

OFFICIAL NOTICE AND AGENDA

ANNUAL MEETING of the North Central Community Services Program Board
1100 Lake View Drive, Wausau, WI 54403, NCHC Board Room at 12:00 pm on Thursday, November 30th, 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 10/26/17 NCCSP Board Meeting Minutes
4. Chairman's Report and Announcements– J. Zriny
5. Board Committee Minutes and Reports
6. CEO Work Plan Review and Report – M. Loy
7. Monitoring Reports
 - A. ACTION: Chief Financial Officer's Report; Review and Accept October 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
8. Board Discussion and Action
 - A. ACTION: Approve Slate of Nominations of NCCSP Board Officers for 2018
 - B. ACTION: Elect NCCSP Board Officers for 2018
 - C. ACTION: Committee Assignments for 2018
 - D. ACTION: Motion to Amend the 2017 NCHC Capital Budget for the following projects:
 - i. Renovations to Expand the Medically Monitored Treatment Program from 6 to 15 Beds in an Amount Not to Exceed \$100,000
 - ii. Renovations to the Lake View Center to Partner with Marathon County to Build an Onsite Employee Health Clinic in an Amount Not to Exceed \$100,000
 - E. ACTION: Amend the 2017 Budget to Participate in Marathon County's Priority Based Budgeting Initiative in an Amount not to Exceed \$50,000
9. Policy Development
 - A. County Complaint Resolution Policy
 - B. Policy Governance: Executive Limitations
10. MOTION TO GO INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations
 - i. Corporate Compliance and Ethics
 - ii. Significant Events
 - B. 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 Confirmation Process
11. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
12. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
13. 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: 11/22/2017 TIME: 4:00 p.m. BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

October 26, 2017

12:00 p.m.

North Central Health Care-Wausau

Present:

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

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

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.

Approval of 9/28/17 NCCSP Board Meeting Minutes

- **Motion**/second, Metter/Rusch, to approve the 9/28/17 NCCSP Board Meeting Minutes. Motion carried.

Chairman's Report – J. Zriny

- CEO recruitment process has ended. Recommendation for CEO will be discussed in Closed Session.

Board Committee Minutes and Report

- No reports

CEO Appointment

- **Motion** by Burgener 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. Second by Metter. Roll call taken. All aye. Non-board members left the meeting.
- **Motion**/second, Metter/Stowe, to reconvene in open session. Motion carried. Non-board members returned to the meeting.
- Resolution Appointing the Chief Executive Officer: **Motion**/second, Weaver/Norrbom, to modify the resolution by removing all but the last four paragraphs and inserting Michael Loy's name as the Chief Executive Officer. Motion carried 9 to 1 with Bill Miller opposed.

CEO Work Plan Review and Report – M. Loy

- M. Loy thanked the Board for the opportunity in being appointed the CEO.
- Fundraising is in full progress for the pool project with pledges nearing \$1 million to date. Individual pledge campaign will begin next week. A project fund will be set up at the Community Foundation. The goal is for the whole community to get involved.
- Master Facility Planning work has begun. Site tours have been completed throughout Wisconsin with the architect and Facilities and Capital Maintenance. Onsite visits coming in the next several weeks. Hope to have a presentation in January.
- Capital Plan Project Updates: Completed boiler project in the nursing home. HVAC replacement on the main building is nearing completion.
- 2018 Work Plan and overall objectives will be reviewed at the next Board meeting.
- The Marathon County Board Finance Committee, in consideration of the 2018 budget, amended our tax levy from \$1.7 to \$1.5 million creating an unbalanced budget. We had already built in reductions and revenue projections recommended by CLA which cannot be completed unless building renovations are done.

Monitoring Reports

- Finance, Personnel & Property – B. Glodowski
September showed a loss of \$152,795. For September the revenues met targets. Hospital census averaged 16 while the nursing home census dropped slightly to 184. Outpatient areas remain consistent. Revenues exceeded target and expenses are over budget by \$152,000. The two areas that were impacted were health insurance and state institutes. Overall we are showing a positive bottom line year to date with just under target at \$892,000.

We have contracted with the Wipfli for the upcoming audit. Preliminary discussion has occurred, several new team members have been added, and they will be onsite at the end of Nov. to get familiar with the organization. If there is a particular area the Board wants to review please contact B. Glodowski who will pass along the request to the auditors.

Motion/second, Weaver/Stowe, to accept the September Financial Statements. Motion carried.

- Human Services Operations – L. Scudiere
Adult Day Services (ADS) moved to the former ADRC space. Medically Monitored Treatment (MMT) is gathering the certification documentation for the expansion of their program and will move to the former ADS space. Community Treatment is starting the hiring process for more staff in anticipation of a major growth in the coming year. Meetings are being held with Langlade and Marathon Counties about starting a Day Treatment and Intensive Outpatient Program (IOP), and meetings will begin with Lincoln County to discuss their criminal justice related needs.

A team meets regularly on how to best to collect and relay requested information to the RCA.

The Crisis Assessment Response Team (CART) is on target to begin January 1 in Marathon County.

- Nursing Home Operations Report – K. Gochanour

Handout was provided on the MEGA Rule. Mount View Care Center is busy and preparing for the annual survey. November 28, 2017 the new survey process goes into effect. It is the single largest overhaul of the nursing home regulations since 1991. We anticipate an intense process with a greater potential for more citations but at a lower level. Much of the process includes perception and is very subjective. Additional changes will continue over the next few years.

The Mount View Care Center Committee (MVCC) continues to review three options for the future of the nursing home. The three options are: renovation of the building, selling or leasing the nursing to another outside provider, get out of the nursing home business and sell as commercial property. The consultant, CLA, is recommending renovation with the implementation of operational efficiencies in place. It was noted that Pinecrest in Merrill recently opened a special care unit with all 20 beds full plus a waiting list and their Rehab Unit will open soon and they anticipate the same result. It was suggested that the MVCC visit and tour Pinecrest.

- Quality – M. Loy

The Quality Dashboard and Executive Summary showed that measures have either stayed in range or improved. **Motion**/second, Burgener/Metter, to accept the Quality Dashboard and Executive Summary. Motion carried.

Board Discussion and Action – M. Loy

- The Medical Staff reviewed the appointments for all physicians indicated. One amendment was made for Chandra Shekar, MD who was only approved until 12/31/17 with all other appointments approved for two years. Medical Staff is recommending the Board approve the appointments as noted. **Motion**/second, Stowe/Burgener to approve the appointments as recommended. Generally three levels of privileges are considered: active, provisional, and courtesy (occasional). Before they are able to practice they must be credentialed and privileged under NCHC. Medical Staff also completes general performance reviews. Motion carried.

R. Balk joined the Board Meeting at 1:08 p.m.*

Policy Development

- Consideration of NCCSP Board End Statements for Adoption
 - With Policy Governance the Board moves into leading the organization through the achievement of Board approved End Statements and corresponding Board Policies. The people we serve rely on the Board to represent the community by selecting the CEO, giving direction, and setting expectations on what the organization produces.
 - To judge the effectiveness of the organization the Board determines how we ensure progress is made and the organization is producing what is expected by policy.
 - **Motion**/second, Stowe/Burgener, to adopt the End Statements. Motion carried.

- Policy Governance Next Steps
 - Articulate the relationship between the Board and CEO.
 - Determine monitoring mechanisms i.e. set limitations of CEO, identify expectations of the CEO.
 - Executive Committee to review best practices from other agencies and make recommendations to the Board. Amendments can be made at any time.
 - Determine if/when Committees of the Board are established i.e. as needed for delegated function of the Board. Examples would be for CEO performance evaluation, in-depth review of a specific program, etc.
 - Board Bylaws will need to be amended with the change to Policy Governance.
 - M. Loy and K. Day will work together on identifying limitations as a starting point for Board discussion and development.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Rusch/Metter, to adjourn the Board meeting at 1:31 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

November 21, 2017 4:00 PM North Central Health Care–Board Room

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

Others present: Michael Loy, Bill Metter, Ken Day

Chairman Zriny called the meeting to order at 4:01 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 10/12/17 Executive Committee Meeting Minutes

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

CEO Report

- Pledges received remain around \$1 million for the Aquatic Therapy Pool. We are waiting on responses to another \$1.6 million in requests. Pledge cards are being distributed in the community and were provided to all Marathon County Board members at a recent meeting.
- Several site tours in Wisconsin and Minnesota have been completed as part of the Master Facility Planning process. We have gotten great perspectives from these visits. Consultant is currently conducting on-site review of programs. There have been some challenges with Marathon County in that they have added to the scope of the project. Marathon County signed the contract for the project however NCHC is paying for the project. Marathon County has now included the following County departments: Sheriff's Department, City/County Human Resources, and Finance. Committee discussed the current facility use agreement and the need to be update. These items will be addressed with the RCA.
- Physician recruitment is progressing well with psychiatry residency candidates interviewing each week and six active psychiatry candidates either interviewing or with offers extended. Our goal is to have eight full-time psychiatrists in 2018.
- Marathon County has created an Opioid Task Force to coordinate and monitor activities in the County. This issue is being addressed as a public health concern rather than a law enforcement issue. NCHC will be involved with both staff and Board members. It was suggested to include representation from Aspirus and Ascension as well as other medical providers.
- Plans are being finalized for the remodel of the NCHC Offices in Lincoln County. Project should begin in February with completion in April. Pat Gierl, Maintenance Director for Lincoln County, has done a fantastic job and is a pleasure to work with. Will plan to have a Board meeting in Merrill at the conclusion of the project.
- Last year we considered hiring our own attorney or retaining general counsel services through our current law firm in an effort to control legal costs. Retaining general counsel with assigned regular duties has not completely controlled legal expenses, therefore a plan will be brought to the Board in December to further explore the option to hire our own legal counsel.

- MMT and CBRF expansions are budgeted for next year. We are still waiting for state approval on the renovation plans. We had hoped to be open 1/1/18 but this will be delayed until approval is received and Facilities Maintenance completes the work. The request for \$100,000 should be more than enough to cover the costs.

Nomination of Officers for 2018

- J. Zriny appointed J. Burgener, B. Weaver, and R. Stowe act as the Nominating Committee as identified in the Board Bylaws to make recommendations for Officers for 2018. J. Burgener stated her term expires in December 2017 and will not be returning for another term.
 - J. Zriny was asked if he would continue serving as Chair for 2018.
 - B. Weaver was asked to continue serving as Secretary/Treasurer for 2018.
 - J. Burgener will contact Dr. Benson to serve as Vice Chair for 2018.
 - R. Stowe will continue in role as Past Chair and as representative of Langlade County.

Policy Governance – Executive Limitations – K. Day

- Executive Limitations sets boundaries for the CEO to work within and covers the major functions of the organization taking best practices to work from and tailoring them to fit the organization. The CEO can use any reasonable interpretation to accomplish the means; reasonableness is ultimately decided by the Board and if the CEO is not interpreting the guidelines accordingly the Board works with the CEO. In turn the CEO may seek additional direction if necessary.
- Committee preferred not using the team intentionally misled in the limitations on communications with the Board.
- There will continue to be Board policies i.e. Fund Balance, Capital, Cash Management, Investment as a separate part of Board policy.
- There will no longer be Committees but will be established as needed.
- **Motion**/second, Burgener/Stowe, to approve the Executive Limitations with the above mentioned corrections for presentation at the November Board meeting. Motion carried.

Motion to go Into Closed Session

- **Motion**/second, Weaver/Burgener, 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 Confirmation Process. Roll call taken: Stowe, aye; Zriny, aye; Burgener, aye; Weaver, aye. Motion carried. Ken Day left the meeting. Michael Loy and Bill Metter was asked to remain in the closed session.

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

- **Motion**/second, Stowe/Weaver, to move out of closed session. Stowe, aye; Zriny, aye; Burgener, aye; Weaver, aye. Motion carried. Meeting convened in Open Session at 5:33 p.m. No additional report out.

Agenda for 11/30/17 Board Meeting – M. Loy

- Draft Board meeting agenda was provided. Any changes should be directed to M. Loy or J. Zriny.

Motion/second, Stowe/Weaver, to adjourn the Executive Committee meeting at 5:35 p.m. Motion carried.

MEMORANDUM

DATE: November 22, 2017
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim Chief Executive Officer
RE: November CEO Report

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

- 1) Aquatic Therapy Pool: Weekly meetings with the Capital Campaign Committee and large potential supporters continue. Most requests are in process and under consideration. As of Monday November 20, 2017 here is the current status:

	Requested	Pledged
Businesses	\$975,000	\$25,000
Foundations	\$1,690,000	\$630,000
Individuals	\$50,000	\$182,225
Fundraising Activities	\$0	\$4,163
Totals	\$2,715,000	\$841,388

- 2) Master Facility Planning: The benchmarking tours have been successful, the project team has visited 10 sites in Minnesota and Wisconsin. On-site program visits and interviews at NCHC have been completed. There has been some difficulties with Marathon County in the project. Marathon County insisted on signing the contract with the firm despite NCHC paying and initiating the project. There are also concerns of scope creep with Marathon County insisting on including Marathon County Department's (Sheriff's Department, Human Resources and Finance). Marathon County's Social Services and Health Departments were also included but these were anticipated. We believe this is out of scope and without authority to include Marathon County Departments; however, at this time the firm has included them in the project.
- 3) Physician Recruitment: We have two offers out to candidates and four interviews set for December. There are six Psychiatrists in process with the goal of securing four additional Psychiatrists by July of 2018. Interviews for the 2nd year of Psychiatry Residency students are also well underway.
- 4) Marathon County Opioid Task Force: The Marathon County Health and Human Services Committee created an Opioid Task Force to coordinate and monitor activities in the County to address the Opioid issue. Both NCHC staff and NCCSP Board members will be called on to participate in the Task Force in 2018. The County is approaching the problem as a Public Health issue rather than a Law Enforcement issue.
- 5) Legal Expenses: We continue to experience higher than budgeted legal expenses. Last year we developed a retainer agreement with our law firm for general counsel services as opposed to hiring our own attorney. That strategy did not sufficiently address increased costs as there are many unmet legal needs. Service has improved but it's unaffordable. We will be bringing back the request to hire our own Corporation Counsel to the Board in December. This will not eliminate the need for all outside resources but it is the best way to get the service level we need for a reasonable costs.

<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	Appointment(s)	Holly Matucheski from Langlade County resigned in August 2017. Meghan Mattek will be joining the NCCSP Board as a Community Member from Langlade County to fill her seat. Meghan works at Aspirus Langlade Hospital and is very involved in community health issues in Langlade County. Jean Burgener and Bill Miller's terms are both expiring at the end of 2017. Working with the County Administrator to identify new Board members to replace both members.	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 Board has completed the End Statements and will consider the Executive Limitations of the Policy Governance Manual for the NCCSP Board. The two remaining sections: Board Governance Process and Board-CEO Relationship will be presented at the Board meeting in December. Full implementation will occur throughout the course of 2018.	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	Both the Marathon County Mount View Care Center Committee and the Retained County Authority Committee have this Joint County Agreement provision on their agenda for the week of November 27th. Nothing has been communicated as direction but I anticipate NCHC will continue to manage MVCC through a contract and a Marathon County Committee will have governance jurisdiction over MVCC and not the NCCSP Board.	Open												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	The County Board adopted a resolution authorizing amending the 2017 CIP budget and bonding \$3.4M to fund the building of a new \$6M pool and for the decommissioning of the current pool. Community support of \$3M must 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. A management agreement on the pool will likely not be until the conclusion of the Aquatic Therapy Pool Capital Campaign.	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 of the work Marathon County is doing for the nursing home.	Open												

<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>
Review of Bylaws	NCCSP	Jan-17	Adopted Amended Bylaws	The Board adopted an update to the Bylaws to make them contemporary with the new Tri-County Agreement at their January meeting. Further amendments might be necessary depending on the Policy Governance work of the Board.	Completed												
Develop Training Plan for each County	NCCSP	Feb-17	Adopted Annual Training Plan	Administration contacted each of the three County administrations to identify training needs on accessing and using NCHC services along with general support for skill enhancement for individual county departments sharing in the responsibility for our managed population. The process was initiated in a request to each County's Corporation Counsels. No requests were made at the time but NCHC will be open and willing to fulfill any future requests. There are annual training expectations as part of the RCA's performance expectation 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 RCA had an initial discussion on the appointment but had some concerns regarding the Employment Agreement. A contingent from Marathon County was directed to meet with the NCCSP Board Chairman on the issue during the week of November 27th to resolve the issue. It is anticipated the RCA will make a recommendation and forward to each of their respective County Committees and Boards for confirmation in December.	Open												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	At their November 30th meeting, the RCA will explore the objective of developing a consistent Facility Use Agreement for NCCSP with each of the Counties to use their facilities.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	The NCCSP Board will review an amended draft policy at their November meeting. This same policy will be forwarded to the RCA for consideration on the same day following the NCCSP Board meeting.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-17	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Completed												
Annual Report	NCCSP	May-17	Annual Report Release	The Annual Report was presented to the NCCSP Board and released following the May meeting. Presented the annual report to Langlade County. Hard copies were sent to all members of the three County Boards.	Completed												
Review of Personnel Policies	NCCSP	Sep-17	Appropriate Policies Identified and Adopted	The RCA has review the compensation plan and policies. Adjustments were made on Executive compensation and were forwarded to the NCCSP Board for implementation. No changes were made to Employee Compensation plans or policies.	Completed												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	The RCA has provided general parameters and guidenace for the bi-annual report. The report will be developed and delivered in April and October of 2018.	Completed												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	The CFO has reached out to each of the Finance Directors in the time before and following the audit to check-in. Nothing of significance to report.	Completed												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Budget	RCA	Feb-17	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The NCCSP Board approved the proposed 2018 Budget at their August meeting. The RCA recommended the proposed budget to each of their respective County Boards at their September meeting. All three County Boards approved the 2018 Budget in November with the only modification coming from Marathon County in an amendment to the tax levy for Mount View Care Center. The levy was reduced by \$200k from \$1.7M to \$1.5M for MVCC. The 2018 MVCC budget now is no longer balanced and adjustments will have to be made.	Completed												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This document serves as the work plan 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												
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 standards have been approved for the 2018 budget and the measurement systems are being put in place here at NCHC.	Completed												
Reserve Policy Review	RCA	Apr-17	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status		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 Central 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: November 24, 2017
RE: Attached Financials

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

BALANCE SHEET

The State is catching up with payments and a large payment was received in early November. As a result, the net State Receivable will decrease in November.

STATEMENT OF REVENUE AND EXPENSES

The month of October shows a gain of \$44,055 compared to a targeted gain of \$18,274, resulting in a positive variance of \$25,781. This is an improvement over the past two months.

Overall revenue did exceed targets for the month. The nursing home census averaged 182 per day, with Medicare averaging almost 18 per day. The hospital census averaged about 15 per day. Most Outpatient areas are remaining consistent with the exception of Community Treatment. This area continues to show growth.

Overall expenses exceeded target for the month. State Institutes exceed target again in October as well as legal expenses.

Year to date the organization remains positive with a gain of \$971,539 which exceeds target by \$917,625. It is likely that November and December will not show a gain, which is normal for this time of year.

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

Thank you.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	2,230,797	1,225,687	3,456,484	7,143,496
Accounts receivable:				
Patient - Net	2,683,705	1,970,879	4,654,585	5,639,054
Outpatient - WIMCR & CCS	1,545,000	0	1,545,000	625,000
Nursing home - Supplemental payment program	0	510,400	510,400	657,200
Marathon County	671,986	0	671,986	74,392
Appropriations receivable	59,951	0	59,951	58,205
Net state receivable	1,422,344	0	1,422,344	163,592
Other	616,638	0	616,638	527,902
Inventory	0	305,373	305,373	303,535
Other	<u>333,678</u>	<u>246,733</u>	<u>580,411</u>	<u>539,567</u>
Total current assets	<u>9,564,099</u>	<u>4,259,073</u>	<u>13,823,172</u>	<u>15,731,943</u>
Noncurrent Assets:				
Investments	11,292,000	0	11,292,000	9,800,000
Assets limited as to use	747,093	330,390	1,077,483	2,742,182
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	13,183	28,243	41,425	62,002
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	796,050	1,328,423	2,124,472	1,063,259
Depreciable capital assets - Net	<u>6,513,869</u>	<u>3,015,923</u>	<u>9,529,792</u>	<u>10,386,747</u>
Total noncurrent assets	<u>19,862,195</u>	<u>4,702,978</u>	<u>24,565,173</u>	<u>28,901,128</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>39,496,657</u>	<u>16,408,408</u>	<u>55,905,065</u>	<u>49,484,913</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
OCTOBER 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	637,661	471,507	1,109,168	2,028,460
Appropriations advances	49,747	0	49,747	1,284,126
Accrued liabilities:				
Salaries and retirement	782,479	578,591	1,361,070	1,280,277
Compensated absences	769,554	569,033	1,338,587	1,498,095
Health and dental insurance	359,313	265,688	625,000	814,000
Other Payables	189,032	139,777	328,809	336,383
Amounts payable to third-party reimbursement programs	250,000	0	250,000	416,667
Unearned revenue	<u>76,728</u>	<u>0</u>	<u>76,728</u>	<u>288,298</u>
Total current liabilities	<u>3,114,514</u>	<u>2,024,596</u>	<u>5,139,110</u>	<u>8,097,563</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>13,183</u>	<u>28,243</u>	<u>41,425</u>	<u>62,002</u>
Total noncurrent liabilities	<u>1,811,113</u>	<u>1,357,691</u>	<u>3,168,804</u>	<u>698,183</u>
Total liabilities	<u>4,925,627</u>	<u>3,382,287</u>	<u>8,307,914</u>	<u>8,795,746</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	7,309,919	4,344,345	11,654,264	11,450,006
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	747,093	330,390	1,077,483	0
Undesignated	20,858,255	5,888,570	26,746,825	30,508,240
Operating Income / (Loss)	<u>1,334,380</u>	<u>(362,841)</u>	<u>971,539</u>	<u>(1,353,952)</u>
Total net position	<u>30,749,647</u>	<u>10,200,464</u>	<u>40,950,111</u>	<u>40,604,294</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>39,496,657</u>	<u>16,408,408</u>	<u>55,905,065</u>	<u>49,484,913</u>

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

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,938,655</u>	<u>\$3,766,404</u>	<u>\$172,251</u>	<u>\$36,945,557</u>	<u>\$36,987,877</u>	<u>(\$42,319)</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	3,245,036	3,251,197	(6,161)
Grant Revenue	197,375	197,183	192	1,998,857	1,971,833	27,024
County Appropriations - Net	639,260	639,260	0	6,392,598	6,392,598	0
Departmental and Other Revenue	<u>298,788</u>	<u>302,268</u>	<u>(3,480)</u>	<u>2,955,824</u>	<u>2,922,683</u>	<u>33,141</u>
Total Other Revenue	<u>1,459,926</u>	<u>1,463,831</u>	<u>(3,905)</u>	<u>14,592,316</u>	<u>14,538,311</u>	<u>54,004</u>
Total Revenue	<u>5,398,581</u>	<u>5,230,235</u>	<u>168,346</u>	<u>51,537,873</u>	<u>51,526,188</u>	<u>11,685</u>
Expenses:						
Direct Expenses	3,989,663	3,895,918	93,745	38,051,962	38,395,193	(343,231)
Indirect Expenses	<u>1,386,755</u>	<u>1,324,375</u>	<u>62,380</u>	<u>12,699,343</u>	<u>13,160,415</u>	<u>(461,071)</u>
Total Expenses	<u>5,376,418</u>	<u>5,220,294</u>	<u>156,125</u>	<u>50,751,305</u>	<u>51,555,608</u>	<u>(804,302)</u>
Operating Income (Loss)	<u>22,163</u>	<u>9,941</u>	<u>12,222</u>	<u>786,567</u>	<u>(29,420)</u>	<u>815,987</u>
Nonoperating Gains (Losses):						
Interest Income	15,144	8,333	6,810	132,940	83,333	49,607
Donations and Gifts	5,298	0	5,298	44,338	0	44,338
Gain / (Loss) on Disposal of Assets	<u>1,451</u>	<u>0</u>	<u>1,451</u>	<u>7,694</u>	<u>0</u>	<u>7,694</u>
Total Nonoperating Gains / (Losses)	<u>21,893</u>	<u>8,333</u>	<u>13,559</u>	<u>184,971</u>	<u>83,333</u>	<u>101,638</u>
Income / (Loss)	<u>\$44,055</u>	<u>\$18,274</u>	<u>\$25,781</u>	<u>\$971,539</u>	<u>\$53,914</u>	<u>\$917,625</u>

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

51.42/.437 PROGRAMS	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,162,214</u>	<u>\$1,950,343</u>	<u>\$211,871</u>	<u>\$19,962,382</u>	<u>\$18,889,782</u>	<u>\$1,072,600</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	3,245,036	3,251,197	(6,161)
Grant Revenue	197,375	197,183	192	1,998,857	1,971,833	27,024
County Appropriations - Net	497,594	497,593	1	4,975,938	4,975,932	7
Departmental and Other Revenue	<u>133,385</u>	<u>149,059</u>	<u>(15,674)</u>	<u>1,418,730</u>	<u>1,490,588</u>	<u>(71,859)</u>
Total Other Revenue	<u>1,152,857</u>	<u>1,168,955</u>	<u>(16,098)</u>	<u>11,638,561</u>	<u>11,689,550</u>	<u>(50,989)</u>
Total Revenue	3,315,071	3,119,298	195,773	31,600,943	30,579,332	1,021,611
Expenses:						
Direct Expenses	2,622,970	2,407,174	215,796	24,053,279	23,534,122	519,158
Indirect Expenses	<u>754,019</u>	<u>658,413</u>	<u>95,606</u>	<u>6,390,961</u>	<u>6,542,700</u>	<u>(151,739)</u>
Total Expenses	<u>3,376,989</u>	<u>3,065,587</u>	<u>311,402</u>	<u>30,444,240</u>	<u>30,076,822</u>	<u>367,418</u>
Operating Income (Loss)	<u>(61,917)</u>	<u>53,711</u>	<u>(115,629)</u>	<u>1,156,703</u>	<u>502,510</u>	<u>654,193</u>
Nonoperating Gains (Losses):						
Interest Income	15,144	8,333	6,810	132,940	83,333	49,607
Donations and Gifts	4,955	0	4,955	37,044	0	37,044
Gain / (Loss) on Disposal of Assets	<u>1,451</u>	<u>0</u>	<u>1,451</u>	<u>7,694</u>	<u>0</u>	<u>7,694</u>
Total Nonoperating Gains / (Losses)	<u>21,550</u>	<u>8,333</u>	<u>13,216</u>	<u>177,677</u>	<u>83,333</u>	<u>94,344</u>
Income / (Loss)	<u>(\$40,368)</u>	<u>\$62,045</u>	<u>(\$102,412)</u>	<u>\$1,334,380</u>	<u>\$585,843</u>	<u>\$748,537</u>

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

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,776,441</u>	<u>\$1,816,061</u>	<u>(\$39,620)</u>	<u>\$16,983,175</u>	<u>\$18,098,095</u>	<u>(\$1,114,920)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	1,416,660	1,416,667	(7)
Departmental and Other Revenue	<u>165,403</u>	<u>153,209</u>	<u>12,194</u>	<u>1,537,095</u>	<u>1,432,095</u>	<u>105,000</u>
Total Other Revenue	<u>307,069</u>	<u>294,876</u>	<u>12,193</u>	<u>2,953,755</u>	<u>2,848,761</u>	<u>104,993</u>
Total Revenue	2,083,510	2,110,937	(27,427)	19,936,930	20,946,856	(1,009,926)
Expenses:						
Direct Expenses	1,366,693	1,488,745	(122,051)	13,998,683	14,861,071	(862,389)
Indirect Expenses	<u>632,736</u>	<u>665,962</u>	<u>(33,226)</u>	<u>6,308,383</u>	<u>6,617,714</u>	<u>(309,332)</u>
Total Expenses	<u>1,999,430</u>	<u>2,154,707</u>	<u>(155,277)</u>	<u>20,307,065</u>	<u>21,478,786</u>	<u>(1,171,721)</u>
Operating Income (Loss)	<u>84,080</u>	<u>(43,770)</u>	<u>127,850</u>	<u>(370,135)</u>	<u>(531,930)</u>	<u>161,795</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	343	0	343	7,294	0	7,294
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>343</u>	<u>0</u>	<u>343</u>	<u>7,294</u>	<u>0</u>	<u>7,294</u>
Income / (Loss)	<u>\$84,423</u>	<u>(\$43,770)</u>	<u>\$128,193</u>	<u>(\$362,841)</u>	<u>(\$531,930)</u>	<u>\$169,088</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
Abby Bank	730 Days	10/29/2019	1.61%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$11,292,000	
WEIGHTED AVERAGE	531.52 Days		1.236% INTEREST		

NCHC-DONATED FUNDS

Balance Sheet

As of October 31, 2017

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	4,570.81
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	37,978.22
Community Treatment	6,850.37
Fishing Without Boundries	4,952.80
General Donated Funds	60,312.35
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	3,052.78
Total Legacies by the Lake	5,011.03
Marathon Cty Suicide Prev Task	14,356.04
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	3,377.82
Nursing Home - General Fund	4,157.90
Outpatient Services - Marathon	101.08
Pool	8,304.21
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,108.37

Total CHECKING ACCOUNT	166,160.75
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Total Checking/Savings	166,160.75
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Total Current Assets	166,160.75
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TOTAL ASSETS	166,160.75
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LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-11,120.13

Total Equity	166,160.75
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TOTAL LIABILITIES & EQUITY	166,160.75
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North Central Health Care Budget Revenue/Expense Report

Month Ending October 31, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,398,581</u>	<u>5,230,235</u>	<u>51,537,873</u>	<u>51,526,188</u>	<u>11,685</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,314,240	2,589,553	22,981,154	25,394,302	(2,413,148)
Fringe Benefits	856,469	988,411	9,279,740	9,693,009	(413,269)
Departments Supplies	488,475	492,235	4,865,986	4,922,353	(56,367)
Purchased Services	795,001	364,450	5,490,478	3,689,498	1,800,980
Utilitites/Maintenance Agreements	418,167	372,653	4,092,400	3,726,526	365,874
Personal Development/Travel	26,838	37,985	284,017	379,848	(95,831)
Other Operating Expenses	137,053	108,966	1,155,250	1,089,655	65,595
Insurance	38,722	37,708	386,855	377,083	9,771
Depreciation & Amortization	126,513	139,583	1,339,218	1,395,833	(56,615)
Client Purchased Services	<u>174,942</u>	<u>88,750</u>	<u>876,208</u>	<u>887,500</u>	<u>(11,292)</u>
TOTAL EXPENSES	5,376,418	5,220,294	50,751,305	51,555,608	(804,302)
Nonoperating Income	<u>21,893</u>	<u>8,333</u>	<u>184,971</u>	<u>83,333</u>	<u>101,638</u>
EXCESS REVENUE (EXPENSE)	<u>44,055</u>	<u>18,274</u>	<u>971,539</u>	<u>53,914</u>	<u>917,625</u>

**North Central Health Care
Write-Off Summary
October 2017**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$4,343	\$78,748	\$138,034
Bad Debt	\$25	\$1,774	\$11,069
<i>Outpatient:</i>			
Administrative Write-Off	\$23,853	\$164,320	\$159,758
Bad Debt	\$183	\$3,539	\$7,448
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$165	\$1,024	\$51,124
Bad Debt	\$0	\$9,378	\$20,435
Ancillary Services:			
Administrative Write-Off	\$2,914	\$19,473	\$40,993
Bad Debt	\$3	\$324	(\$285)
Pharmacy:			
Administrative Write-Off	\$1,579	\$2,228	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$32,855	\$265,793	\$389,909
Total - Bad Debt	\$211	\$15,015	\$38,667

**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	6,293	5,640	(653)	84.58%	82.70%
	Hospital	434	452	18	87.50%	91.13%
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					
YTD	Nursing Home	61,712	55,798	(5,914)	121.29%	118.07%
	Hospital	4,256	4,509	253	125.47%	132.93%

*** Licensed beds decreased from 240 to 220

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

	Current Month Actual		Current 5640 Month Budget		Current 6293 Month Variance (PPD)	YTD Actual		55798 YTD Budget		61712 YTD Variance (PPD)	Prior YTD Actual	62190 PPD
Revenue												
Net Patient Services Revenue:												
Daily Services	\$1,513,076		\$1,502,544			\$14,158,976		\$14,938,442			\$15,031,223	
Ancillary Services	\$263,365		\$313,517			\$2,824,199		\$3,159,653			\$5,136,504	
Total Net Patient Services Revenue	\$1,776,441	\$314.97	\$1,816,061	\$288.58	\$26.39	\$16,983,175	\$304.37	\$18,098,095	\$293.27	\$11.10	\$20,167,727	\$324.29
Other Revenue												
County Appropriation	\$141,666		\$141,666			\$1,416,660		\$1,416,667			\$1,416,660	
Department and Other Revenue	\$165,403		\$153,209			\$1,537,095		\$1,432,095			\$688,872	
Total Other Revenue	\$307,069	\$54.44	\$294,875	\$46.86	\$7.59	\$2,953,755	\$52.94	\$2,848,762	\$46.16	\$6.77	\$2,105,532	\$33.86
Total Revenue	\$2,083,510	\$369.42	\$2,110,936	\$335.44	\$33.97	\$19,936,930	\$357.31	\$20,946,857	\$339.43	\$17.88	\$22,273,259	\$358.15
Expenses												
Direct Expenses	\$1,366,694		\$1,488,745			\$13,998,682		\$14,861,074			\$17,229,845	
Indirect Expenses	\$632,736		\$665,962			\$6,308,383		\$6,617,714			\$6,015,440	
Total Expenses	\$1,999,430	\$354.51	\$2,154,707	\$342.40	\$12.11	\$20,307,065	\$363.94	\$21,478,788	\$348.05	\$15.89	\$23,245,285	\$373.78
Donations and Gifts	\$343		\$0			\$7,294		\$0			\$6,452	
Nonoperating Gains/(Losses)	\$0		\$0			\$0		\$0			\$0	\$0.00
Total Nonoperating Gains/(Losses)	\$343	\$0.06	\$0	\$0.00	\$0.06	\$7,294	\$0.13	\$0	\$0.00		\$6,452	
Excess Revenue (Expenses)	\$84,423	\$14.97	(\$43,770)	(\$6.96)	\$21.92	(\$362,841)	(\$6.50)	(\$531,930)	(\$8.62)	\$2.12	(\$965,574)	(\$15.53)

North Central Health Care
Review of 2017 Services
Langlade County

	2017 Jan-Oct. Actual Rev	2017 Jan-Oct. Budg Rev	Variance	2017 Jan-Oct. Actual Exp	2017 Jan-Oct. Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$256,156	\$348,014	(\$91,858)	\$369,563	\$589,500	\$219,937	\$128,079
Psychiatry Services	\$44,533	\$33,659	\$10,874	\$152,930	\$160,248	\$7,318	\$18,192
Community Treatment	\$1,279,386	\$787,337	\$492,049	\$1,223,513	\$872,568	(\$350,945)	\$141,105
Day Services	\$335,400	\$382,875	(\$47,475)	\$327,539	\$379,518	\$51,979	\$4,504
	\$1,915,475	\$1,551,885	\$363,590	\$2,073,545	\$2,001,835	(\$71,710)	\$291,880
Shared Services:							
Inpatient	\$420,988	\$378,463	\$42,526	\$500,554	\$448,833	(\$51,721)	(\$9,195)
CBRF	\$81,419	\$72,347	\$9,072	\$46,308	\$40,926	(\$5,382)	\$3,690
Crisis	\$21,250	\$25,373	(\$4,123)	\$220,155	\$213,303	(\$6,853)	(\$10,976)
MMT(Lakeside Recovery)	\$12,734	\$0	\$12,734	\$45,476	\$0	(\$45,476)	(\$32,742)
Protective Services	\$23,923	\$21,869	\$2,054	\$60,531	\$61,764	\$1,233	\$3,287
Birth To Three	\$75,554	\$115,439	(\$39,885)	\$122,091	\$213,699	\$91,608	\$51,723
Group Homes	\$104,259	\$122,255	(\$17,996)	\$103,034	\$117,952	\$14,918	(\$3,078)
Supported Apartments	\$133,436	\$124,904	\$8,532	\$126,575	\$129,798	\$3,223	\$11,755
Contract Services	\$0	\$0	\$0	\$115,954	\$102,560	(\$13,394)	(\$13,394)
	\$873,563	\$860,650	\$12,913	\$1,340,678	\$1,328,835	(\$11,843)	\$1,070
Totals	\$2,789,038	\$2,412,535	\$376,503	\$3,414,223	\$3,330,670	(\$83,553)	\$292,950
Base County Allocation	\$665,443	\$665,443	\$1				\$1
Nonoperating Revenue	\$7,213	\$3,958	\$3,255				\$3,255
County Appropriation	\$248,736	\$248,736	\$0				\$0
Excess Revenue/(Expense)	\$3,710,430	\$3,330,672	\$379,758	\$3,414,223	\$3,330,672	(\$83,553)	\$296,204

North Central Health Care
Review of 2017 Services
Lincoln County

	2017 Jan-Oct. Actual Rev	2017 Jan-Oct. Budget Rev	Variance	2017 Jan-Oct. Actual Exp	2017 Jan-Oct. Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$188,338	\$256,557	(\$68,219)	\$176,194	\$468,648	\$292,454	\$224,236
Lincoln Psychiatry Services	\$37,486	\$52,761	(\$15,275)	\$276,094	\$318,940	\$42,846	\$27,571
Community Treatment	\$1,602,954	\$739,850	\$863,104	\$1,346,540	\$945,402	(\$401,138)	\$461,966
	\$1,828,778	\$1,049,168	\$779,611	\$1,798,828	\$1,732,990	(\$65,838)	\$713,773
Shared Services:							
Inpatient	\$574,066	\$550,491	\$23,575	\$682,574	\$652,848	(\$29,726)	(\$6,151)
CBRF	\$111,027	\$105,232	\$5,795	\$63,147	\$59,528	(\$3,619)	\$2,177
Crisis	\$28,978	\$36,907	(\$7,929)	\$300,211	\$310,258	\$10,047	\$2,118
MMT (Lakeside Recovery)	\$17,365	\$0	\$17,365	\$62,012	\$0	(\$62,012)	(\$44,647)
Protective Services	\$32,623	\$31,809	\$814	\$82,542	\$89,839	\$7,297	\$8,111
Birth To Three	\$115,579	\$86,282	\$29,297	\$186,770	\$159,724	(\$27,046)	\$2,252
Apartments	\$41,620	\$38,958	\$2,662	\$39,480	\$40,485	\$1,005	\$3,667
Contract Services	\$0	\$0	\$0	\$158,119	\$149,178	(\$8,941)	(\$8,941)
	\$921,258	\$849,678	\$71,580	\$1,574,855	\$1,461,861	(\$112,994)	(\$41,414)
Totals	\$2,750,036	\$1,898,846	\$851,190	\$3,373,683	\$3,194,851	(\$178,832)	\$672,358
Base County Allocation	\$691,648	\$691,648	\$1				\$1
Nonoperating Revenue	\$9,208	\$4,844	\$4,364				\$4,364
County Appropriation	\$599,513	\$599,513	(\$0)				(\$0)
Excess Revenue (Expense)	\$4,050,405	\$3,194,851	\$855,554	\$3,373,683	\$3,194,851	(\$178,832)	\$676,722

North Central Health Care
Review of 2017 Services
Marathon County

	2017 Jan-Oct. Actual Rev	2017 Jan-Oct. Budget Rev	Variance	2017 Jan-Oct. Actual Exp	2017 Jan-Oct. Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$764,536	\$1,069,274	(\$304,738)	\$1,447,657	\$1,763,393	\$315,736	\$10,998
Psychiatry Services	\$242,419	\$414,381	(\$171,962)	\$1,166,994	\$1,329,134	\$162,140	(\$9,822)
AODA Day Treatment	\$87,460	\$90,645	(\$3,185)	\$60,716	\$108,374	\$47,658	\$44,473
Community Treatment	\$4,310,271	\$3,938,338	\$371,934	\$5,018,944	\$4,382,743	(\$636,201)	(\$264,267)
Day Services	\$1,380,803	\$1,519,741	(\$138,938)	\$1,353,091	\$1,514,458	\$161,367	\$22,430
Clubhouse	\$285,072	\$293,414	(\$8,342)	\$376,721	\$372,581	(\$4,140)	(\$12,482)
Demand Transportation	\$333,569	\$341,370	(\$7,801)	\$332,442	\$341,370	\$8,928	\$1,127
Aquatic Services	\$584,272	\$659,691	(\$75,419)	\$766,790	\$784,963	\$18,173	(\$57,246)
Pharmacy	\$2,012,741	\$2,018,748	(\$6,007)	\$2,142,569	\$2,114,951	(\$27,618)	(\$33,625)
	\$10,001,143	\$10,345,601	(\$344,458)	\$12,665,924	\$12,711,968	\$46,044	(\$298,414)
Shared Services:							
Inpatient	\$2,832,066	\$2,511,616	\$320,450	\$3,367,366	\$2,978,623	(\$388,743)	(\$68,293)
CBRF	\$547,731	\$480,118	\$67,613	\$311,527	\$271,598	(\$39,930)	\$27,683
Crisis Services	\$142,958	\$168,385	(\$25,427)	\$1,481,040	\$1,415,552	(\$65,488)	(\$90,915)
MMT (Lakeside Recovery)	\$85,665	\$178,271	(\$92,606)	\$305,926	\$409,678	\$103,752	\$11,146
Protective Services	\$160,941	\$145,130	\$15,811	\$407,206	\$409,891	\$2,685	\$18,496
Birth To Three	\$552,712	\$615,874	(\$63,162)	\$893,155	\$1,140,098	\$246,943	\$183,781
Group Homes	\$1,635,673	\$1,917,995	(\$282,322)	\$1,616,454	\$1,850,488	\$234,034	(\$48,289)
Supported Apartments	\$1,926,751	\$1,803,551	\$123,200	\$1,827,681	\$1,874,223	\$46,542	\$169,743
Contracted Services	\$0	\$0	\$0	\$780,055	\$680,627	(\$99,428)	(\$99,428)
	\$7,884,497	\$7,820,940	\$63,557	\$10,990,410	\$11,030,777	\$40,367	\$103,924
Totals	\$17,885,640	\$18,166,541	(\$280,901)	\$23,656,334	\$23,742,745	\$86,411	(\$194,490)
Base County Allocation	\$1,887,946	\$1,894,107	(\$6,161)				(\$6,161)
Nonoperating Revenue	\$116,519	\$74,531	\$41,988				\$41,988
County Appropriation	\$4,127,683	\$4,127,683	\$1				\$1
Budgeted Gain		(\$520,116)	\$520,116				\$520,116
Excess Revenue/(Expense)	\$24,017,788	\$23,742,745	\$275,043	\$23,656,334	\$23,742,745	\$86,411	\$361,454



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: November 14, 2017
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: Nursing Home Operations Report

Purpose

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

Updates

1. Mount View had a good month with a gain of \$85,000 for the month of October. As a team we have been focusing on our rehab patients and increased our Medicare Number in October and continue to focus on this for November.
2. At this time we are still awaiting our annual federal and state certification visit. We anticipate that we will be one of the first skilled nursing facilities surveyed under the new process. The team has been reviewing and identifying areas of opportunity and making corrective plans around that. As stated last month this is the single largest overhaul of our regulations since 1991. The intent is to make the survey more resident directed versus clinical.
3. Mount View Care Committee and the NCHC Nursing Home Operations Committee are continuing to review the nursing home and determine which of three options to recommend to the Marathon County Board. Those options are broken down into the following:
 - a. Option 1: Review the value of the commercial property where Mount View currently resides and determine if closing the facility is viable.
 - b. Option 2: Renovate and right size the nursing home operations to continue to meet the needs of Marathon County.
 - c. Option 3: Explore selling/leasing the nursing home to an outside provider.

The next scheduled joint meeting is November 28, 2017 to review and hopefully narrow down the options to move forward to Marathon County Board of Supervisors. We can provide an update at the Board meeting.

4. Clifton Larson & Allen recommendations that were received in July 2017 are being reviewed and implemented to improve operational efficiencies at Mount View. The area that we have been focusing on is strengthening our 2018 marketing plan and job description of the Assistant Admissions Director. Another area clinically we are reviewing is having an audit of our MDS (Minimum Data Set) process to look for revenue enhancements. This will be done in January with a quarterly review for 2018.

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

RUG CATEGORY	RUG RATE	ACTUAL DAYS October	BUDGET DAYS October	ACTUAL REVENUE October	BUDGET REVENUE October	YTD ACTUAL DAYS	YTD BUDGET DAYS	YTD ACTUAL REVENUE	YTD BUDGET REVENUE
RUX	\$736.29	22	0	\$16,198	\$0	71	0	\$52,277	\$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	42	\$0	\$24,726
RHL	\$529.58	0	0	\$0	\$0	0	0	\$0	\$0
RMX	\$544.67	0	4	\$0	\$2,313	0	42	\$0	\$22,682
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	37	48	\$20,653	\$26,785	514	471	\$286,910	\$262,670
RUB	\$558.20	37	127	\$20,653	\$71,112	962	1249	\$536,979	\$697,355
RUA	\$466.74	17	40	\$7,934	\$18,829	320	396	\$149,354	\$184,646
RVC	\$478.86	69	121	\$33,041	\$58,159	614	1191	\$294,020	\$570,329
RVB	\$414.68	136	74	\$56,396	\$30,817	1011	729	\$419,241	\$302,205
RVA	\$413.08	63	51	\$26,024	\$21,050	462	500	\$190,843	\$206,427
RHC	\$417.27	26	13	\$10,849	\$5,316	210	125	\$87,625	\$52,129
RHB	\$375.55	29	17	\$10,891	\$6,379	121	167	\$45,442	\$62,557
RHA	\$330.62	9	4	\$2,976	\$1,404	32	42	\$10,580	\$13,768
RMC	\$366.57	15	32	\$5,499	\$11,675	101	312	\$37,024	\$114,490
RMB	\$344.11	12	0	\$4,129	\$0	41	0	\$14,109	\$0
RMA	\$283.14	2	0	\$566	\$0	61	0	\$17,272	\$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	42	\$0	\$28,546	243	416	\$163,347	\$279,934
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	\$29,781	\$0
HD2	\$425.12	0	0	\$0	\$0	32	0	\$13,604	\$0
HD1	\$354.53	0	18	\$0	\$6,474	3	179	\$1,064	\$63,485
HC2	\$401.05	0	0	\$0	\$0	0	0	\$0	\$0
HC1	\$335.27	10	6	\$3,353	\$2,136	10	62	\$3,353	\$20,943
HB2	\$396.24	0	0	\$0	\$0	0	0	\$0	\$0
HB1	\$332.06	0	6	\$0	\$2,115	3	62	\$996	\$20,742
LE2	\$412.28	0	0	\$0	\$0	0	0	\$0	\$0
LE1	\$344.90	4	0	\$1,380	\$0	27	0	\$9,312	\$0
LD2	\$396.24	0	0	\$0	\$0	0	0	\$0	\$0
LD1	\$332.06	4	0	\$1,328	\$0	9	0	\$2,989	\$0
LC2	\$348.11	0	0	\$0	\$0	0	0	\$0	\$0
LC1	\$293.55	37	0	\$10,862	\$0	44	0	\$12,917	\$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	13	0	\$2,898	\$0	13	0	\$2,898	\$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	10	\$0	\$2,554	13	96	\$3,399	\$25,044
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		542	620	\$235,631	\$295,663	5032	6080	\$2,400,957	\$2,924,134
Average Reimbursement Per Day				\$434.74	\$476.88				
Average Patients/Day				17.5	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%	659	11.68%	651	10.34%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	6267	11.23%	6384	10.34%
Commercial	342	6.19%	270	4.43%	357	6.33%	279	4.43%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	3206	5.75%	2736	4.43%
Medicare	464	8.39%	600	9.85%	542	9.61%	620	9.85%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	5032	9.02%	6080	9.85%
Medicaid	4045	73.16%	4590	75.37%	4082	72.38%	4743	75.37%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	41293	74.00%	46512	75.37%
Total	5529	100.00%	6090	100.00%	5640	100.00%	6293	100.00%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	55798	100.00%	61712	100.00%
Occupancy	76.8%		84.6%		75.8%		84.6%		0.0%		0.0%		0.0%		0.0%		83.4%		92.3%	

County	Referral Date	Source of Reference	Vent	PAC	LTC	LBL	Admitted	Admission Date if Admitted	Reason if Not Admitted	Competition	Payer Source
Marathon	9/1/17	UW Madison	No	Yes	No	No	No		Acuity Too High		Medicare A
Marathon	9/1/17	AWH	No	No	No	Yes	Yes	9/1/17			Medicare/Managed
Marinette	9/1/17	ThedaCare - Neenah	No	Yes	No	No	No		Out of County		Medicaid
Marathon	9/1/17	AWH	No	No	No	Yes	No		Went to Competition	Wellington Place	Medicare
Marathon	9/5/17	AWH	No	Yes	No	No	No		No PAC Beds Available		United Health
Marathon	9/5/17	AWH	No	Yes	No	No	Yes	9/6/17			Medicare A
Marathon	9/5/17	AWH	No	Yes	No	No	Yes				Medicare A
Marathon	9/5/17	AWH	No	No	No	Yes	Yes	9/22/17			Medicare A
Green	9/5/17	Select Specialty	No	Yes	No	No	No		Out of County		Medicaid
Marathon	9/5/17	STC	No	Yes	No	No	No		Went to Competition	Colonial Manor	United Govt Serv
Oconto	9/6/17	Select Spec -Mad	Yes	No	No	No	No		No Payor Source		Humana Gold Choice
Marathon	9/6/17	AWH	No	Yes	No	No	Yes	9/7/17			Medicare/Managed
Taylor	9/6/17	AWH	No	Yes	No	No	No		Out of County		Auxiant/Medicare
Marathon	9/6/17	AWH	No	Yes	No	No	No		Went to Competition	Benedictine	Security Health
Marathon	9/6/17	AWH	No	Yes	No	No	No		Went to Competition	Benedictine	Medicare
Marathon	9/6/17	AWH	No	Yes	No	No	No		Went to Competition	Colonial Manor	Medicaid
Oneida	9/7/17	STC	No	Yes	No	No	No		No Payor Source		
Portage	9/7/17	STC	No	Yes	No	No	Yes	9/7/17			Medicare A
Outagamie	9/7/17	St. Elizabeth Hospital	No	No	Yes	No	No		Out of County		VA Hospice
Ontonagon, MI	9/7/17	AWH	No	Yes	No	No	No		Out of County		Medicare
Marathon	9/8/17	AWH	No	Yes	No	No	No		Acuity Too High		WPS
Marathon	9/8/17	AWH	No	Yes	No	No	No		No Payor Source		Security Health
Illinois	9/8/17	Glen Lake Terrace	Yes	No	No	No	No		No Payor Source		Medicare/Pending IL MA
Marathon	9/8/17	STC	No	No	No	Yes	Yes	9/13/17			Medicaid Pending
Marathon	9/8/17	AWH	No	Yes	No	No	No		Went to Competition	Colonial Manor	Medicare
Marathon	9/9/17	AWH	No	Yes	No	No	No		Expired		Medicare
Marathon	9/11/17	AWH	No	No	No	Yes	Yes	10/25/17			VA
Langlade	9/11/17	STC	No	Yes	No	No	No		Went to Competition	Rennes	United Govt Serv
Sauk	9/12/17	SS Mad	No	Yes	No	No	No		No Skilled Needs		Medicare
St. Paul MN	9/12/17	Bethesda Hospital	No	Yes	No	No	No		Out of County		Medicare
Marathon	9/12/17	AWH	No	Yes	No	No	Yes	9/12/17			Medicaid
Marathon	9/13/17	AWH	No	Yes	No	No	Yes	9/13/17			VA Hospice
Marathon	9/14/17	STC	No	Yes	No	No	No		No Skilled Needs		
Brown	9/14/17	ST Vincent Hospital	No	Yes	No	No	No		Out of County		Medicare
Marathon	9/14/17	AWH	No	Yes	No	No	Yes	9/15/17			Medicare Managed
Marathon	9/15/17	AWH	No	Yes	No	No	No		Went to Competition	Rennes	Medicare
St. Paul MN	9/18/17	Regions Hospital	No	Yes	No	No	No		No Payor Source		Managed Medicare
Portage	9/18/17	SS Mad	No	Yes	No	No	No		Out of County		Insurance
Marathon	9/18/17	AWH	No	No	No	Yes	Yes	10/6/17			Medicare A
Wood	9/18/17	SS Mad	Yes	No	No	No	Yes	10/10/17			Medicare A
Marathon	9/18/17	BHS	No	Yes	No	No	Yes	9/20/17			Medicare A
Marathon	9/18/17	AWH	No	Yes	No	No	Yes	9/20/17			Medicare A
Marathon	9/18/17	AWH	No	Yes	No	No	Yes	9/19/17			Insurance
Shawano	9/19/17	STC	No	Yes	No	No	No		Out of County		Care WI
Marathon	9/19/17	AWH	No	Yes	No	No	Yes	9/25/17			Insurance
Marathon	9/20/17	AWH	No	Yes	No	No	Yes	9/27/17			Medicare A
Marathon	9/20/17	AWH	No	Yes	No	No	Yes	9/22/17			Medicaid Managed
Portage	9/20/17	AWH	No	Yes	No	No	No		Went to Competition	Colonial Manor	Insurance
Marathon	9/20/17	STC	No	Yes	No	No	No		Went to Competition		Medicare Managed
Langlade	9/22/17	AWH	No	Yes	No	No	No		No Payor Source		Medicare
Marathon	9/22/17	BHS	No	Yes	No	No	Yes	10/3/17			Medicare A
Sauk	9/22/17	Reedsburg Medical Center	No	Yes	No	No	Yes	9/25/17			Medicare A
Marathon	9/23/17	STC	No	Yes	No	No	No		Went to Competition	Rennes	Medicare A
Outagamie	9/25/17	SS Mad	Yes	No	No	No	No		No Skilled Needs		Medicare
Marathon	9/25/17	UW Madison	No	Yes	No	No	Yes	9/28/17			Medicare A
Marathon	9/25/17	AWH	No	Yes	No	No	Yes	9/28/17			Medicare Managed
Marathon	9/26/17	STC	No	Yes	No	No	No		No PAC Beds Available		Medical Assistance
Marathon	9/26/17	AWH	No	Yes	No	No	Yes	9/26/17			Insurance
Lincoln	9/27/17	Rhinelanders	No	Yes	No	No	Yes	9/29/17			Medicare managed
Marathon	9/27/17	AWH	No	No	No	Yes	No		Went to Competition	BHS	Medicare
Milwaukee	9/28/17	SS Milwaukee	Yes	No	No	No	No		Went to Competition	Milwaukee Facility	United Health
Langlade	9/29/17	AWH	No	No	No	Yes	No		Out of County		Medicare

County	Referral Date	Source of Reference	Vent	PAC	LTC	LBL	Admitted	Admission Date if Admitted	Reason if Not Admitted	Competition	Payer Source
Marathon	10/1/17	AWH	No	Yes	No	No	No		No PAC Beds Available		VA Hospice
Marquette	10/2/17	SS Mad	Yes	No	No	No	No		No Skilled Needs		Medicare
Waukesha	10/2/17	Life Care Pewaukee	Yes	No	No	No	No		Went to Competition	dc to Manitowoc	Medicare Managed
Marathon	10/4/17	AWH	No	Yes	No	No	No		Acuity Too High		medicaid
Unknown	10/4/17	Shelly Samuels	No	No	No	Yes	No		No LBL Beds Available		
Sheboygan	10/4/17	SS Milwaukee	Yes	No	No	No	No		Went to Competition	Manitowoc	AARP
Marathon	10/5/17	AWH	No	Yes	No	No	No		Acuity Too High		
Marathon	10/5/17	STC	No	Yes	No	No	No		Patient Non Compliance		SH Med IP
Marathon	10/5/17	STC	No	Yes	No	No	No		Went to Competition		Medicare managed
Marathon	10/6/17	AWH	No	Yes	No	No	No		Acuity Too High		Medicaid
Marathon	10/6/17	AWH	No	No	No	Yes	No		Went to Competition	Colonial Manor - no male bed	Security
Marathon	10/9/17	STC	No	No	Yes	No	STC		Expired		Hospice
Marathon	10/10/17	AWH	Yes	No	No	No	No		No Skilled Needs		Medicare
Marathon	10/10/17	AWH	No	Yes	No	No	No		Went to Competition		Medicare A
Marathon	10/10/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	medicare A
Unknown	10/12/17	Inclusa	No	Yes	No	No	No		Acuity Too High		Inclusa
Marathon	10/12/17	AWH	No	Yes	No	No	No		No Skilled Needs		Medicare
Marathon	10/13/17	STC	No	Yes	No	No	No		No PAC Beds Available		Family Care
Marathon	10/13/17	AWH	No	Yes	No	No	No		Went Home		Medicare A
Marathon	10/13/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	medicare managed
Milwaukee	10/15/17	AWH	Yes	No	No	No	No		Went Home		Medicare
Marathon	10/16/17	AWH	No	No	No	Yes	No		Went to Competition	Tender Reflections	Security Health
Marathon	10/16/17	AWH	No	No	No	Yes	No		Went to Competition	Wausau Manor	Medicare
Marathon	10/16/17	AWH	No	Yes	No	No	No		Went to Competition	Wausau Manor	Medicare A
Marathon	10/17/17	AWH	No	Yes	No	No	No		Went Home		Security Health
Marathon	10/18/17	Courage Kenny Rehab Institute's TRP	No	No	Yes	No	No		No LTC Beds Available		Blue Cross
Unknown	10/19/17	Kim Emmel	No	Yes	No	No	No		Acuity Too High		
Marathon	10/19/17	AWH	No	Yes	No	No	No		Went Home		UMR
Langlade	10/23/17	AWH	No	No	No	Yes	AWH		Went to Competition	Tender Reflections	Anthem Medicare
Brown	10/25/17	SS Mad	Yes	No	No	No	No		No Skilled Needs		Medicare Managed
Marathon	10/26/17	STC	No	Yes	No	No	No		Acuity Too High		Humana
Marathon	10/26/17	STC	No	No	No	Yes	No		No LBL Beds Available		Medicare/Managed
Rock	10/26/17	Mercy Hospital	No	Yes	No	No	No		Out of County		Instit MA
	10/26/17		No	Yes	No	No	No		Went Home		Auxient
Marathon	10/26/17	Self	No	Yes	No	No	No		Went Home		Insurance
Waupaca	10/27/17		No	Yes	No	No	No		Out of County		Security Health/MA
Waupaca	10/27/17	Self	No	Yes	No	No	No		Out of County		Medicaid
Marathon	10/27/17	STC	No	Yes	No	No	No		Went Home		Security Health
Marathon	10/27/17	AWH	No	Yes	No	No	No		Went to Competition	Pride TLC	Medicare
Marathon	10/28/17	AWH	No	Yes	No	No	No		Went to Competition	Benedictine	medicare
Unknown	10/30/17	Howard Young	No	Yes	No	No	No		Out of County		Medical Assistance

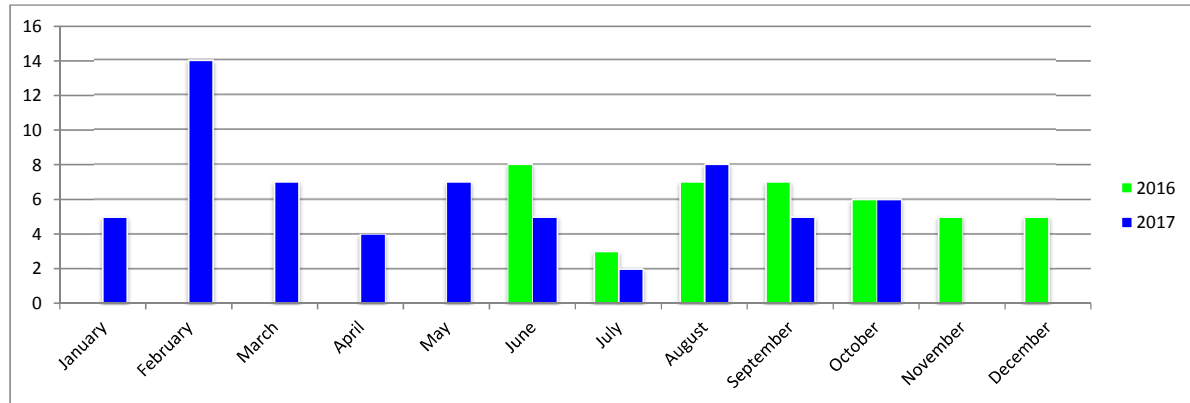
Number of Referrals Received												
Year	January	February	March	April	May	June	July	August	September	October	November	December
2015	80	54	79	40	68	63	59	67	77	77	66	46
2016	61	69	70	36	57	40	38	82	83	73	75	64
2017	90	102	79	71	71	57	52	72	62	66		

The line graph displays the monthly referral counts for three years. The 2017 data (green line) shows a peak in February at 102 referrals. The 2016 data (red line) shows a significant increase starting in August, peaking at 83 in September. The 2015 data (blue line) shows a general downward trend after March, with a notable low in December at 46 referrals.

Month	2015	2016	2017
January	80	61	90
February	54	69	102
March	79	70	79
April	40	36	71
May	68	57	71
June	63	40	57
July	59	38	52
August	67	82	72
September	77	83	62
October	77	73	66
November	66	75	
December	46	64	

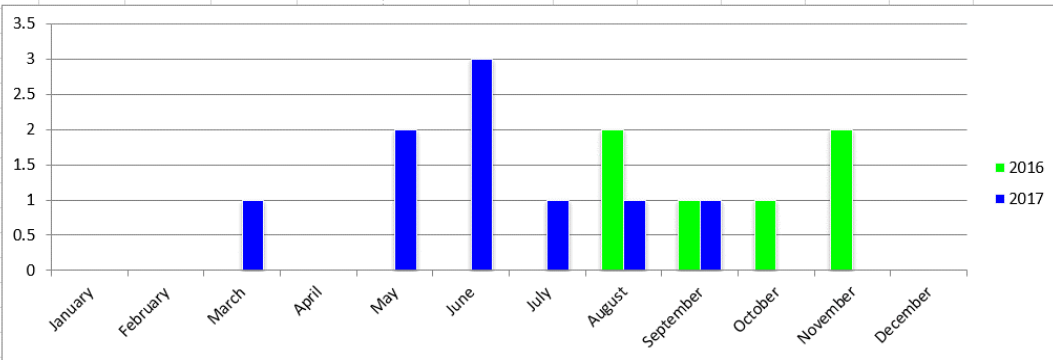
Number of Vent Referrals Received

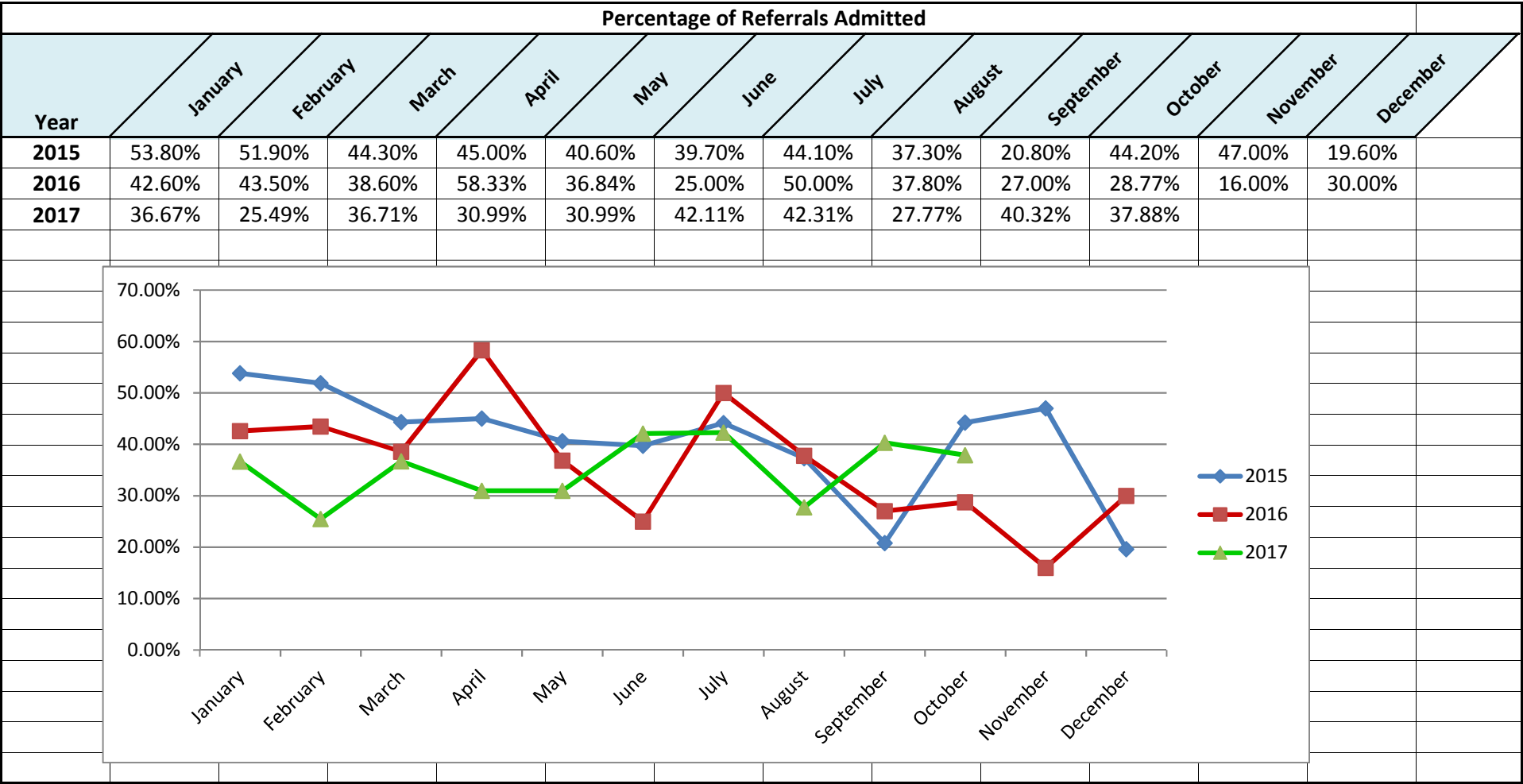
Year	January	February	March	April	May	June	July	August	September	October	November	December
2016	0	0	0	0	0	8	3	7	7	6	5	5
2017	5	14	7	4	7	5	2	8	5	6		



Number of Vent Referrals Admitted

Year	January	February	March	April	May	June	July	August	September	October	November	December
2016	0	0	0	0	0	0	2	1	1	2	0	
2017	0	0	1	0	2	3	1	1	0			







QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%	13.1%	10.3%	10.6%	13.2%	10.9%	8.40%	9.30%	8.3%	8.5%			8.5%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%	93.6%	90.2%	87.0%	85.1%	83.6%	82.4%	80.1%	79.5%			79.5%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%	76.7%	77.2%	79.7%	68.3%	80.7%	75.0%	77.4%	78.0%			77.1%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%	0.0%	13.3%	12.5%	10.3%	8.0%	14.8%	9.1%	6.9%			10.8%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%	11.3%	10.4%	12.3%	10.9%	17.1%	16.9%	15.4%	9.9%			12.9%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%	11.1%	0.0%	18.6%	100.0%	0.0%	0.0%	0.0%	30.0%			16.7%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%	67%	72%	69%	73%	72%	76%	74%	87%			72%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%	62%	59%	56%	60%	58%	68%	67%	61%			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
November 2017

Organizational Outcomes

People

❖ **Vacancy Rate**

The vacancy rate the month of October was 8.5%. This is a very slight increase from the month of September, the best month YTD for 2017. There were 14 new hires in the month of October.

❖ **Employee Retention Rate**

Employee Retention Rate is currently at 79.5% which is within the NCHC target of 75-80%.

Service

❖ **Patient Experience**

Year to date, through the end of October, is 77.1%, which for the first time YTD is within the NCHC target of 77-88% top box (9 or 10 on a ten point scale for overall satisfaction). Individual programs achieving the target of 77-88% in August included: Lakeside Recovery (MMT), CBRF, Langlade Outpatient and Telepsychiatry, Lincoln Outpatient and Telepsychiatry, Marathon Outpatient, Aquatic, Antigo ADS/ Prevocational, Wausau Prevocational, Residential, Mount View Care Center's Long Term Care 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 October was 6.9% bringing YTD rate to 10.8%, lowest rate to date and better than target and benchmark. October had one very ill resident hospitalized twice.

❖ **Hospital Readmissions**

The rate of readmissions within 30 days was within target for the month of October at 9.9%. Year to date decreased to 12.9% 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 programing in either our AODA Day Treatment or Medically Monitored 21 Day Program who reuse substances within 7 days in the month of October was 30% with ten people responding to the 7-day follow-up. Year to date continues to exceed target at 16.7%.

Community

❖ Access Rate for Behavioral Health Services

Access rates remain below target year-to-date at 72% with a goal of 90-95%. In the month analysis indicates Community Treatment and Residential failed to meet target in the month of October. Community Treatment continues to work on getting people in but there is a back log and will continue to struggle with current referrals until that is caught up. Residential got two out of three referrals in within the designated timeframe.

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 October was at 61% which is within target. Extreme focus on cost management by individual departments has made an impact.

Safety Outcomes

Patient/Resident Adverse Events

The rate for October 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 remain high since July 2017. Nursing Home dementia units fall rate is remaining high in the month of October with 10 more falls overall in September than in August. Nursing Home continues to review each fall's root cause and implement safety interventions. HSO programing saw a reduction by nine falls in the month of October.

Employee Adverse Events

Rates for October were .11 adverse events/1000 employee hours. In October there were 3 employee falls contributing to the rate and 5 direct work related injuries.

Program-Specific Outcomes-items not addressed in analysis above

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

Human Service Operations

❖ Outpatient Services:

Monitoring immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement was steady in the month of October with an 87.2% success rate which remains below target of 90-95% but is much improved throughout the year where this started at 52.4% success rate. A collaborative team has revised the 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 as there has been a backlog and this number will only improve once this is completed with all clients admitted.

❖ **Lakeside Recovery (MMT):**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 16.7%, significantly better than industry benchmark 36-40%. The month of September shows four out of five clients reached for follow-up at 7 days were able to sustain sobriety.

❖ **Aquatic:**

Year to date, the rate of consumers working on pain management has shown a decrease in their pain levels currently is at 91.3% 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. October was below target at 294 with their goal of 481-491 per month. Birth to Three continues to look at opportunities to increase this number. With new staff starting, this number should begin to increase as they become oriented 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 October continues to be below target for the fourth month in a row at 5.1%. This has made great gains throughout the year as this measure started at 18.6%. Community Living employees' job competency proficiency was completed in July with a 74% rating.

Nursing Home

Occupancy Rate based on a 220 licensed beds is at 83.2%. In October there were 29 admission to the nursing home and 22 discharges to the community and 7 deaths.

Support Departments

❖ **Communication and Marketing:**

Year-to-date, a 12.6 % 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 93.1 % completion of health records within 23 days post-discharge for the month of October and year to date at 92.8% which is exceeding their target set at 80-85%.

❖ **Nutritional Services:**

Nutritional Services is continues to hit 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 34 new volunteer's year to date through October. 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 October is below target at 63%. The year to date measure is currently at 64% which is below the target of 70-80%.

❖ **Demand Transportation:**

Double occupancy per trip average year to date is 39 per month with a goal of 44-50 per month. Continued process improvements are underway.

North Central Community Services Program Board

2018 Officers Ballot

CHAIR:

- ☐ Jeff Zriny
- ☐ _____

VICE CHAIR:

- ☐ Dr. Steve Benson
- ☐ _____

SECRETARY/TREASURER:

- ☐ Bob Weaver
- ☐ _____

Name: _____

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD OF DIRECTORS**

**TERM EXPIRATION DATES
2018**

Mrs. Jean Burgener (2017 Vice Chair).....	December, 2017
Ms. Meghan Mattek (pending)	December, 2017
Mr. Bill Miller	December, 2017
Mr. Randy Balk	December, 2018
Mr. Ben Bliven	December, 2018
Dr. Corrie Norrbom.....	December, 2018
Ms. Theresa Wetzsteon	December, 2018
Mr. Jeff Zriny (2017 Chair).....	December, 2018
Dr. Steve Benson	December, 2019
Mr. William Metter	December, 2019
Mr. Rick Seefeldt.....	December, 2019
Ms. Greta Rusch	December, 2019
Mr. Robin Stowe	December, 2019
Mr. Robert Weaver (2017 Secretary/Treasurer)	December, 2019

MEMORANDUM

DATE: November 22, 2017
TO: North Central Community Services Program Board
FROM: Michael Loy, Interim Chief Executive Officer
RE: Policy Governance – Executive Limitations

Please read the draft policy governance manual in your packet to review the draft “Executive Limitations” before the Board’s meeting. If you want more background on the subject please reference Chapter 6 – Creating Means Policies in your Policy Governance Manual.

There are five elements to a policy governance approach and in the development of a corresponding manual:

- 1) End Statements (approved)
- 2) Executive Limitation Policies (included in the draft attached)
- 3) Board Governance Process (not drafted, will draft in December)
- 4) Board – CEO Relationship (not drafted, will draft in December)
- 5) Board Bylaws (drafted, not approved, will come last)

Ken Day will again be invited to our Board Meeting on the 30th to help facilitate the Executive Limitations discussion and assist in outlining the material.

The following is a brief summary to the referenced chapter to help prime your thought process in considering these Executive Limitations policies.

These policies enable the board to withdraw safely from most details of operations and serve as boundary setters. While End Statements tell the CEO what the Board intends for the organization to achieve on behalf of the owners, Executive Limitations policies tell the CEO what the Board will not put up with. The CEO will be personally accountable that all staff means to achieve the end statements fall with the boundaries established by the Executive Limitations policy. The CEO can use any reasonable interpretation of these to achieve the End Statements but reasonableness is always at the discretion of the Board.

Executive Limitations are justified by concerns about prudence and ethics and are not justified by a Board’s desire to tell the CEO how to manage. These policies allow boards to take care of their worries about staff activities by defining those worries and explicitly prescribing them in the negative as a means of what not to do, all other means are generally encouraged. The Board has approximately 10 specific policies outside of Executive Limitations, such as an Investment, Fund Balance and Capital policies, which specifically prescribe how the CEO should manage specific issues. There is an opinion that if an Executive Limitation needs more than two levels, it should probably materialize into a police versus going three to four levels with limitations.

The attached Executive Limitations were developed from a couple sets of best practice documents pertinent to our operations and using the John Carver Policy Governance resources. He encourages not reinventing the wheel in developing these.

11-22-2017 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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Mission

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

Vision

Lives Enriched and Fulfilled.

NCCSP Board End Statements

People

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

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

Service

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

Quality

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

Community

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

Financial

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

Section 1 - Executive Limitations

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

Policy 1.1 – General Executive Constraint

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

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

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

- 1) With respect to interactions with consumers or those enrolling to be consumers, the CEO shall not cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.
- 2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.
- 3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights under this policy.

Policy 1.3 – Treatment of Employees & Volunteers

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

- 1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.
- 2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.
- 3) Intentionally violate federal and state employment laws.
- 4) Fail to acquaint employees with their rights under this policy.
- 5) Allow staff to be unprepared to deal with emergency situations.

Policy 1.4 – Financial Planning & Budgeting

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

- 1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.
- 2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.
- 3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.

Policy 1.5. – Financial Conditions & Activities

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

- 1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC's long-term financial viability or stability.
- 2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).
- 3) Fail to assure that NCHC meets working capital, restricted reserves and solvency fund requirements unless approved by the Board.
- 4) Fail to invest and protect operational capital and excess funds consistent with Board's cash management and investment policies.
- 5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.
- 6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.
- 7) Pledge assets as security within any contracts without Board approval.
- 8) Sell property for less than Fair Market Value ("FMV") or if the FMV is greater than \$30,000.
- 9) Acquire, encumber, or dispose of real estate.

Policy 1.6 – Benefits & Compensation

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

- 1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.
- 2) Establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may be harm NCHC's competitive position.
- 3) Promise or imply permanent or guaranteed employment.

Policy 1.7 – Asset Protection

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

- 1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.
- 2) To develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.
- 3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.
- 4) Compromise the independence of the Board's audit or other external monitoring or advice.

Policy 1.8 – Emergency Executive Succession

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

Policy 1.9 – Communication & Counsel to the Board

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

- 1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.
- 2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.
- 3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.
- 4) Fail to report an actual or anticipated issue non-compliance with any Board policy in a timely manner.
- 5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.

Policy 1.10 – Regulatory Compliance

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


- 1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.
- 2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.
- 3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.
- 4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.
- 5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.

Policy 1.11 – Other Board Policies

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

Board Governance Process

Board – CEO Relationship

Name of Policy: County Quality of Care Complaint and Conflict Resolution Policy	 North Central Health Care Person centered. Outcome focused.
Policy #: TBD	
Primary Approving Body: NCCSP Board of Directors	Committee Approvals: Retained County Authority Committee

I. Policy Statement

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

The County Boards (Langlade, Lincoln and Marathon) shall support the central compliance reporting system of NCHC. Complaints received by any County, County Board or Committee Member, or County Employee in their official capacity (“County Officials”), shall be forwarded to the NCHC Compliance Officer to be addressed through the NCHC Compliance Reporting system. Any member of NCHC’s staff and the public have the same ability and rights in accessing the same protocols offered to County Officials within NCHC’s central compliance reporting system but are not specifically addressed in this policy.

The North Central Community Services Programs Board (NCCSP) will be apprised of all complaints through its central compliance reporting system. Additionally, specific complaints initiated from County Officials through this policy will be reported to the Retained County Authority at regular intervals as part of the quality review process.

II. Purpose

North Central Health Care and the sponsoring counties of Langlade, Lincoln and Marathon County (“Counties”) recognize that some level of intergroup conflict around quality of care is inherent in the partnership because of the scarcity of resources, the ambiguity of roles and the law as applied to specific cases, and the difference in organizational values and culture. To address these differences specifically in regards to quality of care at the lowest possibility level, working both to effectively address the quality concern in a transparent manner while at the same time ensuring the highest regard for protecting the inadvertent release of private health information, the following policy has been developed to provide protocols for addressing situation intergroup conflict through a direct link to NCHC’s compliance program. This policy is specifically designed to create a shared expectation and protocol for these matters between the sponsoring county agencies and NCHC in regards to complaints made by County Officials.

III. Definitions

None

IV. General Procedure

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

A core requirement of this policy is to mandate that complaints are addressed in a timely and confidential manner at the lowest appropriate management level, in order to prevent minor problems or concerns from escalating. It is an expectation that complaints will be brought forward and resolved in a respectful manner recognizing the dignity of each person concerned in the process. The policy recognizes that a number of more minor or simple matters can be resolved without recourse to the formal complaint handling process but rather, quickly and effectively, by discussion between the appropriate people. This standard shall be enforced to the greatest extent possible to ensure the complaint process is not circumvented as issues are most often best left to and permitted to be addressed between the appropriate individuals directly involved in the situation. Matters of significance or those not effectively or satisfactorily resolved at these lower levels are left to the formal complaint resolution process contained herein this policy.

Complaints that are of an emergency nature should not be reported through the standardized system for reporting compliance and quality issues. Concerns that involve immediate danger or life, property or environment should be brought to the immediate attention of the NCHC Administrator On-Call by calling 715-848-4888.

1. Complaint Reporting and Resolution Procedure

1.1. Complaint Resolution System. Reports and complaints received by County Individuals will be forwarded to the NCHC Compliance Officer using the Compliance and Quality Complaint Written Report Form.

- (a) Reports that are received orally by any County Individual will be reduced to writing and forwarded to NCHC using the Compliance and Quality Report Forms provided by NCHC.
- (b) Any written complaints and all material accompanying such complaint will be attached to the Written Report and submitted to the NCHC Compliance Officer.
- (c) Written Reports will describe the substance of the complaint in as much detail as possible. All information relating to the complaint and the complainant shall be included in the report (unless the complainant expressly requested that their identity be kept anonymous when making the complaint or report to the County Individual).
- (d) Reports may be made anonymously. If known, the Compliance Officer shall neither be required nor compelled to disclose the name of the reporting individual unless required by law or permitted by the reporting individual.

1.2. Substance of the Reports: Any oral, electronic, or written complaint should contain the following information:

- (a) A factual, objective description of the questionable practice, including dates and times.
- (b) The name of the individual or entity about which the report is being made.
- (c) If the questionable practice involved inappropriate billing or charges:
 - i. When and if the claim was billed and whether payment was received; and
 - ii. The amount billed, regardless of whether payment was received; and
 - iii. Whether the payment was received, what steps, if any, were taken to refund the payment or whether steps were taken to stop payment if it has not yet been paid.
- (d) The medical records involved identified by patient name or number.
- (e) The names of other individuals involved in the quality issue.
- (f) Any other information deemed essential to the disposition of the complaint.

1.3 Intake of Reports and Resolution of Complaints: At intake the NCHC Compliance Officer will attempt to obtain all pertinent information. Information received is documented on a compliance intake log for reporting purposes to oversight Committees and the NCCSP Board. The Compliance Officer establishes a case file for all cases that state potential compliance or quality issues. Upon creation of the case file the Compliance Officer will:

- (a) Identify the scope of the services area to which the report applies and identifies applicable managers, key staff, and County Individuals within the defined service area or activity.
- (b) The Compliance Officer reviews available information and determines what additional information may be needed to properly verify the reported issue. If identified, the Compliance Officer collects the information. Follow-up calls to the reporter may be made to facilitate identification of information.
- (c) If the case cannot process without further information or the reporter in wishing to remain anonymous make the collection of the necessary additional information practical, the Compliance Officer shall consult with legal counsel before making a final determination to not proceed with the case.
- (d) If the Compliance Officer determines that an investigation should proceed, the Compliance Officer assures that NCHC policy regarding compliance investigations are followed.

1.5 Reports to Complainant. The Compliance Officer may report to the applicable County Individual the results of the investigation and whether a corrective action plan will be required provided that the interests of NCHC are not adversely impacted by making such report subject to confidentiality restrictions. All investigations and disposition will be reported regularly in summary form to the NCCSP Board at regular intervals.

No County Individual may communicate with the original complainant regarding the substance or disposition of the complaint. Instead the original complainant may be directed to the NCHC Compliance Officer upon inquiry to the County Individual. Complainants who make complaints through County Individuals are not legally entitled to communication from NCHC regarding the substance, status or results of their complaint. NCHC may choose to provide information if it determines it to be appropriate under the circumstance.

1.4 Confidentiality of Information. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care and patient

safety as part of the operation or otherwise in connection with NCHC or any other health care facility, shall be privileged and confidential to the fullest extent permitted by law. All persons, organizations, or evaluators and committees as part of the compliance or quality review processes of NCHC, who review or evaluate the services of health care providers in order to help improve the quality of health care, to avoid improper utilization of the services of health care providers, or to determine the reasonable charges for such services, shall keep a record of their investigations, inquiries, proceedings and conclusions. Any breach of confidentiality may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive the peer review privilege. Any person engaged in the compliance or quality review process who becomes aware of a breach of confidentiality must immediately inform the NCHC Compliance Officer.

1.5 Quality Review Immunity. All compliance and quality evaluation activities pursuant to this policy and in connection with NCHC's quality review function shall be performed in furtherance and as a review of the quality of care by NCHC in accordance with Wisconsin and Federal law. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. No person acting in good faith who participates in the review or evaluation of the services of NCHC or the charges for such services conducted in connection with the NCHC Compliance and Quality review process, including but not limited to the operation of this complaint reporting and resolution procedure, which is organized and operated to help improve the quality of health care, to avoid improper utilization of services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information in performance of such tasks is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, any recommendations or actions taken with the scope of authority granted to the NCHC Compliance Officer or against a health care provider or other party involved in the delivery of care. Such privileges shall extend to County Officials who are invited into the compliance and quality review by the NCHC Compliance Officer. NCHC may choose to not provide certain information during the course of the complaint resolution if it determines it would not be an appropriate disclosure under the circumstances.

V. References

None

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

Report Number: _____

Date Received by CO: ____/____/____

**NORTH CENTRAL HEALTH CARE
COMPLIANCE REPORT FORM**

TO: Compliance Officer
North Central Health Care

Complainant Name**: _____

Date: _____

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

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

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

(Continue on next page if necessary.)

2. Date of Conduct. The following are the dates or range of dates during which the conduct occurred: _____.

3. Individuals Involved. The following individuals were involved in the alleged incident or practice and/or may have additional information regarding same:

(Continue on next page if necessary.)

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

(Complainant may remain anonymous. See note above.)

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

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

IMPORTANT NOTIFICATION

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

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