\$0	32	0	\$13,604	\$0
HD1	\$354.53	0	18	\$0	\$6,265	3	161	\$1,064	\$57,011
HC2	\$401.05	0	0	\$0	\$0	0	0	\$0	\$0
HC1	\$335.27	0	6	\$0	\$2,067	0	56	\$0	\$18,807
HB2	\$396.24	0	0	\$0	\$0	0	0	\$0	\$0
HB1	\$332.06	0	6	\$0	\$2,047	3	56	\$996	\$18,627
LE2	\$412.28	0	0	\$0	\$0	0	0	\$0	\$0
LE1	\$344.90	0	0	\$0	\$0	23	0	\$7,933	\$0
LD2	\$396.24	0	0	\$0	\$0	0	0	\$0	\$0
LD1	\$332.06	5	0	\$1,660	\$0	5	0	\$1,660	\$0
LC2	\$348.11	0	0	\$0	\$0	0	0	\$0	\$0
LC1	\$293.55	2	0	\$587	\$0	7	0	\$2,055	\$0
LB2	\$330.46	0	0	\$0	\$0	0	0	\$0	\$0
LB1	\$280.72	0	0	\$0	\$0	1	0	\$281	\$0
CE2	\$367.36	0	0	\$0	\$0	0	0	\$0	\$0
CE1	\$338.48	0	0	\$0	\$0	7	0	\$2,369	\$0
CD2	\$348.11	0	0	\$0	\$0	0	0	\$0	\$0
CD1	\$319.23	0	0	\$0	\$0	1	0	\$319	\$0
CC2	\$304.78	0	0	\$0	\$0	0	0	\$0	\$0
CC1	\$282.32	0	0	\$0	\$0	0	0	\$0	\$0
CB2	\$282.32	0	0	\$0	\$0	0	0	\$0	\$0
CB1	\$261.47	0	0	\$0	\$0	7	0	\$1,830	\$0
CA2	\$239.00	0	0	\$0	\$0	0	0	\$0	\$0
CA1	\$222.96	0	0	\$0	\$0	0	0	\$0	\$0
BB2	\$253.44	0	0	\$0	\$0	0	0	\$0	\$0
BB1	\$242.21	0	0	\$0	\$0	0	0	\$0	\$0
BA2	\$210.12	0	0	\$0	\$0	0	0	\$0	\$0
BA1	\$200.50	0	0	\$0	\$0	0	0	\$0	\$0
PE2	\$338.48	0	0	\$0	\$0	0	0	\$0	\$0
PE1	\$322.43	0	0	\$0	\$0	9	0	\$2,902	\$0
PD2	\$319.23	0	0	\$0	\$0	0	0	\$0	\$0
PD1	\$303.18	0	0	\$0	\$0	0	0	\$0	\$0
PC2	\$274.30	0	0	\$0	\$0	0	0	\$0	\$0
PC1	\$261.47	0	9	\$0	\$2,471	13	86	\$3,399	\$22,490
PB2	\$232.59	0	0	\$0	\$0	0	0	\$0	\$0
PB1	\$222.96	0	0	\$0	\$0	0	0	\$0	\$0
PA2	\$192.48	0	0	\$0	\$0	0	0	\$0	\$0
PA1	\$184.45	0	0	\$0	\$0	0	0	\$0	\$0
TOTAL		464	600	\$217,396	\$286,128	4490	5460	\$2,165,345	\$2,625,970
Average Reimbursement Per Day				\$468.53	\$476.88			\$482.26	\$480.95
Average Patients/Day				15.5	20.0			16.4	20.0

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

	January				February				March				April			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	748	12.93%	651	10.34%	675	12.82%	588	10.34%	755	13.24%	651	10.34%	581	10.65%	630	10.34%
Commercial	390	6.74%	279	4.43%	364	6.91%	252	4.43%	351	6.15%	279	4.43%	316	5.79%	270	4.43%
Medicare	555	9.60%	620	9.85%	535	10.16%	560	9.85%	461	8.08%	620	9.85%	431	7.90%	600	9.85%
Medicaid	4091	70.73%	4743	75.37%	3693	70.12%	4284	75.37%	4136	72.52%	4743	75.37%	4125	75.65%	4590	75.37%
Total	5784	100.00%	6293	100.00%	5267	100.00%	5684	100.00%	5703	100.00%	6293	100.00%	5453	100.00%	6090	100.00%
Occupancy	84.8%		92.3%		85.5%		92.3%		83.6%		92.3%		82.6%		92.3%	

	May				June				July				August			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	521	9.14%	651	10.34%	491	9.01%	630	10.34%	536	9.69%	651	10.34%	623	10.84%	651	10.34%
Commercial	294	5.16%	279	4.43%	243	4.46%	270	4.43%	244	4.41%	279	4.43%	305	5.31%	279	4.43%
Medicare	568	9.97%	620	9.85%	539	9.90%	600	9.85%	498	9.01%	620	9.85%	439	7.64%	620	9.85%
Medicaid	4315	75.73%	4743	75.37%	4174	76.63%	4590	75.37%	4252	76.89%	4743	75.37%	4380	76.21%	4743	75.37%
Total	5698	100.00%	6293	100.00%	5447	100.00%	6090	100.00%	5530	100.00%	6293	100.00%	5747	100.00%	6293	100.00%
Occupancy	83.5%		92.3%		82.5%		84.6%		81.1%		92.3%		84.3%		92.3%	

	Sept				October				November				December				YTD			
	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%	Actual Days	%	Budget Days	%
Self Pay	678	12.26%	630	10.34%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	5608	11.18%	5733	10.34%
Commercial	342	6.19%	270	4.43%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	2849	5.68%	2457	4.43%
Medicare	464	8.39%	600	9.85%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	4490	8.95%	5460	9.85%
Medicaid	4045	73.16%	4590	75.37%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	37211	74.19%	41769	75.37%
Total	5529	100.00%	6090	100.00%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	50158	100.00%	55419	100.00%
Occupancy	76.8%		84.6%		0.0%		0.0%		0.0%		0.0%		0.0%		0.0%		83.5%		92.3%	



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%	13.1%	10.3%	10.6%	13.2%	10.9%	8.40%	9.30%	8.3%				8.3%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%	93.6%	90.2%	87.0%	85.1%	83.6%	82.4%	80.1%				80.1%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%	76.7%	77.2%	79.7%	68.3%	80.7%	75.0%	77.4%				76.9%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%	0.0%	13.3%	12.5%	10.3%	8.0%	14.8%	9.1%				11.2%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%	11.3%	10.4%	12.3%	10.9%	17.1%	16.9%	15.4%				13.3%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%	11.1%	0.0%	18.6%	100.0%	0.0%	0.0%	0.0%				13.6%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%	67%	72%	69%	73%	72%	76%	74%				71%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%	62%	59%	56%	60%	58%	68%	67%				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

October 2017

Organizational Outcomes

People

❖ Vacancy Rate

The vacancy rate for the month of September was 8.3%. This is the best month YTD for 2017. We had 18 new employees join NCHC in the month of September.

❖ Employee Retention Rate

Employee Retention Rate is currently at 80.1% 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 September, is 76.9%, 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 September was 9.1% bringing YTD rate to 11.2%, within target and benchmark. September had 3 short term residents hospitalized with varying unavoidable diagnosis.

❖ Hospital Readmissions

The rate of readmissions within 30 days failed to meet the target again in September at 15.4%. Year to date readmissions increased 13.3% which is 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 continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first 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 September was again 0% with six people responding to the 7 day follow-up. Year to date continues to exceed target at 13.6%. This exceeds the industry benchmark at 40-60%.

Community

❖ **Access Rate for Behavioral Health Services**

Access rates remain below target year-to-date at 71% with a goal of 90-95%. In the month analysis indicates Outpatient, Community Treatment, Clubhouse and Residential all failed to meet target in the month of September. Outpatient continues to struggle in Lincoln County where Therapist recruitment challenges remain. Community Treatment continues to work on admissions to the program but there is a back log and will continue to struggle with current referrals until that is caught up. Residential had the most referrals that they have had YTD. Clubhouse only missed the goal by one person.

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 September was at 67% which is above target.

Safety Outcomes

Patient/Resident Adverse Events

The rate for August was 3.6 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. Falls have been trending upward, noting falls with a slight increase in residential services and Inpatient Behavior Health Services. Nursing Home dementia units had 10 more falls in September than in August. Nursing home continues to review each fall's root cause and implement safety interventions.

Employee Adverse Events

Rates for August were .06 adverse events/1000 employee hours. In September there were 3 employee falls 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. Great improvement was seen in the month of September to an 86.2% success rate which remains below target of 90-95%. This is an improvement from the previous month by 15.4%. A collaborative action team has revised discharge planning processes to improve transitions between Outpatient Services and the Hospital.

❖ **Inpatient Behavioral Health:**

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

❖ **Community Treatment:**

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

❖ **Lakeside Recovery (MMT):**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 13.6%, significantly better than industry benchmark 36-40%. The month of September shows six 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 90.8% 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. September was below target at 295 with their goal of 481-491 per month. Birth to 3 continues to look at opportunities to increase this number. With new staff starting, 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 drop in vacancy rate to 3.7%. Focus is now on retention in these programs. Community Living Employee's job competency proficiency was completed in July with a 74% rating.

Nursing Home

Occupancy Rate based on a 220 licensed beds is at 83.4%. Number of referrals in August were 52 with 14 going to 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 13.34% increase in the number of “hits” on the NCHC employment page has been achieved which has not yet met the target of 15%.

❖ **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 95% of patient/resident satisfaction rating with food temperatures.

❖ **Pharmacy:**

Dispensing error rates year to date are below target at .09% with a target of .081-.90%. Pharmacy has implemented a new packaging and dispensing system and over the past several months has been working to improve that delivery system.

❖ **Volunteers:**

Continues to progress toward target to recruit 35 or more new volunteers in 2017. They currently have a total of 27 new volunteer’s year to date through September. 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 September is below target at 68%. The year to date measure currently at 65% is below target of 70-80%.

❖ **Demand Transportation:**

Double occupancy per trip average year to date is 38 per month with a goal of 44-50 per month. Continued process improvements are underway.



North Central Health Care

Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Peter M. Fischer, M.D. Appoint/Reappoint 11-01-2017 to 10-31-2019

Time Period

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

Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee
☒ Locum ☐ Contract

Locum Agency: Weatherby Health Care
Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

(Medical Executive Committee Signature)

10-14-17

(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Juan Fernandez III, M.D. Appoint/Reappoint 11-01-2017 to 10-31-2019
Time Period

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

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☐ Locum Locum Agency: _____
☒ Contract Contract Name: Affiliated Family Psychiatry of Wausau, S.C.

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

(Medical Executive Committee Signature)

10-14-17

(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



North Central Health Care

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Laurence R. Gordon, D.O. Appoint/Reappoint 11-01-2017 to 10-31-2019

Time Period

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

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☐ Locum
☒ Contract

Locum Agency: _____
Contract Name: Aspirus Clinics, Inc.

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

[Signature]
(Medical Executive Committee Signature)

10-19-17
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Leandrea S. Lamberton, M.D. Appoint/Reappoint 11-01-2017 to 10-31-2019

Time Period

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

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☒ Locum Locum Agency: LocumTenens.com
☐ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

[Signature]
 (Medical Executive Committee Signature)

10-14-17
 (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

 (Medical Staff President Signature)

 (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
 (Date)

Response: ☐ Concur
☐ Recommend further reconsideration

 (Governing Board Signature)

 (Signature Date)

 (Chief Executive Officer Signature)

 (Signature Date)

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Chandra K. Shekar, M.D. Appoint/Reappoint 11-01-2017 to 10-31-2019
Time Period

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

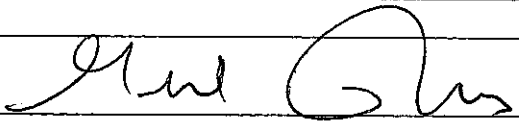
Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
 ☒ Locum Locum Agency: Locum Tenens. com
 ☐ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____


(Medical Executive Committee Signature) 10-14-17
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature) _____
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
 ☐ Recommend further reconsideration

(Governing Board Signature) _____
(Signature Date)

(Chief Executive Officer Signature) _____
(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee David B. Tange, M.D. Appoint/Reappoint 11-01-2017 to 10-31-2019
Time Period

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

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☐ Locum Locum Agency: _____
☒ Contract Contract Name: Aspirus Clinics, Inc.

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

[Signature]
(Medical Executive Committee Signature)

10-19-17
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Gabriel C. Ticho, M.D. Appoint/Reappoint 11-01-2017 to 10-31-2019
Time Period

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

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☐ Locum Locum Agency: _____
☒ Contract Contract Name: Gabriel Ticho, UC

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

[Signature]
(Medical Executive Committee Signature)

10/12/17
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

DRAFT

Policy Governance Manual



North Central Health Care
Person centered. Outcome focused.

ADOPTED: TBD

1100 Lake View Drive | Wausau, WI 54403 | 715.848.4500

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NCCSP Board Policy Statements – Board Draft for NCCSP Board Adoption

People

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

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

Service

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

Quality

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

Community

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

Financial

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