

**OFFICIAL NOTICE AND AGENDA**  
**ANNUAL MEETING** of the **North Central Community Services Program Board** to be held at  
**Lincoln County Administrative Office Building, 801 N Sales Street, Merrill, WI 54452**  
at **12:00 pm on Thursday, December 21<sup>st</sup>, 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. Chairman's Report and Announcements– J. Zriny
4. Board Committee Minutes and Reports
5. Monitoring Reports
  - A. CEO Work Plan Review and Report – M. Loy
  - B. Chief Financial Officer's Report
    - i. ACTION: Review and Accept November Financial Statements
  - C. Human Services Operations Report – L. Scudiere
  - D. Nursing Home Operations Report – K. Gochanour
  - E. Quality Outcomes Review
    - I. ACTION: Review and Accept the Quality Dashboard and Executive Summary
6. Board Discussion and Action
  - A. ACTION: Approval of 11/30/17 NCCSP Board Meeting Minutes
  - B. ACTION: Consideration of Modifications of Board Per Diems for 2018
  - C. ACTION: Approve the 2018 Board-CEO Work Plan
  - D. ACTION: Approve the 2018 Operational Plan
  - E. ACTION: Medical Staff Credentialing – Approve Privileges of She-Teen Chiu, D.O.
7. Policy Development
  - A. Policy Governance
    - i. CEO-Board Relationship Policies
    - ii. Discussion on Board Governance Process Policies
  - B. 2018 Board Calendar
8. 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
9. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
10. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
11. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 12/15/2017 TIME: 4:00 p.m. BY: D. Osowski



Presiding Officer or Designee

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

November 30, 2017

12:00 p.m.

North Central Health Care-Wausau

**Present:**

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

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Laura Scudiere, Lance Leonard, Ken Day

Call to Order

- The meeting was called to order at 12:04 p.m.

October 26, 2017 NCCSP Board Meeting Minutes

- **Motion**/second, Stowe/Burgener, to approve the minutes of the October 26, 2017 NCCSP Board Meeting. Motion carried.

Chairman’s Report and Announcements

- None.

Board Committee Minutes and Reports – J. Zriny

- Executive Committee met to review nominations for Officers of the Board for 2018, discuss policy governance and executive limitations. The Committee also met in closed session to discuss the CEO Confirmation Process.

CEO Work Plan Review and Report – M. Loy

- Highlights of the written report in packet include:
  - Pledges for the Warm Water Therapeutic Pool Capital Campaign total just under \$1 million to date. There are about \$2.7 million out in requests. Pledge cards were distributed to Board members and were asked to consider showing their support with a pledge.
  - Consultants with the Master Facility Planning project have been on site evaluating programs. They will return again in December for additional mapping and assessment. Anticipate a report in January.
  - We are currently working with six candidates in the Physician Recruitment process. Two are strongly considering offers. We have received some negative comments about the age of the facility and not knowing if there is an investment in it.
  - Legal expenses continue to be more than anticipated which has also been impacted by filling the void from Quality and Compliance. We will be exploring alternate options in 2018 for legal services.
  - Surveyors were in the facility this week on a nursing home complaint survey. The claim was unsubstantiated.

- Meghan Mattek has been approved by the Langlade County Board as a new NCCSP Board Member. She currently works at Aspirus Hospitals in Antigo.
- Mount View Care Committee continues to meet to review a recommendation for the future of MVCC.
- Retained County Authority Committee will be providing direction for the the Facility Use Agreement later today along with conflict resolution protocol.

### Monitoring Reports

- Finance, Personnel & Property – B. Glodowski
  - October showed a small gain of just over \$44,000. October was comparable to previous months. Overall revenue was higher than normal. Community Treatment continues to grow. The nursing homes rates for October 1 and July 1 are more favorable than anticipated. Expenses are over budget in October mostly due to legal expenses and State Institutes. However, in November we received credits from the State Institutes. These occur periodically when the State Institutes receive an overage and then pass a portion on to us. Contract Physician expense in psychiatry is also high this month. Benefits and salaries were good this month. Year to date there is a \$971,000 gain which is \$918,000 ahead of target. R. Balk commended staff for impressive budgeting being within \$11,000 of target.
  - The new manager with the audit firm was on site this week doing reviews and getting familiar with our systems and risk areas and has been quite complimentary.
  - Billing processes for Outpatient and Community Treatment will be moving from monthly to biweekly. Many providers and HMO's are moving deadlines to 60 days versus 90 and 120 days. With biweekly billing we should be able to address any denials much earlier.
  - **Motion**/second, Balk/Burgener, to accept the October Financial Statements. Motion carried.
- Human Services Operations Report – L. Scudiere
  - The Medically Monitored Treatment program (MMT) is a 21 day program for those with substance issues. We are waiting approval from the state architect to proceed with the certification process. We are ready to begin with the next step once we receive the approval.
  - CBRF expansion does not need any further action for licensure. We are anticipating the majority of staff in the CBRF will move with the expansion of the MMT program (staff are currently shared), so will begin recruiting to minimize any challenges that may occur with this transition.
  - Continue to work with the three counties to anticipate treatment needs in the future. Have been focused on IOP and Day Treatment Programs in Langlade County. Will have proposals for both in the near future for Board review.
  - Working with the Wausau Police Department on hiring staff for the Crisis Assessment Response Team (CART) which is set to begin January 1, 2018.
  - Linkage program is being developed and recruiting for staff has begun. We anticipate staff may transfer from Crisis and will be contacting partners to inform them of the transitional time period for Crisis.
  - L. Scudiere has been asked to be appointed to the State's Rule Making Committee for Youth Crisis Stabilization programs.
  - Additional staff are being hired in Community Treatment; looking for Bachelor level or above in human services as the positions are mostly case management positions.

- Nursing Home Operations Report – K. Gochanour
  - Current Medicare census is 20 with quite a number of referrals coming in.
  - We had our first experience with the new federal survey process during the recent complaint survey. Anticipate our annual survey in the next few weeks.
  - We continue to look at the options Clifton Larson Allen provided on operational efficiencies i.e. 2018 marketing plan, admissions director, and social worker. A full audit will begin in January on our MDS system to make sure we are capturing everything for the best rate possible.
  - At the most recent Mount View Care Committee meeting, information from 2013 was reviewed on the impact of not proceeding with the \$13.5 million renovation. The prediction has tracked closely as it relates to Medicare, Medicaid, Vent and Rehab Units census. With Marathon County passing a \$200,000 cut in the budget for the nursing home in 2018, we will need to look closely at both revenues and expenses, work on action plans to address this unanticipated cut. This amount will be reflected each month on the financials. Will also need Marathon County's support in working on revenues and renovations.
  
- Quality Outcomes Review – M. Loy
  - Dashboard and Executive Summary were provided in the packet and reviewed. The 2018 Dashboard was approved during the budget process with new measures and performance standards that we are working on to operationalize.
  - **Motion**/second, Bliven/Benson, to accept the Organizational Dashboard and Executive Summary. Motion carried.

Board Discussion and Action

- Slate of Nominations of NCCSP Board Officers for 2018.  
**Motion**/second, Balk/Rusch, to move forward the slate of nominations as follows:  
Chair - Jeff Zriny, Vice-Chair – Steve Benson, Secretary/Treasurer – Bob Weaver. Motion carried.
- **Motion**/second, Metter/Weaver, to close the nominations. Motion carried.
- Committee Assignments for 2018  
There will not be committee assignments in 2018 with the transition to Policy Governance.
- 2017 Capital Budget  
M. Loy reviewed the floor plans for the anticipated expansion of MMT. Capital dollars have been freed up from other projects that were under budget. Asking to amend the 2017 capital budget to allow for costs of expanding this project. We are currently waiting on Facilities and Capital Maintenance to finalize plans with the State before proceeding with construction. Have impressed upon them that every delay is a delay in treatment and will impact financials since we had anticipated the expanded program for a full year.
  - **Motion**/second, Burgener/Metter, to approve the renovation to expand the MMT program from 6 to 15 beds in an amount not to exceed \$100,000. Following discussion the motion carried.

- A partnership with Marathon County and Aspirus for an Onsite Employee Health Clinic is under discussion. Plans are to operate the clinic in the Lake View Center formerly occupied by ADRC on a full-time basis for all NCHC and Marathon County employees (about 1500 employees and their families). The clinic would have a Physician's Assistant, Certified Medical Assistant, and a clerical position. Renovations not to exceed \$100,000 as NCHC's portion are need to accommodate the clinic.
- **Motion**/second, Weaver/Seefeldt, to approve \$100,000 for the renovation for an Onsite Employee Health Clinic. Motion carried.
- Amend the 2017 Budget to Participate in Marathon County's Priority Based Budgeting Initiative in an Amount not to Exceed \$50,000.
  - Marathon County's Priority Based Budgeting Initiative provides a comprehensive review of the organization and identifies costs of every program. It provides a good exercise on setting priorities but is not budgeted for at this time. There would also be an ongoing annual cost of \$25,000 as a maintenance fee once the system is developed. Following discussion, no motion was made to move forward at this time but may be considered again next year. The Board requested the CEO to bring back more information at a future date.

Policy Development – M. Loy

- County Complaint Resolution Policy  
The policy was originally developed with the Collaborative Care Committee structure. After review with the three counties, the policy was updated on how we handle complaints from county officials. The policy articulates the process and directs those types of concerns through a complaint process that is in place now. Complaint structure is monitored and will be reviewed by the Board. The RCA will receive updates also as part of the new Tri-County Agreement.
- Policy Governance: Executive Limitations – K. Day  
As the next step in Policy Governance the Board will identify Executive Limitations which provides directions to the Executive by identifying only those items that are not acceptable, keeping the number of limitations as small as possible allowing the creativity of the executive. The Board reviewed the Draft Executive Limitations Statements and supported moving forward with incorporating the statements in the Policy Governance Manual.

The Board determined to defer the Closed Session item regarding the Report of Investigations to a future date.

**MOTION TO GO INTO CLOSED SESSION**

- **Motion** by Stowe, Pursuant to Section 19.85(1)(c) and (f) 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. Second by Benson. Roll call taken. Motion carried.
- **Motion**/second, Weaver/Burgener, to come out of closed session at 2:31 p.m. Motion carried.
- **Motion**/second, Weaver/Stowe, to forward the CEO Employment agreement as presented. Motion carried.

Adjourn

- **Motion**/second, Stowe/Bliven, to adjourn the Board meeting at 2:33 p.m. Motion carried.



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: December 15, 2017  
 TO: North Central Community Services Program Board  
 FROM: Michael Loy, Interim Chief Executive Officer  
 RE: December CEO Report

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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 Friday, December 15, 2017 here is the current status for the fundraising:

	Requested	Pledged
Businesses	\$1,035,000	\$375,000
Foundations	\$1,690,000	\$630,000
Individuals	\$50,000	\$258,975
Fundraising Activities	\$25,000	\$4,903
Totals	\$2,800,000	\$1,268,878

- 2) Master Facility Planning: The Master Planning Event #4 was held on December 12, 2017. The full day event started the space allocation and program adjacency discovery work for the final Master Facility Plan. The meetings delivered on the objectives laid out by HGA and good progress continues. The Master Facility Plan final delivery target has been adjusted to the first or second week in February.
- 3) Physician Recruitment: We have two new Psychiatrists who have signed their offer letters and are in the contract negotiation phase. We expect both to join in the 1<sup>st</sup> or 2<sup>nd</sup> quarter in 2018. Both Psychiatrists come with prior experience, one will be filling the 2<sup>nd</sup> Psychiatrist role on the Inpatient Unit. This position helps to support the overflow from Dr. Dibala and the MCW resident's case load. They will support some Crisis/Outpatient needs and have interest in partnering with a local health system to provide ECT treatments here locally. The other Psychiatrist is a Child/Adolescent Psychiatrist who will work within both Outpatient and Community Treatment.
- 4) New Partnership with MCW and Children's Hospital: In the first quarter of 2018 we will be entering into a new agreement with MCW and Children's Hospital to expand upon their current Psychiatry Consult program for Primary Care Physicians. A Psychiatrist will work at NCHC on Mondays to provide initial assessment and stabilization psychiatry services for adolescents. The Psychiatrist will not maintain a case load. Rather, following the assessment/stabilization, the Psychiatrist will work with the adolescent's Primary Care Physician to manage medications but the Psychiatrist would be able to provide support on a consultative basis.
- 5) DHS Rule Making Committee: I have been given the opportunity to work with a State committee to update the Department of Health Services Chapter 75 regulations. The department proposes to revise DHS 75, which establishes standards for community substance use disorder prevention and treatment services. The State of Scope for the revisions was submitted in December and we anticipate work beginning early in 2018.

<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 Matusheski 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 in December. 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 , Executive Limitation and will consider the Board-CEO Relationship at the December meeting. The emaining Board Governance Process section will be an item for discussion at the Board meeting in December. A draft of this section will be drafted and full final Policy Governance Manual will be presented at the January Board meeting. Full implementation of the new Policy Governance process 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	Marathon County is extending the charter of the MVCC Committee to provide a recommendation to the County Board on MVCC by March 2018 to allow for the Master Facility Plan to consider the future of MVCC as part of that study. The County Administrator will be tasked with greating a management agreement with NCHC to manage MVCC on the County's behalf but the policy oversight and decision making will be vested in the MVCC Committee which we believe will become a permanent County Committee in 2018.	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. To date, we are approaching about 40-50% of funding pledged. 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												

<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>
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												
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 CEO appointment and confirmation process will conclude on Tuesday December 19, 2017 with all three County Boards voting on the appointment confirmation on the 19th.	Open												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	We have obtained all facility use agreements from each of the three Counties along with the most recent updated draft of the agreement with Marathon County. Will be reviewing these items and creating a consistent use agreement for all three Counties.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval.	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 guidance 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												



<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>	
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	Drafts are being developed for consideration in January 2018.	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:** December 15, 2017  
**RE:** Attached Financials

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

### **BALANCE SHEET**

Accounts receivable continues to show improvements and cash remains strong.

### **STATEMENT OF REVENUE AND EXPENSES**

The month of November shows a gain of \$350,509 compared to a targeted gain of \$27,039 resulting in a positive variance of \$323,470.

Overall revenue exceeded target for the month. The hospital census remained consistent with an average of 15 per day. The nursing home census declined for November averaging 179 per day, and the Medicare census averaged 17 per day. The nursing home Medicaid rates for the effective dates of July 1 and October 1 were received. The rates were more favorable than anticipated resulting in a positive adjustment of almost \$90,000. The nursing home also received notification of the supplemental payment for July 1, 2017 to June 30, 2018, and this also was more favorable than anticipated, which also resulted in a positive adjustment of almost \$90,000.

Overall expenses were below budget target. A significant contributor to this is payments were received for clients at the State Institutes, which resulted in a credit for the State Institutes in November of (\$85,260).

Both the Human Services Operations Program and Nursing Home show a gain for November. The positive adjustments for the nursing home in November have helped to bring the nursing home back on track to trying to break even for the year. Year to date the organization remains positive with a gain of \$1,322,048, which exceeds target by \$1,241,095.

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

Thank you.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,280,805	995,398	4,276,203	6,135,000
Accounts receivable:				
Patient - Net	2,336,001	1,887,045	4,223,047	5,620,939
Outpatient - WIMCR & CCS	1,582,500	0	1,582,500	630,000
Nursing home - Supplemental payment program	0	942,800	942,800	821,500
Marathon County	898,346	283,333	1,181,679	85,422
Appropriations receivable	0	0	0	0
Net state receivable	1,016,474	0	1,016,474	165,880
Other	187,660	0	187,660	595,845
Inventory	0	305,373	305,373	303,535
Other	<u>219,324</u>	<u>162,175</u>	<u>381,499</u>	<u>335,819</u>
Total current assets	<u>9,521,110</u>	<u>4,576,125</u>	<u>14,097,236</u>	<u>14,693,940</u>
Noncurrent Assets:				
Investments	11,297,650	0	11,297,650	10,300,000
Assets limited as to use	793,199	353,176	1,146,376	2,779,096
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	12,849	27,143	39,992	58,169
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	935,879	941,924	1,877,803	1,094,565
Depreciable capital assets - Net	<u>6,444,320</u>	<u>3,343,019</u>	<u>9,787,339</u>	<u>10,256,788</u>
Total noncurrent assets	<u>19,983,897</u>	<u>4,665,262</u>	<u>24,649,159</u>	<u>29,335,556</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>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>	<u><b>39,575,369</b></u>	<u><b>16,687,745</b></u>	<u><b>56,263,115</b></u>	<u><b>48,881,338</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
NOVEMBER 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	502,686	371,702	874,388	1,930,402
Appropriations advances	84,825	0	84,825	648,389
Accrued liabilities:				
Salaries and retirement	885,645	654,875	1,540,521	1,435,248
Compensated absences	786,350	581,453	1,367,802	1,510,216
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	433,333
Unearned revenue	<u>76,738</u>	<u>0</u>	<u>76,738</u>	<u>481,264</u>
Total current liabilities	<u>3,134,588</u>	<u>2,013,495</u>	<u>5,148,083</u>	<u>7,740,492</u>
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	0
Related-party note payable	0	0	0	636,181
Patient trust funds	<u>12,849</u>	<u>27,143</u>	<u>39,992</u>	<u>58,169</u>
Total noncurrent liabilities	<u>1,810,779</u>	<u>1,356,592</u>	<u>3,167,371</u>	<u>694,350</u>
Total liabilities	<u>4,945,367</u>	<u>3,370,087</u>	<u>8,315,454</u>	<u>8,434,842</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	7,380,198	4,284,943	11,665,141	11,351,353
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	793,199	353,176	1,146,376	0
Undesignated	20,741,870	5,925,186	26,667,055	30,617,924
Operating Income / (Loss)	<u>1,393,351</u>	<u>(71,303)</u>	<u>1,322,048</u>	<u>(1,607,654)</u>
Total net position	<u>30,808,618</u>	<u>10,492,002</u>	<u>41,300,620</u>	<u>40,361,623</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>	<u><b>39,575,369</b></u>	<u><b>16,687,746</b></u>	<u><b>56,263,114</b></u>	<u><b>48,881,338</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING NOVEMBER 30, 2017**

<b>TOTAL</b>	<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>\$3,933,930</u>	<u>\$3,659,781</u>	<u>\$274,149</u>	<u>\$40,879,487</u>	<u>\$40,647,658</u>	<u>\$231,829</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	3,569,539	3,576,316	(6,777)
Grant Revenue	155,195	197,183	(41,988)	2,154,052	2,169,017	(14,964)
County Appropriations - Net	639,260	639,260	0	7,031,858	7,031,858	0
Departmental and Other Revenue	<u>274,011</u>	<u>302,268</u>	<u>(28,257)</u>	<u>3,229,836</u>	<u>3,224,951</u>	<u>4,885</u>
Total Other Revenue	<u>1,392,970</u>	<u>1,463,831</u>	<u>(70,861)</u>	<u>15,985,285</u>	<u>16,002,142</u>	<u>(16,857)</u>
Total Revenue	5,326,900	5,123,612	203,288	56,864,773	56,649,800	214,973
Expenses:						
Direct Expenses	3,702,547	3,801,920	(99,374)	41,754,509	42,197,114	(442,606)
Indirect Expenses	<u>1,294,711</u>	<u>1,302,985</u>	<u>(8,274)</u>	<u>13,994,054</u>	<u>14,463,399</u>	<u>(469,345)</u>
Total Expenses	<u>4,997,258</u>	<u>5,104,906</u>	<u>(107,648)</u>	<u>55,748,563</u>	<u>56,660,514</u>	<u>(911,951)</u>
Operating Income (Loss)	<u>329,642</u>	<u>18,706</u>	<u>310,936</u>	<u>1,116,210</u>	<u>(10,714)</u>	<u>1,126,923</u>
Nonoperating Gains (Losses):						
Interest Income	15,044	8,333	6,711	147,984	91,667	56,318
Donations and Gifts	5,823	0	5,823	50,161	0	50,161
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,694</u>	<u>0</u>	<u>7,694</u>
Total Nonoperating Gains / (Losses)	<u>20,867</u>	<u>8,333</u>	<u>12,534</u>	<u>205,839</u>	<u>91,667</u>	<u>114,172</u>
Income / (Loss)	<u>\$350,509</u>	<u>\$27,039</u>	<u>\$323,470</u>	<u>\$1,322,048</u>	<u>\$80,953</u>	<u>\$1,241,095</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING NOVEMBER 30, 2017**

<b>51.42/.437 PROGRAMS</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,904,239</u>	<u>\$1,887,511</u>	<u>\$16,728</u>	<u>\$21,866,621</u>	<u>\$20,977,526</u>	<u>\$889,095</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	3,569,539	3,576,316	(6,777)
Grant Revenue	155,195	197,183	(41,988)	2,154,052	2,169,017	(14,964)
County Appropriations - Net	497,594	497,593	1	5,473,532	5,473,525	7
Departmental and Other Revenue	<u>121,297</u>	<u>149,059</u>	<u>(27,762)</u>	<u>1,540,027</u>	<u>1,639,637</u>	<u>(99,610)</u>
Total Other Revenue	<u>1,098,590</u>	<u>1,168,955</u>	<u>(70,365)</u>	<u>12,737,151</u>	<u>12,858,495</u>	<u>(121,344)</u>
Total Revenue	3,002,828	3,056,466	(53,637)	34,603,771	33,836,021	767,751
Expenses:						
Direct Expenses	2,323,580	2,349,959	(26,379)	26,376,859	26,078,432	298,428
Indirect Expenses	<u>640,918</u>	<u>647,779</u>	<u>(6,861)</u>	<u>7,031,879</u>	<u>7,190,479</u>	<u>(158,600)</u>
Total Expenses	<u>2,964,498</u>	<u>2,997,738</u>	<u>(33,240)</u>	<u>33,408,738</u>	<u>33,268,911</u>	<u>139,827</u>
Operating Income (Loss)	<u>38,330</u>	<u>58,728</u>	<u>(20,398)</u>	<u>1,195,033</u>	<u>567,110</u>	<u>627,923</u>
Nonoperating Gains (Losses):						
Interest Income	15,044	8,333	6,711	147,984	91,667	56,318
Donations and Gifts	5,596	0	5,596	42,640	0	42,640
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,694</u>	<u>0</u>	<u>7,694</u>
Total Nonoperating Gains / (Losses)	<u>20,640</u>	<u>8,333</u>	<u>12,307</u>	<u>198,318</u>	<u>91,667</u>	<u>106,651</u>
Income / (Loss)	<u>\$58,971</u>	<u>\$67,062</u>	<u>(\$8,091)</u>	<u>\$1,393,351</u>	<u>\$658,776</u>	<u>\$734,574</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING NOVEMBER 30, 2017**

<b>NURSING HOME</b>	<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>\$2,029,691</u>	<u>\$1,772,270</u>	<u>\$257,421</u>	<u>\$19,012,867</u>	<u>\$19,670,132</u>	<u>(\$657,265)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	1,558,326	1,558,333	(7)
Departmental and Other Revenue	<u>152,714</u>	<u>153,209</u>	<u>(495)</u>	<u>1,689,809</u>	<u>1,585,314</u>	<u>104,495</u>
Total Other Revenue	<u>294,380</u>	<u>294,876</u>	<u>(496)</u>	<u>3,248,135</u>	<u>3,143,647</u>	<u>104,487</u>
Total Revenue	2,324,071	2,067,146	256,926	22,261,001	22,813,779	(552,778)
Expenses:						
Direct Expenses	1,378,967	1,451,962	(72,995)	15,377,649	16,118,683	(741,033)
Indirect Expenses	<u>653,793</u>	<u>655,206</u>	<u>(1,413)</u>	<u>6,962,175</u>	<u>7,272,920</u>	<u>(310,745)</u>
Total Expenses	<u>2,032,760</u>	<u>2,107,168</u>	<u>(74,408)</u>	<u>22,339,825</u>	<u>23,391,603</u>	<u>(1,051,778)</u>
Operating Income (Loss)	<u>291,312</u>	<u>(40,022)</u>	<u>331,334</u>	<u>(78,824)</u>	<u>(577,823)</u>	<u>499,000</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	227	0	227	7,521	0	7,521
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>227</u>	<u>0</u>	<u>227</u>	<u>7,521</u>	<u>0</u>	<u>7,521</u>
Income / (Loss)	<u>\$291,539</u>	<u>(\$40,022)</u>	<u>\$331,561</u>	<u>(\$71,303)</u>	<u>(\$577,823)</u>	<u>\$506,521</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
PFM Investments	365 Days	11/30/2018	1.63%	\$490,000	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
CoVantage Credit Union	730 Days	11/18/2019	1.50%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$11,282,000	
WEIGHTED AVERAGE		531.67 Days	1.275% INTEREST		



# NCHC-DONATED FUNDS

## Balance Sheet

As of November 30, 2017

Accrual Basis

### ASSETS

#### Current Assets

##### Checking/Savings

##### CHECKING ACCOUNT

Adult Day Services	4,970.81
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	38,136.28
Community Treatment	6,850.37
Fishing Without Boundries	4,952.80
General Donated Funds	60,304.17
Housing - DD Services	1,370.47
Langlade HCC	3,094.39
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,105.77
Total Legacies by the Lake	5,064.02
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	4,117.79
Outpatient Services - Marathon	101.08
Pool	11,417.85
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,134.33

Total CHECKING ACCOUNT 169,736.86

Total Checking/Savings 169,736.86

Total Current Assets 169,736.86

**TOTAL ASSETS 169,736.86**

### LIABILITIES & EQUITY

#### Equity

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-7,544.02

Total Equity 169,736.86

**TOTAL LIABILITIES & EQUITY 169,736.86**

**North Central Health Care  
Budget Revenue/Expense Report**

Month Ending November 30, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<b><u>REVENUE:</u></b>					
Total Operating Revenue	<u>5,326,900</u>	<u>5,123,612</u>	<u>56,864,773</u>	<u>56,649,800</u>	<u>214,973</u>
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,238,088	2,506,014	25,219,243	27,900,316	(2,681,073)
Fringe Benefits	933,593	956,562	10,213,333	10,649,571	(436,238)
Departments Supplies	511,452	492,235	5,377,438	5,414,588	(37,150)
Purchased Services	585,624	364,450	6,076,102	4,053,948	2,022,154
Utilitites/Maintenance Agreements	440,579	372,653	4,532,978	4,099,178	433,800
Personal Development/Travel	31,652	37,985	315,668	417,833	(102,164)
Other Operating Expenses	110,829	108,966	1,266,079	1,198,621	67,458
Insurance	56,426	37,708	443,281	414,792	28,489
Depreciation & Amortization	174,275	139,583	1,513,493	1,535,418	(21,925)
Client Purchased Services	<u>(85,260)</u>	<u>88,750</u>	<u>790,948</u>	<u>976,250</u>	<u>(185,302)</u>
<b>TOTAL EXPENSES</b>	<b>4,997,258</b>	<b>5,104,906</b>	<b>55,748,563</b>	<b>56,660,514</b>	<b>(911,951)</b>
Nonoperating Income	<u>20,867</u>	<u>8,333</u>	<u>205,839</u>	<u>91,667</u>	<u>114,172</u>
<b>EXCESS REVENUE (EXPENSE)</b>	<b><u>350,509</u></b>	<b><u>27,039</u></b>	<b><u>1,322,048</u></b>	<b><u>80,953</u></b>	<b><u>1,241,095</u></b>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	\$3,177	\$81,925	\$161,641
Bad Debt	\$494	\$2,268	\$11,087
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$36,055	\$200,375	\$174,945
Bad Debt	\$249	\$3,788	\$9,506
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$16,331	\$17,355	\$53,410
Bad Debt	\$325	\$9,704	\$20,128
Ancillary Services:			
Administrative Write-Off	\$2,197	\$21,670	\$41,704
Bad Debt	\$0	\$324	(\$285)
<b>Pharmacy:</b>			
Administrative Write-Off	\$631	\$2,860	\$732
Bad Debt		\$0	\$0
<b>Total - Administrative Write-Off</b>	<b>\$58,392</b>	<b>\$324,185</b>	<b>\$432,432</b>
<b>Total - Bad Debt</b>	<b>\$1,069</b>	<b>\$16,084</b>	<b>\$40,436</b>

**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>
<b>January</b>	Nursing Home	6,293	5,784	(509)	84.58%	77.74%
	Hospital	434	502	68	87.50%	101.21%
<b>February</b>	Nursing Home	5,684	5,267	(417)	84.58%	85.50% ***
	Hospital	392	441	49	87.50%	98.44%
<b>March</b>	Nursing Home	6,293	5,703	(590)	84.58%	83.62%
	Hospital	434	462	28	87.50%	93.15%
<b>April</b>	Nursing Home	6,090	5,453	(637)	84.58%	82.62%
	Hospital	420	480	60	87.50%	100.00%
<b>May</b>	Nursing Home	6,293	5,698	(595)	84.58%	83.55%
	Hospital	434	432	(2)	87.50%	87.10%
<b>June</b>	Nursing Home	6,090	5,447	(643)	84.58%	82.53%
	Hospital	420	400	(20)	87.50%	83.33%
<b>July</b>	Nursing Home	6,293	5,530	(763)	84.58%	81.09%
	Hospital	434	429	(5)	87.50%	86.49%
<b>August</b>	Nursing Home	6,293	5,747	(546)	84.58%	84.27%
	Hospital	434	435	1	87.50%	87.70%
<b>September</b>	Nursing Home	6,090	5,529	(561)	84.58%	83.77%
	Hospital	420	476	56	87.50%	99.17%
<b>October</b>	Nursing Home	6,293	5,640	(653)	84.58%	82.70%
	Hospital	434	452	18	87.50%	91.13%
<b>November</b>	Nursing Home	6,090	5,373	(717)	84.58%	81.41%
	Hospital	420	450	30	87.50%	93.75%
<b>December</b>	Nursing Home					
	Hospital					
<b>YTD</b>	Nursing Home	67,802	61,171	(6,631)	133.26%	129.44%
	Hospital	4,676	4,959	283	137.85%	146.20%

\*\*\* Licensed beds decreased from 240 to 220

**North Central Health Care**  
Review of 2017 Services  
Langlade County

	<b>2017 Jan-Nov Actual Rev</b>	<b>2017 Jan-Nov Budg Rev</b>	<b>Variance</b>	<b>2017 Jan-Nov Actual Exp</b>	<b>2017 Jan-Nov Budg Exp</b>	<b>Variance</b>	<b>Variance by Program</b>
<b>Direct Services:</b>							
Outpatient Services	\$281,701	\$382,816	(\$101,115)	\$406,503	\$648,450	\$241,947	\$140,832
Psychiatry Services	\$47,611	\$37,025	\$10,586	\$166,595	\$176,273	\$9,678	\$20,264
Community Treatment	\$1,393,691	\$866,070	\$527,621	\$1,372,238	\$959,825	(\$412,413)	\$115,208
Day Services	\$366,920	\$421,163	(\$54,243)	\$358,503	\$417,470	\$58,967	\$4,725
	\$2,089,923	\$1,707,074	\$382,850	\$2,303,839	\$2,202,019	(\$101,821)	\$281,029
<b>Shared Services:</b>							
Inpatient	\$457,436	\$416,309	\$41,127	\$552,965	\$493,717	(\$59,248)	(\$18,121)
CBRF	\$85,363	\$79,581	\$5,782	\$51,074	\$45,018	(\$6,056)	(\$274)
Crisis	\$23,327	\$27,911	(\$4,584)	\$239,872	\$234,633	(\$5,239)	(\$9,823)
MMT(Lakeside Recovery)	\$14,112	\$0	\$14,112	\$49,361	\$0	(\$49,361)	(\$35,249)
Protective Services	\$26,104	\$24,056	\$2,048	\$66,217	\$67,941	\$1,724	\$3,772
Birth To Three	\$78,700	\$126,983	(\$48,283)	\$134,578	\$235,069	\$100,491	\$52,208
Group Homes	\$114,326	\$134,481	(\$20,155)	\$113,165	\$129,747	\$16,582	(\$3,573)
Supported Apartments	\$147,195	\$137,395	\$9,800	\$139,148	\$142,778	\$3,630	\$13,431
Contract Services	\$0	\$0	\$0	\$105,609	\$112,816	\$7,207	\$7,207
	\$946,563	\$946,715	(\$152)	\$1,451,989	\$1,461,719	\$9,730	\$9,578
Totals	\$3,036,486	\$2,653,789	\$382,698	\$3,755,828	\$3,663,737	(\$92,091)	\$290,607
Base County Allocation	\$731,987	\$731,987	\$0				\$0
Nonoperating Revenue	\$8,029	\$4,354	\$3,675				\$3,675
County Appropriation	\$273,609	\$273,609	(\$0)				(\$0)
Excess Revenue/(Expense)	\$4,050,111	\$3,663,739	\$386,372	\$3,755,828	\$3,663,739	(\$92,091)	\$294,280

**North Central Health Care**  
Review of 2017 Services  
Lincoln County

<b>Direct Services:</b>	<b>2017</b>	<b>2017</b>	<b>Variance</b>	<b>2017</b>	<b>2017</b>	<b>Variance</b>	<b>Variance By Program</b>
	<b>Jan-Nov</b>	<b>Jan-Nov</b>		<b>Jan-Nov</b>	<b>Jan-Nov</b>		
	<b>Actual Rev</b>	<b>Budget Rev</b>		<b>Actual Exp</b>	<b>Budg Exp</b>		
Outpatient Services	\$203,602	\$282,212	(\$78,610)	\$195,555	\$515,513	\$319,958	\$241,348
Lincoln Psychiatry Services	\$42,424	\$58,037	(\$15,613)	\$321,457	\$350,834	\$29,377	\$13,764
Community Treatment	\$1,743,940	\$813,835	\$930,105	\$1,501,033	\$1,039,942	(\$461,091)	\$469,014
	\$1,989,966	\$1,154,084	\$835,882	\$2,018,045	\$1,906,289	(\$111,756)	\$724,126
<b>Shared Services:</b>							
Inpatient	\$623,826	\$605,540	\$18,286	\$754,043	\$718,133	(\$35,910)	(\$17,624)
CBRF	\$116,404	\$115,755	\$649	\$69,646	\$65,481	(\$4,165)	(\$3,516)
Crisis	\$31,809	\$40,597	(\$8,788)	\$327,098	\$341,283	\$14,185	\$5,397
MMT (Lakeside Recovery)	\$19,243	\$0	\$19,243	\$67,310	\$0	(\$67,310)	(\$48,067)
Protective Services	\$35,596	\$34,990	\$606	\$90,296	\$98,823	\$8,527	\$9,133
Birth To Three	\$120,392	\$94,910	\$25,482	\$205,873	\$175,697	(\$30,176)	(\$4,694)
Apartments	\$45,861	\$42,854	\$3,007	\$43,401	\$44,534	\$1,133	\$4,139
Contract Services	\$0	\$0	\$0	\$144,013	\$164,096	\$20,083	\$20,083
	\$993,131	\$934,646	\$58,485	\$1,701,680	\$1,608,047	(\$93,633)	(\$35,148)
Totals	\$2,983,097	\$2,088,730	\$894,367	\$3,719,725	\$3,514,336	(\$205,389)	\$688,978
Base County Allocation	\$760,812	\$760,812	(\$0)				(\$0)
Nonoperating Revenue	\$10,250	\$5,329	\$4,921				\$4,921
County Appropriation	\$659,465	\$659,465	\$0				\$0
Excess Revenue (Expense)	\$4,413,624	\$3,514,336	\$899,288	\$3,719,725	\$3,514,336	(\$205,389)	\$693,899

**North Central Health Care**  
Review of 2017 Services  
Marathon County

	<b>2017 Jan-Nov Actual Rev</b>	<b>2017 Jan-Nov Budget Rev</b>	<b>Variance</b>	<b>2017 Jan-Nov Actual Exp</b>	<b>2017 Jan-Nov Budget Exp</b>	<b>Variance</b>	<b>Variance by Program</b>
<b>Direct Services:</b>							
Outpatient Services	\$837,005	\$1,176,202	(\$339,197)	\$1,588,591	\$1,939,733	\$351,142	\$11,945
Psychiatry Services	\$263,702	\$455,819	(\$192,117)	\$1,247,755	\$1,462,048	\$214,293	\$22,176
AODA Day Treatment	\$93,232	\$99,710	(\$6,478)	\$69,250	\$119,212	\$49,962	\$43,484
Community Treatment	\$4,719,892	\$4,332,171	\$387,721	\$5,596,817	\$4,821,018	(\$775,799)	(\$388,079)
Day Services	\$1,524,028	\$1,671,715	(\$147,687)	\$1,484,679	\$1,665,904	\$181,225	\$33,538
Clubhouse	\$321,798	\$322,756	(\$958)	\$417,847	\$409,839	(\$8,008)	(\$8,966)
Demand Transportation	\$362,081	\$375,507	(\$13,426)	\$364,354	\$375,507	\$11,153	(\$2,273)
Aquatic Services	\$629,330	\$725,660	(\$96,330)	\$847,128	\$863,460	\$16,332	(\$79,998)
Pharmacy	\$2,266,629	\$2,220,622	\$46,007	\$2,382,456	\$2,326,446	(\$56,010)	(\$10,003)
	\$11,017,697	\$11,380,161	(\$362,464)	\$13,998,877	\$13,983,165	(\$15,712)	(\$378,176)
<b>Shared Services:</b>							
Inpatient	\$3,077,283	\$2,762,777	\$314,506	\$3,719,947	\$3,276,486	(\$443,461)	(\$128,956)
CBRF	\$574,258	\$528,130	\$46,128	\$343,586	\$298,757	(\$44,829)	\$1,299
Crisis Services	\$156,927	\$185,224	(\$28,297)	\$1,613,681	\$1,557,107	(\$56,574)	(\$84,871)
MMT (Lakeside Recovery)	\$94,934	\$196,098	(\$101,164)	\$332,062	\$450,645	\$118,583	\$17,419
Protective Services	\$175,607	\$159,643	\$15,964	\$445,458	\$450,880	\$5,422	\$21,386
Birth To Three	\$575,730	\$677,462	(\$101,732)	\$984,506	\$1,254,108	\$269,602	\$167,871
Group Homes	\$1,793,607	\$2,109,795	(\$316,188)	\$1,775,385	\$2,035,536	\$260,151	(\$56,036)
Supported Apartments	\$2,125,420	\$1,983,906	\$141,514	\$2,009,223	\$2,061,646	\$52,423	\$193,937
Contracted Services	\$0	\$0	\$0	\$710,463	\$748,689	\$38,226	\$38,226
	\$8,573,766	\$8,603,034	(\$29,268)	\$11,934,311	\$12,133,854	\$199,543	\$170,275
Totals	\$19,591,463	\$19,983,195	(\$391,732)	\$25,933,188	\$26,117,020	\$183,832	(\$207,900)
Base County Allocation	\$2,076,740	\$2,083,517	(\$6,777)				(\$6,777)
Nonoperating Revenue	\$129,706	\$81,984	\$47,722				\$47,722
County Appropriation	\$4,540,451	\$4,540,451	\$0				\$0
Budgeted Gain		(\$572,127)	\$572,127				\$572,127
Excess Revenue/(Expense)	\$26,338,360	\$26,117,020	\$221,340	\$25,933,188	\$26,117,020	\$183,832	\$405,172

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

	Current Month Actual	5373 PPD	Current Month Budget	6090 PPD	Current Month Variance (PPD)	YTD Actual	61171 PPD	YTD Budget	67802 PPD	YTD Variance (PPD)	Prior YTD Actual	68105 PPD
<b>Revenue</b>												
Net Patient Services Revenue:												
Daily Services	\$1,711,849		\$1,458,753			\$15,870,826		\$16,196,962			\$16,492,245	
Ancillary Services	\$317,842		\$313,517			\$3,142,041		\$3,473,170			\$5,618,165	
Total Net Patient Services Revenue	\$2,029,691	\$377.76	\$1,772,270	\$291.01	\$86.74	\$19,012,867	\$310.82	\$19,670,132	\$290.11	\$20.70	\$22,110,410	\$324.65
Other Revenue												
County Appropriation	\$141,666		\$141,666			\$1,558,326		\$1,558,333			\$1,558,326	
Department and Other Revenue	\$152,714		\$153,209			\$1,689,807		\$1,585,314			\$747,967	
Total Other Revenue	\$294,380	\$54.79	\$294,875	\$48.42	\$6.37	\$3,248,133	\$53.10	\$3,143,647	\$46.37	\$6.73	\$2,306,293	\$33.86
Total Revenue	\$2,324,071	\$432.55	\$2,067,145	\$339.43	\$93.11	\$22,261,000	\$363.91	\$22,813,779	\$336.48	\$27.44	\$24,416,703	\$358.52
<b>Expenses</b>												
Direct Expenses	\$1,378,967		\$1,451,962			\$15,377,649		\$16,118,683			\$18,845,976	
Indirect Expenses	\$653,792		\$655,206			\$6,962,175		\$7,272,920			\$6,625,374	
Total Expenses	\$2,032,759	\$378.33	\$2,107,168	\$346.00	\$32.32	\$22,339,824	\$365.20	\$23,391,603	\$345.00	\$20.20	\$25,471,350	\$374.00
Donations and Gifts	\$227		\$0			\$7,521		\$0			\$7,310	
Nonoperating Gains/(Losses)	\$0		\$0			\$0		\$0			\$0	\$0.00
Total Nonoperating Gains/(Losses)	\$227	\$0.04	\$0	\$0.00	\$0.04	\$7,521	\$0.12	\$0	\$0.00		\$7,310	
Excess Revenue (Expenses)	\$291,539	\$54.26	(\$40,022)	(\$6.57)	\$60.83	(\$71,303)	(\$1.17)	(\$577,823)	(\$8.52)	\$7.36	(\$1,047,337)	(\$15.38)



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

RUG CATEGORY	RUG RATE	ACTUAL DAYS November	BUDGET DAYS November	ACTUAL REVENUE November	BUDGET REVENUE November	YTD ACTUAL DAYS	YTD BUDGET DAYS	YTD ACTUAL REVENUE	YTD BUDGET REVENUE
RUX	\$753.44	6	0	\$4,521	\$0	77	0	\$57,175	\$0
RUL	\$737.02	0	0	\$0	\$0	11	0	\$7,923	\$0
RVX	\$670.62	0	0	\$0	\$0	0	0	\$0	\$0
RVL	\$601.66	0	0	\$0	\$0	0	0	\$0	\$0
RHX	\$607.60	0	4	\$0	\$0	0	46	\$0	\$27,167
RHL	\$541.92	0	0	\$0	\$0	0	0	\$0	\$0
RMX	\$557.35	0	4	\$0	\$2,238	0	46	\$0	\$24,921
RML	\$511.38	0	0	\$0	\$0	0	0	\$0	\$0
RLX	\$489.47	0	0	\$0	\$0	0	0	\$0	\$0
RUC	\$571.19	29	46	\$16,565	\$25,921	543	517	\$303,955	\$288,592
RUB	\$571.19	35	123	\$19,992	\$68,818	997	1373	\$557,451	\$766,173
RUA	\$477.61	21	39	\$10,030	\$18,222	341	435	\$159,568	\$202,868
RVC	\$490.01	135	118	\$66,151	\$56,282	749	1309	\$360,941	\$626,611
RVB	\$424.33	99	72	\$42,009	\$29,823	1110	801	\$462,563	\$332,028
RVA	\$422.69	0	49	\$0	\$20,371	462	549	\$191,448	\$226,798
RHC	\$426.98	3	12	\$1,281	\$5,144	213	137	\$89,158	\$57,273
RHB	\$384.30	47	16	\$18,062	\$6,173	168	183	\$63,757	\$68,731
RHA	\$338.32	23	4	\$7,781	\$1,359	55	46	\$18,431	\$15,127
RMC	\$375.11	19	31	\$7,127	\$11,298	120	343	\$44,279	\$125,789
RMB	\$352.12	8	0	\$2,817	\$0	49	0	\$17,022	\$0
RMA	\$289.73	33	0	\$9,561	\$0	94	0	\$26,846	\$0
RLB	\$364.70	0	0	\$0	\$0	0	0	\$0	\$0
RLA	\$234.99	0	0	\$0	\$0	0	0	\$0	\$0
ES3	\$687.87	24	41	\$16,509	\$27,625	267	458	\$179,856	\$307,559
ES2	\$538.46	0	0	\$0	\$0	0	0	\$0	\$0
ES1	\$481.00	0	0	\$0	\$0	0	0	\$0	\$0
HE2	\$464.58	0	0	\$0	\$0	0	0	\$0	\$0
HE1	\$385.77	0	0	\$0	\$0	79	0	\$29,781	\$0
HD2	\$435.02	0	0	\$0	\$0	32	0	\$13,604	\$0
HD1	\$362.78	0	18	\$0	\$6,265	3	197	\$1,064	\$69,750
HC2	\$410.40	0	0	\$0	\$0	0	0	\$0	\$0
HC1	\$343.08	0	6	\$0	\$2,067	10	69	\$3,431	\$23,010
HB2	\$405.47	0	0	\$0	\$0	0	0	\$0	\$0
HB1	\$339.80	0	6	\$0	\$2,047	3	69	\$996	\$22,789
LE2	\$421.89	0	0	\$0	\$0	0	0	\$0	\$0
LE1	\$352.93	0	0	\$0	\$0	27	0	\$9,344	\$0
LD2	\$405.47	0	0	\$0	\$0	0	0	\$0	\$0
LD1	\$339.80	0	0	\$0	\$0	9	0	\$3,020	\$0
LC2	\$356.22	0	0	\$0	\$0	0	0	\$0	\$0
LC1	\$300.39	0	0	\$0	\$0	44	0	\$13,169	\$0
LB2	\$338.15	0	0	\$0	\$0	0	0	\$0	\$0
LB1	\$287.25	8	0	\$2,298	\$0	9	0	\$2,579	\$0
CE2	\$375.91	0	0	\$0	\$0	0	0	\$0	\$0
CE1	\$346.37	0	0	\$0	\$0	7	0	\$2,369	\$0
CD2	\$356.22	0	0	\$0	\$0	0	0	\$0	\$0
CD1	\$326.66	0	0	\$0	\$0	1	0	\$319	\$0
CC2	\$311.88	0	0	\$0	\$0	0	0	\$0	\$0
CC1	\$288.90	0	0	\$0	\$0	0	0	\$0	\$0
CB2	\$288.90	0	0	\$0	\$0	0	0	\$0	\$0
CB1	\$267.55	1	0	\$268	\$0	8	0	\$2,098	\$0
CA2	\$244.56	0	0	\$0	\$0	0	0	\$0	\$0
CA1	\$228.14	12	0	\$2,738	\$0	25	0	\$5,704	\$0
BB2	\$259.34	0	0	\$0	\$0	0	0	\$0	\$0
BB1	\$247.85	0	0	\$0	\$0	0	0	\$0	\$0
BA2	\$215.01	0	0	\$0	\$0	0	0	\$0	\$0
BA1	\$205.16	0	0	\$0	\$0	0	0	\$0	\$0
PE2	\$346.37	0	0	\$0	\$0	0	0	\$0	\$0
PE1	\$329.94	0	0	\$0	\$0	9	0	\$2,902	\$0
PD2	\$326.66	0	0	\$0	\$0	0	0	\$0	\$0
PD1	\$310.24	8	0	\$2,482	\$0	8	0	\$2,482	\$0
PC2	\$280.69	0	0	\$0	\$0	0	0	\$0	\$0
PC1	\$267.55	0	9	\$0	\$2,471	13	105	\$3,399	\$27,515
PB2	\$238.00	0	0	\$0	\$0	0	0	\$0	\$0
PB1	\$228.14	0	0	\$0	\$0	0	0	\$0	\$0
PA2	\$196.95	0	0	\$0	\$0	0	0	\$0	\$0
PA1	\$188.74	0	0	\$0	\$0	0	0	\$0	\$0
<b>TOTAL</b>		<b>511</b>	<b>600</b>	<b>\$230,190</b>	<b>\$286,126</b>	<b>5543</b>	<b>6680</b>	<b>\$2,636,633</b>	<b>\$3,212,700</b>
Average Reimbursement Per Day				\$450.47	\$476.88			\$475.67	\$480.94
Average Patients/Day				17.0	20.0			16.6	20.0

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

	<b>January</b>				<b>February</b>				<b>March</b>				<b>April</b>							
	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%					
	<b>May</b>				<b>June</b>				<b>July</b>				<b>August</b>							
	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%		92.3%		81.1%		92.3%		84.3%		92.3%					
	<b>Sept</b>				<b>October</b>				<b>November</b>				<b>December</b>				<b>YTD</b>			
	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%	616	11.46%	630	10.34%	0	#DIV/0!	0	#DIV/0!	6883	11.25%	7014	10.34%
Commercial	342	6.19%	270	4.43%	357	6.33%	279	4.43%	323	6.01%	270	4.43%	0	#DIV/0!	0	#DIV/0!	3529	5.77%	3006	4.43%
Medicare	464	8.39%	600	9.85%	542	9.61%	620	9.85%	511	9.51%	600	9.85%	0	#DIV/0!	0	#DIV/0!	5543	9.06%	6680	9.85%
Medicaid	4045	73.16%	4590	75.37%	4082	72.38%	4743	75.37%	3923	73.01%	4590	75.37%	0	#DIV/0!	0	#DIV/0!	45216	73.92%	51102	75.37%
Total	5529	100.00%	6090	100.00%	5640	100.00%	6293	100.00%	5373	100.00%	6090	100.00%	0	#DIV/0!	0	#DIV/0!	61171	100.00%	67802	100.00%
Occupancy	83.8%		92.3%		82.7%		92.3%		81.4%		92.3%		0.0%		0.0%		83.2%		92.3%	



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: December 15, 2017  
TO: North Central Community Services Program Board  
FROM: Laura Scudiere, Human Services Operations Executive  
RE: Updates on Human Services Operations

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The following items are general updates and communications to support the Board on key activities and/or updates of the Human Service Operations service line since our last meeting:

### Updates

1. **Community Treatment:** The Community Treatment Program had its annual survey, and received a 2 year renewal. We were asked to present statewide on our new onboarding procedures, which were developed to assist with training new staff in this quickly expanding program. Overall our survey was very successful.
2. **MMT Expansion:** MMT Expansion preparation continues. NCHC staff are still waiting for approval by the state for the renovations to the unit and Facility and Capital Maintenance to complete the renovation work. The certification paperwork is completed and can be submitted once that is finished. Estimated wait times for the certification paperwork are 3-6 months.
3. **CBRF Expansion:** CBRF Expansion preparation continues but is dependent on the MMT program expansion.
4. **Day Treatment and IOP Expansion:** Day Treatment and Intensive Outpatient (IOP) proposals are still being developed for the three counties for consideration at the RCA.
5. **Crisis Assessment Response Team (C.A.R.T.):** Recruiting for the crisis positions has begun. NCHC currently has four internal candidates for this new team.
6. **Linkage and Follow-up:** Program preparations have begun, and staff are meeting on a weekly basis to design work flow. Recruiting for the positions in both Crisis and Community Treatment has also begun.
7. **Reaching Recovery Software:** NCHC is instituting a new software system that will allow providers to determine a patient's best level of treatment in our continuum of care, and also whether they are improving with treatment in real time. This software will go live first quarter of 2018, and allow us to provide treatment metrics as requested to the RCA. This software assists NCHC in meeting new Joint Commission Accreditation standards.
8. **Joint Commission Survey Preparation:** Staff are conducting survey tracers to prepare for the upcoming Joint Commission survey. Joint Commission certification is considered the gold standard of health care quality.
9. **Residential Hillcrest Closure:** Due to the changing mobility needs of our patients, and the aging of the Hillcrest residential site, the house will no longer be occupied in 2018. Residents are being relocated to other ADA compliant residential homes. The majority of the patients will be moving to our new Andrea Street facility.



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: December 15, 2017  
TO: North Central Health Care Board  
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator  
RE: Updates on Mount View Nursing Home

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

### Updates

1. Mount View had a another positive month for November with a gain of \$291,539 due to some additional dollars from our supplemental payment and better Medicaid rates for July and August than budgeted. This has assisted us in closing our \$700,000 budgeted loss to \$71,000 year to date.
2. As we have started out our month in December, we have continued to focus on our patient mix and have had a good month to date with an average of 20 Medicare patients per day. We continue to focus on how to increase our rehab population.
3. We are still awaiting our annual federal and state certification visit. On December 14 we had a complaint survey on a self-reported resident to resident altercation. Clarification information was provided with no citations. Feedback on the new survey process is that it is extending the number of days of the survey as the surveyors are still learning this new process. At this time we anticipate our annual survey in early January.
4. 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. The next scheduled meeting is set for January 4<sup>th</sup> at 6:30 p.m.
5. The Clifton Larson & Allen recommendations that we received in July 2017 are being reviewed and implemented to improve operational efficiencies at Mount View. Our current areas of focus are on the clinical documentation review in January and performing an analysis of our current electronic medical record systems as well as other available options to improve clinical and financial performance.
6. As we review our quality indicators for 2017, an area of opportunity identified is in our falls management and prevention of falls. We have developed a comprehensive action plan including review of staffing, education, and approaches to assist in lowering those numbers. January will be focused on education and reallocation of staff to better meet the resident's needs.

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%	9.0%		9.0%	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%	77.2%		77.2%	\
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%	78.7%		77.2%	\
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%	2.9%		9.9%	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%	11.3%		12.8%	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%	11.0%		18.5%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%	67%	72%	69%	73%	72%	76%	74%	87%	87%		74%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%	62%	59%	56%	60%	58%	68%	67%	61%	60%		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	
<b>Vacancy Rate</b>	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
<b>Retention Rate</b>	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
<b>Patient Experience: % Top Box Rate</b>	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	
<b>Nursing Home Readmission Rate</b>	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>
<b>Psychiatric Hospital Readmission Rate</b>	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 &amp; Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
<b>AODA Relapse Rate</b>	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	
<b>NCHC Access</b>	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> <li>• Adult Day Services - within 2 weeks of receiving required enrollment documents</li> <li>• Aquatic Services - within 2 weeks of referral or client phone requests</li> <li>• Birth to 3 - within 45 days of referral</li> <li>• Community Corner Clubhouse - within 2 weeks</li> <li>• Community Treatment - within 60 days of referral</li> <li>• Outpatient Services                             <ul style="list-style-type: none"> <li>* within 4 days following screen by referral coordinator for counseling or non-hospitalized patients,</li> <li>* within 4 days following discharge for counseling/post-discharge check, and</li> <li>* 14 days from hospital discharge to psychiatry visit</li> </ul> </li> <li>• Prevocational Services - within 2 weeks of receiving required enrollment documents</li> <li>• Residential Services - within 1 month of referral</li> </ul>
FINANCE	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.



# North Central Health Care

Person centered. Outcome focused.

## Quality Executive Summary

### December 2017

#### Organizational Outcomes

##### People

###### ❖ Vacancy Rate

*The vacancy rate for the month of November was 9.0%, which remains above the 5-7% Target. December had at new employee orientation 20 new hires which will be filling a number of the open positions.*

###### ❖ Employee Retention Rate

*Employee Retention Rate is currently at 77.2% which remains within the NCHC target of 75-80%.*

##### Service

###### ❖ Patient Experience

*Year to date, through the end of November, the top box rate is 77.2%, which 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 YTD target of 77-88% through November included: Lakeside Recovery (MMT), Community Treatment, Outpatient and Psychiatry Services, Aquatic Services, Birth to Three, Adult Day/Prevocational and Residential Services, Adult Protective Services and Mount View Care Center. Programs continue to review program data and verbatim comments to develop specific actions for improvement.*

##### Clinical

###### ❖ Nursing Home Readmissions

*The 30-day hospital readmission rate in November was 2.9% bringing YTD rate to 9.9%, lowest rate to date, better than target and benchmark. November had only 1 resident hospitalized within 30 days of admission.*

###### ❖ Hospital Readmissions

*The rate of readmissions within 30 days was slightly above the 11-13% target at 11.3%. Year to date readmissions is 12.8% which is above target. All readmissions continue to be reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first ten days.*

❖ **AOD Relapse Rate**

*The rate of patients who complete treatment programming in either our AODA Day Treatment or Medically Monitored 21 Day program who reuse substances within 7 days in the month of November was 11.1% with 8 people out of 9 responding to the 7 day follow-up. Year to date results continues to exceed target at 12.8%. This exceeds the industry benchmark at 40-60%.*

**Community**

❖ **Access Rate for Behavioral Health Services**

*Access rates remain below target YTD at 87% with a goal of 90-95%. The analysis indicates Community Clubhouse and Community Treatment and Residential failed to meet target in the month of November. Community Treatment continues to work on getting people in but there is a back log remaining. The program will continue to struggle with current referrals until that is caught up. Clubhouse had 3 of 6 members join. Residential got 3 out of 4 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 November was at 60% which is within target.*

**Safety Outcomes**

**Patient/Resident Adverse Events**

*The rate for November was 3.8 adverse events/1000 patient days/visits. Year to date rate remains at 3.9/1000 patient days/visits, and remains below the 2016 overall rate of 4.2. Falls show a 3 month upward trend in the Nursing Home, 2 dementia units had the majority of falls during the 3 months. The Nursing Home has developed and initiated a Falls Action Plan and continues to review each fall's root cause and implements safety interventions.*

**Employee Adverse Events**

*Rates for November were .05 adverse events/1000 employee hours. November had 1 employee requiring a physician evaluation.*

**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. November has a 91.4% success rate which is the highest rate for 2017 and within target of 90-95%. This is much improved from the January rate of 52.4%. A collaborative action team has revised discharge planning processes to improve transitions between Outpatient Services and the Hospital.*



❖ **Inpatient Behavioral Health:**

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

❖ **Community Treatment:**

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

❖ **Lakeside Recovery (MMT):**

*The rate of patients who complete the treatment program who reuse substances within 7 days YTD is 15.8%, significantly better than industry benchmark 36-40%. The month of November shows 8 clients out of 9 were able to be reached for follow-up at 7 days.*

❖ **Aquatic:**

*Year to date, the rate of consumers working on pain management has shown a decrease in their pain levels currently is at 91.7% 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. November was below target at 298 with their goal of 481-491 per month. Birth to 3 continues to look at opportunities to increase this number. With new staff starting, this number should begin to increase as they become orientated and begin to build their case load.*

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

*It has been identified that the employee vacancy rate in residential services was a critical issue. The month of October vacancy rate is 5.1%. Focus is now on retention in these programs. Community Living Employee's job competency proficiency was completed in July with a 74% rating.*

## **Nursing Home**

*Occupancy Rate based on a 220 licensed beds is at 83.0%. In November there were 28 admissions to the nursing home and 12 discharges to the community and 8 deaths. Overall census at beginning of November was 2<sup>nd</sup> lowest of the year.*

## **Support Departments**

❖ **Communication and Marketing:**

*Year-to-date, a 13.45% 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 continues to hit their target of 90-95% with a score YTD of 95% of patient/resident satisfaction rating with food temperatures.*

❖ **Pharmacy:**

*Dispensing error rates YTD 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 38 new volunteer's YTD through November. This department has achieved their target.*

❖ **Adult Protective Services:**

*The percent of at-risk investigations completed and closed within 30 days for the month of November is below target at 54%. The YTD measure currently at 63% is below target of 70-80%.*

❖ **Demand Transportation:**

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

## 2017 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	↓	5-7%	9.0%	7.1%
		Retention Rate	↑	75-80%	77.2%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical	Nursing Home Readmission Rate	↓	11-13%	9.9%	11.5%
		Psychiatric Hospital Readmission Rate	↓	9-11%	12.8%	10.9%
		AODA Relapse Rate	↓	36-40%	18.5%	\
	Community	Access to Behavioral Health Services	↑	90-95%	74%	80%
	Finance	Direct Expense/Gross Patient Revenue	↓	58-62%	62.0%	65.0%

### HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Employee Engagement Percentile Rank	↑		28%	\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	↑	77-88%	86.8%	87.3% (193/221)
		Community Living Program Employee Vacancy Rate	↓	6-9%	13.0%	\
	Clinical	Community Living Employee's job competency proficiency Rate	↑	75%-80%	74.0%	69.0%
	Community					
	Finance	% ADS,Prevoc Expense/ Gross Patient Revenue	↓	53-58%	52.4%	51.61%
		% Residential Expense/ Gross Patient Revenue	↓	65-70%	59.5%	68.71%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
AQUATIC SERVICES	People	Employee Engagement Percentile Rank	↑		50%	\
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	↑	77-88%	94%	94.2% (194/206)
	Clinical	% of clients who met pain goal, who were referred for pain management.	↑	90-95%	91.70%	\
	Community		↑			98.6%
	Finance	% Expense/Gross Patient Revenue	↓	40-45%	44.16%	41.82%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
BIRTH TO 3	People	Employee Engagement Percentile Rank	↑		33%	\
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	↑	77-88%	91%	91.0% (102/112)
	Clinical					
	Community	Total Number of Early Intervention Visits/Month	↑	481-491/mth	296	\
	Finance	% Direct Expense/Gross Patient Revenue	↓	111-116%	97.2%	132.2%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNITY CORNER CLUBHOUSE	People	Employee Engagement Percentile Rank	↑		100%	\
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	↑	77-88%	77.2%	100.0%
	Clinical	Improve membership retention and onboarding experience	↑	55-60%	93.6%	\
	Community	Enhance Community Engagement through outreach		4-8/month	11	\
	Finance	% Direct Expense/Gross Patient Revenue	↓	82-87%	80.4%	77.7%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNITY TREATMENT	People	Employee Engagement Percentile Rank	↑		48%	\
	Service	Community Treatment Patient Experience Percent 9/10 Responses	↑	77-88%	90.9%	81.1% (215/265)
	Clinical	Timeliness of Treatment Plans	↑	90-95%	84.0%	\
	Community	Access to Community Treatment Services	↑	90-95%	23.0%	53%
	Finance	% Direct Expense/Gross Patient Revenue	↓	77-82%	80.8%	77.0%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
CRISIS CBRF/ LAKESIDE RECOVERY (MMT)	People	Employee Engagement Percentile Rank	↑		80%	\
	Service	Crisis CBRF/Lakeside Recovery Patient Experience Percent 9/10 Responses	↑	77-88%	85.8%	77.7% (129/166)
	Clinical	7 Day Relapse Rate from Successful Completion of MMT	↓	36-40%	15.8%	
	Community					
	Finance	CBRF % Direct Expense/Gross Patient Revenue	↓	9-14%	15.76%	15.78%
		Lakeside Recovery % Direct Expense/Gross Patient Revenue	↓	24-29%	24.62%	20.34%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
CRISIS SERVICES	People	Employee Engagement Percentile Rank	↑		79.0%	\
	Service	Crisis Services Patient Experience Percent 9/10 Responses	↑	77-88%	70.5%	73.8% (62/84)
	Clinical	% of Crisis Assessments with documented Linkage and Follow-up (Random chart sample of 25/month)	↑	75-85%	100.0%	
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	625-630%	843.78%	269.78%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
INPATIENT BEHAVIORAL HEALTH	People	Employee Engagement Percentile Rank	↑		40%	\
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	↑	77-88%	54.5%	44.9% (284/632)
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge.	↑	90-95%	73.8%	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	44-49%	51.08%	53.88%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
OUTPATIENT SERVICES	People	Employee Engagement Percentile Rank	↑		65%	\
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	↑	77-88%	79.2%	63% (459/729)
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge.	↑	90-95%	73.8%	\
	Community	Outpatient Services Access	↑	90-95%	76%	73%
	Finance	%Direct Expense/Gross Patient Revenue	↓	60-65%	77.13%	90.29%

2016 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Employee Engagement Percentile Rank	↑		41%	\
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	↑	77-88%	74.6%	68.2% (208/305)
	Clinical	Occupancy Rate (Based on 220 Licensed Beds)	↓	89.5 - 95%	83.0%	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	56-61%	57.28%	60.79%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
POST-ACUTE CARE	People	Employee Engagement Percentile Rank	↑		45%	\
	Service	Post-Acute Care Patient Experience Percent 9/10 Responses	↑	77-88%	67.5%	66.3% (59/89)
	Clinical	Avoidable Re-hospitalizations	↓	15%-18%	10.0%	\
	Community					
	Finance	%Direct Expense/Gross Patient Revenue	↓	72-77%	59.1%	68.8%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
LONG TERM CARE	People	Employee Engagement Percentile Rank	↑		42%	\
	Service	Long Term Care Patient Experience Percent 9/10 Responses		77-88%	72.7%	54% (54/100)
	Clinical	Reduction in Overall UTI diagnosis	↓	1.35 - 1.40 per 1000 Patient Days	1.3	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	46-51%	61.56%	59.03%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
LEGACIES BY THE LAKE	People	Employee Engagement Percentile Rank	↑		41%	\
	Service	Legacies by the Lake Patient Experience Percent 9/10 Responses	↑	77-88%	80.4%	81.9% (95/116)
	Clinical	Fall Rate	↓	5.5-5.8 /1000 Pt Days	8.1	6.6
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	51-56%	54.23%	51.69%

2016 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ADULT PROTECTIVE SERVICES	People	Employee Engagement Percentile Rank	↑		67%	\
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	↑	77-88%	88.3%	88.8% (173/197)
		% Of At Risk Investigations closed within 30 days.	↑	70-80%	63%	70% (372/531)
	Community					
	Finance	Direct Expense Budget	↓	\$461285 - \$488963	\$463,334	\$485,684

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Employee Engagement Percentile Rank	↑		100%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
		Percent Growth of Traffic to NCHC Employment Page	↑	12 -15%	13.5%	\
	Clinical					
	Community	# of Multi-Channel Reviews Per Month	↑	3 - 4	5	\
	Finance	Direct Expense Budget	↓	\$166733 - \$176738	\$167,659	\$186,806

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ESS- HOUSEKEEPING	People	Employee Engagement Percentile Rank	↑		46%	\
	Service	Housekeeping Patient Experience Percent Excellent Responses	↑	77-88%	64.2%	60.8% (189/311)
	Clinical	Weekly room checks pass/fail		88-90%	86.0%	87%
	Community					
	Finance	Direct Expense Budget	↓	\$1117796 - \$1184864	\$1,027,313	\$1,049,669

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ESS - LAUNDRY	People	Employee Engagement Percentile Rank	↑		50%	\
	Service	Laundry Patient Experience Percent Excellent Responses		77-88%	50.0%	43.6% (103/236)
	Clinical	Personal items missing per month	↓	50-75/yr	86	\
	Community					
	Finance	Direct Expense Budget	↓	\$355175 - \$376486	\$288,789	\$346,777

Department	Domain	Outcome Measure		Target Level	2016 YTD	2016 YTD
HEALTH INFORMATION	People	Employee Engagement Percentile Rank	↑		63%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	↑	70-75%	92.8%	92.1%
	Community					
	Finance	Direct Expense Budget	↓	\$375201 - \$397714	\$375,080	\$331,496

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
HUMAN RESOURCES	People	Employee Engagement Percentile Rank	↑		100%	\
		Employee Retention	↓	75-80%	77.2%	
		Vacancy Rate	↓	5-7%	9.0%	7.1%
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical					
	Community					
Finance	Direct Expense Budget	↓	\$866541 - \$918534	\$974,200	\$959,805	

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
NUTRITIONAL SERVICES	People	Employee Engagement Percentile Rank	↑		50%	\
	Service	Nutritional Services Patient Experience Percent Excellent Responses	↑	77-88%	53.4%	46.6% (136/292)
		Food Temperature Satisfaction Survey	↑	90-95%	95.0%	48.8%
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$2420457 - \$2565685	\$2,385,769	\$2,653,604

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
PHARMACY	People	Employee Engagement Percentile Rank	↑		71%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical	Pharmacy Medication Error Rate	↓	0.081% - 0.090%	0.09%	0.02%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	↓	40-45%	41.99%	42.25%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
QUALITY	People	Employee Engagement Percentile Rank	↑		67%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical	30-Day Rehospitalization Rate	↓	10-12%	11.2%	2.5%
	Community					
	Finance	Direct Expense Budget	↓	\$729184 - \$772936	\$823,726	\$752,938

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
INFECTION PREVENTION	People	Employee Engagement Quality Percentile Rank	↑		67%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical	Multiple sticks for a single lab	↓	5-7%	3.5%	\
	Community					
	Finance					

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
VOLUNTEER SERVICES	People	Employee Engagement Percentile Rank	↑		100%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical					
	Community	Net New Volunteers	↑	35-45	38	32
	Finance	Direct Expense Budget	↓	\$101812 - \$107921	\$112,339	\$94,995

**2016 - FINANCIAL DIVISION**

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
<b>BUSINESS OPERATIONS</b>	People	Employee Engagement Percentile Rank	↑		56%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget		↓	\$763367 - \$809170	\$722,000
Financial Statement Deadlines			↓	Per Schedule	0	\

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
<b>DEMAND TRANSPORTATION</b>	People	Employee Engagement Percentile Rank	↑		75%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical	Double Occupancy Pick-up	↑	44-50 per month	38	8
	Community					
	Finance	Direct Expense Budget		↓	\$362575 - \$384330	\$360,653

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
<b>INFORMATION SERVICES</b>	People	Employee Engagement Percentile Rank	↑		50%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget		↓	\$2158595 - \$2288111	\$2,094,525

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
<b>PATIENT ACCOUNTS and ENROLLMENT SERVICES</b>	People	Employee Engagement Percentile Rank	↑		20%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget		↓	\$844461 - \$895129	\$868,460
Percent over 90 days			↓	23-28%	27.1%	

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
<b>PURCHASING</b>	People	Employee Engagement Percentile Rank	↑		100%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	77.2%	\
		Internal Customer Service %	↑	85-95%	89.6%	99%
	Clinical					
	Community					
Finance	Direct Expense Budget		↓	\$212536 - \$225289	\$224,864	\$226,191



2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Terms of office for each representative of the RCA coincides with the respective terms of the representative Counties. Reappointment(s)/Appointment(s) must be made after the new Boards are elected in April in 2018	Open												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	Fill any vacancies created through the expiration of current appointments or created through the election.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually														
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA		Open												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	Ongoing Policy Governance implementation, monitoring and evaluation throughout 2018	Open												
Prepare Local Plan	NCCSP	May-18	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.	Open												
Develop Training Plan for each County	NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Open												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status		Open												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards		Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report		Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed		Open												
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board		Open												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan document.	Open												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal		Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards		Open												
Tri-County Contral Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary		Open												



2018 Executive Management Team Operational Plan

								Timeline for Completion of Objective											
Operational Objective by Pillar of Excellence	Measure of Success	Responsible	Program	Start	End	% Complete	Status	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>PEOPLE PILLAR</b>																			
Implementation of Team Based Leadership in the Nursing Home	Team-based leadership structure defined and scope of authorities and accountabilities are well documented.	Kim		Jan-18	Jun-18	0%	Not Started												
Hire and Onboard New Quality Director	Onboarding checklist completed. Feedback gathered.	Laura		Jan-18	Mar-18	0%	Not Started												
Onboarding New Psychiatrists (2)	Onboarding checklist completed. Feedback gathered.	Laura	BHS, CBHS	Jul-18	Aug-18	0%	Not Started												
Recruit New Psychiatrists (4)	Contract signed.	Michael		Jan-18	Dec-18	20%	Started												
Hire and Onboard BHS Director	Onboarding checklist completed. Feedback gathered.	Laura		Apr-18	Jun-18	20%	Started												
Achieve Dashboard Vacancy Rate Target	Average vacancy rate for 2018 is within target.	Sue		Jan-18	Dec-18	0%	Not Started												
Strategic Recruitment Plan	Written plan developed and implemented.	Sue		Mar-18	May-18	0%	Not Started												
Employee Engagement Survey	90% Survey response rate and completed action plans by program.	Sue		Jul-18	Dec-18	0%	Not Started												
Actively Participate in the Inspire Interface	Establish 10 mentors within NCHC developing connections with HS Students.	Sue		Jan-18	Dec-18	0%	Not Started												
Leadership Development Program	90% completion rate.	Sue		Jan-18	Dec-18	0%	Not Started												
Continuation of Management 101 Development Program	New Manager on-boarding program developed and initiated. 100% of all managers (including Executives) attend 4 modules of annual Management 101 Programs.	Sue		Jan-18	Apr-18	0%	Not Started												
Re-engineer Rounding Practices	Achieve deliverables identified in rounding in rounding plan.	Sue		Jan-18	Apr-18	0%	Not Started												
Compensation Review of All Positions	Recommendations and Presentation made to NCCSP Board in July	Sue		Jan-18	May-18	0%	Not Started												
Develop Clinical Career Track for Nursing and Counseling	Career tracks for Nursing and Counseling developed and implemented.	Sue		Jan-18	Jun-18	0%	Not Started												
Issue RFP for Insurance Brokers (Liability and Employee)	New contract signed and benefits renewal and open enrollment successfully completed.	Sue		Jan-18	Nov-18	0%	Not Started												
Improve Employee Recognition Practices	Written plan and recommendation (1 to 2 pages).	Sue		Jan-18	May-18	0%	Not Started												
Evaluation of Current Human Resources Information Systems (HRIS)	Written evaluation and recommendation.	Sue		Feb-18	Jun-18	0%	Not Started												
Establish MOUs with Counseling (Master's) Programs in Wisconsin. Improvement in Supervision Structures at NCHC.	MOUs signed to allow students to have training opportunities at NCHC.	Sue		Feb-18	Jul-18	0%	Not Started												
Timely Acquisition of Talent for Program Expansion in Community treatment, MMT and CBRF	Programs opened and appropriately staffed per budget.	Sue		Jan-18	Mar-18	0%	Not Started												
Develop Competencies for Non-Clinical Positions	Competencies developed and plan for validation in place.	Sue		Feb-18	Dec-18	0%	Not Started												

2018 Operational Plan

Operational Objective by Pillar of Excellence	Measure of Success	Responsible	Program	Start	End	% Complete	Status	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>SERVICE PILLAR</b>																			
Mount View Renovation Plan	Plan developed and approved by Marathon County.	Kim		Jan-18	Dec-18	5%	Started												
Laundry Patient Experience Improvements	increase patient experience average score from 48.6 to 80%.	Kim		Jan-18	Mar-18	0%	Not Started												
Rollout of New Menu Cycle	Improve Patient experience satisfaction from 55.5% to 80%.	Kim		Jan-18	May-18	0%	Not Started												
Prevoc Building Plan	Prevoc is operating back on the NCHC campus.	Laura	Prevoc	Feb-18	May-18	0%	Not Started												

Operational Objective by Pillar of Excellence	Measure of Success	Responsible	Program	Start	End	% Complete	Status	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>CLINICAL PILLAR</b>																			
Complete CLA Strategic Register Action Items	Completed Strategic Register gant chart.	Kim		Jan-18	Jun-18	10%	Started												
Megarule Phase III Implementation	Successfully implement the new changes/training with minimal to little disruption to our residents.	Kim		Jan-18	Dec-18	0%	Not Started												
Implement Reaching Recovery Tool for Joint Commission Treatment Standard	NCHC's providers are able to use longitudinal data in treatment decisions. Data is available for the RCA on quality of life measures.	Laura	BHS, CBHS	Jan-18	Dec-18	2%	Started												
Overview and Audit of Minimum Data Set (MDS) Documentation Practices to Enhance Revenue Capture	Completed assessment and implementation of recommendations.	Kim		Jan-18	Mar-18	0%	Not Started												
Reengineer Dietary Staffing Model	Improved dietary patient experience scores.	Kim		Jan-18	Mar-18	2%	Started												
Improve Post-Acute Care Rehospitalization Rates	Post Acute Care Reduce rehospitalization rates from 11% to 10% for FY'18	Kim		Jan-18	Dec-18	2%	Started												
Improve Fall Rate in Legacies Programs	Legacies by the Lake - Review and reduce falls by 10% for 2018	Kim		Jan-18	Dec-18	0%	Not Started												
Operationalize RCA Program Expectations	RCA report has the requested information and is produced per the frequency requested by the RCA.	Laura	HSO	Apr-18	May-18	15%	Started												
Linkage and Follow up Implementation	Patients on settlement agreements and commitments for 3-county area are being case monitored or case managed.	Laura	BHS, CBHS	Feb-18	May-18	20%	Started												
Small Renovation for Inpatient Unit	Project completed.	Laura	BHS	Mar-18	May-18	0%	Not Started												
Implement Psychologist Programming in Inpatient	Psychologist hired and programming implemented.	Laura	BHS	Jul-18	Oct-18	5%	Started												
Expand Medically Monitored Treatment (MMT) Program to 15 Beds	New clients are being served in MMT or MMT has patient census of 13.	Laura	BHS	Jan-18	Mar-18	1%	Started												
Expand Community-Based Rehabilitation Facility (CBRF) to 12 Beds	Census greater than 6 in CBRF. Diversions decreasing.	Laura	BHS	Mar-18	May-18	1%	Started												
Community Treatment Expansion	Access rate increases for CT to average above 60%.	Laura	CT	Jan-18	Dec-18	5%	Started												
Closure of Hillcrest	Closure of Hillcrest site.	Laura	RESIDENTIAL	Jan-18	Feb-18	50%	Started												
Renovation of Merrill Office	Project completed.	Laura	CBHS	Apr-18	Jul-18	1%	Started												
Year 2 of MCOW Residency Program	Year 2 residents programming and supervision plan completed.	Laura	CHBS	Mar-18	Mar-18	0%	Not Started												
Joint Commission Accreditation	Successful Reaccreditation survey.	Laura	HSO	Jan-18	Dec-18	2%	Started												
Youth Crisis Group Home	Develop RFP response to the State once available .	Laura	BHS	May-18	Aug-18	0%	Not Started												
Implementation and Attestation of Meaningful Use Stage 3	Successfully attest all physicians meet MU3.	Sheila	IMS	Jan-18	Sep-18		Not started												
Develop Clinical Onboarding EMR Training Program	New employee EMR competency validated by staff.	Sheila	IMS	Jan-18	Jun-18		Started												
Develop Annual HSO Electronic Medical Record Training Plan	EMR competency is validated by staff.	Sheila	IMS	Jan-18	Sep-18		Started												
Develop Annual MVCC Electronic Medical Record Training Plan	EMR competency is validated by staff.	Sheila	IMS	Jan-18	Sep-18		Started												
Develop Clinical Standardized Documentation Practices	Once the programs identify best practice for their programs documentation the IMS team will develop a training program.	Sheila	IMS	Jan-18	Oct-18		Not started												
IT Governance Prioritization Work Plan	An established prioritization list is created for all NCHC programs.	Sheila	IMS	Jan-18	Dec-18		Ongoing												
Outcomes Measurement Expansion	Reaching Recovery solution implementation to capture outcomes. Expansion of other diagnosis sets are established and reportable to RCA.	Sheila	IMS	Jan-18	Oct-18		Ongoing												
TIER Evaluation	Formal recommendation on TIER upgrade or replacement to NCCSP Board.	Sheila	IMS	Jan-18	Jun-18		Not started												
Nursing Home EMR replacement evaluation	Formal recommendation on ECS upgrade or replacement to NCCSP Board.	Sheila	IMS	Jan-18	Feb-18		Not started												
Windows 10 Deployment	All NCHC devices updated to Windows 10 and supported by Microsoft.	Sheila	IMS	Jan-18	Dec-18		Not started												
Improve Mobility of Clinical Documentation	Achieve clinical documentation targets and staff satisfaction with connection reliability.	Sheila	IMS	Mar-18	Dec-18		Not started												

Operational Objective by Pillar of Excellence	Measure of Success	Responsible	Program	Start	End	% Complete	Status	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>COMMUNITY PILLAR</b>																			
Community Assessment Response Team (C.A.R.T.) Implementation	CART Team is established at WPD and MCSD.	Laura	BHS	Jan-18	May-18	0%	Started												
Evaluate Purchase of Clubhouse Building	Recommendation made to NCCSP Board.	Laura	CLUBHOUSE	Jan-18	May-18	0%	Not Started												
Expansion of Local Crisis and Detox Beds in Langlade County	Develop need assessment and scope of potential expansion with Langlade County representation for consideration at the RCA.	Laura	BHS	Mar-18	May-18	0%	Not Started												
Langlade Drug Court	IOP and Day TX patients actively receiving care in collaboration with Langlade DA's office.	Laura	Outpatient	Apr-18	May-18	2%	Started												
Marathon Drug Court	IOP programming begins and is seeing patients.	Laura	Outpatient	Apr-18	May-18	0%	Not Started												
Marathon Pre-trial Diversion Program	IOP programming begins and is seeing patients.	Laura	Outpatient	Apr-18	May-18	1%	Started												
School Counseling Consortium	Hire additional staff to begin starting 2018 school year.	Laura	Outpatient	Jun-18	Dec-18	20%	Started												
Advance the Relationship with MCW and the MCW Central Wisconsin Psychiatry Residency program	Onboarding of new class of residents, continue to support the successful recruitment of residents, support the Year 2 residency supervision needs, increase the number of Medical School Psychiatry Integrated Clerkship opportunities	Michael		Jan-18	Dec-18	20%	Started												
Aquatic Therapy Pool Fund Raising	\$3 million raised and construction started.	Michael		Jan-18	Mar-18	0%	Not Started												

2018 Operational Plan

Operational Objective by Pillar of Excellence	Measure of Success	Responsible	Program	Start	End	% Complete	Status	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>FINANCIAL PILLAR</b>																			
Improve the Speed of Completion for Month End Financials	Reports consistently delivered by the 8th calendar day.	Brenda	Bus. Ops.	Jan-18	Jun-18	0%	Not Started												
Implementation of Improved Revenue Cycle Process by Implementing Recommendations from WIPFLI Review	Completion of all objectives from Committee's Gant Chart.	Brenda	Pat. Financial Svc.	Jan-18	Dec-18	1%	Started												
Improve Financial Performance of Pharmacy	A positive net income for Pharmacy in 2018. Increase in volume of prescriptions filled (compared to 2017). Improved reporting.	Brenda	Pharmacy	Jan-18	Jun-18	0%	Not Started												
Review and selection of GPO (Group Purchasing Organization)	2019 budget includes improved discounting and/or rebates.	Brenda	Purchasing	Mar-18	Jul-18	0%	Not Started												
Reengineer Capital Improvement Policies and Strategy	Policy approved by NCCSP Board and implemented.	Brenda	Bus. Ops.	Jan-18	May-18	1%	Started												
Develop NCHC Cash Management Plan	Policy approved by NCCSP Board and implemented.	Brenda	Bus. Ops.	Jan-18	Feb-18	5%	Started												
Multiple Year Financial Plan	2019 Budget includes projections for current year and 2 additional years.	Brenda		Apr-18	Aug-18	5%	Started												
Review of Purchasing Systems and Processes	Improvements in direct and indirect expenses for 2019 Budget related to purchasing activities.	Brenda		May-18	Nov-18	0%	Not Started												
Data Analytics Expansion to Dashboard	Real time daily dashboard created for Executive team.	Sheila	IMS	Jun-18	Dec-18	0%	Not started												
Develop a financial education series for leadership	Education objectives and training delivered.	Brenda		Jan-18	Mar-18	0%	Not Started												
Develop Daily Dashboard of Leading Financial Indicators for Exec. Team	Daily Financial Performance Dashboard developed and sent daily.	Sheila	IMS	Jan-18	Mar-18	0%	Not Started												
Conduct HIPAA Audit	Work plan developed of recommendations and objectives met for 2018 improvements.	Sheila	HIM	Jan-18	May-18	0%	Not Started												
HIM Program Evaluation	Work plan developed of recommendations and objectives met for 2018 improvements.	Sheila	HIM	Jan-18	Mar-18	0%	Not Started												
Master Facility Plan Approved	Plan is approved by NCCSP Board and Marathon County.	Michael		Jan-18	Mar-18	0%	Not Started												



**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee She-Teen Chiu, D.O. Appoint/Reappoint 11-21-2017 to 10-31-2019

Time Period

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

Medical Staff Status  Courtesy  Active

Provider Type  Employee  
 Locum Locum Agency: LocumTenens.com  
 Contract Contract Name: \_\_\_\_\_

**MEDICAL EXECUTIVE COMMITTEE**

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

Comments: \_\_\_\_\_

(Medical Executive Committee Signature)

11-16-17  
(Signature Date)

**MEDICAL STAFF**

Medical Staff recommends that:

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

(Medical Staff President Signature)

12-7-17  
(Signature Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: December 14, 2017  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Interim Chief Executive Officer  
RE: Policy Governance: Board – CEO Relationship

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### **Background**

There are five elements to a policy governance approach and in the development of a corresponding manual. Currently, we have accomplished the first two sections and have 3 more to finalize as follows:

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

At the Board meeting this month, the Board will be asked to consider the Board – Chief Executive Officer Relationship Policies.

The Board – CEO Relationship Policies deal with the methods and practices (means) of the Board that describe not only the nature of delegation but the way in which the proper use of delegated authority is ascertained (monitoring of the CEO). There is not a lot offered in the *Getting Stated with Policy Governance* manual for the development of this aspect of Policy Governance. Other Carver Policy Governance texts offer more background in the development of this aspect in policy governance. Here are some important considerations from these other resources as background summary:

- No single relationship in the organization is as important as that between the Board and its CEO. That relationship, well-conceived, can set the stage for effective governance and management. To describe an effective relationship, we must attend to the Board's job, the CEO's job, and the connection between them. This connection is the Board – CEO relationship policies.
- Requiring the Board to act as a body versus as committees, Officers or individuals, does not prevent interaction between the CEO and committees, Officers or individuals as long as the CEO is instructed and judged only by the Board as a whole. Further, insulating the Board from directing staff other than the CEO does not rigidly prohibit contact between Board and staff members. On the contrary, those very human connections are never problematic if the formal roles are clear. The Board only has one employee, the CEO and acts solely through their one employee as a unified body.
- From the Board's point of view, the important lesson is that the Board's relationship with the CEO be formed by the accountability of the CEO position, not its responsibility. In other words, the Board need not be concerned with what job responsibilities fall to the CEO. The Board's concern is confined to what it holds the CEO accountable for (substantiating the achievement of End Statements and compliance with Executive Limitations and other Board Policies).



- With the Board operating at arm's length from operations and delegating so much authority to the CEO, the key question becomes how can the Board know that its directives (End Statements, Executive Limitations and policies) are being followed? The answer is the monitoring process. In Policy Governance, the word monitoring always means a comparison of reality to policy. Monitoring then, is the systematic, data-based determination by the Board that organizational performance complies with a reasonable interpretation of pre-stated Board expectations. Once the Policy Governance manual is completed, the Board will have to determine the monitoring systems and timing.
- Monitoring has two distinct components:
  - First, the CEO must demonstrate to the Board that he or she has used a reasonable interpretation of the Board's policies.
  - Second, the CEO must provide evidence that the interpretation has been fulfilled.

If the Board adopts the discipline of monitoring only what it has already addressed in policy, its anxiety will drive it to develop all the policies needed over time.

- In terms of CEO performance evaluation, organizational performance and CEO performance are the same. In a CEO evaluation process the only relevant questions are the following:
  - What did we charge the organization to accomplish (End Statements)?
  - What did we prohibit the organization from doing (Executive Limitations)?
  - How did the organization do against only those criteria?

The answers to those questions constitute the CEO's evaluation and any action as it relates to recommendation of compensation and continued employment.

## Board – Chief Executive Officer Relationship

### CORE POLICY STATEMENT

The Board's sole official connection to the operational organization, its actions and achievements, and conduct shall be through the Chief Executive Officer (CEO). All authority and accountability of employees, as far as the Board is concerned, is considered the authority and accountability of the CEO. While the Board may be required to respond to and operate under a traditional public governmental form of governance, the relationship between the NCHC Board and its CEO will function consistent with the Policy Governance Model.

#### Policy 3.1 – Delegation of Executive Authority

The CEO is accountable only to the Board acting as a body of the whole. Only officially passed motions of the Board are binding on the CEO. The Board will instruct the CEO through the End Statements, Executive Limitations, CEO Position Description, CEO Annual Plan of Work, and other written Board policies, delegating to the CEO, reasonable interpretation and implementation of those policies and expectations.

- 1) Decisions or instructions of individual Board Directors, Officers, or Committees are not binding on the CEO except in rare instances when the Board has specially authorized such exercise of authority.
- 2) The Board will not give instructions to staff who report directly or indirectly to the CEO. Further, the Board shall not conduct an evaluation either formally or informally of any staff other than the CEO. Should the CEO become aware of incidents regarding this policy, the CEO shall report the issue to the Executive committee for resolution.

#### Policy 3.2 – Monitoring CEO Performance

The systematic and rigorous monitoring of CEO performance shall be solely against the Board's outcomes and management limitations policies as revealed by any formal monitoring system. The CEO's performance assessment will be completed no less than annually through a process designed and implemented by the Board.

- 1) Monitoring processes determine the degree to which Board policies are being met. Information that does not do this will not be considered to be monitoring information.
- 2) The Board will acquire monitoring data by one or more of three methods:
  - A. By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;
  - B. By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and

C. By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.

- 3) In every case, the standard for compliance shall be any reasonable interpretation by the CEO of the Board policy being monitored. The Board remains the final arbiter of reasonableness.
- 4) All policies that instruct the CEO will be monitored at a frequency and by a method chosen by the Board. The Board can monitor any policy at any time by any method, but will ordinarily depend on a routine schedule.
- 5) The Board May change its policies from time to time, thereby shifting the boundary between Board and CEO domains. By doing so, the Board changes the discretion given the CEO. However as long as any particular delegation is in place, the Board will respect and support the CEO's interpretation and choices.

### Policy 3.3 – Noncompliance Remediation and Grievance Process against the CEO

Board members who allege the CEO has violated Board policy shall contact the Chair about such grievances. The Chair shall present the alleged violations to the Board as a whole.

### Policy 3.4 – CEO Compensation

Compensation will cover all types of compensation including, but not limited to, salary, benefits, and incentive compensation.

- 1) Performance considered for compensation purposes by the Board will only be against stated Board policies as revealed through the formal monitoring system.
- 2) The Board may form a Committee or as a whole, gather compensation information and to provide CEO compensation options and analysis for full Board consideration.
- 3) The Board shall not fail to have a written employment agreement with the CEO, addressing, but not limited to, compensation, performance, and termination.

### Policy 3.5 – CEO Termination

- 1) The CEO serves at the pleasure of the Board and may be terminated for or without cause consistent with the CEO's Employment Agreement.
- 2) Any decision by the Board to terminate the CEO for cause must consider the CEO's performance against stated Board policies as revealed by any formal monitoring system and the CEO Employment Agreement.

- 3) A decision to terminate employment of the CEO must be conducted consistent with the CEO's Employment Agreement and requires a majority vote of a Quorum of Board members at a regularly scheduled Board meeting.

**NORTH CENTRAL HEALTH CARE  
POLICY OR PROCEDURE**

**DATE:** March 2011 (Reviewed 4/2/2012 – no changes)

**RECINDS:** May 18, 2010

**ORIGINATING DEPT/AUTHOR:** Administration/P. Hawkins

**DEPARTMENTS AFFECTED:** Administration, Finance (Accts. Payable)

**SUBJECT:** Administration - Per Diems - North Central Community Services Program Board

**REGULATION REFERENCE:** None

**CATEGORY:** Administrative Board

**POLICY:** To have an accurate accounting of Board members present at NCCSP Board meetings, Board Committee meetings, and other Board member required functions, and to pay each eligible Board member the authorized per diem for attendance at meetings and travel to/from the meetings. Board members who are on the Lincoln County Board are paid per diems by their County Boards for participation in NCCSP meetings, and therefore not reimbursed by NCHC.

**PROCEDURE:**

**Person(s) Responsible**

**Action Required**

- |                  |  |
|------------------|--|
| Administration   | <ol style="list-style-type: none"> <li>1. Keep a record of Board members attending each NCCSP Board meeting, Board Committee meeting, or other required function.</li> <li>2. Within approximately one week after the end of each calendar quarter (3/31, 6/30, 9/30, 12/31), produce a report to send to Accounts Payable for payment to Board members. The report will include:               <ol style="list-style-type: none"> <li>a. Vendor number (Board member ID)</li> <li>b. Last name, first name</li> <li>c. Date of meeting</li> <li>d. Meeting/event (Board mtg., Committee meeting, etc.)</li> <li>e. Number of meetings at \$25</li> <li>f. Number of meetings at \$35</li> <li>g. Round trip miles</li> <li>h. Mileage reimbursement (miles times current IRS mileage reimbursement allowance)</li> <li>i. Total per diem to be paid</li> <li>j. Mileage reimbursement adjustment (plus or minus) for meetings not held at Wausau campus</li> </ol> </li> <li>3. Board members will receive \$25 per meeting attended. If two or more meetings occur on the same date, the Board member will receive a total of \$35 for the multiple meetings. Board members who drive to meetings will be reimbursed mileage at the current IRS reimbursement rate per mile allowance.</li> <li>4. Forward the original per diem forms to CEO for signature. Forward signed originals and one copy to Accounts Payable for payment. File one copy in Board Per Diem file.</li> </ol> |
| Accounts Payable | <ol style="list-style-type: none"> <li>1. On first check run after receiving per diem information from Administration, process per diem checks and mail check and copy of per diem form to each Board member.</li> </ol>   |

## Michael Loy

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**From:** Ken Day <kenday813@icloud.com>  
**Sent:** Thursday, December 14, 2017 2:43 PM  
**To:** Michael Loy  
**Subject:** Policy Governance discussion

Michael

Consistent with the Executive Committee Discussion, and our follow-up discussion, the following questions if answered by the Board at its December meeting would be helpful in assisting our drafting the Board Processes section of the Policy Governance manual.

Q1. To whom is the NCHC Board accountable?

Q2. What does the Board expect its primary responsibilities to be?

Q3. Does the Board agree it wants to go forward without standing committees and with the ability to create committees as required to focus on specific issues which will assist the full board with its work?

A. Does the Board wish to create an Executive Committee and if so what does it want to empower that committee to do?

Q4. The Board President is charged with creating the Board meeting agenda. What process if any does the Board agree to follow in order that other Board members have the ability to request an item(s) be included on the Board meeting agenda?

Q5. How does the Board wish to pursue Board and individual Board member development? How does the Board wish to approve expenses associated with individual Board member development i.e. attendance at conferences, enrollment in programs, site visits etc.?

I would encourage you to begin drafting the Board Processes section of Policy Governance manual based upon your knowledge of the Policy Governance model. We can enhance your draft with the information gathered from the board as it answers the aforementioned questions.

Regards Ken Day

Sent from my iPad

**JOB DESCRIPTION: NCHC BOARD MEMBER**

- I. **Accountability:** The Board of Directors of the North Central Community Services Program is collectively accountable to the communities served by NCHC, funders, customers and other stakeholders. They are accountable for NCHC's performance in relation to its mission and strategic objectives and for the effective stewardship of financial and human resources.
  
- II. **Authority:** Individual board members have no authority to approve actions by NCHC, to direct staff, or to speak on behalf of NCHC unless given such authority by the board.
  
- III. **Responsibility:** Board members are responsible for acting in the best interests of NCHC and the communities it serves and will bring to the task of informed decision-making, a broad knowledge and an inclusive perspective.
  
- IV. **Term:** Three years. May serve additional terms if re-appointed by the appropriate county board.
  
- V. **Duties:**
  - a. The **Duty of Obedience** requires that board members be faithful to the mission of NCHC in its policies and actions.
  - b. The **Duty of Care** requires that in the fulfillment of his/her duties, a board member owes NCHC the care that an ordinarily prudent person would exercise in a like position and under similar circumstances.
  - c. The **Duty of Loyalty** requires that board members to always put the best interest of NCHC first when making decisions affecting the organization.

- VI. General Duties:** Every member of the board of directors is expected to do the following:
- a. Prepare for and attend board meetings
  - b. Work as a team member and support board decisions
  - c. Participate in the review of NCHC's mission and objectives and the development of a strategic plan
  - d. Monitor the performance of the organization in relation to objectives and core values
  - e. Approve the budget and monitor financial performance in relation to it
  - f. Abide by the by-laws, code of conduct and other policies that apply to the board
  - g. Establish, review, and monitor policies that guide core operational practices
  - h. Participate in hiring and releasing of the CEO
  - i. Participate in the evaluation of the CEO
  - j. Participate in the recruitment of new board members
  - k. Participate in the evaluation of the board itself
  - l. Participate in committee work
  - m. Keep informed about community issues relevant to the mission and objectives of NCHC
- VII. Qualifications:** The following are considered key qualifications of board members:
- a. Knowledge of the communities served by NCHC
  - b. Commitment to NCHC's mission and strategic objectives
  - c. A commitment of time
  - d. Openness to learning
- VIII. Evaluation:** The performance of the directors is evaluated annually in the context of the evaluation of the board and is based on carrying out the duties and responsibilities as outlined above.
- IX. Removal of a Board Member:** A member of the board of directors may be removed from the board by majority vote of the board.



## DRAFT 2018 NCCSP BOARD CALENDAR – BOARD ACTION/DISCUSSION ITEMS

### Thursday January 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Industry Update – An external resources will present on recent or anticipated changes in the operating environment.

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Financial Review – Review and discuss the past year’s financial reports and how the organization’s financial performance informs the plans for the current year and beyond.

Board Policy to Review: Contract Review Policy, County Complaint Resolution Policy

Board Policy Discussion Generative Topic: “Decide what to decide” – Identify 5 questions the board should ask itself this year.

### Thursday February 22, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: CEO Performance Review – Initiate review of Chief Executive’s performance, the method and timing of the executive’s performance review, and any change in the executive’s compensation. Authorize the executive committee to be responsible for completing and delivering the review.

Board Policy to Review: CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic: TBD

## DRAFT 2018 NCCSP BOARD CALENDAR – BOARD ACTION/DISCUSSION ITEMS

### Thursday March 29, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: None due to Audit Presentation

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Annual Financial Audit – Receive Annual Audit Presentation and Reports. Report on CEO Performance to the Retained County Authority Committee.

Board Policy to Review: Fund Balance Policy, Write-off Policy, Cash Management Policy  
Capital Assets Management Policy

Board Policy Discussion Generative Topic: TBD

### Thursday April 29, 2018 (Merrill Center) – 12:00 PM – 2:00 PM

Educational Presentation: Annual Report – Presentation of the Annual Report from prior year. Review and discuss the organization’s major programs and how the organization’s programmatic performance informs the plans for the current year and beyond.

Monitoring Reports: Programs and Services Report to the RCA, Quarterly Operational Plan Update, CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: TBD

Board Policy to Review: Strategic Planning Policy,

Board Policy Discussion Generative Topic: Information Technology Systems and Strategy Review – An overview of key systems and strategy for technology.

## DRAFT 2018 NCCSP BOARD CALENDAR – BOARD ACTION/DISCUSSION ITEMS

### Thursday May 31, 2018 – 12:00 PM – 8:00 PM

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Policy Discussion Generative Topic: Focus on the environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization’s mission, vision and purpose statements and compare them against its activities, governing documents, and communications.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the board’s composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Retained County Authority Committee.

Capital Projects – Review capital budget and forecast for the organization.

### Thursday June 28, 2018 (Merrill Center) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Approve Corporate Compliance Plan for the upcoming year.

Board Policy to Review: Business Associate Agreements Policy, Investment Policy

Board Policy Discussion Generative Topic: Risk Management, Legal and Corporate Compliance Review – Evaluate past and potential issues regarding employment practices, internal policy compliance, required licenses and permits, nonprofit and 501(c)(3) compliance, facilities and real property, and intellectual property. Review board policies, risk areas, and insurance coverage.

## DRAFT 2018 NCCSP BOARD CALENDAR – BOARD ACTION/DISCUSSION ITEMS

### Thursday July 26, 2018– 12:00 PM – 2:00 PM

Educational Presentation: Review Employee Compensation, Recruitment and Retention Strategies – Review current practices and performance around the human capital management of the organization.

Monitoring Reports: Quarterly Operational Plan Update, CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Performance Expectations – Review and approve the performance expectations in conjunction with the Retained County Authority Committee. Develop Dashboard measures for upcoming year.

Board Policy to Review: Employee Compensation Policy

Board Policy Discussion Generative Topic:

### Thursday August 30, 2018– 12:00 PM – 2:00 PM

Educational Presentation: TBD

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Budget – Review and approve the budget and dashboard for the coming year.

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic: TBD

## DRAFT 2018 NCCSP BOARD CALENDAR – BOARD ACTION/DISCUSSION ITEMS

### Thursday September 27, 2018 (Lanlade County Health Care Center) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. CEO Performance Review – Review performance to date and report evaluation and progress to the Retained County Authority Committee.

Board Policy to Review: Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board’s performance and areas for improvement.

### Thursday October 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Quality Audit – Review the performance of the quality programs and metrics.

Monitoring Reports: Programs and Services Report to the RCA, Quarterly Operational Plan Update, CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Approve the Quality Plan for the upcoming year.

Board Policy to Review: Complaints and Grievances, Employee Grievance Policy

Board Policy Discussion Generative Topic: TBD

## DRAFT 2018 NCCSP BOARD CALENDAR – BOARD ACTION/DISCUSSION ITEMS

### Thursday November 29, 2018 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Monitoring Reports: CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Elections – Hold elections of directors and officers consistent with applicable provisions in the bylaws. Operational Plans – Review year to date process and develop, as necessary, the organization’s programmatic plans for the upcoming year.

Board Policy to Review: Board – CEO and Executive Team Succession Planning

Board Policy Discussion Generative Topic: TBD

### Thursday December 20, 2018 (Third Tuesday of the Month) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Monitoring Reports: Quarterly Operational Plan Update, CEO Updates Work Plan, HSO and NHO Updates, Monthly Financials, Quality Dashboard and Executive Summary, Quality Red/Green Report, Corporate Compliance and Significant Event Report

Board Action: Prepare Local Plan- The Tri-County Agreement requires the NCCSP Board to develop a 3-Year Local Plan to meet the needs of the communities it serves.

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: TBD