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OFFICIAL NOTICE AND AMENDED AGENDA

MEETING of the **North Central Community Services Program Board** to be held at
1100 Lake View Drive, Wausau, WI 54403 at **12:00 pm** on **Thursday, February 22, 2018**

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
    A. Recognition of the Warm Water Therapeutic Pool Capital Campaign Committee
4. Board Committee Minutes and Reports
5. Board Education
    A. Key Health Care Trends – Jane Jerzak, WIPFLI
        i. "Decide What to Decide" – Identify 5 Questions the Board Should Ask Itself this Year.
    B. An Update on Efforts Within the Criminal Justice System - Theresa Wetzsteon, Marathon County District Attorney
    C. Joint Commission Readiness, What the Board Needs to Know – Laura Scudiere
6. Monitoring Reports
    A. CEO Work Plan Review and Report – M. Loy
    B. Chief Financial Officer's Report
        i. ACTION: Review and Accept January 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
7. Board Discussion and Action
    A. ACTION: Approval of 1/25/2018 NCCSP Board Meeting Minutes
    B. ACTION: ACTION: Motion to Approve Medical Staff Appointments for Jeffrey Drexler, M.D. (Provisional), Bababoo Opaneye, M.D. (Provisional), and Margaret Krisel, APNP (Courtesy)
    C. ACTION: Current Board Policy – Chief Executive Officer Recruitment, Retention and Removal
    D. Overview of the CEO Appraisal Process for 2018 – J. Zriny
    E. ACTION: Approve the 2018 Quality Plan
8. Policy Development
    A. Policy Governance
        i. For Consideration and ACTION: NCCSP Board Policy Governance Manual
        ii. For Consideration and ACTION: Adopted of the Amended and Restated Bylaws of the North Central Community Services Program
9. 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
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn

Presiding Officer or Designee

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

DATE: 02/21/2018 TIME: 9:00 A.m. BY: D. Osowski

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

February 14, 2018 **1:00 PM** **North Central Health Care–Board Room**

Present:	X	Jeff Zriny	X	Steve Benson
	X Via video	Robin Stowe	X	Bob Weaver

Others present: Michael Loy, Ken Day

Chairman Zriny called the meeting to order at 1:07 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 01/17/18 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Stowe, to approve the 01/17/18 Executive Committee meeting minutes; motion passed 4-0.

CEO Report

- Joint Commission is expected to return for our recertification survey in March. We preparing for their arrival and survey.
- Dr. Immler will be providing 15-20 hours/week on duties as Medical Director for Outpatient Services. The bulk of effort this year will be focused on Medical Staff Development, Medical Staff Bylaws, and better delineating the relationship between the Medical Staff and the organization. Dr. Dibala will continue as Medical Director of Behavioral Health Services.
- Dr. Borra, Psychiatrist, is expected to begin employment July 1, 2018 immediately following completion of his residency program. We have two signed letters of intent from psychiatrists but both are currently delayed due to personal reasons.
- We operate with two electronic medical records (EMR) systems; one for the nursing home (ECS) and the other for outpatient and behavioral health (TIER). We have been exploring options for replacing the ECS system and anticipate RFP's being released for bids. This project came to light after the 2018 budget process as part of the CLA recommendations to the MVCC Committee. The TIER system, purchased 5-6 years ago, has been a significant physician dis-satisfier. The core issue with the system appears to be due to the customization that we requested and the vendor is unable to service the product effectively and efficiently as a result. Any upgrade to the system would require the vendor to have to rebuild the system. A full analysis of TIER will be completed this year, and explore the possible replacement in the future. We have learned that we cannot repeat the multitude of customization requests and we also have more knowledgeable staff to assist with the project. Dr. Benson commented that the line staff have been doing a marvelous job assisting clinicians with a very frustrating product.
- M. Loy is working with B. Karger, County Administrator, on rewriting the Facility Use Agreement, Maintenance Agreement, and the Nursing Home Administration Agreement.

Master Facility Plan

- It is expected that the Master Facility plan will be delivered the week of March 5. Several options will be presented. The County has committed to stay in the nursing home business and has determined the size of the nursing home will be 192 beds.
- Committee felt it is important for the Board to be conversant on long term care, confident in the business and that it is financially viable, able to speak of future trends of long term care, and know the reasons to support the changes to the structure more than what consultants provide. Wipfli is confirmed to make a presentation to the Board at the February Board Meeting including a general overview of governmental regulations in long term care and what five things to look for over the next few years.

Policy Governance

- The Committee reviewed the final draft of Board Governance Manual. The draft included several suggested amendments from Board Members. The following **highlighted** changes were recommended for inclusion into the Manual for final review and action by the Board:
    - Policy 1.6 – 2) ***Fail to*** establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.
    - Policy 1.9 – 3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated ***adverse*** media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any board policy has previously been established.
    - Policy 2.1 – 12) The Board will monitor and discuss the Board's process and performance at regular intervals ***and formally on an annual basis no later than the October meeting of each calendar year***. Self-monitoring will include comparison of Board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.
    - Policy 2.2 – Board Job Description: The Board's specific job outputs, as an informed agent of the ownership and corresponding contractual obligations, are those that ensure an unbroken chain of accountability from stakeholders to the appropriate organizational performance. ***These include the responsibility to:***
    - Policy 2.2 – 2) ***Establish*** written governing policies that address the broadest levels of all NCHC decisions and situations including:
    - Policy 2.3 – ***7) In order to assist the Board Chair with assuring Board meetings and process are conducted consistent with the adopted Policy Governance model, the Vice Chair of the Board is assigned the duty of observing and monitoring Board meeting activity and is charged with identifying and bringing to the Board's attention opportunities for proceeding improvements.***
    - Policy 2.8 – f) A Board expense invoice form shall be created by the CEO and used to claim reimbursement under this policy. All expense reimbursements, ***except Per Diems and mileage reimbursement related to monthly Board meeting attendance,*** will be approved by the Board.
    - 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 ***with the following processes:***

- Committee discussed the difference in expectations of the CEO vs Board. The Board identifies the End Statements which is how the Operational Plan is established and what the CEO uses to accomplish within the criteria set in the Policy Governance Manual by the Board. The Board may ask how the items were accomplished and may establish a committee to review a specific purpose.
- **Motion**/second, Weaver/Benson, to recommend the Final Draft of Policy Governance Manual to North Central Community Services Program board as discussed. Motion carried.
- **Motion**/second, Weaver/Stowe, to recommend adoption of the amended and restated bylaws of North Central Community Services Program Board as submitted. Motion carried.

Agenda for 02/22/18 Board Meeting

- Draft of the 2/22/18 Board Agenda was provided and reviewed. It was noted that in the future a Consent Agenda could be established for approving monitoring reports.

Discussion and Future Agenda Items for Board Consideration

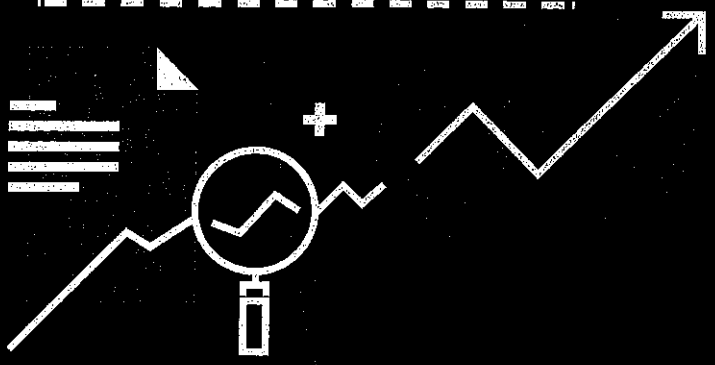
- None

Adjourn

- **Motion**/second, Stowe/Weaver, to adjourn the Executive Committee meeting at 2:22 p.m. Motion carried.

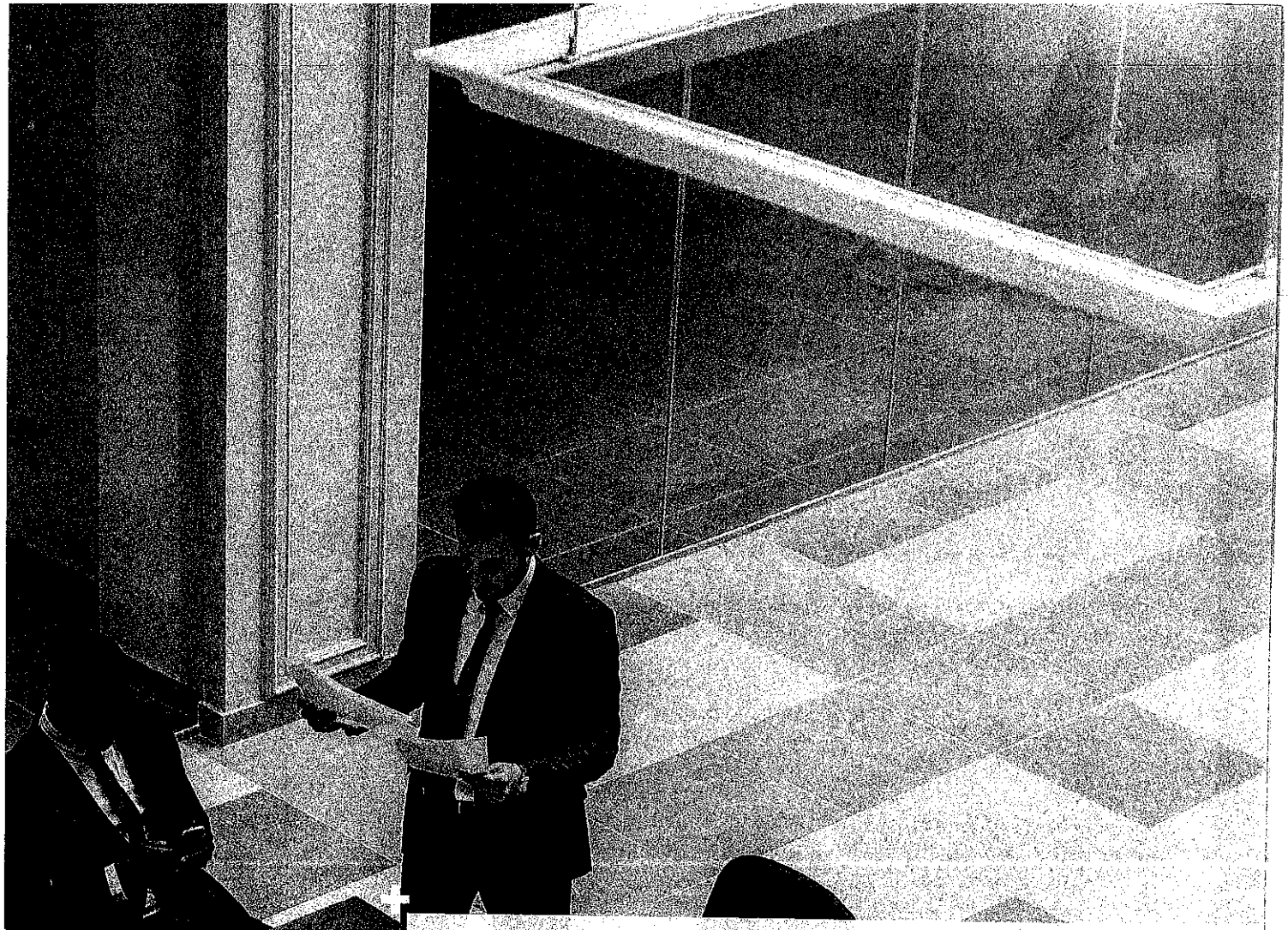
Minutes prepared by Debbie Osowski, Executive Assistant

10 TRENDS FOR



By Laura P. Jacobs

As health care transforms, boards need to focus on consumers, costs and new methods of care delivery



Health care delivery and methods of paying for it will continue to evolve during 2018 in a changing economic, political, technological and demographic landscape. Digital and other technological tools are coming of age in an increasingly consumer-driven world, and health systems will continue to seek ways to drive greater efficiency, highly reliable outcomes and more seamless care. And all this will occur with the overarching pressure from payers of all types to reduce costs.

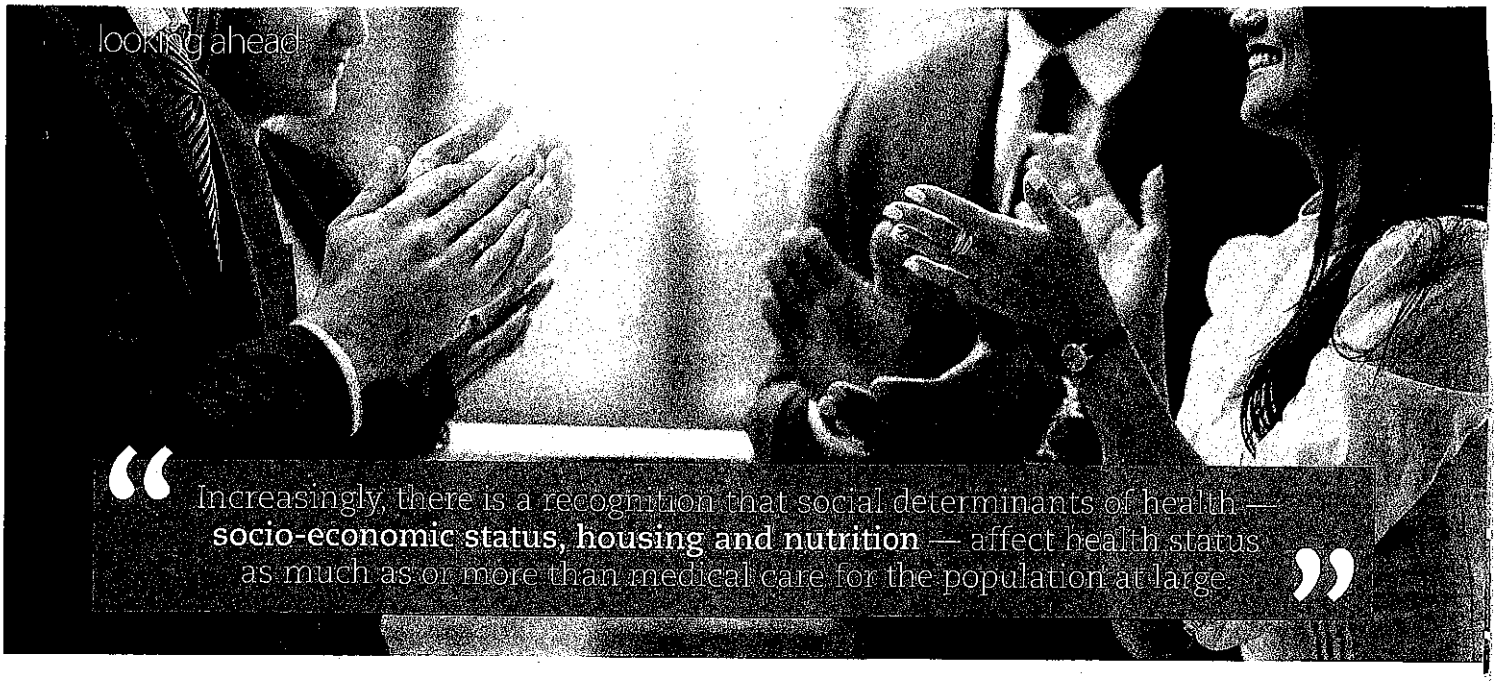
What are your organization's strategies for responding to these major trends?

COVERAGE AND COSTS

1 Uncertainty in insurance coverage and payment models

With debates continuing at the federal and state levels regarding the future of health care insurance and payment models, expect continued uncertainty about the Health Insurance Marketplace, or exchange, as well as ways to fund Medicaid and manage Medicare costs. There could be an increase in the number of uninsured in some markets as the number of exchange products decreases or prices rise. And the continued adoption of high-deductible plans as well as health savings accounts will require attention to pricing as well as payment. Expect Medicare Advantage enrollment to continue to grow; it now represents 33 percent of total Medicare enrollment (19 million people) nationally, having grown 8 percent between 2016 and 2017.

TRUSTEES SHOULD DISCUSS: What legislative and regulatory changes are occurring at the federal and state levels that could affect health care reimbursement rates? What are the states of key financial indicators in our organization, and is action being taken if indicated? Is there a defined pricing strategy, especially for outpatient services for which consumer



> "Increasingly, there is a recognition that social determinants of health — **socio-economic status, housing and nutrition** — affect health status as much as or more than medical care for the population at large."

sensitivity is greatest? What is the strategy for contracting (or partnering) with Medicare Advantage Plans in our service area?

2 Payer pressure and continued evolution of value-based payment

While the Centers for Medicare & Medicaid Services has slowed the growth of value-based payment methods such as mandatory bundled payment, there is still strong support across the field for moving away from fee-for-service payment models. There are some movements to simplify the quality reporting requirements for both hospitals and physician groups, but capturing and monitoring myriad quality indicators will still be a priority.

Bottom line: There will be strong pressure to reduce base rates on commercial contracts, and success in Medicare's value-based payment program still can make a significant difference in reimbursement for many health systems. This will require health systems to continue their efforts to find efficiencies through patient care redesign, utilizing high-value supplies and outsourced services, and considering performance-based contracts with vendors. Physician groups with significant Medicare populations will seek to participate in CMS alternative payment models — including accountable care organizations that bear risk, bundled payment and Comprehensive Primary Care Plus — that provide preferred treatment under the Medicare Access and CHIP Reauthorization Act of 2015.

Health systems may find that inpatient admissions, readmissions and emergency department visits decline as both payers and ACOs in which the health systems participate seek to reduce the total cost of care and more services can be managed on an outpatient basis. While good for overall patient care, this will have an impact on total reimbursement for your organization. Reductions in site-of-service reimbursement for some hospital-based outpatient clinics — and payer policies that encourage use of non-hospital-based outpatient services — will further impact revenue.

"Tiered" provider networks still will be utilized by health plans to steer members to more cost-effective physician groups and hospitals. Providers will continue to discuss ways to partner with health plans on co-branded insurance products as a way to create greater consumer loyalty and new customers, and leverage the population health infrastructure of larger insurance companies. Providers will be more cautious about starting their own health plans, given the startup costs and financial challenges of operating a smaller health plan and the recent experiences of some major health systems.

TRUSTEES SHOULD DISCUSS: What are the ways in which our organization is creating sustainable operating and patient care efficiencies that reduce operating costs while improving patient outcomes? How has the organization performed under value-based payment programs, and what are the strategies for sustaining or improving these results? Is there a clear payer strategy, and how will that impact our customer base and financial performance? Are our physicians prepared for MACRA, and how is the organization working with its physicians to coordinate care as well as payer initiatives?

3 Optimizing capital resources

With an increasing strain on operating margins due to both volume and price pressures, the organization's demands for capital to fund information and clinical technology, expansion of outpatient facilities and replacement of aging facilities likely will outstrip available resources. This will require organizations to be creative in their asset management, including evaluating leasing options, utilizing development partners and optimizing existing facilities.

Leveraging data and analytics in innovative ways to ensure that health systems are effectively utilizing inpatient and outpatient facilities (e.g., through efficient transfer and access centers) is becoming more common. Health systems may repurpose underutilized or older facilities to meet demand for post-acute, rehabilitation or behavioral health services. When adapting facilities to new uses, hospitals must consider state licensing,

PHOTO FROM SHUTTERSTOCK

building codes and accreditation body life-safety requirements as health facilities of all types are governed by higher standards to protect patient safety in the event of fire, floods and earthquakes.

TRUSTEES SHOULD DISCUSS: How does the organization monitor key financial ratios and performance metrics that may impact bond ratings and the cost of capital? Does the capital allocation methodology support the organization's strategies and current financial performance? Does the master facility plan include consideration for optimizing the use of current facilities through innovative operating strategies before building new ones?

CONSUMERS AND CARE DELIVERY

4 Access in more places

Health care delivery increasingly is being pushed outside the walls of the hospital and medical office building and into new settings, as consumers demand more convenient and rapid access, and new technology enables it. Through virtual technology and telemedicine, health care is being provided at home, work, across long distances and in traditional settings. All the technology giants (Apple, Google, Amazon) as well as thousands of startups have their eye on disrupting traditional health care delivery methods and providers' relationships with their patients.

With consumers becoming more accustomed to mobile, convenient, and on-demand services (even Uber provides on-demand health care), health systems will be challenged to meet those expectations unless they embrace innovation and consumer-centric service delivery. New entrants will challenge market segments across income and demographic parameters — e.g., Forward, which attracts higher-income, technophile health seekers, and Oak Street Health or ChenMed, which focus on moderate- to high-need Medicare patients.

TRUSTEES SHOULD DISCUSS: What is the organization's primary care strategy and how are innovative technologies being utilized to improve access and convenience? Is telemedicine being optimized? Are there opportunities to partner with newer entrants to accelerate the organization's ability to meet consumer demands?

5 Precision medicine, 3-D printing and robots coming of age

Precision or personalized medicine, based on an individual's genetic profile, will continue to expand. Targeted cancer therapy based on a tumor's genetic makeup is increasingly available, and systems are expanding genetic profiling to provide early preventive treatment in a population health environment.

Robot-guided surgical procedures as well as robots at the bedside will have expanded uses as technology improves. And 3-D printing, being utilized in manufacturing to reduce costs, also has increasing application for prosthetics and implants, although organ replacement is still a hope for the future. No longer exclusively the domain of large academic medical centers, the application of these future technologies will find their way into communities of all sizes across the country in 2018 and beyond.

TRUSTEES SHOULD DISCUSS: How well is our organization positioned for new-age technologies and diagnostic capabilities that will provide more precise treatment for patients? What are the new risks associated with these technologies, and how will they be mitigated? Relationships with external entities that provide these services, including academic medical centers, might be a strategy to consider for smaller organizations.

6 Seamless patient care

Whether driven by population health strategies, efforts to reduce readmissions and manage length of stay, the need to reduce unwarranted variation in clinical care or simply to improve patient outcomes, managing transitions of care will continue to be a top priority for health care organizations in 2018. Improving the patient care experience so that patients really are the focus of the health care delivery system is a journey that requires re-engineering and recalibrating the care team and underlying support structure — for example, ensuring a single care plan that follows the patient from ambulatory to inpatient setting; integrated care management systems to facilitate smooth transitions from hospital to home or post-acute venue; and new-age contact centers that ensure that intrahealth system referrals and transfers are efficient and user-friendly.

Using advanced analytics to predict potential hiccups in care delivery so that remediative action can be taken by the team will become the standard, as opposed to simply reviewing retrospective trends that only provide the story of what happened in the past. This approach can be particularly helpful in managing overburdened intensive care units, EDs or operating rooms that can cause unnecessary waits or holds that affect both the quality of care and the patient experience. In the population health space, systems are using predictive analytics to identify patients who potentially could be at risk for declining health or need immediate care intervention.

TRUSTEES SHOULD DISCUSS: What are the current performance indicators for readmission rates, ED-to-admit times or population health management in our organization? Is inpatient length of stay what it should be? Are referrals within the system occurring seamlessly? What strategies are in place to utilize analytics in real time?

7 Community relationships

Forming strong relationships between the health care system and the community is not just important for public relations or financial reasons. Increasingly, there is a recognition that social determinants of health — socio-economic status, housing and nutrition — affect health status as much as or more than medical care for the population at large. Health care organizations can go only so far in affecting these social issues, so having relationships with community resources that can help to manage critical needs

is considered a must-have for health systems, particularly those with higher Medicaid or underserved populations. Adequate behavioral health services will continue to be an unmet need in many communities.

TRUSTEES SHOULD DISCUSS: What are projected trends in Medicaid or uninsured populations? What needs have been identified through the organization's community-needs studies that could be coordinated or provided by external community resources? Do the organization's ACOs make use of these community resources to help mitigate unnecessary ED visits? What is the organization's behavioral health strategy?

RETOOLING FOR THE FUTURE

8 Health system integration and performance

As noted, there is intense pressure on health care organizations to find greater efficiencies and demonstrate value to consumers. Health systems also are becoming more complex, vertically and horizontally. This can create added governance, management and operational complexity that must be resolved to ensure success.

With continued partnership activity expected through 2018, health systems increasingly will be looking to create greater "systemness" through simplifying decision-making and governance, systemwide clinical operating structures, streamlining operations, and leveraging assets and information technology investments. Management accountabilities will shift from a local or business unit focus to a greater emphasis on systemwide performance. Many health systems will continue to strengthen the cultures, governance and management of employed-physician practices to create an even more effective physician enterprise.

TRUSTEES SHOULD DISCUSS: Is our governance structure as efficient as it could be? Does it support our health system structure, i.e., as a holding company or operating company? Do performance metrics and management incentives promote the success of the system overall? Are there mechanisms in place to spread best practices across the system to raise the bar on performance overall?

9 The digital health care delivery system

Health systems will be seeking to optimize their investments in digital technology: electronic health records, data "lakes" or warehouses, patient portals and so forth. But even more than these more obvious technologies, advanced health systems are looking for ways to use all of the digital information that exists in their health care ecosystems — monitoring equipment, imaging and other diagnostic technology, scheduling systems, clinical systems, admission/discharge/transfer systems, laboratory systems, productivity management systems and more.

By leveraging the digital universe that exists with advanced analytics and applications that can pull from all digital sources, relevant, real-time, actionable data can be leveraged to make smart decisions about patient care or operational improvement. Further, artificial intelligence and machine learning are providing ways to enhance productivity and the focus of the care team. There will continue to be much innovation in this space; the challenge for many health systems will be to determine where and how much to invest and, once invested, how to spread innovation across the system.

TRUSTEES SHOULD DISCUSS: What is the digital strategy for the organization? Is current technology being leveraged to optimize medical and operational decisions and ensure that care teams can work at the top of their license? Are analytics available that blend clinical, operational, financial and human resource data to support decision-making? Is there a strategy and set of criteria to guide investments in new technology or innovation?

10 Workforce and talent management

With the stresses on the health care field, management, physician and employee burnout is a real risk. More organizations

are taking a "value-chain" view of their most precious resource: human capital. That is, they are integrating recruiting, training and development, performance management, productivity metrics and cultural development to ensure that individuals and teams are supported and that the potential of the labor pool is optimized. Many organizations will continue to seek ways to redesign the roles of the care team to put the joy back into their profession. This can be done with "design-thinking" approaches to ensure that stakeholder perceptions are considered in the redesign process. Leadership development, especially for clinical leaders, also will be a priority to support succession planning and accelerate change.

TRUSTEES SHOULD DISCUSS: Is there a comprehensive plan for the development and management of our organization's human capital? Are the systems in place to support the desired culture and performance expectations? What efforts are underway to mitigate team burnout?

The pace of change is unlikely to waver over the foreseeable future; as trustees, it will be important to continue to look forward and understand the most significant changes that likely will affect your organization. While the challenges can be great, it is also a time of opportunity for organizations that can embrace change and adapt to succeed. **T**

Laura P. Jacobs, *M.P.H. (Laura.Jacobs@ge.com) is managing principal of GE Healthcare Partners. She is based in Los Angeles.*

PHOTOS FROM SHUTTERSTOCK

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MEMORANDUM

DATE: February 16, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: February CEO Report

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

1) Aquatic Therapy Pool: We have concluded our fundraising requests at this point. Remaining individual pledges are still being accepted and pursed until the March 1, 2018 date. We still have one in-kind pledge we need to finalize and have approved by Marathon County. The RFP for architectural design should go out in March.

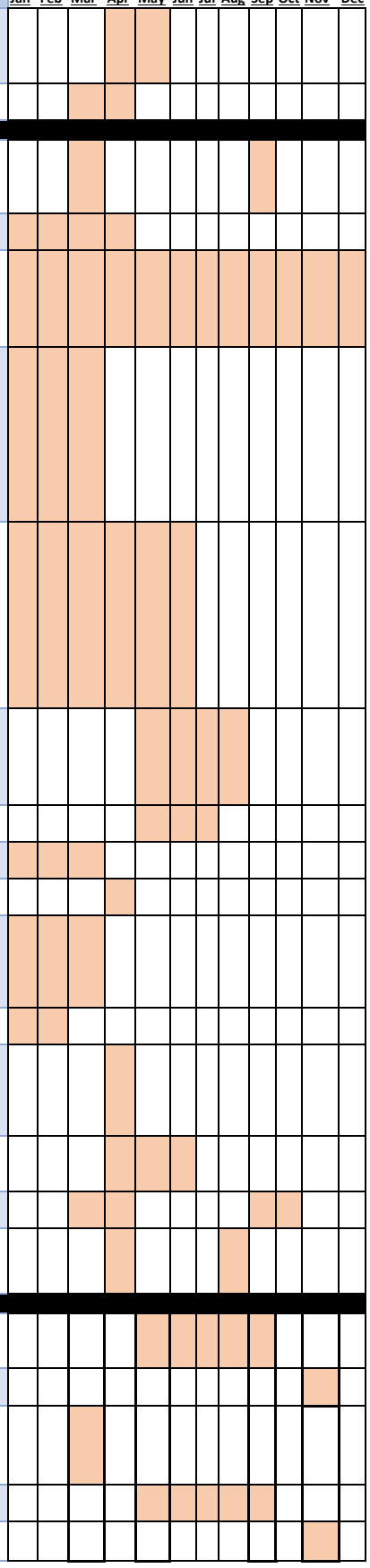
	Requested	Pledged
Businesses	$1,035,000	$200,000
Foundations	$1,990,000	$1,930,000
Individuals	$250,000	$978,399
Fundraising Activities	$25,000	$16,155
Totals	$3,300,000	$3,124,514

2) Master Facility Planning: The original deliverable for final report was the end of January which was amended in December to the first two weeks of February. We are tentatively planning on presenting the Master Facility Plan to the NCCSP Board at the March meeting and to Marathon County after the new County Board is sat. The final report delivery date is slated for the week of March 19th. The Master Facility Plan will deliver 2-3 options for the NCCSP Board to consider for recommendation to the Marathon County Board. There will be 2-3 options presented on renovation needs and opportunities over the next 10 years as well as an option of a complete reinvention of the NCHC campus. The policy decision for the Marathon County Board will be to either renovate or reinvent the campus along with the implications of these options.

3) Mount View Care Center (MVCC) Committee: The MVCC Committee met on Monday January 29th. The committee approved the size, scope and general populations for MVCC going forward. This recommendation will now be considered within the scope of the Master Facility Plan. The Committee also determined that they would create a new Management Agreement with NCHC for oversight of MVCC. Reporting and policy oversight for MVCC going forward will be the Health and Human Services Committee at Marathon County. It is not anticipated that the MVCC Committee will continue in the new term at this time.

4) Physician Recruitment: Dr. Borra continues to be on track for a July 1, 2018 start date. The other two Psychiatrist we had signed letters of intent from have not yet signed contracts due to extenuating personal circumstances. Our hope is they will continue to join NCHC at some point in 2018 but the chances decline the longer they go without signing their contract.

Accountability	Start Date	Measure(s) of Success	Interim Updates	Status
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	Pending
Counties	Ongoing	Appointment(s)	Fill any vacancies created through the expiration of current appointments or created through the election.	Open
NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process are slated for the February meetings.	Open
NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	Audit pre-work has begun and the audit firm will begin their audit in the next few weeks with a March delivery date.	Open
NCCSP	Jan-18	Policy Governance Manual Approved	The NCCSP Board is reviewing the final section, Board Governance Process Policies, at its January meeting. The final Policy Governance Manual and Amended Bylaws will be provided to the NCCSP Board at their January meeting and considered for final adoption at their February meeting.	Open
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 creating 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
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
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
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.	Pending
NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open
NCCSP	Apr-18	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Pending
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
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
RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Financial policies have been updated and will be presented to the NCCSP Board at their January meeting to consider before the audit is in full swing.	Open
NCCSP	May-18	Annual Report Released and Presentations made to County Boards		Pending
NCCSP	Bi-annually	RCA Accepts Report		Open
NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed		Pending
RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board		Pending
RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan document.	Open
RCA	Feb-18	Completed Appraisal	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process are slated for the February meetings.	Open
RCA	May-18	Adopted Annual Performance Standards		Pending
RCA	Nov-18	Revision Recommendation to County Boards if necessary	An amendment needed for indemnification provisions will be considered.	Open



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MEMO

TO: **North Central Health Care Finance Committee**

FROM: **Brenda Glodowski**

DATE: **February 16, 2018**

RE: **Attached Financials**

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

BALANCE SHEET

The Balance Sheet continues to be remain consistent. The Assets Limited as to Use, which represents the approved capital, has been updated to include the 2018 approved capital.

STATEMENT OF REVENUE AND EXPENSES

The month of January shows a small loss of ($257), compared to a budgeted gain of $41,756, resulting in a negative variance of ($42,013). The majority of the variance is a result of lower revenue than anticipated. A number of the outpatient areas saw lower revenue, mainly due to weather. This includes reduced services due to buses not running and cancellations. The hospital census averaged 14, which is the target. The nursing home census averaged 179, which is lower than the target of 185. The nursing home received updated Medicaid rates, which were higher than anticipated.

Overall expenses were below budget targets. A significant contribution to this is a large credit received from the State Institutes due to payments received. Salaries overall were below target, but benefits were over target due to health insurance running over budget. Nursing home direct expenses are over budget with part of the overage being related to increased health insurance. The overages are being addressed and it is expected that the nursing home will be on track by end of first quarter.

February is showing better revenue so far, with expenses appearing to be in line. It is anticipated that February will show improved results.

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

Thank you.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	3,145,715	2,040,905	5,186,620	4,725,599
Accounts receivable:				
Patient - Net	2,668,710	1,988,541	4,657,251	4,884,634
Outpatient - WIMCR & CCS	1,568,750	0	1,568,750	507,500
Nursing home - Supplemental payment program	0	182,000	182,000	150,000
Marathon County	410,018	125,000	535,018	72,809
Appropriations receivable	84,241	0	84,241	59,951
Net state receivable	1,372,896	0	1,372,896	308,447
Other	250,088	0	250,088	482,844
Inventory	0	342,220	342,220	305,373
Other	620,835	459,066	1,079,901	1,124,593
Total current assets	10,121,252	5,137,733	15,258,985	12,621,750
Noncurrent Assets:				
Investments	11,749,000	0	11,749,000	10,300,000
Assets limited as to use	1,094,902	299,833	1,394,735	3,989,045
Contigency funds	500,000	0	500,000	500,000
Restricted assets - Patient trust funds	14,336	24,631	38,966	58,749
Net pension asset	0	0	0	0
Nondepreciable capital assets	248,932	498,521	747,453	925,143
Depreciable capital assets - Net	7,207,313	3,826,616	11,033,928	10,545,966
Total noncurrent assets	20,814,483	4,649,600	25,464,083	26,318,903
Deferred outflows of resources - Related to pensions	10,070,362	7,446,358	17,516,720	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	41,006,097	17,233,691	58,239,788	56,457,373

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Current portion of related-party note payable	0	0	0	154,310
Accounts payable - Trade	492,917	364,479	857,395	1,143,149
Appropriations advances	0	0	0	1,121,810
Accrued liabilities:				
Salaries and retirement	1,077,549	796,775	1,874,325	1,948,436
Compensated absences	803,740	594,312	1,398,053	1,485,974
Health and dental insurance	357,588	264,412	622,000	798,000
Other Payables	137,401	101,599	239,000	364,809
Amounts payable to third-party reimbursement programs	250,118	0	250,118	215,920
Unearned revenue	76,757	0	76,757	135,266
Total current liabilities	3,196,071	2,121,577	5,317,648	7,367,674
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	3,127,379
Related-party note payable	0	0	0	481,871
Patient trust funds	14,236	24,631	38,866	58,749
Total noncurrent liabilities	1,812,166	1,354,079	3,166,245	3,667,999
Total liabilities	5,008,237	3,475,657	8,483,893	11,035,673
Deferred inflows of resources - Related to pensions	3,821,383	2,825,657	6,647,040	6,647,040
Net Position:				
Net investment in capital assets	7,456,244	4,325,137	11,781,381	11,471,109
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	1,094,902	299,833	1,394,735	3,989,045
Undesignated	22,957,930	6,475,064	29,432,995	22,823,504
Operating Income / (Loss)	167,400	(167,657)	(257)	(8,998)
Total net position	32,176,477	10,932,377	43,108,854	38,774,660
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	41,006,097	17,233,691	58,239,788	56,457,373

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2018

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$3,842,942	$4,119,183	($276,241)	$3,842,942	$4,119,183	($276,241)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	324,377	325,120	(743)
Grant Revenue	201,689	193,933	7,756	201,689	193,933	7,756
County Appropriations - Net	619,260	635,927	(16,667)	619,260	635,927	(16,667)
Departmental and Other Revenue	281,958	311,702	(29,745)	281,958	311,702	(29,745)
Total Other Revenue	1,427,283	1,466,681	(39,398)	1,427,283	1,466,681	(39,398)
Total Revenue	5,270,225	5,585,864	(315,639)	5,270,225	5,585,864	(315,639)
Expenses:						
Direct Expenses	4,164,144	4,193,987	(29,843)	4,164,144	4,193,987	(29,843)
Indirect Expenses	1,126,680	1,362,622	(235,942)	1,126,680	1,362,622	(235,942)
Total Expenses	5,290,823	5,556,609	(265,785)	5,290,823	5,556,609	(265,785)
Operating Income (Loss)	(20,598)	29,256	(49,854)	(20,598)	29,256	(49,854)
Nonoperating Gains (Losses):						
Interest Income	16,224	12,500	3,724	16,224	12,500	3,724
Donations and Gifts	2,809	0	2,809	2,809	0	2,809
Gain / (Loss) on Disposal of Assets	1,309	0	1,309	1,309	0	1,309
Total Nonoperating Gains / (Losses)	20,341	12,500	7,841	20,341	12,500	7,841
Income / (Loss)	($257)	$41,756	($42,013)	($257)	$41,756	($42,013)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2018

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,215,674	$2,513,211	($297,537)	$2,215,674	$2,513,211	($297,537)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	324,377	325,120	(743)
Grant Revenue	201,689	193,933	7,756	201,689	193,933	7,756
County Appropriations - Net	494,260	494,260	0	494,260	494,260	0
Departmental and Other Revenue	165,715	194,119	(28,404)	165,715	194,119	(28,404)
Total Other Revenue	1,186,040	1,207,431	(21,391)	1,186,040	1,207,431	(21,391)
Total Revenue	3,401,714	3,720,642	(318,928)	3,401,714	3,720,642	(318,928)
Expenses:						
Direct Expenses	2,723,405	2,949,445	(226,040)	2,723,405	2,949,445	(226,040)
Indirect Expenses	530,840	677,427	(146,588)	530,840	677,427	(146,588)
Total Expenses	3,254,245	3,626,873	(372,628)	3,254,245	3,626,873	(372,628)
Operating Income (Loss)	147,469	93,770	53,699	147,469	93,770	53,699
Nonoperating Gains (Losses):						
Interest Income	16,224	12,500	3,724	16,224	12,500	3,724
Donations and Gifts	2,398	0	2,398	2,398	0	2,398
Gain / (Loss) on Disposal of Assets	1,309	0	1,309	1,309	0	1,309
Total Nonoperating Gains / (Losses)	19,931	12,500	7,431	19,931	12,500	7,431
Income / (Loss)	$167,400	$106,270	$61,130	$167,400	$106,270	$61,130

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JANUARY 31, 2018

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,627,268	$1,605,972	$21,296	$1,627,268	$1,605,972	$21,296
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	125,000	141,667	(16,667)
Departmental and Other Revenue	116,243	117,583	(1,340)	116,243	117,583	(1,340)
Total Other Revenue	241,243	259,250	(18,007)	241,243	259,250	(18,007)
Total Revenue	1,868,511	1,865,222	3,289	1,868,511	1,865,222	3,289
Expenses:						
Direct Expenses	1,440,738	1,244,542	196,197	1,440,738	1,244,542	196,197
Indirect Expenses	595,840	685,194	(89,354)	595,840	685,194	(89,354)
Total Expenses	2,036,578	1,929,736	106,842	2,036,578	1,929,736	106,842
Operating Income (Loss)	(168,067)	(64,514)	(103,553)	(168,067)	(64,514)	(103,553)
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	411	0	411	411	0	411
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	411	0	411	411	0	411
Income / (Loss)	($167,657)	($64,514)	($103,143)	($167,657)	($64,514)	($103,143)

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
January 31, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	1.30%	$492,000	x
PFM Investments	517 Days	4/30/2018	1.12%	$492,000	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
PFM Investments	545 Days	7/10/2019	2.02%	$483,000	X
Abby Bank	730 Days	7/19/2019	1.30%	$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	$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
Abby Bank	730 Days	12/30/2019	1.61%	$500,000	X
TOTAL FUNDS AVAILABLE				$11,749,000	
WEIGHTED AVERAGE	537.36 Days		1.372% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of January 31, 2018

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	43,908.34
Community Treatment - Adult	400.00
Community Treatment - Youth	6,950.37
Fishing Without Boundries	4,952.80
General Donated Funds	59,977.38
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,094.39
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,824.54
Total Legacies by the Lake	6,782.79
Marathon Cty Suicide Prev Task	13,728.67
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	8,982.18
Outpatient Services - Marathon	401.08
Pool	21,465.85
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,346.33
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	229,640.64
Total Checking/Savings	229,640.64
Total Current Assets	229,640.64
TOTAL ASSETS	**229,640.64**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	5,687.01
Total Equity	229,640.64
TOTAL LIABILITIES & EQUITY	**229,640.64**

North Central Health Care
Budget Revenue/Expense Report

Month Ending January 31, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	5,270,225	5,585,864	5,270,225	5,585,864	(315,639)
EXPENSES:					
Salaries and Wages	2,524,583	2,724,171	2,524,583	2,724,171	(199,588)
Fringe Benefits	1,152,621	994,327	1,152,621	994,327	158,293
Departments Supplies	533,868	630,921	533,868	630,921	(97,053)
Purchased Services	568,975	512,858	568,975	512,858	56,117
Utilitites/Maintenance Agreements	218,447	267,263	218,447	267,263	(48,816)
Personal Development/Travel	34,940	40,221	34,940	40,221	(5,281)
Other Operating Expenses	92,135	137,931	92,135	137,931	(45,796)
Insurance	41,620	41,000	41,620	41,000	620
Depreciation & Amortization	141,946	141,250	141,946	141,250	696
Client Purchased Services	(18,312)	66,667	(18,312)	66,667	(84,979)
TOTAL EXPENSES	**5,290,823**	**5,556,609**	**5,290,823**	**5,556,609**	**(265,785)**
Nonoperating Income	20,341	12,500	20,341	12,500	7,841
EXCESS REVENUE (EXPENSE)	**(257)**	**41,756**	**(257)**	**41,755**	**(42,013)**

North Central Health Care
Write-Off Summary
January 2018

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$7,945	$7,945	$835
Bad Debt	$8,097	$8,097	$431
Outpatient:			
Administrative Write-Off	$3,534	$3,534	$7,180
Bad Debt	$1,242	$1,242	$177
Nursing Home:			
Daily Services:			
Administrative Write-Off	$5,620	$5,620	$0
Bad Debt	$2,122	$2,122	$1,954
Ancillary Services:			
Administrative Write-Off	$120	$120	$5,082
Bad Debt	$0	$0	$0
Pharmacy:			
Administrative Write-Off	$0	$0	$0
Bad Debt	$0	$0	$0
Total - Administrative Write-Off	$17,218	$17,218	$13,097
Total - Bad Debt	$11,461	$11,461	$2,562

North Central Health Care
2018 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
January	Nursing Home	5,735	5,549	(186)	84.09%	81.36%
	Hospital	434	441	7	87.50%	88.91%
February	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
March	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
April	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
May	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
YTD	Nursing Home			(186)	0.00%	0.00%
	Hospital			7	0.00%	0.00%

North Central Health Care
Review of 2018 Services
Langlade County

Direct Services:	2018 January Actual Rev	2018 January Budg Rev	Variance	2018 January Actual Exp	2018 January Budg Exp	Variance	Variance by Program
Outpatient Services	$33,653	$45,009	($11,356)	$66,559	$76,294	$9,735	($1,622)
Community Treatment-Adult	$64,693	$65,515	($822)	$59,681	$67,359	$7,678	$6,856
Community Treatment-Youth	$25,323	$69,891	($44,568)	$26,411	$70,075	$43,664	($903)
Day Services	$56,377	$32,917	$23,460	$54,944	$32,917	($22,027)	$1,433
	$180,046	$213,332	($33,286)	$207,595	$246,645	$39,050	$5,764
Shared Services:							
Inpatient	$41,311	$42,660	($1,349)	$57,721	$55,271	($2,450)	($3,799)
CBRF	$4,357	$9,273	($4,916)	$5,270	$9,273	$4,003	($913)
Crisis	$2,519	$3,200	($681)	$22,986	$24,484	$1,498	$817
MMT (Lakeside Recovery)	$51	$4,644	($4,593)	$4,023	$9,155	$5,132	$538
Day Treatment	$734	$677	$57	$612	$818	$206	$262
Protective Services	$2,174	$2,213	($39)	$5,392	$7,522	$2,130	$2,091
Birth To Three	$7,071	$7,540	($469)	$11,925	$14,163	$2,238	$1,770
Group Homes	$15,756	$9,672	$6,084	$17,947	$9,672	($8,275)	($2,191)
Supported Apartments	$0	$12,258	($12,258)	$0	$12,258	$12,258	$0
Contract Services	$0	$0	$0	($2,169)	$8,304	$10,473	$10,473
	$73,973	$92,137	($18,164)	$123,707	$150,920	$27,213	$9,049
Totals	$254,019	$305,469	($51,450)	$331,302	$397,565	$66,263	$14,814
Base County Allocation	$66,544	$66,544	($0)				($0)
Nonoperating Revenue	$880	$679	$201				$201
County Appropriation	$24,874	$24,874	$0				$0
Excess Revenue/(Expense)	$346,317	$397,565	($51,248)	$331,302	$397,565	$66,263	$15,015

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 January Actual Rev	2018 January Budget Rev	Variance	2018 January Actual Exp	2018 January Budg Exp	Variance	Variance By Program
Outpatient Services	$24,527	$35,770	($11,243)	$55,193	$81,105	$25,912	$14,668
Community Treatment-Adult	$84,589	$68,590	$15,999	$87,925	$70,522	($17,403)	($1,404)
Community Treatment-Youth	$64,744	$80,685	($15,941)	$51,204	$81,113	$29,909	$13,968
	$173,860	$185,046	($11,186)	$194,322	$232,739	$38,417	$27,232
Shared Services:							
Inpatient	$56,336	$58,173	($1,837)	$78,711	$75,370	($3,341)	($5,178)
CBRF	$5,942	$12,645	($6,703)	$7,187	$12,645	$5,458	($1,245)
Crisis	$3,434	$4,363	($929)	$31,345	$33,387	$2,042	$1,113
Day Treatment	$1,001	$923	$78	$835	$1,115	$280	$357
MMT (Lakeside Recovery)	$69	$6,333	($6,264)	$5,486	$12,484	$6,998	$734
Protective Services	$2,964	$3,017	($53)	$7,353	$9,674	$2,321	$2,267
Birth To Three	$10,396	$12,704	($2,308)	$17,533	$23,864	$6,331	$4,023
Apartments	$0	$3,823	($3,823)	$0	$3,823	$3,823	$0
Contract Services	$0	$0	$0	($2,958)	$11,324	$14,282	$14,282
	$80,142	$101,982	($21,840)	$145,492	$183,686	$38,194	$16,354
Totals	$254,002	$287,027	($33,025)	$339,814	$416,425	$76,611	$43,586
Base County Allocation	$69,165	$69,165	$0				$0
Nonoperating Revenue	$1,124	$865	$259				$259
County Appropriation	$59,368	$59,368	$0				$0
Excess Revenue (Expense)	$383,659	$416,425	($32,766)	$339,814	$416,425	$76,611	$43,845

North Central Health Care
Review of 2018 Services
Marathon County

Direct Services:	2018 January Actual Rev	2018 January Budget Rev	Variance	2018 January Actual Exp	2018 January Budget Exp	Variance	Variance by Program
Outpatient Services	$98,610	$141,974	($43,364)	$224,965	$317,391	$92,426	$49,061
Community Treatment-Adult	$391,319	$471,917	($80,598)	$418,486	$480,873	$62,387	($18,211)
Community Treatment-Youth	$107,437	$212,120	($104,683)	$145,393	$212,671	$67,278	($37,406)
Day Services	$117,011	$140,438	($23,427)	$127,100	$140,438	$13,338	($10,089)
Clubhouse	$31,244	$33,271	($2,027)	$41,978	$40,938	($1,040)	($3,067)
Demand Transportation	$31,744	$35,936	($4,192)	$42,133	$35,936	($6,197)	($10,389)
Aquatic Services	$58,571	$66,008	($7,437)	$73,058	$83,851	$10,793	$3,356
Pharmacy	$474,287	$386,387	$87,900	$402,298	$386,387	($15,911)	$71,989
	$1,310,223	$1,488,053	($177,830)	$1,475,411	$1,698,485	$223,074	$45,245
Shared Services:							
Inpatient	$277,914	$286,986	($9,072)	$388,307	$371,826	($16,481)	($25,553)
CBRF	$29,314	$62,381	($33,067)	$35,455	$62,381	$26,926	($6,141)
Crisis Services	$16,943	$21,525	($4,582)	$154,636	$164,711	$10,075	$5,493
MMT (Lakeside Recovery)	$343	$31,243	($30,900)	$27,063	$61,586	$34,523	$3,623
Day Treatment	$4,940	$4,556	$384	$4,120	$5,499	$1,379	$1,764
Protective Services	$14,622	$14,885	($263)	$36,273	$47,851	$11,578	$11,315
Birth To Three	$51,593	$58,975	($7,382)	$87,011	$110,784	$23,773	$16,391
Group Homes	$146,104	$151,744	($5,640)	$166,420	$151,744	($14,676)	($20,316)
Supported Apartments	$226,766	$177,002	$49,764	$223,023	$177,002	($46,021)	$3,743
Contracted Services	$0	$0	$0	($14,591)	$55,865	$70,456	$70,456
	$768,539	$809,296	($40,757)	$1,107,717	$1,209,249	$101,532	$60,775
Totals	$2,078,762	$2,297,349	($218,587)	$2,583,128	$2,907,734	$324,606	$106,019
Base County Allocation	$188,668	$189,411	($743)				($743)
Nonoperating Revenue	$14,220	$10,956	$3,264				$3,264
County Appropriation	$410,018	$410,018	($0)				($0)
Excess Revenue/(Expense)	$2,691,668	$2,907,734	($216,066)	$2,583,128	$2,907,734	$324,606	$108,540

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MEMORANDUM

DATE: February 16, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, HSO Executive
RE: February Human Services Operations Report

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:

1. **Joint Commission Survey Preparation**: Joint Commission will be conducting a survey in the spring of 2018. They announce their arrival on the date of the survey through the Joint Commission website. Board members should be prepared to provide insight into the governance structure, the quality plan, and/or the corporate compliance plan. Board training on Joint Commission requirements will be provided to assist with this.
2. **Community Treatment**: As of February 1, NCHC has integrated the Outpatient and Community Treatment programs. Integration of these programs provides patients with a more seamless model of care between counseling and case management options. The Director of this new integrated program is Janelle Hintz, formerly the Community Treatment Director.
3. **BHS Leadership Transition:** As of February 1, 2018, the Director of Outpatient Services Liz Parizo transitioned to the BHS Director position. Our existing BHS Director Pat LuCore is still under contract, and has agreed to assist us with the onboarding of the new BHS Director and Joint Commission re-certification preparation.
4. **MMT Expansion**: Renovations are being made to the new MMT space. Painting is almost complete, and the new faux wood flooring is set to be installed in late February. Once they are completed, the fire and building inspection have been completed so we are on our next phase of final application for CBRF licensure to DHS.
5. **CBRF Expansion:** CBRF expansion preparation continues. MMT expansion is required for CBRF expansion to occur, as they are co-located currently.
6. **Day Treatment and IOP Expansion:** Day Treatment and Intensive Outpatient (IOP) expansion proposals were presented and approved by the NCHC Board. The RCA will need to approve the proposal to implement these treatment programs.
7. **Crisis Assessment Response Team**: As of February 12, the teams have responded to over 45 calls, and have had great success so far. Data is being collected on their impact.
8. **Linkage and Follow-up:** Staff have been hired into the two Linkage Coordinator positions. Our first staff member will be starting in late February. In the meantime, processes have been finalized and the program is ready to implement once staff are oriented.
9. **Reaching Recovery Software**: Software implementation has begun. This software will allow staff to determine level of care, a patient's improvement, and adjust treatment approaches based on real-time data. This software satisfies data requirements for the RCA, and it also satisfies a Joint Commission requirement.
10. **Youth Crisis Group Home**: DHS will be working with selected regional representatives to amend and adjust Crisis regulations to allow for a Youth Crisis Group Home. NCHC was not selected to represent the Northern region, but plans to attend the open sessions regardless. NCHC continues to position itself to receive funding to pilot this kind of crisis intervention, which was included in the governor's budget.

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MEMORANDUM

DATE: February 16, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: Updates on Mount View Care Center

Purpose

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

1. The week of January 22 – 25 we had our annual recertification survey and the following week we had our life safety code survey. We received the following citations all at a low level and only require a written plan of correction with no revisit or forfeitures.
    a. F656 (D) – Development of a comprehensive care plan –The surveyors identified two areas where we were not individual or detailed enough on two of our resident's plan of care.
    b. F684 (D) – Quality of Care – this related to one resident and not having a detailed treatment plan in regards to a bowel regimen.
    c. F689 (D) – Accidents – this was related to our fall prevention for our residents. Two residents identified as not having a thorough root cause analysis to the fall and the other not having foot pedals according to our intervention.
    d. F692 (D) Nutrition – we had a resident have a 5.7% weight loss in 30 days that we did not recognize timely and put interventions in place.
    e. F695 (D) Respiratory – we had a one resident with oxygen on at the wrong level. No negative outcome.
    f. Life Safety Code tags
        i. K321 (E) Hazardous area – Areas being used for storage that do not meet the definition of storage (old resident rooms)
        ii. K363 (E)– corridor door – one resident room door latch didn't close completely
        iii. K712 (C) –Fire drills records need to ensure record of transmission to the monitoring company.

2. The MDS (Minimum Data Set) audit was completed. We are still awaiting our written report. Feedback from the exit was we have the best ADL scoring that they have seen. Recommendations were on behavior charting and capturing of behaviors. The biggest area of opportunity was a formalized restorative program. Nursing Management will continue to review and come up with a plan to implement a robust restorative nursing program.

3. We also just reviewed our 5-Star Quality Rating and we moved from a 3 star to an overall 4 star rating. This was due to our 4 star in staffing but more importantly we moved our quality indicators to a 5 star. With the hold on the health inspection score for the next 18 months, this is the highest we can reach until our old survey is removed and our new survey is added.

4. Along with our staff education for the plan of correction, in March we will be rolling out our annual C.N.A. competencies. Our theme for this year's competency is "emoji" and will feature education, hands on demonstration and will focus on hospice (end of life) and trauma informed care as we prepare for Phase III implementation of the Mega Rule.

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Excellence in Quality

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2017 YTD
PEOPLE																	
Vacancy Rate	**5-7%**	**TBD**	⇧	8.2%												**8.2%**	**9.8%**
Retention Rate	**78-82%**	**TBD**	⇧	99%												**99%**	**75.8%**
SERVICE																	
Patient Experience: % Top Box Rate	**78-82%**	**TBD**	⇧	79.4%												**79.4%**	**77.2%**
Referral Source Experience: % Top Box Rate	**TBD**	**TBD**	⇧	TBD													\
CLINICAL																	
Nursing Home Readmission Rate	**10-12%**	**16.70%**	⇩	5.3%												**5.3%**	**10.2%**
Psychiatric Hospital Readmission Rate	**8-10%**	**TBD**	⇩	8.8%												**8.8%**	**12.6%**
COMMUNITY																	
Access to Behavioral Health Services	**90-95%**	**TBD**	⇧	87%												87%	**74.0%**
No-Show Rate for Community Behavioral Health Services	**TBD**	**TBD**	⇩													23%	\
FINANCE																	
Direct Expense/Gross Patient Revenue	**60-64%**	**TBD**	⇩	67%												**67%**	**62%**
Indirect Expense/Direct Expense	**36-38%**	**TBD**	⇩	32%												**32%**	**41.80%**

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

*** Monthly Rates are Annualized**

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. *Benchmark: HealthStream 2016 Top Box Data*
Referral Source Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey developed prior to 2018
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
COMMUNITY	
NCHC Access	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs. • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
No-Show Rate for Community Behavioral Health Services	Percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment and Outpatient Services
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.

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Quality Executive Summary

February 2018

Organizational Outcomes

People

- **Vacancy Rate**

  The vacancy rate has a 5-7% Target for 2018. The month of January Vacancy Rate was 8.2 %, which is above the 5-7% Target.

- **Employee Retention Rate**

  Employee Retention Rate Target for 2018 is 78-82%; currently the rate is at 99% above the target. Success continues to be attributable to improved orientation and onboarding.

Service

- **Patient Experience**

  NCHC Patient Experience 2018 Target is 78-82%. For January the % top box (9 or 10 on a ten point scale for overall satisfaction) overall rate was 79.4% within target. Individual programs within or above the 2018 target included: Lakeside Recovery (MMT), Crisis CBRF, Crisis Services, Community Treatment-Youth, Outpatient Services – Marathon and Lincoln, Aquatic Services, Birth to Three, NCHC Wausau Prevocational Services, Wausau Adult Day Services, Adult Protective Services and Mount View Care Center-Long Term Care and Legacies by the Lake.

- **Referral Source Experience: % Top Box Rate**

  Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey developed prior to 2018. Monitoring and reporting systems are still being developed. Modifications have been made in the records entry systems to start to collect the information.

Clinical

- **Nursing Home Readmissions**

  The 2018 Nursing Home 30-Day hospital readmission target rate is 10-12%. In January the rate was better than target at 5.3%, two residents were hospitalized at 9 days and 19 days post hospital discharge.

- **Hospital Readmissions**

  The Hospital rate of readmissions within 30 days target is 8-10%. In January the rate of 8.8% was within target. All readmissions are reviewed and are 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.

Community

- **Access Rate for Behavioral Health Services**

  The 2018 Access Rate Target is 90-95%. January Access rate is 87% and just shy of the target range. Community Treatment continues to work on getting people into the programs within guidelines but there is a back log we continue to work before new referrals are admitted. Residential had 4 of 7 referrals in within the designated timeframe. Outpatient improved access over the last 3 months with adjusting scheduling.

- **No-Show Rate for Community Behavioral Health Services**

  The percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment and Outpatient Services is a new measure for 2018. The systems for this new measure are still being developed. Target is to be determined following 2018 as a baseline period.

Finance

- **Direct Expense/Gross Patient Revenue**

  This measure looks at percentage of total direct expense to gross revenue. The 2018 target is 60-64%. For January the rate was 67% above target.

- **Indirect Expense/Direct Expense**

  Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and 2018 target is 36-38%. January rate is 32% a desirable below target rate.

Safety Outcomes

Patient/Resident Adverse Events

NCHC Overall Adverse Event rate in January 2018 was 3.2/1000 patient days/visits. Human Services Adverse Event rate was 1.5/1000 patient days /visits and Nursing Home Adverse Events rate was 10.6/1000 patient days. All rates are below 2017 year to date rates. The 3 areas with the greatest impact on this rate are falls, infections and medication errors. The nursing home has implemented a number of new initiatives to address falls. The nursing home also has revised its Antibiotic Stewardship program. Falls and medication errors are addressed during HSO Quality Improvement meetings and Residential facilities will continue to monitor both falls and medication errors, providing education as needed.

Employee Adverse Events

In January NCHC Employee Adverse Event rate was 0.11/1000 days worked. This included four employees requiring medical attention. The highest incidence was falls related to snow and ice although no one required medical attention. Patient care strains and activities related to work such as burns, cuts, bites are the prevalent cause of employees seeking medical attention.

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

- **Aquatic**
  During 2018 Aquatic Therapy will be monitoring % of clients meeting treatment goals with a target of 89-95%. In January 91.1% of clients met their treatment goals.

- **Community Corner Clubhouse**
  Clubhouse has a Clinical goal to increase member retention for 2018 with a target of 51-55%. In January the retention rate was 67%.

- **Residential and Pre-Vocational Services**
  The Community Living Employee Vacancy Rate in residential services will again be a focus for 2018. Transition of Provocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50- 60%, current rate is 34%

- **Nursing Home**
  Financial indicator for the nursing in 2018 is the Medicare Average Daily Census (ADC). The goal is for an average daily census of Medicare residents to be at or above 17. In January the ADC was 18.

Support Departments

- **Communication and Marketing:**
  Increase in social media followers to Facebook and Twitter.

- **Health Information:**
  Health Information has 96.1 % scanning accuracy of paper medical records into Laserfiche.

- **Nutritional Services:**
  Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality.

- **Pharmacy**:
  Pharmacy will report the % of Pharmacy Consult Recommendations that are reviewed by MD with a response. Rate is set at 95-97%.

- **Volunteers:**
  Volunteer Services will increase number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50 In January increased the number by 2%.

- **Demand Transportation:**
  Increasing the number of trips provided for 2018 to between 12,400-13,000 trips per year. In January Demand Transportation had 874 trips.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	⇩	5-7%	8.2%	9.8%
		Retention Rate	⇧	78-82%	99.0%	75.8%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
		Referral Source Experience: % Top Box Rate	⇧	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate	⇩	10-12%	5.3%	10.2%
		Psychiatric Hospital Readmission Rate	⇩	8-10%	8.8%	12.6%
	Community	Access to Behavioral Health Services	⇧	90-95%	87%	75%
		No-Show Rate for Community Behavioral Health Services	⇩	TBD	23.2%	\
	Finance	Direct Expense/Gross Patient Revenue	⇩	60-74%	67.0%	62.0%
		Indirect Expense/Direct Expense	⇩	36-38%	32.0%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Servies Improve Leadership Index in Employee Engagement Survey	⇧	33.6 - 35.2%	\	28.0%
		Residential Improve Leadership Index in Employee Engagement Survey	⇧	20.9 - 23.7%	\	\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	⇧	77-82%	79.4%	88%
		Community Living Program Employee Vacancy Rate	⇩	75-80%	NA	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs	⇧	207 or Less	13	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Communty based Billable Hours vs Shelter Based by Dec 2018)		50%-60%	34.0%	\
	Finance	ADS/Prevoc Finanical Task Force 4 Positive Variance	⇧	$248,835 - $373,252	$59,660	\
		Residential Finanical Task Force 5 Positive Variance	⇧	$247,354 - $371,301	-$101,861	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	52.5 -55%	\	50%
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	⇧	77-82%	100%	93%
	Clinical	% Of Clients Meeting Treatment Goals	⇧	89-95%	91.1%	\
	Community	Phycial Therapy Access	⇧	90-95%	97.0%	97.1%
	Finance	Finanical Task Force 3 Positive Variance	⇧	$248,903- $373,354	$59,660	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BIRTH TO 3	People	Improve Leadership Index in Employee Engagement Survey	⇧	34.6 - 36.3%	\	33%
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	⇧	77-82%	90.0%	89%
	Clinical	Total Number of Early Intervention Visits/Month	⇧	375 - 400	336	241
	Community	**Eligible clients are admitted within 45 days of referral (RCA)**	⇧	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate (RCA)	⇩	2018 Baseline Year	4.0%	\
		Average days from referral to initial appointment (RCA)	⇩	2018 Baseline Year	11	\
	Finance	Finanical Task Force 4 Positive Variance	⇧	$248,835 - $373,253	$59,660	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Improve Leadership Index in Employee Engagement Survey	⇧		\	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	⇧	77-82%	72.2%	73.6%
	Clinical	Increase Member Retention	⇧	51%-55%	67%	\
	Community	Increase Evening of Jazz Revenue by 10%	⇧	$ 15,758-$17,000	\	\
	Finance	Finanical Task Force 1 Positive Variance	⇧	$251,912 - $377,869	$26,172	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY TREATMENT	People	Improve Leadership Index in Employee Engagement Survey	⇧	50-52.8%	\	48%
	Service	Community Treatment Patient Experience Percent 9/10 Responses	⇧	77-82%	78.9%	90.9%
	Clinical	**% of Treatment Plans completed within 30 days of admission (RCA)**	⇧	90-95%	0.0%	84.4%
		% Treatment Plans reviewed every 6 months (RCA)	⇧	2018 Baseline Year	0.0%	\
		Employment rate of Individual Placement and Support (IPS) clients (RCA)	⇧	2018 Baseline Year	44.0%	\
	Community	**Eligible CCS and CSP clients are admitted within 60 days of referral (RCA)**	⇧	90-95%	25.0%	24.0%
		Average days from referral to initial appointment (RCA)	⇩	2018 Baseline Year	34	\
	Finance	Community Tx -Youth Finanical Task Force 1 Positive Variance	⇧	$251,912 - $377,869	$26,172	\
		Community Tx -Adult Finanical Task Force 4 Positive Variance	⇧	$248,835 - $373,253	$59,660	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS CBRF	People	Improve Leadership Index in Employee Engagement Survey	⇧	82.9 - 86.9%	\	80%
	Service	Crisis CBRF Patient Experience Percent 9/10 Responses	⇧	77-82%	0.0%	76.6%
	Clinical	**Patient kept their outpatient appointment, if applicable (RCA)**	⇧	2018 Baseline Year	**100.0%**	\
		% of clients connected to a PCP within 7 days of admission	⇧		**100.0%**	\
	Community	**% of eligible patients are admitted within 24 hours (RCA)**	⇧	2018 Baseline Year	**100.00%**	\
	Finance	Crisis CBRF Finanical Task Force 4 Positive Variance	⇧	$247,354-$371,301	$59,660	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	Improve Leadership Index in Employee Engagement Survey	⇧	82.9 - 86.9%	\	**80%**
	Service	MMT -Lakeside Recovery Patient Experience Percent 9/10 Responses	⇧	77-82%	100.0%	92.8%
	Clinical	**MMT Successful completion rate (RCA)**	⇧	2018 Baseline Year	**50.0%**	\
	Community	**MMT- compliance rate with discharge plan 60 days post-discharge (RCA)**	⇧	2018 Baseline Year	**N/A**	\
	Finance	Crisis CBRF/MMT Finanical Task Force 5 Positive Variance	⇧	$247,354 - $371,301	-$101,861	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	82.9 - 86.9%	\	79.0%
	Service	Crisis Services Patient Experience Percent 9/10 Responses	⇧	77-82%	83.3%	70.9%
	Clinical	**Crisis & Suicide Prevention Hotline: % of callers who are linking with services within 72 hours (RCA)**	⇧	2018 Baseline Year	**0.0%**	\
		Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old) (RCA)	⇩	2018 Baseline Year	**0.0%**	\
		Youth Crisis: avoid diversions of less than 72 hours. (RCA)	⇩	2018 Baseline Year	**0.0%**	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended (RCA)	⇧	2018 Baseline Year	**0.0%**	\
	Community	**Mobile Crisis: Ratio of voluntary to involuntary commitments (RCA)**	⇧	2018 Baseline Year	**0:0**	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service (RCA)	⇧	2018 Baseline Year	**0.0%**	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	⇧	2018 Baseline Year	**0.0%**	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service (RCA)	⇧	2018 Baseline Year	**0.0%**	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	⇧	2018 Baseline Year	**0.0%**	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy [to be created] (RCA)	⇧	2018 Baseline Year	**0.0%**	\
		Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (RCA)	⇧	2018 Baseline Year	**0.0%**	\
	Finance	Finanical Task Force 3 Positive Variance	⇧	$248,903 - $373,354	**-$113,734**	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
INPATIENT BEHAVIORAL HEALTH	People	Improve Leadership Index in Employee Engagement Survey	⇧	63.4 - 66.4%	\	40%
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	⇧	77-82%	69.7%	54.7%
	Clinical	**Percent of NCHC BHS Hospital patients that have a post diacharge therapy scheduled within 4 business days (RCA)**	⇧	90-95%	100.0%	72.9%
		Percent of NCHC BHS Hospital patients that have a post diacharge psychiatry appointment scheduled within 14 business days (RCA)	⇧	2018 Baseline Year	97.9%	\
		Detox: Length since previous admission (RCA)	⇧	2018 Baseline Year	0	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge (RCA)	⇧	2018 Baseline Year	0.0%	\
	Community	**Ratio of patient days served at NCHC vs. Out of County placements (RCA)**	⇧	2018 Baseline Year	0:0	\
	Finance	Finanical Task Force 1 Positive Variance	⇧	$251,912 - $377,869	$26,172	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
OUTPATIENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	67.3 - 70.5%	\	65%
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	⇧	77-82%	75.0%	78.7%
	Clinical	**% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge. (RCA)**	⇧	90-95%	97.0%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge (RCA)	⇧	90-95%	97.9%	\
		OWI Recidivism Rate (RCA)	⇩	27-32%	28.6%	23.6%
		Day Treatment: Successful completion rate (RCA)	⇧	2018 Baseline Year	NA	\
	Community	**Offered an appointment within 4 days of screening by a referral coordinator (RCA)**	⇧	90-95%	97.0%	\
		Hospitalization rate of active patients (RCA)	⇩	2018 Baseline Year	2.4%	\
		Same day cancellation and no-show rate (RCA)	⇩	2018 Baseline Year	23.0%	\
		Criminal Justice Post-Jail Release Access Rate (RCA)	⇧	2018 Baseline Year	100.0%	\
		Day Treatment: % of eligible patients are admitted within 24 hours (RCA)	⇧	2018 Baseline Year	0.0%	\
	Finance	Financial Task Force 2 Positive Variance	⇧	$249,472 - $374,207	$74,345	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Improve Leadership Index in Employee Engagement Survey	⇧	45.2 - 47.3%	\	41%
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	⇧	77-82%	78.3%	74.6%
		Activities - Patient Experience % Top Box	⇧	64 -67%	70.0%	60.9%
	Clinical	Post Acute Care 30-Day Rehopitalization Rate	⇩	11 - 13 %	7.4%	83.0%
		Long Term Care Decreased Number of Falls by 10%	⇩	36 -38	13	42
		Legacies by the Lake 10% Decreased Number of Falls	⇩	275 -280	15	308.0
		Adverse Event Rate / 1000 pt days	⇩	12-12.3	10.6	14.3
	Community		⇩			
	Finance	Medicare ADC	⇩	17	18	\
		Nursing Home Patient Accounts - % of gross changes	⇩	0.15% - 0.21%	0.0%	\
		Administration /Rehab/ Ancillary Finanical Task Force 2 Positive Variance	⇧	$249,472 - $374,207	$74,345	\
		PAC / LTC Finanical Task Force 3 Positive Variance	⇧	$248,903 - $373,354	-$113,734	\
		Legacies by the Lake Finanical Task Force 5 Positive Variance	⇧	$247,354 - $371,301	-$101,861	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Improve Leadership Index in Employee Engagement Survey	⇧	54.07 - 57.3%	\	46%
	Service	Housekeeping Patient Experience Percent Excellent Responses	⇧	67-70%	69.6%	65.2%
	Clinical	Weekly room checks pass/fail	⇧	90-95%	92.0%	86.0%
	Community					
	Finance	Finanical Task Force 5 Positive Variance	⇧	$249,472 - $374,207	-$101,861	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Improve Leadership Index in Employee Engagement Survey	⇧	52.5 - 55%	\	50%
	Service	Laundry Patient Experience Percent Excellent Responses	⇧	51-54%	57.9%	48.9%
	Clinical	Personal items missing per month	⇩	70-75 per month	0	97
	Community					
	Finance	Finanical Task Force 3 Positive Variance	⇧	$248,903 - $373,354	-$113,734	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	52.5 - 55%	\	50%
	Service	Nutritional Services Patient Experience Percent Excellent Responses	⇧	67-70%	56.5%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		90-95%	0.0%	\
	Community					
	Finance	Finanical Task Force 3 Positive Variance	⇧	$248,903 - $373,354	-$113,734	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PHARMACY	People	Improve Leadership Index in Employee Engagement Survey	⇧	74.5 -78.1%	\	71%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)	⇩	95-97%	0.0%	\
	Community					
	Finance	Finanical Task Force 2 Positive Variance	⇧	$249,472 - $374,207	$74,345	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	70 - 73.7%	\	67%
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	⇧	77-82%	100.0%	88.2%
	Clinical	**% Of At Risk Investigations closed within 30 days. (RCA)**	⇧	70-80%	63.6%	64%
		Comprehensive Eval informtion entered in TIER within 24 hours of date report sent out to initial parties. (RCA)		75-85%	77% (10/13)	87.0%
		% Of Risk Case Opened within 1 month of closure (RCA)		5% or below	0%	4%
	Community					
	Finance	Finanical Task Force 3 Positive Variance	⇧	$248,903 - $373,354	($113,734)	\

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey	⇧	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
	Clinical					
	Community	**Increase in social media followers to Facebook and Twitter**	⇧	50%	2%	\
	Finance	**Finanical Task Force 3 Positive Variance**	⇧	$248,903- $373,354	($113,734)	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Improve Leadership Index in Employee Engagement Survey	⇧	66- 69.3%	\	63%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)	⇧	50-55	64	\
		Scanning Accuracy (25% audit, percent complete without error)	⇧	95-98%	96.1%	\
		Code final diagnosis for inpatients within 72 hours after discharge	⇧		0.0%	\
	Community					
	Finance	Finanical Task Force 5 Positive Variance	⇧	$247,354 - $371,301	-$101,861	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey	⇧	90 - 100%	\	100%
		Vacancy Rate for 2018	⇩	5-7%	**8.2%**	9.8%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	**79.4%**	77.2%
	Clinical					
	Community					
	Finance	Finanical Task Force 5 Positive Variance	⇧	$247,354 - $371,301	**-$101,861**	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
QUALITY	People	Improve Leadership Index in Employee Engagement Survey	⇧	70 -73.7%	\	67%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	**79.4%**	77.2%
	Clinical					
	Community					
	Finance	Finanical Task Force 2 Positive Variance	⇧	$249,472 - $374,207	**$74,345**	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	**90-100%**	\	**100%**
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	**79.4%**	**77.2%**
	Clinical					
	Community	Increase volunteers between the ages of 50-65 over current number of 50	⇧	**5-10%**	**2%**	\
	Finance	Finanical Task Force 1 Positive Variance	⇧	$251,912 - $377,869	**$26,172**	\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Improve Leadership Index in Employee Engagement Survey	⇧	58.8-61.6%	\	**56%**
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	**79.4%**	**77.2%**
	Clinical					
	Community					
	Finance	Financial Task Force 2 Positive Variance	⇧	$249,472 - $374,207	**$74,345**	
		Financial Statements Deadline (9 out of 11 months)	⇧	by 8th of month	**MET**	Met

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
DEMAND TRANSPORTATION	People	Improve Leadership Index in Employee Engagement Survey	⇧	78.7-82.5%	\	75%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
	Clinical	Performing at least 2 Special Request duties a day	⇧	40- 44 per month	33	\
		Number of trips	⇧	12,400 - 13,000	874	\
	Community					
	Finance	Finanical Task Force 1 Positive Variance	⇧	$251,912 - $377.869	$26,172	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧		\	50%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
	Clinical	Provide 2,400 hours of IMS training	⇧	200 hours per month	90.25	\
	Community					
	Finance	Finanical Task Force 4 Positive Variance	⇧	$248,835 - $373,253	$59,660	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	⇧	21-22%	\	20%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
	Clinical					
	Community					
	Finance	Finanical Task Force 1 Positive Variance	⇧	$251,912 - $377,869	$26,172	\
		Days in Accounts Receivable	⇩	30-35 days	0	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PURCHASING	People	Improve Leadership Index in Employee Engagement Survey	⇧	58.8-61.6%	\	100%
	Service	Patient Experience: % Top Box Rate	⇧	77-82%	79.4%	77.2%
		Accurate paperwork from storekeepers	⇧	95-97%	98%	\
	Clinical					
	Community					
	Finance	Financial Task Force 4 Positive Variance	⇧	$248,835 - $373,253	$59,660	\
		Reduction of Budgeted Supplies and Nursing Su	⇩	8-15%: $57,339 - $107,510	$11,084	\

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

January 25, 2018 | 12:00 Noon | NCHC Wausau Board Room

Present:

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

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

Guests: John Fisher, Ken Day (at 12:50 p.m.)

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

Public Comment for Matters Appearing on the Agenda
- None

Chairman's Report and Announcements – J. Zriny
- The final discussions are wrapping up on Policy Governance, the previous committee structure will no longer be used giving the opportunity for the Board to be more active with a Policy Governance structure.

Board Committee Minutes and Reports
- December 21, 2017 Board Meeting Minutes and January 17, 2018 Executive Committee Minutes were provided for review. No additional discussion.

Board Education:
- Corporate Compliance Obligations of the NCCSP Board and Emerging Compliance Trends – J. Fisher
  - The overview provided shows how one small miss-billed claim can have a significant impact.
  - A Corporate Compliance Plan must be in place and constantly monitored. The Board will review Corporate Compliance and Significant Events on a monthly basis during closed session.
  - The Board will also review the Corporate Compliance Plan annually and may ask for external review at any time which is currently planned for in 2019.
  - This is an important obligation which needs to be taken seriously as there is a potential cost to the three counties therefore it is important to invest resources and time to review and try to prevent any potential issues. On occasion we may be asked to defend our effectiveness.

Monitoring Reports

- CEO Work Plan Review and Report – M. Loy
  - As of last week $2.4 million in pledges have been received. We are waiting for written confirmation of several verbal commitments but have hit the target for the Therapeutic Pool Capital Campaign a month before the deadline. We will continue to receive individual community pledges with over $200,000 already pledged. The potential for additional costs are anticipated since the cost estimate of construction is from two years ago. J. Zriny recognized Michael Loy for his leadership in this major undertaking. Steve Anderson has done an excellent job in Chairing the Capital Campaign Committee and without him, the committee, and the dedication and determination of the Warm Water Works group, the task would have been far more challenging. They will all be invited to the February Board meeting for recognition. A celebration will be planned, possibly in March, for the community's success, dedication, and support of this important project.
  - Master Facility Plan is progressing with a presentation from the consulting firm to both the NCCSP Board and Marathon County Board in February or March. The plan will include a full analysis of the process and recommendations as well as an 'extreme scheme' (term to reinvent the campus), and 2-3 additional options.
  - Any items remaining on the 2017 work plan will be moved to the 2018 work plan.

- Finance, Personnel & Property – B. Glodowski
  - Overview of the preliminary December Financial Statements was provided. A final report will be given when the Audit Report is presented in April. We don't anticipate much variation between now and the final report.
  - In addition to the information in the packet, it was noted that Days in Accounts Receivable have gone from 47 at year end in 2016 to 39 in 2017, investments have increased, and days on hand is currently at 70 with a goal of 90. We anticipate about $1.8 million GASB adjustment which would give a preliminary year-end gain of $2.75 million.
  - It was noted that it is important to educate the County Boards on how the financial picture in health care fluctuates and even though one year a deficit occurs, the next year has shown a significant turnaround as has been experienced from 2016 to 2017. Loy noted that the $5 million swing can be attributed to both additional revenue due to a focus on growth as well as a focus on being on target.
  - **Motion**/second, Balk/Burgener, to accept the December Financial Statements. Motion carried.

- Human Services Operations Report – L. Scudiere
  - Report from the Board packet was reviewed.

- Nursing Home Operations Report – K. Gochanour
  - Report from the Board packet was reviewed.
  - Seven surveyors arrived on Mon, Jan. 22 for our annual survey. We have been experiencing a very different survey process this year. The surveyors spent 1 ½ days just getting to know people, then chose a sample size for their focus. Exit Survey will occur later today.
  - We are exploring other electronic medical records systems (EMRs) as our current ECS system is not meeting our needs. The TIER EMR is currently used for the Inpatient and Outpatient programs but is not suited for the nursing home.

- Quality Outcomes Review – M. Loy
  - Quality Outcomes were reviewed.
  - **Motion**/second, Stowe/Miller, to accept the Quality Dashboard and Executive Summary. Motion carried.

Board Discussion and Action

- **Motion**/second, Metter/Burgener, to approve the 12/21/17 NCCSP Board Meeting Minutes. Motion carried.
- **Motion**/second, Burgener/Seefeldt, to approve the Contract Review Policy which is part of the Policy Governance process. This Policy will be reviewed annually. The CEO reviews, approves and signs all contracts and has the discretion to bring any contracts to the Board. Some contracts require Board approval as specified in the Executive Limitations Policies. Motion carried.
- **Motion**/second, Miller/Balk, to approve the Capital Assets Management Policy. This policy is in line with the Policy Governance Manual. Motion carried.
- **Motion**/second, Stowe/Seefeldt, to approve the Risk Reserve Policy. This policy is in line with the Policy Governance Manual and was requested by Wipfli. An amendment to Section 1, last 2 sentences to read: 'Accounts over 365 days will have an allowance of 100%. Once these accounts are identified as uncollectable, they will be closed.' Motion carried as amended.
- **Motion**/second, Metter/Miller, to approve the Intensive Outpatient Program & Day Treatment Program Expansion and present the program to the Retained County Authority Committee for program approval. Motion carried.
- The Board requested additional education: What is criminal justice doing and how are the courts stepping up as a partner? Theresa Wetzsteon offered to provide the education at the next meeting of the Board.
- **Motion**/second, Burgener/Miller, to approve the creation of a General Corporation Counsel Position. Motion carried.

Policy Development

- Policy Governance – K. Day
  - Section 2 – Board Governance Process was reviewed.
    - ❖ Each time a policy is developed it must be consistent with this document including the Board Bylaws.
    - ❖ The Board Chair and/or Vice-Chair has a major role in the Board's consistency with the Policy Governance Manual.
    - ❖ May want to add 'Opportunities for Improvement' as the last item on the Board agenda for discussion at future meeting.
    - ❖ May want to review the Board's effectiveness by conducting a Board Self-Assessment next year. Include: what leadership is being provided based on outcomes, is the Board accountable and communicating well, etc.
    - ❖ The Board must adhere to policies until they are changed.
- A review of the complete manual will be done in February.
- Current Bylaws and updated Bylaws according to Policy Governance will be discussed in February.
  - It was recommended that the approved Policy Governance Manual be shared with each of the three County Boards and convey expected outcomes for the organization.
- **Motion**/second, Metter/Seefeldt, to approve the Cash Management Policy as provided. Motion carried.

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 and performance evaluation of any public employee over which the governmental body exercised 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. Second by Benson. Roll call taken. Motion carried.
- **Motion**/second, Miller/Balk, to reconvene in open session at 1:45 p.m. Motion carried. No Report Out or Action needed from the Closed Session.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- Industry Updates
- Master Facility Plan
- CEO Performance Review Process
- CEO Retention/Removal Policy

Adjourn

- **Motion**/second, Metter/Miller, to adjourn the Board meeting at 1:49 p.m. Motion carried.

Minutes by Debbie Osowski, Executive Assistant

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Jeffrey A. Drexler, M.D. (Appoint)/Reappoint 02-22-2018 to 10-31-2019
Time Period

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

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
_____ Employee
__X__ Locum — Locum Agency: Barton Associates
_____ 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: _____

_____ 2-8-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 2-15-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Bababo O. Opaneye, M.D. (Appoint/Reappoint) 02-22-2018 to 10-31-2019
Time Period

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

Medical Staff Status
__X__ Courtesy
_____ Active

Provider Type
_____ Employee
__X__ Locum
_____ Contract
Locum Agency: Daily Care, LLC
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: _____

_____ 2-8-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 2-15-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Margaret M. Kriesel, APNP (Appoint)/Reappoint 02-22-2018 to 06-30-2019
Time Period

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

Medical Staff Status
__X__ Courtesy
_____ Active

Provider Type
_____ Employee
__X__ Locum
_____ Contract
Locum Agency: Advanced Care Providers
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: _____

_____ 2-15-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:
__X__ He/she be appointed/reappointed to the Medical Staff as requested
_____ Action be deferred on the application
_____ The application be denied

_____ 2-15-18
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Chief Executive Officer Signature) (Signature Date)

Name of Policy: **RECRUITMENT, RETENTION AND REMOVAL OF CHIEF EXECUTIVE OFFICER (CEO)**	North Central Health Care Person centered. Outcome focused.
Policy #: LD-0046	
Primary Approving Body: NCCSP Board of Directors	Committee Approvals:

I. Policy Statement

It is the responsibility of the North Central Community Services Program (NCCSP) Board to select and appoint a Chief Executive Officer (CEO) for North Central Health Care (NCHC) subject to confirmation by the county boards of supervisors of all of the member counties.

II. Purpose

To ensure that there is competent and expert leadership for NCHC provided by a Chief Executive Officer.

III. Definitions

IV. General Procedure

Appointment

1) In the event of a vacancy of the CEO position, the NCCSP Board shall use all appropriate resources available to identify and recruit candidates who best meet the qualifications of this position as described in the CEO's job description.

2) Through a process of qualification verification, interviews, and professional referencing, the NCCSP Board shall select the most qualified candidate and submit the appointment of the candidate as CEO to the County Boards of supervisors of all member counties for confirmation. The Retained County Authority Committee (RCA) may access all applicant materials, reports, other materials and information obtained relevant to the selection of the CEO. The RCA shall also be afforded the opportunity to participate in candidate interviews. The RCA will make its own independent recommendation to the respective member county boards regarding the hiring decision. Each member County Board will then consider whether to confirm the CEO appointment upon receipt of both the NCCSP Board and RCA recommendations.

3) It is the responsibility of the Executive Committee of the NCCSP Board to negotiate the terms of employment with the selected candidate.
   a) The agreed upon terms of employment and the formal employment agreement must be approved by the NCCSP Board and considered within the CEO Compensation guidelines set forth by the Retained County Authority Committee.

4) The employment agreement and terms of employment are reviewed and renewed annually.
   a) If there are no substantive changes in the terms of employment and there are no stated objections from any members of the NCCSP Board or the Retained County Authority Committee, the Executive Committee may renew the terms of employment and the employment agreement.

Performance Review

1) It is the responsibility of the NCCSP Board to formally review the performance of the CEO at least annually.
   a) The responsibility for administering the annual review of the CEO's performance is delegated to the Executive Committee of the NCCSP Board led by the Board Chair~~person~~.
   b) The results of the review and any recommendations related to it are presented by the Board Chair to the NCCSP Board.
   c) The annual review of the CEO's performance is administered at the close of the fiscal year of NCHC and must be completed and presented to the NCCSP Board at the April meeting.
   d) The annual review of the CEO's performance shall include at least the following:
      - Review of attainment of objectives set for the CEO and the organization for the previous year; and
      - Feedback from stakeholders to include at least:
        - The NCCSP Board Members;
        - Direct reports of the CEO; and
        - ~~Appropriate officials from county government of member counties.~~ The Retained County Authority Committee who shall conduct a performance appraisal based on the CEO Work Plan, which includes performance metrics, on a semi-annual basis and provide their appraisal to the NCCSP Board for consideration in the CEO's annual review.
   e) The Executive Committee of the NCCSP Board shall review the CEO's performance review with him/her and make recommendations for improvement in addition to setting expectations for the upcoming year.

Compensation

1) Compensation of the CEO is adjusted annually, or as needed, and is related to the performance of the CEO in carrying out the objectives of NCHC and the overall performance of the organization along domains determined by the NCCSP Board.

2) The NCCSP Board shall ensure that there is a competitive wage and benefit package for the CEO for the purpose of attracting the best candidates and retaining existing executives.
   a) Comparisons with industry surveys are utilized to ensure a competitive wage and benefit package.
   b) An independent, external review of executive compensation should be completed at least every three (3) years.

3) The compensation of the CEO as well as the terms of employment for the CEO is determined by the Executive Committee of the NCCSP Board with ratification by the NCCSP Board.

4) The RCA shall review the compensation plan adopted by the NCCSP Board on an annual basis. The RCA is authorized to modify the proposed CEO compensation plan and grant final approval on behalf of the respective County Boards.

Removal of the CEO

1) The NCCSP Board may elect not to renew the CEO employment agreement for the overall good of the organization.

2) It is the responsibility of the NCCSP Board to make a decision to terminate the CEO when it is determined that he/she is not and cannot be effective in directing the programs and services of the NCCSP Board and its facilities and programs.

3) The Executive Committee of the NCCSP Board shall make a decision that the CEO is no longer effective and must be removed.
   a) The recommendation shall be communicated to the NCCSP Board where a two-thirds (2/3) vote of the board will be necessary for removal of the CEO.

4) The RCA has the authority to, and is charged to, if appropriate circumstances are deemed to exists, make an independent recommendation to the respective County Boards for the removal of the CEO.

V. Program-Specific Requirements:

References:

Joint County Agreement 2017-2021
Medicare Conditions of Participation
Wisconsin State Statutes Chapter 51.42

North Central Health Care
Person centered. Outcome focused.

Quality & Compliance Plan

2018

Excellence in Quality

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Wausau, WI 54403

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Scope of the Quality & Compliance Plan

This plan covers all services and programs provided by North Central Health Care including mental health, addiction, skilled nursing, developmental disability, aquatic therapy, and adult protective services for Langlade, Lincoln and Marathon Counties with locations in Wausau, Merrill, Antigo and Tomahawk.

Background

Consistent with the Mission and Vision of North Central Health Care (NCHC), our goal is to provide care and services that are:

Safe: avoiding injuries to our consumers and residents from the care that is intended to help them;
Effective: providing services and treatment that incorporate evidence-based, effective practice;
Person-Centered: providing care that is respectful, healing in nature, proactive, and responsive to individual needs, preferences, and values and ensuring that the individual has the opportunity to participate in decisions regarding treatment whenever possible;
Timely: reducing waits and potentially harmful delays;
Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy;
Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and/or socioeconomic status.
Ethical: adhering to all Corporate and Professional standards of conduct and practice.

Excellence in Quality is achieved when the passion to do the best for those we serve is combined with the deliberate and effective integration of the evidence-based strategies to drive outcomes in all dimensions of Quality: **People** engagement, **Service** excellence, **Clinical** effectiveness, **Community** impact, and **Financial** efficiency**.** Research demonstrates that top performing (leading) organizations successfully integrate the following evidence-based strategies and supporting structures:

- ✪ **Quality Culture**

Best Practice Outcomes are dependent upon organizational structures and a culture that supports excellence. A culture of excellence is a commitment to excel, a commitment to be excellent. "Excellence" is a way of being and thinking that impacts how people interact with each other and how work is carried out. It requires a willingness to step outside our "comfort

zones" and is based on an organization-wide sense of striving rather than settling. Critical components essential to drive excellence include:

- ✓ Shared **Vision and Goals**;
- ✓ Clearly stated and aligned **Values and related behaviors** that support Excellence;
- ✓ Consistent and effective **Communication** processes that align to the Vision and Goals;
- ✓ **Performance systems** that recognize and reward high performance and hold all employees accountable to Competency, Outcome, and Behaviors that support Excellence;
- ✓ Systems and structures that protect the **Safety** of those we serve and all employees,
- ✓ Processes to ensure compliance with **Ethical** standards of Corporate and Clinical practices; and
- ✓ Systems that allow for open and non-punitive **Reporting** of quality and/or compliance concerns.

✪ Alignment and Accountability

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

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

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

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

✪ System and Process Improvement

Through system and process improvement, we seek to learn what causes things to happen and then use this knowledge to reduce variation and remove activities that have no value to the process and/or have the potential of producing error ultimately improving outcomes. Realizing improvements within the organization works best with a structured approach that enables a team of 3 - 8 people involved in, and knowledgeable about, the process to focus on a problem and generate solutions utilizing a standardized methodology. This standardized methodology should incorporate the use of data to ensure that decisions are not made on assumptions and/or

guesswork. The effective integration of System and Process Improvement should include the following steps:

- ✓ the use of statistical process control and evidence-based Process Improvement (PI) methodology;
- ✓ identification of key processes for ongoing assessment and improvement; and
- ✓ benchmarking with best-practice organizations to explore additional opportunities for improvement and the integration of evidence-based practices and processes.

Our Process Improvement Model:
Once the performance of a selected process has been measured and analyzed (see Alignment and Accountability section above), an informed decision can be made regarding the need for improvement. The model utilized at North Central Health Care is called Plan-Do-Check-Act (PDCA).

Plan - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. Tools utilized in this step of the process include root cause analysis, process flow-charting, cause and effect diagramming, Pareto analysis, run charting and statistical data.

Do - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.

Check - At this stage, data is again collected to compare the results of the new process with those of the previous one.

Act - This stage involves making the changes necessary to ensure that the new process is integrated into the functional areas impacted.

Quality & Compliance Structure

The following outlines the structure for Quality and Compliance oversight:

NCHC Board of Directors: Is ultimately responsible for the quality of care and services provided by all North Central Health Care programs and services.

1. Has delegated specific oversight responsibility to the Medical Staff and both Nursing Home and Human Services Staff Operational Committees**.**
2. Is responsible to provide the resources and support systems to ensure quality of care and services.
3. Reviews and stays current with quality, compliance, and safety information.
4. Approves the quality and compliance plan.
5. Monitors the quality measures and outcomes within individual programs/services, as well as, overall organizational outcomes.

6. Monitors the quality process to ensure that progress on integration of the evidence-based strategies described in the background section of this Plan are effectively deployed to drive best-practice outcomes.
7. Annually evaluates the effectiveness of the quality and compliance process and outcomes.

- **Operational Quality Improvement Committees:** The Human Services and Nursing Home Operations Staff Committees are responsible to monitor the outcomes and improvement activities specific to the programs assigned to ensure quality, safety, and continuous improvement. This is accomplished through the following activities:
  - Ensures the Board of Directors is well-informed about the quality of care and services at North Central Health Care and opportunities for improvement.
  - Monitors program/department-specific outcome dashboards, safety and compliance data for progress in achieving outcome targets,
  - Ensures that programs are continuously applying PDCA methods to improve processes,
  - Monitors specific survey findings and follow-up to ensure improvement,
  - Reviews any significant/sentinel events to ensure appropriate follow-up, and
  - Reviews the findings from ongoing proactive auditing to ensure consistency in quality.

- **Person-Centered Service Team:** Is responsible to develop and enhance systems and processes that support our Core Values and create high level employee engagement in a Person-Centered Service culture. These systems and processes would include the following:
  - Consistent communication and education that supports a person-centered service culture,
  - Reward and recognition systems that effectively recognize positive contributions,
  - Leadership practices that provide for effective relationships with, and between, those we serve, employees, and community partners
  - Strategies to ensure a team-based environment with emphasis and value on employee involvement,
  - Employee-based activities that support a positive environment,
  - Input on policies that impact culture and engagement, and
  - Strategies to address other opportunities based on input, best practices and data.

- **Safety Committee**: Is the staff Committee with representation from all services/programs at North Central Health Care, Infection Control, and Quality professionals that is responsible to monitor and improve Safety at North Central Health Care. This is accomplished through the following activities:
  - Monitors the integration of the Safety and Security Management, Life Safety Management, Emergency Management, Hazardous Materials and Wasted Management, Medical Equipment Management, and Utility Management Plans.
  - Identifies, monitors, assesses, and controls critical hazards/potential hazards including, but not limited to, medication administration safety, infection prevention, fall prevention, resident/client identification, suicide risk management, and injury prevention,
  - Provides a channel of communication between employees and management regarding Safety concerns,
  - Conducts inspection to identify potential safety issues, and
  - Monitors safety policies, procedures, plans, and programs.

- **Infection Control Committees:** The Infection Control Committee is responsible to monitor the integration of the Infection Control and Prevention Plan and the outcomes and improvement activities specific to the programs and services assigned to ensure quality, safety, and continuous improvement. This is accomplished through the following activities:
  - Assesses all programs and services for level of risk and integrates appropriate surveillance and prevention practices,
  - Monitors department/program-specific infection surveillance data to identify potential trends,
  - Initiates actions to address any trends, and
  - Reviews infection prevention practices to ensure the integration of evidence-based strategies that control and prevent infection.

- **Corporate Compliance Committee:** The staff Committee responsible to monitor the activities and practices of NCHC to ensure compliance with all appropriate ethical and legal business standards through adherence to the Corporate Compliance Plan. Compliance will be ensured through the following activities:
  - Analyzes data from various sources including, but not limited to, financial reports, incident reports, patient surveys, audits, and employee or patient complaints;
  - Establishes policies, structures, and education to support compliance, grievance resolution, and reporting;
  - Investigates and resolves problems related to standards, compliance, and certification,
  - Develops, implements and monitors policies and procedures that support best ethical practice and promote the achievement of client centered outcomes;
  - Monitors to ensure effective response and management of patient grievances and ethical case reviews;
  - Monitors to ensure effective investigation and follow-up on potential HIPAA (patient privacy) breeches;
  - Disseminates all relevant findings to program services, Medical Staff, administration, licensing agencies when necessary, and the Board of Directors;
  - Responsible to maintain and continuously improve the overall ethical tenor of NCHC by establishing best ethical practices;
  - Performs case consultation for ethics-related issues;
  - Works with the HIPAA Privacy Officer to oversee the HIPAA Program;
  - Serves in an advisory role to the HIPAA Privacy Officer and HIPAA decision making;
  - Analyzes regulatory requirements as needed in which the organization must comply;
  - Reviews HIPAA policies and procedures;
  - Monitors HIPAA breaches for the purpose of detecting deficiencies and implementing corrective actions; and
  - Evaluates and respond to reported concerns of non-compliance.

Quality Processes

To support Quality Improvement and Compliance, the following Quality and Compliance infrastructures will be focused on in 2018:

1. Patient Experience Monitoring and Improvement: Maintain heightened focus on effective survey processes and action planning to improve the patient experience at NCHC. This will include in-depth analysis of survey findings at the program/department level, integration of specific actions to improve the patient experience, and intense monitoring of progress made and/or adjustments needed.

2. Outcomes: Progress on Outcomes in all five dimensions of Quality (Service, Clinical, Financial, Community, and People) will be provided. Reports will include Organizational and Department/Program-specific data. Key action steps taken utilizing the PDCA model will also be provided. The Board will be kept informed of all Outcome measures not progressing toward the targeted outcome.

3. Process Improvement Methodology: Continued advanced training on process improvement facilitation skills will be provided to selected individuals who will be assigned to key cross-functional process improvement projects supporting:
    - Service Excellence and the Patient Experience using the NCHC Person-Centered Service model.
    - Improved integration of electronic medical records to support clinical excellence. In addition, education on integration of process improvement methodologies at the department/ program level will continue to be provided for all leaders.

4. Data Management: Continued identification of key quality measures and external benchmark sources to ensure the ability to assess quality. The integrity and effectiveness of data collected will continue to be evaluated. Additional external data sources and project will be sought to advance the organization's ability to benchmark with other like organizations.

2018 Quality & Compliance Action Plan

Based on the review of the effectiveness of processes and outcomes in 2017, the following operational priorities and related actions have been established for 2018:

1. Clinical Effectiveness and Seamless Continuums of Care: Specific focus will be placed on developing the ability to evaluate the effectiveness of clinical care on a concurrent basis and to measure population health outcomes for the following core patient populations. Focused efforts on improving patient point of access and care coordination among NCHC programs to improve patient experience and outcomes.

2. Implementation of Retained County Authority (RCA) Performance Expectations and Outcomes: Going into 2018 there are a number of program standards and outcome measurements that fit into our five domains of excellence within our quality improvement dashboard system.

3. Implementation of Reaching Recovery Software: Reaching Recovery is an outcome-based clinical solution for adult consumers with mental illness. It promotes engagement and progression towards recovery with content that was researched and developed by the Mental Health Center of Denver. Reaching Recovery helps providers assess and measure consumer's recovery progress.

4. Achievement of Joint Commission Reaccreditation: NCHC is up for our reaccreditation in 2018. Multiple process and quality improvements will continue to remain a focus as NCHC works with the Joint Commission to improve quality and patient safety through gold standard benchmarking.

5. Falls Improvement in Mount View Care Center: MVCC has committed to a 10% reduction in falls as an organizational goal for 2018. Preliminary efforts to reduce falls included a refresher education on falls prevention for direct caregivers with additional training provided throughout the year. We then used a collaborative root cause analysis to determine key areas to assist in the reduction of falls and to identify recommendations for further process improvement.

6. Review of Medical Staff Function and Process Improvements: A systematic review of the Medical Staff function will occur in 2018 as the Medical Staff grows. Increased focus on opportunities for Medical Staff leadership in the improvement of clinical quality and monitoring of care will be primary objectives.

7. Onboarding of New Quality and Clinical Transformation Director: The new Quality and Clinical Transformation Director has been hired who will also fill the role of the Compliance Officer. Providing a proper onboarding, mentorship and training for this individual will be a priority.

8. Corporate Compliance: Our Corporate Compliance function is being reviewed for effectiveness. A complete 2018 Corporate Compliance plan is included as Appendix A to this plan. The work plan likely will not be completed in 2018 but efforts will be made to make significant progress on identified opportunities to strengthen our Corporate Compliance function. Additional Board education and involvement in quality and compliance oversight will be a primary objective in 2018.

2018 Dashboard Outcomes

The following organizational outcome targets have been established for 2018:

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

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

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

* Monthly Rates are Annualized

All departments and programs, as well as supporting departments will be expected to establish, measure and report on outcome measurements that support the NCHC Organizational Dashboard. The Executive Management Team reviews the appropriateness and alignment of all measures. All departments and programs will have 90 day action plans that will include dashboard outcomes, operational objectives and quality improvement plans. These plans will be reviewed and updated through a systematic review process throughout the year to achieve outcome targets and quality improvements.

Appendix A: Corporate Compliance Work Plan

INTRODUCTION

The objective of the Office of Corporate Compliance (Compliance) is to continuously re-assess risk areas, re-prioritize compliance projects that are most critical to the mission of NCHC, and report compliance developments and compliance audit findings to the Chief Executive Officer, General Counsel, Executive Committee of the Board and the full Board as appropriate.

The Compliance Work Plan briefly describes the various project areas that are perceived to be critical to the mission of NCHC. This Work Plan is largely focused on compliance program operations and basic risk area coverage. The aim is to create an effective compliance process within ongoing operations.

This Work Plan was developed by identifying current risk areas and standards for compliance effectiveness. This includes Federal Sentencing Guidelines, OIG Guidance in a variety of different industry segments, current statements of enforcement organizations regarding compliance program effectiveness, and best practices in the compliance industry. More specific risk will be of more emphasis in later Work Plans that will to be developed once the operating structure of the compliance program is formalized to be consistent with current standards.

The planning process is ongoing and dynamic; therefore the focus and timing of many of these projects may be altered in response to new information, new issues, and shifting priorities. It is the intent of the Compliance Committee that the operational aspects of the program undergo revision and implementation very quickly to bring compliance operations to industry standard. At the same time, the Committee understands that compliance will be scaled and prioritized based on resources and level of complexity.

Completion Targets and Responsibilities will be determined following NCCSP Board adoption of the 2018 Quality and Compliance Plan.

COMPLIANCE WORK PLAN

Key Priorities Legend

I. Revision of Central Compliance Program Document
II. Enhance Compliance Program Structure
III. Revise and Update – Code of Conduct
IV. Identification of Process Policy Gaps
V. Setting Tone from the Top
VI. Increase Compliance Visibility
VII. Develop Additional Compliance Program Policies – Operational Areas
VIII. Enhance Compliance Training Program
IX. Audit Areas – Program Operation Areas
X. Execute Key Compliance Program Implementation Items
XI. Effective Board Oversight

	Project	Description of Task	Completion Target	Responsibility
I.	Revision of Central Compliance Program Document	Revise central compliance program document to make it more accessible in connection with separate subject specific policies and procedures that implement critical compliance program elements.		
1.1	Policy Indexing System	Implement through new policy management tool.		
1.2	Break Out Individual Policies	Current program document to be separated into individual topical policies. Each policy reviewed for appropriateness.		
1.3	Expand with Required/Best Practice Policies	Additional program operation policies and procedures identified and created.		
II.	Enhance Compliance Program Structure	Create Enterprise System leveraging existing resources to identify and monitor risk.		
2.1	Compliance Committee	Reorganize Compliance Committee membership to increase effectiveness and visibility.		
2.2	Compliance Committee Charter	Review the Committee Charter for the Compliance Committee.		
2.3	Compliance System Development	Further develop organized structure for the compliance program using enterprise system to leverage existing resources to the greatest extent possible.		

2.4	Compliance Enterprise Structure	Adopt policies reflecting compliance structure as appropriate.		
2.5	Compliance Liaisons	Establish and appoint compliance Liaisons and define duties.		
2.6	Compliance Committee Meetings	Increase Frequency of Compliance Committee Meetings.		
III.	Revise and Update – Code of Conduct	Review and revise Code of Conduct to integrate updated corporate vision and make the document accessible to staff.		
3.1	Visibility and Effectiveness	Increase Code of visibility within the organization.		
3.2	Detailed Committee Review	Code of Conduct Review.		
		The Code of Conduct should be prepared to be uniformly read and understood by all levels of staff.		
		Reference can be made to specific policy areas for additional detail regarding identified issues. Brief reference to significant compliance areas with reference to more detailed compliance policies.		
3.3	Integrate Current Standards and Competencies	Basic core competencies and elements of institutional values should be integrated into Code of Conduct.		
3.4	Integrate Core Values	Assure the organization's core values are reflected in the Code of Conduct.		
3.5	Board Approval	Present revised Code of Conduct to the Board for approval.		
3.6	Employee Summary of Compliance Expectations	Shorter summary document		
3.7	One Page Compliance Flyer	To promote within the organizations. Include basic compliance program issues.		
IV.	Identification of Process Policy Gaps	Identify gaps in compliance process related policies and procedures. Fill gaps with new policies. Implement policies.		

4.1		Compare list of current policies against basic policy coverage relating to compliance process.		
4.2		Compliance process should be complete and actively operating in an organization of this size and complexity.		
4.3	Compliance - Reporting to the Board	Review and establish as necessary additional reporting to the Board.		
4.4	Compliance - Exit Interview	Ensure HR performs necessary compliance functions.		
4.5	Compliance Effectiveness - Compliance Awareness Surveys	Conduct a survey to gauge effectiveness of program.		
4..6	Corporate Compliance Officer Responsibilities	Further delineate these responsibilities.		
V.	Setting Tone from the Top			
5.1	Statement of CEO on Compliance			
5.2	Board Statement regarding Compliance			
5.3	Board meetings evidence regular compliance coverage.			
VI.	Increase Compliance Visibility	Activities to make the Corporate Compliance Program more visible to all staff throughout the organization.		
7.1	Policy System Changes	Increase the visibility of Compliance Program and HIPAA documents in the policy system so that they are more readily available to staff; announce new placement of these items in policy system through email.		
7.2	Create Useable Index of Compliance Program and HIPAA Privacy Policies	Create index document of various compliance and HIPAA privacy policies and procedures. Each document should include a brief summary of its coverage to assist staff to locate the policy that is relevant to the situation that caused inquiry.		

7.3	Anti-Retaliation and Compliance Reporting Roll-out	Anti-retaliation and compliance reporting policies will be presented at staff meetings to enhance awareness to staff and encourage compliance complaints.		
7.4	Code of Conduct Distribution	Create mandatory training and acknowledgment for all employees.		
7.8	Compliance Poster	Place posters advertising the compliance complaint process or hotline in break rooms and other employee areas.		
7.9	Newsletter Coverage	Publicize the compliance program in newsletters and other staff communications.		
VII.	Develop Additional Compliance Program Policies – Operational Areas	Develop policies and procedures to implement the various operational aspects of the compliance program. Integrate Next Generation compliance approach based on OIG standards, etc.		
8.1	Use of Compliance Program in Performance Evaluations Policy			
8.2	Policy on Discipline for Compliance Guidance			
8.3	Uniform Compliance Program Definitions			
8.4	Compliance - Training Policies	Create a Compliance and HIPAA Training and Education Policy and Procedure.		
8.5	Board and Management Training	Ensure Board of Directors Receives Annual Compliance Training.		
8.6	Dealing with Excluded Parties	Develop policy and review process.		
8.7	Compliance Reporting System	Develop policy that assures regular, periodic compliance reports are provided to the Board of Directors.		
8.8	Compliance Auditing and Monitoring	Policy to standardize the manner that audits are conducted and reported by the organization.		

8.9	Compliance Investigation Policies	Review policy and procedures outlining how to respond in the event of a significant problem indicating that we may be out of compliance with applicable laws, regulations or standards, to include: Careful investigation of the circumstances engaging legal counsel, reporting and documentation of future action to be taken to prevent future problems. Establish a system for prioritizing investigations, formal process for defining scope and authority for investigations, formal process for defining scope, and conducting criteria for use of outside auditors and investigations consultants. Standard report format and essential elements of investigations, and process for reporting results of investigations.		
8.10	Corrective Action Policies	Outlines standards requirements that should be included when developing corrective action to address detected and confirmed compliance issues.		
8.11	Execution of Search Warrants	Describes the process that staff should follow if government enforcement presents a search warrant for property of the organization.		
8.12	External Investigation Policy			
8.13	Policy on Self Disclosure and Self Reporting	Consider Self-Disclosure process.		
8.14	Uniform Compliance Defined Terms	Develop and adopt uniform compliance definitions and standardize critical language among all compliance program policies and procedures, job descriptions, and other documents.		
VIII.	Enhance Compliance Training Program	Process, content, and recordkeeping requirements and systems integrated.		

9.1	Training Material Review	Examination of training materials should be undertaken to assure that compliance issues are included in all basic training and annual training.		
9.2	Central Compliance Training Policy	Comprehensive training policy identifying types and levels of training, assuring compliance, certifications, etc.		
9.3	Training Recordkeeping Requirements	Policy and Systems for maintaining records of training; discipline for failing to meet requirements.		
9.4	Initial Hire Compliance Training	Review initial hire training materials and assess the need for revisions or additional areas of coverage.		
9.5	Annual Refresher Compliance Training	Review annual refresher compliance materials and consider integrating enhanced complexity over time.		
9.6	Senior Leader and Manager Compliance Training	Create Senior Leader, Supervisor and Manager Annual Training		
IX.	Audit Areas – Program Operation Areas	Identified areas to audit to determine compliance with standards and policies.		
10.1	Identify Audit Areas	Identify high risk areas that require proactive auditing to assure compliance.		
10.2	Identify Secondary Audit Areas	Schedule audit areas based on risk scoring or other logical method reflecting the degree of risk. Create long term audit schedule.		
X.	Execute Key Compliance Program Implementation Items			
14.1	Designate Compliance Liaisons	Identify compliance leaders to act as liaisons with various programs or operational areas. The goal is to leverage existing resources so that the compliance standards and atmosphere of compliance permeate throughout the organization.		

14.2	Risk Identification – Program Specific	Request specific programs, divisions or service areas to identify areas of potential compliance risk and communicate them through compliance liaisons.		
14.5	Internal Risk Assessment	Use the Risk Assessment process to compare compliance guidance issued by OIG to operations. Perform an assessment of compliance program and potential risk.		
14.9	Annual Compliance Work Plan	Develop and approve annually a formal compliance work plan.		
XI.	Effective Board Oversight			
15.1	Board Presentation	Board overview on compliance responsibilities and update on Next Gen requirements.		
15.2	Reporting Dashboard	Create standard board reporting template.		
15.3	Quarterly Reports Scheduled			
15.4	Board Training on Compliance			

2-16-2018 FINAL DRAFT TO NCCSP BOARD AS RECOMMENDED BY THE NCCSP EXECUTIVE COMMMITTEE

Policy Governance Manual

North Central Health Care
Person centered. Outcome focused.

ADOPTED: TBD

1100 Lake View Drive | Wausau, WI 54403 | 715.848.4500

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Mission

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

Vision

Lives Enriched and Fulfilled.

Board End Statements

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

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

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

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

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

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

Section 1 - Executive Limitations

CORE POLICY STATEMENT

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

Policy 1.1 – General Executive Constraint

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

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

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

1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.

2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.

3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights.

Policy 1.3 – Treatment of Employees & Volunteers

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

1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.

2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.

3) Violate federal and state employment laws.

4) Fail to acquaint employees with their rights under this policy.

5) Allow staff to be unprepared to deal with emergency situations.

Policy 1.4 – Financial Planning & Budgeting

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

1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.

2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.

3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.

Policy 1.5. – Financial Conditions & Activities

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

1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC's long-term financial viability or stability.

2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).

3) Fail to assure that NCHC meets working capital, restricted reserves and fund balance requirements unless approved by the Board.

4) Fail to invest and protect operational capital and excess funds consistent with Board's cash management and investment policies.

5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.

6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.

7) Pledge assets as security within any contracts without Board approval.

8) Sell property for less than Fair Market Value ("FMV") or if the FMV is greater than $30,000.

9) Acquire, encumber, or dispose of real estate.

Policy 1.6 – Benefits & Compensation

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

1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.

2) Fail to establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.

3) Promise or imply permanent or guaranteed employment.

Policy 1.7 – Asset Protection

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

1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.

2) To develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.

3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.

4) Compromise the independence of the Board's audit or other external monitoring or advice.

Policy 1.8 – Emergency Executive Succession

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

Policy 1.9 – Communication & Counsel to the Board

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

1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.

2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.

3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated adverse media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.

4) Fail to report an actual or anticipated issue of non-compliance with any Board policy in a timely manner.

5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.

Policy 1.10 – Regulatory Compliance

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

1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.

2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.

3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.

4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.

5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.

Policy 1.11 – Other Board Policies

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

Section 2 - Board Governance Process

CORE POLICY STATEMENT

The North Central Community Services Program Board is accountable to the Langlade, Lincoln and Marathon County Boards, providing governance leadership consistent with Carver Policy Governance concepts, by assuring that North Central Health Care:

a) Achieves appropriate results for appropriate persons for appropriate costs as specified in Board Ends Policies, and

b) Avoids unacceptable actions and situations as prohibited in Board Executive Limitations policies.

Policy 2.1 – Governing Style

The Board will govern lawfully, observing the principles of the Policy Governance model, with an emphasis on:

1. Outward vision rather than an internal preoccupation;
2. Encouragement of diversity in viewpoints;
3. Strategic leadership more than administrative detail;
4. Clear distinction of Board and Chief Executive roles;
5. Collective rather than individual decisions;
6. Future orientation, rather than past or present; and
7. Proactivity rather than reactivity.

Further, the Board will:

8. Cultivate a sense of group responsibility. The Board will be responsible for excelling in governing. The Board will be an initiator of policy, not merely a reactor to Management initiatives. The Board may use the expertise of individual members to enhance the ability of the Board as a body, rather than to substitute the individual judgments for the Board's values.

9. Direct, control and inspire the organization through the careful establishment of broad written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on outcomes value and the limitation of risk, not on Management methods of attaining those effects.

10. Enforce upon itself whatever education and potential corrective action is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of

governance capability. Although the Board can change its governance process policies at any time, it will observe them in full effect while in force.

11. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement.

12. The Board will monitor and discuss the Board's process and performance at regular intervals and formally on an annual basis no later than the October meeting of each calendar year. Self-monitoring will include comparison of Board activity and discipline to policies in the Governance Process and Board-Management Delegation categories.

13. The Board will not allow the Chair, any Director, or any Committee of the Board to hinder the fulfillment of its commitments or be an excuse for not fulfilling those commitments.

Policy 2.2 – Board Job Description

The Board's specific job outputs, as an informed agent of the ownership and corresponding contractual obligations, are those that ensure an unbroken chain of accountability from stakeholders to the appropriate organizational performance. These include the responsibility to:

1. Cultivate a credible link between ownership, stakeholders and NCHC.

2. Establish written governing policies that address the broadest levels of all NCHC decisions and situations including:

    a. End Statements: Expected performance in terms of the organizational impacts, benefits, outcomes and recipients of benefits desired by owners, stakeholders and beneficiaries.

    b. Executive Limitations: Constraints on executive authority that establish the prudence and ethics boundaries within which all executive activity and decisions must take place.

    c. Governance Processes: Specification of how the Board conceives, carries out and monitors, and ensures long-term competence in its own tasks.

    d. Board-Management Delegation: Describes how power is delegated and its proper use monitored; the CEO's role, authority and accountability.

3. Assurance of successful management performance stated in Ends Statements and Executive Limitations.

Policy 2.3 – Board Agenda Planning

To accomplish its job with a governance style consistent with Board policies, the Board will follow an annual agenda which (a) completes a re-exploration of Ends Statement policies, (b) reexamines Executive Limitations policies and their sufficiency of their protection from risk, and (c) continually improves Board performance through Board education, enriched input and deliberation.

1. The cycle will conclude each year on the last day of December, so that administrative planning and budgeting can be based on accomplishing a one year segment of the Board's stated Ends Statements.

2. The cycle will start with the Board's development of its agenda for the next year.

    a. Consultations with selected groups in the ownership or other methods of gaining ownership input will be determined and arranged in the fourth quarter.

    b. Governance education and education related to Ends determination will be arranged in the first quarter, to be held during the balance of the year.

3. When incorporated as part of an agenda, the Board will attend to the consent agenda items as expeditiously as possible.

4. CEO monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.

5. CEO compensation will be recommended for adoption after a review of the elements of the CEO's employment agreement and review of monitoring reports received in the last year, as soon as practical during the first quarter.

6. The Board Chair's finalization of each meeting agenda will provide the flexibility to include emerging issues, the recommendation of additional items by individual directors, and a public comment period. Any individual Board member has the ability to request the Board Chair include an item on a future Board meeting agenda. The Board Chair will comply with all requests on a timely basis. All agendas will be created, posted, and conducted consistent with Wisconsin Open Meeting law requirements.

7. In order to assist the Board Chair with assuring Board meetings and process are conducted consistent with the adopted Policy Governance model, the Vice Chair of the Board is assigned the duty of observing and monitoring Board meeting activity and is charged with identifying and brining to the Board's attention opportunities for proceeding improvements.

Policy 2.4 – Board Chair Role

The Chair of the Board is a specially empowered member of the Board, the Chief Governance Officer, whose role is to assure the integrity of the Board's process and, secondarily, represent the Board as needed to outside parties, including, but not limited to, owners/stakeholders.

1. The successful discharge of duties of the Chair's job is that the Board behaves consistently with its own rules and those legitimately imposed upon it from outside the organization.

    a. Meeting discussion content will be on those POLICY issues that, according to Board policy, belong to the Board to decide or monitor, not to the CEO.

b. Deliberation will be fair, open, and thorough, but also timely, orderly, and kept to the point.

2. The authority of the Chair consists in making decisions that fall within topics covered by Board policies on Governance Process and Board-CEO Relationship policies, with the exception of employment or termination of a CEO and any portions of this authority that the Board specifically delegates to others. The Board Chair is authorized to use any reasonable interpretation of the provisions in Governance Process and Board-CEO Relationship policies.

    a. The Board Chair is empowered to chair Board meetings with all the commonly accepted power of that position, such as ruling and recognizing.

    b. The Chair has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. As requested by the CEO, the Board Chair may assist the CEO with interpretation of the Board's policy statements.

    c. The Board Chair may represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to the Chair.

    d. The Chair may delegate this authority to another Director but remains accountable for its use.

Policy 2.5 – Director's Conduct

The Board commits itself and its members to ethical, businesslike and lawful conduct, including proper use of authority and appropriate decorum when acting as directors.

1. Members must have loyalty to the ownership that is not conflicted by loyalties to management, other organizations and any self-interest.

2. Shall not attempt to exercise individual authority over NCHC.

3. Will properly prepare themselves for Board meetings and deliberations.

4. Will respect to the confidentiality appropriate to issues of a sensitive nature, and respectful of applicable public body open meeting requirements including those set forth in 19.81(2), Wis. Stats. and the specific exceptions permitted under 19.85(1), Wis. Stats:

    a. Information disclosed or discussed in a permitted closed session of the Board or authorized subsidiary body shall be kept in confidence by closed session participants and not disclosed to non-participants in any manner.

    b. While Board actions based on such information will necessarily become public information when taken or reported when the body reconvenes in public session,

the closed session proceedings and disclosures remain confidential unless and until such time as the Board acts to make some or all of them public.

Policy 2.6 – Conflict of Interest

Members of the Board of Directors must avoid conflict of interest with respect to their fiduciary duties.

1. Members will annually disclose their involvements with other organizations or with vendors and any associations that might be reasonably seen as representing a conflict of interest. The Wisconsin code of ethics for public employees and criminal justice penalties sections of State Statutes pertaining to public officials and conflicts of interest apply to all NCHC Board of Directors.

2. Disclosing Conflicts of Interests. Consistent with and as a means of implementing State Statutes and public employee code of ethics, at the beginning of each Board meeting, or as soon thereafter when it is determined by the individual Board member that they have a conflict of interest, they will announce their conflict of interest regarding topic(s) to be discussed by the Board. Upon disclosing a conflict of interest, that individual Board member will recuse themselves from the discussion and/or voting on that/those particular issue(s). Each individual Board member is personally responsible for identifying and announcing their own conflicts of interest. In the interest of the Board identifying all real and/or perceived conflicts of interests, it is an acceptable practice for a Board member to inquire of another Board member to determine if that Board member may have overlooked or not recognized a real or perceived conflict of interest.

Policy 2.7 – Board Committee Principles

Board Committees, when used, will be assigned so as to reinforce the wholeness of the Board's job and so as never to interfere with delegation from the Board to the CEO.

1. Board Committees are to help the Board do its job, not to help, advise, or exercise authority over Management. Committees will assist the Board ordinarily by preparing policy alternatives and implications for Board deliberation or by performing specific audit functions.

2. Committees will be used sparingly and ordinarily in an ad-hoc capacity.

3. Board Committees may not speak or act for the Board except when formally given such authority for specific and time-limited purposes.

4. Expectations, composition, and authority of each committee will be carefully stated by policy in order to establish performance timelines and the monitoring schedule of committee work, as well as to avoid conflicting with authority delegated to the CEO.

5. Board committees cannot exercise authority over staff. The CEO works for the full Board, and will therefore not be required to obtain the approval of a Board committee before an executive action.

6. A committee is a Board committee only when its existence and charge come from the Board, whether or not Directors sit on the committee. This policy does not apply to committees formed under the authority of the CEO.

Policy 2.8 – Board per Diem and Travel Expense Reimbursement

Because poor governance costs more than learning to govern well, the Board will invest in its governance capacity.

1. To provide fair and equitable per diem and expense reimbursement for attendance of Directors at authorized Board or Committee meetings and Board Related events, the following policy shall be applied:

    a. Per Diem stipends for community members serving on the Board will be $100 per month. Per Diem stipends for a County Board Supervisor or County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC as requested by each County if applicable.

    b. Automobile travel mileage will be reimbursed by NCHC at the allowable rates established by the Internal Revenue Service (IRS).

    c. Actual meal expenses supported by receipts will be reimbursed consistent with the organization's employee meal reimbursement rates and policies.

    d. Authorized lodging accommodation (overnight) expenses supported by receipts will be reimbursed at the lodging institution's government rate if available, or at the next lowest rate available.

    e. Per Diem stipends and travel expense reimbursement for other authorized Board NCHC related/represented activities (e.g., meetings with state officials, consultants, etc.) will be reimbursed under this policy with additional provisions specified as needed to take into account special circumstances.

    f. A Board expense invoice form shall be created by the CEO and used to claim reimbursement under this policy. All expense reimbursements, except Per Diems and mileage reimbursement related to monthly Board meeting attendance, will be approved by the Board.

Policy 2.9 – Charge to the Medical Staff

The Board's accountability for the quality of medical practice will be discharged in part by depending on the medical judgment of an organized Medical Staff. While the formal Medical Staff organization, consisting of all Physicians privileged to practice in the organization, shall be responsible directly to the Board, this does not relieve or otherwise affect the responsibility of individual Physicians to meet requirements duly imposed by the CEO.

1. The Medical Staff will provide to the Board its judgment as to the capability of relevant practices, personnel, and premises to support or provide quality care.

2. The Medical Staff will provide to the Board its judgment as to the qualification of medical practitioners to render services and standards incumbent upon the organization or upon the Medical Staff.

3. The Medical Staff will provide the Board with a representative summary of Physician opinion by September 1 each year with respect to Ends deliberations of the Board.

4. The Medical Staff will be held accountable by the Board for its compliance with all laws, regulations and standards that may be binding on the formal Medical Staff organization itself.

5. The Medical Staff will be accountable for an assessment of medical performance on the criteria in 1 and 2 above;

    a. Annually by an internal examination by a mechanism established by the Medical Staff; and

    b. Not less than every three years by an external, disinterested third party of the Board's choice, with whom the Medical Staff must fully cooperate; or

    c. At any time that the Board deems it necessary by either internal or external audit.

Section 3 - 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 with the following processes:

1) Monitoring to determine the degree to which Board policies are being met. Information that does not do this will not be considered to be monitoring information. 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/or

   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.

2) 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.

3) 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.

4) 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.

AMENDED AND RESTATED BYLAWS OF NORTH CENTRAL COMMUNITY SERVICES PROGRAM DATED: *PROPOSED ADOPTION* February 22, 2018

These Amended and Restated Bylaws (hereinafter "Bylaws") of the North Central Community Services Program ("NCCSP" or the "Program") are hereby enacted to be effective on the date hereinabove referenced. These Bylaws shall be approved by the North Central Community Services Board and shall file the Bylaws and any amendments with the County Clerk of Langlade, Lincoln and Marathon Counties, Wisconsin (the "Counties" and individually the "County").

ARTICLE 1 - Purpose and Background

Section 1.1- Langlade, Lincoln and Marathon Counties by action of their respective boards of supervisors have entered into a certain Joint County Agreement ("Joint County Agreement") for the purpose of establishing the North Central Community Services Program to administer a community mental health, developmental disabilities, alcoholism and drug abuse program, pursuant to Section 51.42 of the Wisconsin Statutes (the "Governing Statutes"). NCCSP shall be operated pursuant to the terms of the Joint County Agreement. The purpose of these Bylaws is to compliment the Joint County Agreement by establishing policies and procedures to guide the orderly and efficient operation of NCCSP in order to enhance the ability of NCCSP and the Counties to properly meet their responsibilities for the well-being, treatment and care of the mentally ill, developmentally disabled, alcoholic and other drug dependent citizens as required by and subject to the terms, conditions and limitations provided under Section 51.42 of the Governing Statutes.

Section 1.2 - While the core statutory requirements of the NCCSP are contained in the Joint County Agreement, the North Central Community Services Board (hereinafter the "Board") is authorized pursuant to Section 51.42(5) to develop county community program board operating procedures. Furthermore, the Counties wish to ratify the operational procedures, memorialize the delegation of authority to the Board as permitted under the Governing Statutes, all which is intended to assist NCCSP and the Board to efficiently operate consistent with the terms of the Joint County Agreement and the Governing Statutes.

Section 1.3 - The previous Bylaws dated January 26, 2017 are being amended and restated in their entirety in order to assure consistency and remove duplication between these Bylaws and the provisions of the Joint County Agreement. It is intended that these Bylaws and the Joint County Agreement shall be consistent and complimentary with the Joint County Agreement setting forth the primary governing provisions of NCCSP and these Bylaws defining procedures for proper and efficient administration of NCCSP consistent with the Governing Statutes. In the event there is any conflict between these Bylaws and the Joint County Agreement, the terms of the Joint County Agreement shall control.

ARTICLE 2 - Name and Office

The name of the Program shall be as provided in the Joint County Agreement. As of the date of adopting these Amended and Restated Bylaws, the name of the Program is "North Central Community Services Program." The legal entity is identified with government agencies as the Human Services Board serving North Central Health Care Facility d/b/a North Central Health Care. The principal office of NCCSP shall be at 1100 Lake View Drive, Wausau, Wisconsin 54403.

ARTICLE 3 - Board of Directors

The Program shall be governed by the Board which shall be governed by the terms of the Joint County Agreement. Appointment, election, qualification, removal, powers an all other matters relating to the Board shall be governed by the Joint County Agreement.

ARTICLE 4 - Delegation of Program Administration

Section 4.1 - Pursuant to Section 51.42(4)(a), each of Langlade, Lincoln and Marathon Counties, by and through action taken by their respective board of supervisors, hereby delegate all of the powers and duties of the county departments of community programs of each such County not expressly retained as described in the Joint County Agreement to the Board.

Section 4.2 - In order to fulfill the responsibility to provide Program services as delegated by the Counties, the Board may by resolution create subsidiary agencies, and joint ventures, cooperative working agreements, contractual arrangements, including subunits of the Board, committees or subcommittees of the Board, or corporations, nonprofit corporations or other legal entities that are controlled by NCCSP, to operate and govern specific health care programs and services that are not inconsistently with the purposes set forth in the Joint County Agreement, the Governing Statutes, or approved by the Counties. The Board is authorized to appoint and remove all members of the governing body committee or subcommittee of each subsidiary or subunit agency that it creates, and shall have final authority over each such organization's or operating unit's budget, bylaws, policies, procedures, instruments, operational documents and other matters. The subsidiary agency's governing instruments shall reflect the requirements of this Section 4.2 and shall specify the purpose of such subsidiary agency. Any subsidiary agency that is a corporation shall be organized as a non-stock, not-for-profit, corporation organized under Chapter 181 of the Wisconsin Statutes.

ARTICLE 5 - Officers

Section 5.1 - The officers of the Board shall be a Chair, Vice Chair, and Secretary/Treasurer, and shall be elected by the Board at its annual meeting. The Chair, Vice Chair and Secretary/Treasurer, along with the immediate past chair shall make up the Executive Committee, which ~~develops the Board meeting agendas, recommends Board priorities,~~ shall have the authority to act for and on behalf of the Board of Directs between Board meetings in emergency situations only and can be delegated specific responsibilities by the Board. The

Committee shall exercise additional responsibility as set forth in these bylaws and in the corresponding Policy Governance Manual. The Chair, Vice Chair and Secretary/Treasurer shall be referred to as the "Board Officers."

Section 5.2 - NCCSP shall also have, at a minimum, the following additional officers, none of which shall be members of the Executive Committee or Board: (i) Chief Executive Officer ("CEO"); (ii) Chief Financial Officer ("CFO"); ~~(iii) Quality Executive~~ and (iii) ~~(iv)~~Chief Compliance Officer. Notwithstanding the above, the CEO shall be an ex-officio member of the Executive Committee but shall not have a vote on any matter.

Section 5.3 - A nomination for each of the Board Officers shall be made by the majority agreement of a three (3) person Nominating Committee, which shall be appointed by the Chair of the Board from the members of the Board. The slate of Board Officers selected by the Nominating Committee shall be presented to the Board at the annual meeting. The Chair shall also call for additional nominations from the membership of the Board at the annual meeting of the Board. Vacancies of Board Officers that occur during the year shall be filled upon nomination from the Executive Committee, additional nominations from the floor, and shall be elected by the Board as required in Section 3. Filled vacancies shall serve the remaining term of the member that they replaced.

Section 5.4 - Board Officers shall be elected by the Directors casting their written and signed ballots for each office. The nominee receiving the most votes for each office shall be elected.

Section 5.5 - The term of office of each Board Officer shall be one (1) year from the annual meeting but shall continue until a successor shall be duly elected, the officer resigns, or is terminated by the Board.

Section 5.6 - The Chair shall preside at all meetings of the Board and Executive Committee and be responsible for setting the agenda.

Section 5.7 - The Vice Chair shall, in the absence or incapacity of the Chair, perform the duties of that officer.

Section 5.8 - The Secretary shall be responsible for the minutes of the meetings of the Board and Executive Committee and shall assure the notices of all meetings of the Board and Executive Committee are provided as required hereunder.

Section 5.9 – ~~The Quality Executive and Chief Compliance Officer may be held by the same individual if approved by the Board~~. The CFO, CEO and Board members shall not be eligible to serve as the Chief Compliance Officer. The Chief Compliance Officer shall have direct access to the Board of Directors, shall administratively report directly to the CEO, but may be terminated only by majority vote by the Board.

ARTICLE 6 - Board Procedures

Section 6.1 - The annual meeting of the Board shall be held in November at the time and place designated by the Chair.

Section 6.2 - The regular meetings of the Board will be held on the last Thursday of each month or as otherwise scheduled by the Chair.

Section 6.3 - Special meetings of the Board shall be called by the Secretary upon request of the Chair or on written request of one-third (1/3) of the members of the Board.

Section 6.4 - Notice of regular and special meetings of the Board shall be given at least twenty-four (24) hours before such meeting in a manner which complies with the Wisconsin Open Meetings Law.

Section 6.5 - At all meetings of the Board, the presence of eight (8) members shall constitute a quorum and action shall be taken by majority vote of members present and constituting the quorum.

Section 6.6 - The Board ~~through the Finance Committee, Personnel Committee and Property Committee~~ shall arrange for an annual audit of its finances using an independent certified public accounting firm as selected by the Retained County Authority Committee.

Section 6.7 - The fiscal year of the Board shall be from January 1 through December 31.

Section 6.8 - All parliamentary practice in conducting the business of the meeting not herein specifically provided for shall follow “Roberts’ Rules of Order (Newly Revised).”

Section 6.9 - Members shall be paid for meeting attendance and travel expenses in accord with the Board’s policy.

Section 6.10 - Constructive Presence at a Meeting: A member of the Board or Committee of the Board may participate in a meeting of such Board or Committee by a videoconference, telephone or similar communication equipment, by means of which all persons participating in the meeting can hear each other at the same time, and provided that members of the public shall be able to hear all members so as to conform with the public meeting requirements of Wis. Stats. 19.83, where such meetings are required to be open to the public. All meetings of the Board that are required to be open and accessible to the public shall take place at the location indicated in the public notice issued pursuant to Wis. Stats. 19.84. Any Board member participating by telecommunications shall be responsible for making arrangements in advance to facilitate participation at the designated meeting location by arranging for speaker phone or other suitable device. Participating by means of telecommunications shall constitute presence in person at a meeting except for purposes of determining whether a quorum is present at such meeting.

ARTICLE 7 - Board Committees

Section 7.1 - The Board will have the following committees~~, appointments to which shall be made by the Chair subject to approval by the Board~~: enfranchised in these bylaws and ad-hoc committees created from time to time by the Chair to advise the Board, appointments to which shall be made by the Chair subject to approval by the Board:

A. Executive Committee;

(1) Composed of the Chair, Vice Chair, Immediate Past Chair and Secretary/Treasurer. The CEO shall be an ex-officio, non-voting member of the Executive Committee.

~~(2) Function: Develops Board agendas, recommends Board priorities and may be delegated specific responsibilities between meetings by the Board.~~

(2) The Committee shall have the authority to act on behalf of the NCCSP Board between board meetings in the event of an emergency requiring timely action that cannot be taken by the board of directors due to the circumstances. Any action taken by the executive committee under this provision shall be subject to ratification by the NCCSP Board.

~~B. Finance, Personnel and Property Committee;~~

~~(1) Function: Set policy regarding personnel policies, capital and operational purchases, budget development and performance, audits, service rates and insurance coverage and needs. Review and recommend property maintenance, development, leasehold interests and their maintenance and development.~~

~~C. Human Services Operations Committee;~~

~~(1) Function: Set policy regarding planning and evaluation of care and delivery of services to clients to meet the most critical community needs for mental health, alcohol/drug abuse and developmental disability.~~

~~D. Nursing Home Operations Committee;~~

~~(1) Review and recommend policies regarding the general operation of Mount View Care Center including policy changes, future planning, and resource development, and monitoring the care and services provided by the nursing home as well as staff and resident relationships.~~

~~E. Quality Assurance and Compliance Committee; and~~

~~(1) The Board is granted broad authority to form a Quality Assurance Compliance Committee and to take all steps necessary to assure that the organization has an~~

effective program to monitor and continually improve in areas of quality and compliance. The Quality Assurance Committee shall serve as the Compliance Committee provided that the Board may separate compliance into its own committee by majority vote. The Board is authorized to take all necessary actions, adopt policies and procedures, adopt programs and take other actions necessary in its discretion to further an atmosphere of compliance. The Board is further authorized and directed to take all steps necessary to create programs to monitor and improve the quality of services provided to patients receiving care under its auspices in a manner that promotes continual quality review and improvement in an environment that assures confidentiality and immunity to the greatest extent permitted by law.

F. Collaborative Care Quality Committee.

(1) The Collaborative Care Quality Committee is created to perform quality assessment and review of the collaborative functions of North Central Health Care and various County and Community stakeholders. The purpose of the Committee is to assist the NCCSP Board and its Quality Committee with review and evaluation of the quality of care provided to the Managed Population within the scope of the Collaborative Responsibilities.

(2) NCHC has been delegated various responsibilities from Marathon, Lincoln and Langlade Counties under Wisconsin Statutes 51.42 including, skilled nursing and long term care (in the case of Marathon County), mental health, developmental disability, and alcohol and drug abuse responsibilities and other services (the "Delegated Responsibilities").

(3) The scope of NCHC's responsibilities include the obligation to coordinate and collaborate with various community resources in furtherance of its Delegated Responsibilities. For purposes of this Charter, the scope and jurisdiction of this Committee include the programs and services of NCHC as they relate to coordination and collaboration with other County Stakeholders and Community Resources. This scope shall be referred to herein as (the "Collaborative Responsibilities").

(4) The Collaborative Care Quality Committee is constituted as an advisory committee to the NCCSP Board of Directors and as a part of the review and evaluation of NCHC related to the Collaborative Responsibilities. The Committee shall operate as part of the NCHC quality review and assessment program and may make recommendations to the NCHC Quality Committee and to the NCCSP Board of Directors within the scope of the Collaborative Responsibilities. The Committee shall be operated in furtherance of quality health care.

(5) Although the Collaborative Care Model is built around the responsibilities that are delegated from each County to NCHC under Wis. Stats. 51.42, it recognizes that the activities and responsibilities of a broad range of County Stakeholders and Community Resources have an opportunity to have a positive impact on the Collaborative Responsibilities and the overall health of the population served by NCHC (the "Managed Population"). County Stakeholders may include County courts, law enforcement, corrections, probation and parole, social services, welfare, various other components of the County governmental structure and private community organizations ("Community Resources") that may have a collective impact on the Collaborative Responsibilities, health and welfare of the Managed Population.

(6) In order to more efficiently and effectively meet its obligations, NCHC has developed a formal system of collaborative and interactive activity between NCHC and the various County Stakeholders and Community Resources (the "Collaborative Care System" or "System"). The Collaborative Care System creates a formal mechanism for participation by county and other community stakeholders in the quality assessment process of NCHC relating to the Collaborative Responsibilities.

(7) Goals of the Committee. The overall goals of the Committee are:

i. To create an integrated and innovative system to coordinate and promote collaboration between and among various resources, including County Stakeholders and Community Resources, that may have a positive impact on the health of the Managed Population within the scope of the Collaborative Responsibilities.

ii. To leverage the expertise and perspective of County Stakeholders and Community Resources in the review and assessment of the quality of services related to the Collaborative Responsibilities.

iii. To apply a population health management approach to the review and assessment of the services provided as part of the Collaborative Responsibilities.

iv. To encourage and promote collaborative solutions, protocols and operating procedures across various components of the System.

v. To evaluate, assess, measure and reevaluate results of Collaborative Care System solutions.

vi. To further additional goals as defined by the Board.

(8) Committee Structure. The Committee will be advisory to the Board of Directors of NCHC on matters relating to the Collaborative Responsibilities and on other

matters requested by the Board of Directors. The Committee will work functionally as part of the NCHC quality assessment process through the Committee Chairperson and will make regular reports to the NCCSP Board and to the Quality Committee.

(9) Voting Members and Membership. Composition of Committee. The Committee shall consist of seven members (7) members, of which five (5) members shall be Voting Members. Committee members will be as appointed by the NCCSP Board and shall serve subject to the will of the Board. The initial Committee shall be comprised of the top appointed official in Marathon County, the top appointed official in Lincoln County, the top appointed official in Langlade County, the NCCSP Chairman of the Board of NCHC, the NCCSP Quality Committee Chair, the Chief Executive Officer of NCHC and the Quality Executive of NCHC. The Chief Executive Officer and Quality Executive shall not be voting members of the Committee but will have all other rights and obligations as a member. The Board is authorized to change the composition of the Committee. No participant on the Committee may have at any time been excluded from participation in any government-funded health care program, including Medicare and Medicaid. Members of the Committee must meet such other qualification that are established by the Board. Appointees to the Committee and any Subcommittee and Work Group, will be asked to accept their responsibilities. In the event that a designated position remains open or is not accepted, the Committee, Subcommittee or Work Group shall have the authority to convene and operate.

(10) Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee or any subcommittee or work group of the Committee at any time with or without cause and may restructure the Committee and any subcommittee or work group in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is otherwise unavailable of unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

(11) Subcommittees and Work Groups. It is the intent and desire of the Board for the Committee to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Committee. The Committee is authorized to create subcommittees and work groups to work on specific issues relating to the Collaborative Responsibilities and to advise the Committee with respect to those issues. Members of the Committee, any subcommittee, work group, or other panel shall be considered to be participants in the assessment and review of the quality of NCHC services. Members of committees, subcommittees and work groups will meet the same qualifications as are required of members of the Committee. The Committee shall keep the NCCSP Quality Committee and Board advised regarding

the activity of the Committee, subcommittees and work groups. The Board may assign representatives to Subcommittees and work groups in its discretion and to maximize expertise available to address specific issues.

(12) Manner of Acting. The Committee shall be advisory to the Board and shall have reporting responsibilities to the Quality Committee of NCHC and the Board. The Committee shall make recommendations to the Quality Committee of NCHC regarding suggested quality measures and other program changes relating to the Collaborative Responsibilities that are consistent with the objectives and goals set forth in this Charter, or as otherwise requested by the Board. The Committee can also make recommendations to other Stakeholders regarding their participation in the Collaborative Responsibilities. Formal recommendation by the Committee may be made based on a majority vote of the Committee Members in attendance at a meeting at which a quorum is present. All votes taken shall be reported to the Board and the Quality Committee. A quorum shall not be required to conduct business, to deliberate, and to provide information as an advisory committee to the Board. The Chairperson of the Committee shall provide regular reports to the Board and to the Quality Committee regarding the activities, discussions, actions, votes, and other issues relative to the Committee. The Board may direct or take further action with respect to any issues with or without a formal recommendation from the Committee.

(13) Duties and Responsibilities of Committee. The Committee shall have the following duties and responsibilities within and across the scope of the Collaborative Responsibilities:

i. Review and recommend standards for reporting information regarding the Collaborative Responsibilities to County Stakeholders to assist the County Stakeholders in performing their Collaborative Responsibilities. Standards shall be within the confines of all applicable laws, including but not limited Wisconsin and Federal laws protecting patient confidentiality and health information.

ii. Review and make recommendations on the content and format of the System-wide quality dashboard.

iii. Recommend priorities for System-wide quality initiatives that emphasize improving quality and patient safety while managing resource consumption and cost.

iv. Maintain awareness of external factors influencing the direction of quality improvement and reporting.

v. Utilize evidence-based criteria and standards to recommend quality benchmarks, identify defined scope areas of focus, create achievable quality and performance standards, establish objectively measureable goals, and create reliable methods to measure of achievement of goals.

vi. Facilitate transparency by providing insight into the process of reporting quality and cost information to the public and various Stakeholders.

vii. Benchmark with other organizations to broaden insight into innovation in quality improvement.

viii. Annually review programs and practices related to quality of Collaborative Responsibilities and recommend any proposed changes.

ix. Receive notice of complaints and allegations relating to the Collaborative Responsibilities received through an anonymous complaint procedure or otherwise, that are deemed to be material by the Chairperson of the Committee, and consult with management regarding the resolution of all such material complaints and allegations through the appropriate channels.

x. Review and make recommendations for processes to achieve excellent performance and meeting quality performance benchmarks.

xi. Consider risks relating to quality, including compliance with applicable legal, regulatory, operational, health and safety requirements as well as high ethical standards in compliance with NCHC compliance programs.

xii. Form and delegate authority to subcommittees if determined to be necessary or advisable, provided that any subcommittee shall report any actions taken by it to the whole Committee at its next regularly scheduled meeting.

xiii. Make reports to the NCCSP Quality Committee and Board at their next regularly scheduled meeting (or sooner as deemed to be necessary) following the meeting of the Committee accompanied by any recommendation.

xiv. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.

xv. Annually review its own performance.

xvi. Make recommendations regarding use of Population Management tools and processes to assess the provision and quality of services.

xvii. Exercise such other authority and responsibilities as may be assigned to it from time to time by the Board.

xviii. Review and make recommendations for adjustments to performance metrics and targets;

xix. Recommend operational standards, protocols and processes.

xx. Recommend quality goals and metrics.

(14) Relationship with NCHC Quality Review Functions. The Committee may advise the NCCSP Quality Committee regarding issues that are within the scope of the Collaborative Responsibilities. The Committee shall not have the power or authority to discipline any party, medical staff members, health care provider or any other person or entity or to take any direct action except as a recommendation to the Board and the Quality Committee. The Committee can make referral recommendations to the Quality Committee for consideration if legitimate quality deficiencies are identified with respect to NCHC or any health care professional providing service within the Collaborative Responsibilities through NCHC. Further action within the NCHC Quality process shall be at the discretion of the Quality Committee and Board. The Committee shall have no power or authority to make recommendations to or compel participation from any component of NCHC except through the reporting structure to the Quality Committee and the Board.

(15) Quality Planning Activities of Committee.

i. Collaborative Responsibility Strategic Plan. The Committee shall conduct an annual assessment of the strengths, weaknesses, opportunities and challenges relating to the Collaborative Responsibilities and shall develop an annual strategic plan, or an update to a prior strategic plan, that identifies the strategies, goals, objectives and budget of the Collaborative Responsibilities. Further, the Committee shall develop and recommend annual service, outcomes, goals and objectives for the Collaborative Responsibilities. The annual work product of the Committee is defined as the "Collaborative Responsibility Strategic Plan." The Collaborative Responsibility Strategic Plan shall be subject to approval by the Board.

ii. Quality Improvement. The Committee shall be responsible to conduct an annual evaluation of the quality of services provided on a unified basis by all Stakeholders involved in the Collaborative Responsibilities including patient satisfaction surveys, satisfaction of various Stakeholders, and develop annual initiatives for recommendation to the Board to enhance the ability of the various Stakeholders to improve the quality of care delivered in connection with the Collaborative Responsibilities through improvement by individual Stakeholders, enhancements to coordination and collaboration between the Stakeholders, and other improvements to benefit the System, (defined as "Quality Improvement Initiatives").

iii. Annual Quality Work Plan. The Committee shall develop an annual quality work plan for the Collaborative Responsibilities that establishes priorities for and that allocates responsibility among Stakeholders in a manner designed to achieve the performance objectives and improvement priorities, and identifies the Quality Improvement Initiatives (the "Quality Work Plan").

iv. Work Plan Standards. The Committee shall submit Quality Work Plans that meet or exceed standards relevant to the Collaborative Responsibilities established by any independent or governmental health care quality organizations.

v. Work Plan Review. The Committee shall submit all required Work Plans to the Board for consideration and action.

(16) Quality Assessment Protections

i. Activities in Furtherance of Quality Healthcare. All quality evaluation activities pursuant to this Charter and in connection with the Collaborative Care System shall be performed in furtherance and as a review of the quality of health care by NCHC in accordance with Wisconsin and Federal law.

ii. Confidentiality of Information. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care and patient safety as part of the operation of the Collaborative Care Quality Committee or otherwise in connection with NCHC or any other health care facility, shall be privileged and confidential to the fullest extent permitted by law. No person who participates in the review or evaluation of the services of health care providers or charges for such services may disclose an incident or occurrence report or any information acquired in connection with such review or evaluation except as required by law. All persons, organizations, or evaluators, as part of the NCHC Collaborative Care Quality Committee and subcommittees, who review or evaluate the services of health care providers in order to help improve the quality of health care, to avoid improper utilization of the services of health care providers, or to determine the reasonable charges for such services, shall keep a record of their investigations, inquiries, proceedings and conclusions. Any person who testifies during or participates in the review or evaluation may testify in any civil or criminal action as to matters within his or her knowledge, but may not testify as to information obtained through his or her participation in the review or evaluation, nor as to any conclusion of such review or evaluation. Any breach of confidentiality may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive

~~the peer review privilege. Any member of the applicable committee or subcommittee who becomes aware of a breach of confidentiality must immediately inform the NCHC Quality Executive.~~

~~iii. Quality Review Immunity. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. No person acting in good faith who participates in the review or evaluation of the services of NCHC or the charges for such services conducted in connection with the NCHC quality review process, including but not limited the operation of the Collaborative Care Quality Committee, which is organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information in performance of such tasks is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, any recommendations or actions taken within the scope of authority granted to the Collaborative Care Quality Committee or against a health care provider or other party involved in the delivery of care. Such privileges shall extend to members of the Collaborative Care Quality Committee, subcommittees of the Collaborative Care Quality Committee, administration and, the governing body, and any of their designated representatives and to third parties who supply information to or receive information from any of the foregoing authorized to receive, release, or act upon the same. For the purposes of this Section, the term "third parties" means both individuals and organizations who have supplied information to or received information from an authorized representative of NCHC or the applicable reviewing committee or subcommittee (including the committee members, subcommittee members, governing body, the medical staff, or administration) and includes but is not limited to individuals, health care facilities, governmental agencies, quality improvement organizations and any other person or entity with relevant information.~~

B. Ad-Hoc Committees.

(1) It is the intent and desire of the Board to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Board. The Board is authorized to create Ad-Hoc Committees on specific issues and to advise the Board with respect to those issues.

C. Structure and Operation of Committees

(1) Chairperson of Committee. The Chairman of the Board of NCHC assign the Chairperson of the Ad-Hoc Committee.

(2) ~~Regular~~ Committee Meetings. The Committee shall meet as frequently as required to fulfill its duties and responsibilities. Meetings shall be at such times and places as the Committee deems necessary to fulfill its responsibilities. The Board shall also have the authority to convene a meeting of the Committee for any purpose.

(3) Special Committee Meetings. The Chairman of the NCCSP Board or the CEO may call a special meeting of any Committee.

(4) Committee Agenda. The Committee will set its own general agenda based on issues that it deems to be of importance in ~~furtherance of quality review and assessment of the Collaborative Responsibilities~~ respect to the Committee's Charter. The Chairman of the NCCSP Board may also request that an item be placed on the agenda of the Committee at a regular or a special meeting. Upon receipt of any such request, the Chairperson of the Committee shall place the requested item on the Agenda for the next regularly scheduled meeting of the Committee; provided that the issue is within the scope of the ~~Collaborative Responsibilities~~ Committee's Charter. The requesting party shall be responsible for summarizing and presenting the issue. The Committee shall vote whether to take further action on the recommended agenda item. Proposed agenda items that are declined because they are not within the scope of Committee authority will be reported to the Board. Approved agenda items will be assigned for further action by the Committee~~, subcommittee, or a work group~~. The Board of Directors of NCCSP may also direct the Committee to place any item on its agenda.

(5) Committee Reporting. ~~The~~ Committees shall report regularly and upon request to the Board regarding its actions and make recommendations to the Board as appropriate.

(6) Governing Rules. ~~The~~ Committees are governed by the same rules regarding meetings (including meetings in person or by telephone or other similar communications equipment), action without meetings, notice, waiver of notice, ~~and quorum~~ and voting requirements as are applicable to the Board.

(7) Review of Charter. ~~The~~ Committees shall review this Charter at least annually and recommend any proposed changes to the Board for approval.

(8) Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee at any time with or without cause and may restructure the Committee in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is

otherwise unavailable of unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

(9) Each Committee shall consist of at least four (4) appointed members, at least two (2) of which must be Board members. The Chair may appoint as members of committees persons who are qualified to serve but who are not members of the Board. The number of members appointed to committees may be increased by the Chair of the Board. A majority of the committee members shall constitute a quorum to transact business. Actions of committees shall be approved by majority vote.

(10) Following the annual meeting of the Board, the Chair will appoint members of the Board to respective committees and also designate committee chairs and vice-chairs. The Chair and Vice-Chair of the committees must be a Board member.

(11) All Board members may attend any committee meeting as ex-officio members but cannot vote unless appointed to the committee by the chair.

ARTICLE 8 - Chief Executive Officer

Section 8.1 - The Chief Executive Officer shall be appointed as provided for in the Joint County Agreement and shall have the powers and duties enumerated in Article 7 of the Joint County Agreement.

Section 8.2 - The Chief Executive Officer shall fulfill the role and execute all of the duties, powers and obligations of the community programs director as defined in Chapter 51.42 of the Wisconsin Statutes.

Section 8.3 - The Chief Executive Officer has the power and authority to execute contracts and agreements and take all necessary actions to fulfill the policies of the Board and to take actions to administer the Programs and facilities that are under the operational control of NCCSP.

ARTICLE 9 - Facilities

Section 9.1 - The Chief Executive Officer will operate facilities owned, leased, or managed by NCCSP in consultation and as determined by the NCCSP Board. The business of the Board's facilities shall be operated collectively under the name of North Central Health Care.

ARTICLE 10 - Amendments

Upon five (5) days written notice, these Bylaws may be amended at any regular meeting of the Board or at any special meeting called for the purpose of amendment, by a vote of two-thirds (2/3) of the members present; provided that any amendment that increases the delegation and authority to the Board from any of the Counties shall require consent by such Counties.

WORKING DRAFT 2018 NCCSP BOARD CALENDAR – As of January 19, 2018

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

Educational Presentation: Corporate Compliance Obligations of the NCCSP Board and Emerging Compliance Trends

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, Capital Assets Management Policy, Risk Review and Cash Management Policy

Board Policy Discussion Generative Topic: Board Governance Process Policies

Thursday February 22, 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. Update on Efforts in the Criminal Justice System in Marathon County. Joint Commission Continual Readiness.

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: CEO Performance Evaluation and Succession Processes; "Decide what to decide" – Identify 5 questions the board should ask itself this year.

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

Educational Presentation: None due to Audit Presentation

Board Action: NCHC Master Facility Plan Presentation and Recommendation to the Marathon County Board. Annual Financial Audit – Receive Annual Audit Presentation and Reports.

Board Policy to Review: Fund Balance Policy, Write-off Policy

Board Policy Discussion Generative Topic: TBD

Thursday April 29, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Report & Program Review – 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.

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.

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

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

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.

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.

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

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

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

Educational Presentation: TBD

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.

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:

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

Educational Presentation: TBD

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 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

Board Action: TBD

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: TBD