North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND 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, June 28, 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 – Limited to 15 Minutes
3. Chairman's Report and Announcements – J. Zriny
4. Board Committee Minutes and Reports
5. Consent Agenda
   - A. ACTION: Approval of 5/31/2018 NCCSP Board Meeting Minutes
   - B. ACTION: Business Associates Agreement Policy
   - C. ACTION: Investment Policy
   - D. ACTION: Approve Medical Staff Appointments for Gabriella Hangiandreou, M.D. (Initial), and Cynthia White, M.D. (Initial)
   - E. Human Services Operations Report – L. Scudiere
   - F. Nursing Home Operations Report – K. Gochanour
   - G. Quality Outcomes Review – M. Loy
     - i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
6. Board Education
   - A. Transition of Patient Experience Survey Tool – Jennifer Peaslee
7. Monitoring Reports
   - A. CEO Work Plan Review and Report – M. Loy
   - B. Chief Financial Officer's Report – B. Glodowski
     - i. ACTION: Review and Accept May Financial Statements
8. Board Discussion and Possible Action
   - A. ACTION: Approve Nomination of Dr. Corina Norrbom to fill the Past-President Appointment to the Executive Committee
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: 06/22/2018 TIME: 1:00 PM BY: D. Osowski

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

June 14, 2018 **8:00 AM** **North Central Health Care–Board Room**

Present:	X	Jeff Zriny	X	Steve Benson
	X	Bob Weaver		

Others present: Michael Loy, John Fisher

Chairman Zriny called the meeting to order at 8:02 a.m.

Public Comment for Matters Appearing on the Agenda
- No public comment(s) made.

ACTION: Approval of 06/09/18 Executive Committee Meeting Minutes
- **Motion**/second, Benson/Weaver, to approve the 06/09/18 Executive Committee meeting minutes; motion passed.

ACTION: Consideration of Nominations to Fill the Vacant Immediate Past Chair Officer Position
- **Motion**/second, Weaver/Benson, to nominate Dr. Corrie Norrbom to fill the vacant immediate Past Chair officer position. Motion carried.

CEO Report
- Master Facility Plan –
  - At the 6/14/18 Marathon County Board Educational Session, education will be given for a resolution authorizing the bonds of up to $67 million for the Master Facility Plan project. The County Board will vote on the resolutions on Tues, June 19, 2018. This will require a ¾ vote to pass. If the vote does not look favorable the Board will probably defer the vote to a special meeting which will enable votes to be called in. County Administration is very supportive of the project.
  - The Architectural Request for Proposal (RFP) has been drafted with a timeline for the architect to be hired and on board in August.
  - Discussed payment projections with the Marathon County Finance Director on how NCHC would service the debt. We are aiming to have the entire construction project completed by 2022.
- An update was provided regarding an employment contract issue that was discussed last month.
- Grand opening for the expansion of the Medically Monitored Treatment (MMT) Program was held last week. Staff have all been hired and are in training. We continue to wait on State licensure. Calls have been made to the State and a decision is expected this Friday with a final inspection following. Once this occurs we will enroll people in the program immediately.

- Quarterly Employee Updates are occurring this week and next. Every quarter 8-10 sessions are provided for all staff. The Master Facility Plan is a major interest. Communicating with staff will be an enormous challenge however, employees are beginning to realize this project is happening.
- Psychiatry Residency Welcome Event will be held Monday, June 25 from 4-6 p.m. It will be similar to the ceremony last year but will be held outside by the Physicians' Lounge.
- General Counsel Interviews were held last month but were unable to secure a commitment due to their salary request. We have several interviews scheduled this month from other candidates who submitted their application during the previous round. If a successful candidate is secured we potentially would hire in July. If we cannot successfully fill the position we will repost the position. Suggestion was made to explore a psychological evaluation for this type of higher level position.
- RFP is out for the Electronic Health Record (EHR) for the nursing home as recommended by the CLA consultant report last year. We anticipate the project decision in July. The transition should begin in August and take about 4-5 months for completion. We have already identified staff to assist with this project. Dr. Benson recommended involving a HIPAA knowledgeable staff person as risk management precaution. An update or request for approval of the vendor will be provided to the Board.

<u>MOTION TO GO INTO CLOSED SESSION</u>:

- **Motion** by Weaver to adjourn into closed session pursuant to §19.85(1)(g) to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved, to wit: Lease with Waldinger Investments, LLC. Second by Benson. All ayes. Motion passed 3-0.

<u>RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)</u>

- **Motion**/second, Weaver/Benson, to reconvene into Open Session. All Ayes. Motion passed 3-0. No action or announcements on the Closed Session Item(s) were made.

<u>Agenda for 6/28/18 Board Meeting</u>

- Items identified on 2018 Board Calendar for June have been reviewed already. Education will be provided on the Patient Experience Tool, along with a review of the Investment Policy, and an update on the Master Facility Plan.

<u>Discussion and Future Agenda Items for Executive Committee or Board Consideration</u>

- None

<u>Adjourn</u>

- **Motion**/second, Benson/Weaver, to adjourn the Executive Committee meeting at 8:40 a.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

North Central Health Care
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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

May 31, 2018 12:00 Noon Westwood Conference Center

Present:

X	Norbert Ashbeck	X	Randy Balk	X	Steve Benson
X	Ben Bliven	X	John Breske	X	Jan Gulsvig
EXC	Meghan Mattek	X	Bill Metter	X	Corrie Norrbom
X	Rick Seefeldt	X	Romey Wagner	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Sheila Zblewski, Lance Leonhard, Robin Stowe, Nancy Bergstrom

Call to Order

- The meeting was called to order at 12:01 p.m.
- Welcome to Lance Leonhard, Robin Stowe, and Nancy Bergstrom, Retained County Authority Committee (RCA) members. Introductions of all NCCSP Board and RCA provided.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements – J. Zriny

- None

Consent Agenda

- **Motion**/second, Metter/Benson, to pull the CEO Work Plan Review and Report from the Consent Agenda. Motion carried.
- **Motion**/second, Benson/Balk, to approve the Consent Agenda. Motion carried.
- CEO Work Plan Review and Report – M. Loy
    - General Counsel Candidate had been offered the position but took another offer. We learned from this experience that general counsel candidates with health care experience are 30-50% outside of our salary range. Therefore, we will need to restructure our position description, and initiate recruiting again for someone who will be on more of a learning curve in health care.
    - Master Facility Plan was approved by Marathon County Board by a vote of 32-4. In June the Marathon County Finance and Board will be considering to approve borrowing from their reserves to pay for the design. They would then vote later on borrowing for the entire project. At this time the design for the new pool will be included in the overall design for the Master Facility Plan and we are committed to having the new pool built in 2019 as promised to the donors.

- <u>Merrill Office Remodeling Project</u> is progressing ahead of schedule. Remodeling budget included the current office space, however, in looking at future expansion of programs we are also able to use space that was not previously utilized and are incorporating it as additional office space for NCHC. We are under the construction budget for the project however, furniture for this project is about $40,000 short of our budget. Our overall budget each year includes dollars for the replacement of furniture. We would plan to use some of these funds from that budget for the shortage in funds for the Merrill furniture. With the Master Facility Plan in progress we do not plan to replace furniture as that cost is included in the Master Facility Plan project. Therefore, overall this should be budget neutral. Unless the Board would like to review a formal proposal, this plan will move forward as described above. The Board did not request a formal proposal. The October Board meeting is planned to be held in Merrill and a tour will be offered at that time once the construction is completed.
- <u>Lakeside Recovery Program</u> Ribbon Cutting and Open House (new location for the expanded program) will be held Thurs, June 7 at 4:00 p.m. All are welcome and encouraged to attend. We are still waiting on licensing from the state.
- <u>Psychiatry Residency Program</u> (Class #2) will be here for a Welcome Event on June 25 from 4-6 p.m. in the Theater. More information will be provided.
- **Motion**/second, Weaver/Bliven to accept the CEO Work Plan Review and Report. Dr. Dileep Borra will be joining us July 9 and his wife will arrive later in the year. Motion carried.

<u>Board Retreat – Strategy and Outcome Development for the 2019 Budget</u>

- See attached 2018 NCCSP Board Retreat Agenda

<u>Adjourn</u>

- **Motion**/second, Bliven/Metter, to adjourn the Board meeting at 6:18 p.m. Motion carried.

Minutes by Debbie Osowski, Executive Assistant

NCCSP Board Retreat – Strategy and Outcome Development for the 2019 Budget

Thursday, May 31, 2019 Westwood Conference Center

Strategy Development

- At the Retreat last year the Board focused on how it would govern.
- A Working Packet was distributed and reviewed (attached).
- Areas the Board will be working on include:
    1) Youth services
    2) Addiction
    3) Changing dynamics with payer sources (value-based payment)
    4) Learning Organization
- Board Ice Breaker - Sue Matis
  DISC Ice Breaker Exercise – each board member was asked to provide responses in three areas:

1) What Strengths or experiences you believe you can contribute to the success of the NCCSP Board:
    - Construction background, licensed for foster care, personal connection with family member using addicting drugs (meth). Wants to be around the right people to help deal with drug issues.
    - As a family doctor able to see things outside of medicine that impacts health of communities i.e. social determine like poverty, systemic racism, and early childhood experiences. Likes to pull people together from different areas for contribution.
    - Open-minded and caring about others; on service boards and looking for solutions.
    - Business-minded and lengthy experience on county board.
    - Health care, county board experience.
    - Understanding of AOD issues.
    - Understanding of nursing home issues and financial reimbursement and how that is changing; commitment to needs of seniors; information technology (IT) understanding.
    - Provide intersection between NCHC and criminal justice and priorities of harm to individuals.
    - Administrative, financial, talent acquisition, staff assimilation, public outreach, etc.
    - Post-acute and long term care, nursing/clinical background, extensive understanding in what drives leadership/patient experience, coaching and guiding organizations to address gaps, etc.
    - Great listener
    - Insurance

2) What are you hoping to learn or experience during your time on the NCCSP Board:
    - Able to explain what NCHC is doing and passing it along to the community
    - What NCHC does; learning from many angles.
    - Continued additional partnerships.
    - Understand needs and help develop solutions to benefit everyone.
    - Create value-based programs.
    - Learn the system to understand what to change.
    - Deep level of understanding of services NCHC provides.
    - Reach out to other organizations to coordinate/cooperate with each other.

- Gripes with NCHC and what they are not doing but not seeing anyone is getting involved to change.
- Deeper understanding of NCHC services.
- Treatment is great but more preventative options.
- More about NCHC, life and breath, vs what is seen in public view.
- Break down silos/barriers. More collaborating, talking, and working as a community.

3) During your time on the NCCSP Board, if we are able to accomplish something that seems impossible, what would that be?
   - Drug epidemic in Marathon County and other counties; get a handle on and stop or, at a minimum, slow down.
   - Drugs and how can we can help people get out of addition and away from a 'cycle'; children born to those addicted to meth and what will happen to them down the road.
   - Would like NCHC to be an 'anchor', being supportive, partnership i.e. sober living facilities, prevention around early childhood programming.
   - Develop available programs to make everyone feel they are valuable to others (self-confidence, self-esteem, and valued)
   - Reduce addiction, mental health has gotten a bad name.
   - Huge shortage of workers.
   - Everyone knows where to turn and immediate service for those with AOD or mental health; however, there seems to be a disconnect between health systems and NCHC.
   - Regain of the trust of the three Counties we serve, be impressed by NCHC, and at every county board meeting they would applaud NCHC for its accomplishments.
   - Juveniles in crisis; adequate resources for AOD and mental health needs i.e. pregnancy among drug addicts.
   - Addiction - statistics keep going in wrong direction.
   - Fully integrated health care model in community and NCHC is viewed as diamond in health care continuum and driving strategy.
   - Lose the designation of: 'the end of Sturgeon Eddy'. This area is tremendously underserved.
   - NCHC is a facilitator/leader/owner/coordinator community-wide.

- Review of Mission/Vision/Values and End Statements – Jeff Zriny
- Input from Retained County Authority (RCA) on Priorities and Guidelines for the 2019 Budget – Lance Leonard
  - Counties came together and identified their priorities with the NCHC budget.
  - NCHC moved forward with many of the goals identified by the RCA for 2018.
  - 2019 goals identified by the RCA include: 1) develop a comprehensive youth crisis service continuum (youth crisis stabilization home is already in progress), 2) enhance communication on what NCHC services are delivered and how we access them in all three counties, 3) develop a comprehensive health system idea for data sharing within three counties between Social Services, Sheriff's offices, NCHC and schools.

Break 1:20-1:30 (Robin Stowe and Nancy Bergstrom left the Retreat)

- Budget Development Schedule for Budget Year 2019 – Brenda Glodowski
  - Schedule was reviewed.
  - 2019 Preliminary Budget Forecast was included in 2018 and reviewed.
    - Assumptions have been made including a 2.5% wage increase, adjustment in benefits, reduction of 5 beds in nursing home, and the MMT program open and at capacity.
- 5 to 50 External Environment and NCHC Operational Assumptions – Michael Loy
  - Operationalize what is necessary for viability to reach our 50th anniversary and set ourselves up for the next 50 years.
  - Our overarching operational strategy is continue to take care of a group of people that others are unable to do so and to do it better than anyone else can.
  - Our facilitative strategy is broken down into four areas:
    1) Develop into a Learning Organization
    2) Build Medical Staff/Physician Leadership Capacity
    3) Update Information Service Platforms
    4) Improve Financial Viability
  - The date we are working towards is March 23, 2022 as our 50th Anniversary.
  - Asked to consider establishing a Development Office which would be in constant contact and making active contacts with the community including being more active in our own fundraising which may be a vital role for the North Central Health Foundation.

<u>Presentation by Mark Willenbring, M.D., DFAPA</u>

- Discussion following presentation:
  - Biggest recommendation is supported housing. What does this look like and a continuum of housing? Is it government supported and is there a way to get funding?
  - Need a family support system to recognize relapse and know how to respond.
  - Low level user/offenders are not getting connected with treatment and are identified as low risk. There could be a coordination of services for this level of offender.
  - Who is involved i.e. hospitals for early intervention and prevention, and what resources are available?
  - Should NCHC be the lead/facilitator for development of a comprehensive substance use treatment continuum or solely be part of the effort? Should it be the determination of the county boards if NCHC should be the lead or not? If NCHC is to be a leader we should know what is out there, what the evidence-based practice is, determine if we are the experts to help facilitate, collaborate, be engaged, and be leaders in the care we provide.
  - Consider a 'team approach' and teach the skills in order to serve more people. Have the team follow people vs patients being sent from person to person, etc.

- Working take aways:
  - How do we deal with 'the other 90%'
  - Elevate substance abuse training
  - Role for NCHC board leadership in addiction in community
  - What are the other resources i.e. other leaders in the community in youth mental health services and prevention (including primary care providers)

Community End Statement (Youth Services) – Michael

- Discussion about whether NCHC should focus on offering:
    1. 24/7 component for youth in crisis and stabilization (CBRF)
    2. Psychiatry for child and adolescents (increase availability outpatient basis)
    3. Continue to support youth in community treatment and case management incorporating other outside providers
        - Dually trained staff
- Treatment needs include more trained staff and broader focus on family.
- M. Loy will develop a strategy and implementation plan. The Board agreed with taking this approach and defining ourselves in this way.

Financial End Statement – Michael Loy

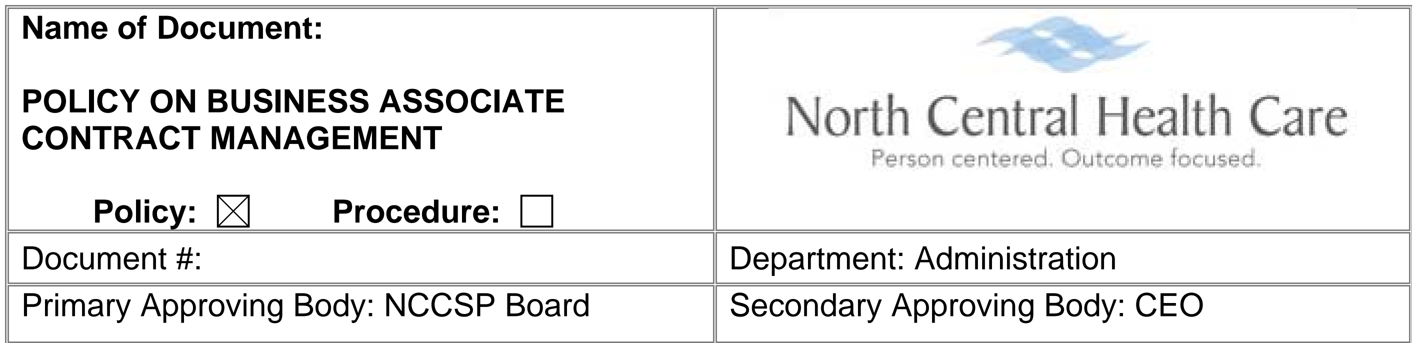
- What revenue sources will Value Based Payment impact?
- How can we develop strategies with other major health systems? Accountable Care Organizations (ACO) will share data to access shared payment fees.
- Do we affiliate or integrate?
- Health organizations are connecting with health plans i.e. Aspirus and Aspirus Arise.
- We also need to look at integrating technology with health systems. Need to continue to persevere with those willing to work with us in value based payment. Should we be proactive or wait and see? What involvement do you want, what is the risk, does the Board rely alone on staff to understand?
- Board agreed to be proactive and stated potential collaborative ties are important, that the Board should have an established risk policy, understand how the various programs receive funding/payments, and work to establish a better alignment with physicians i.e. technology.

People End Statement – Michael

- Learning organization is as much about growth and development as it is about continuity of care.
- Staff development has experienced a lot of changes. A Learning council was created with 30-35 members from diverse areas. The overhauled training and development of CNA's has turned into best practice to emulate in other areas of the organization.
- Must develop management levels and create leaders to push us forward. An engaged workforce cannot happen without this. Two highest levels of engagement are opportunities and encouragement of workforce.
- As program develops additional communication will be shared and is vital for its success. A framework will be established over the next few months which will lay the path for the future.

Motion/second, Bliven/Metter, to adjourn at 6:18 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant



Name of Document: **POLICY ON BUSINESS ASSOCIATE CONTRACT MANAGEMENT** **Policy:** ☒ **Procedure:** ☐	North Central Health Care Person centered. Outcome focused.
Document #:	Department: Administration
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO

Related Forms:

N/A

I. Document Statement

HIPAA was enacted to facilitate efficiency of the electronic exchange of healthcare information. HIPAA requires a Business Associate Agreement to be in place between NCHC, as a Covered Entity under HIPAA and certain parties defined as Business Associates under HIPAA. A Business Associate Agreement must be in place before any protected health information can be provided from NCHC to a Business Associate.

NCHC employs a systematic process for identification and handling of HIPAA compliant business associate contracts.

II. Purpose

The purpose of this policy is to establish a process by which NCHC manages the contracting process with third parties to assure that all parties who are potential "business associates" as defined in the Health Insurance Portability and Accountability Act (HIPAA) are required to enter into legally compliant agreements. The purpose and intent are to protect confidentiality of patients, staff, and information of NCHC that is of a proprietary nature.

III. Definitions

Business Associate (BA) - Under the Privacy regulation, business associates are contractors, or other non-NCHC employees, hired to do the work of, or for, our organization that involves the use or disclosure of protected health information (PHI). The complete regulatory definition of Business Associate is contained in 45 CFR 160.102 and should be consulted if there is any question regarding whether a party is a Business Associate. These activities may include: legal, actuarial, accounting, consulting, data aggregation, management, administrative accreditation, billing and financial services. Reference Appendix 1 attached hereto and 45 CFR 160.102 for additional guidance.

Business Associate Agreement (BAA) - A contract between entities that specifies mutual responsibility for protecting the privacy and security of health information (PHI). The most recent version of the NCHC Business Associate Agreement will be used unless approved by legal counsel.

Confidentiality Agreement (CA) - An agreement signed between NCHC and an entity not covered by HIPAA privacy rules but where the entity may come into regular incidental contact with PHI (ERA Intranet, HIPAA Documentation).

Covered Entity - Under HIPAA, this is a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA transaction. These entities are bound by the HIPAA privacy standards even if they contract with others to perform some of their essential functions. NCHC is a Covered Entity as defined in HIPAA.

Due Diligence - means deliberately selecting reputable business partners based on criteria such as reference checks, comparative pricing, negotiation of performance measures, and/or privacy measures.

Minimum Necessary - This HIPAA provision requires NCHC and our Business Associates to make reasonable efforts to limit the use and disclosure of and request for protected health information to the minimum necessary to accomplish the intended purpose. NCHC maintains a policy to meet the Minimum Necessary Standard.

Protected Health Information (PHI) - Individually identifiable health information that is transmitted or maintained in any form relating to the past, present, or future physical or mental health condition of an individual, or provision of health care to an individual, or payment for the provision of health care to an individual.

IV. General Procedure

1. Determine Business Associate Status

    A. All NCHC individuals, functions, or processes which are involved in establishing contractual relationships with entities or persons that service NCHC must evaluate the entity or person entering a contractual relationship with NCHC or otherwise potentially qualifying as a Business Associate of NCHC to determine a Business Associate Agreement (BAA) is required with NCHC. A Business Associate Agreement may be required in addition to the usual business contract that is entered with the contracting party.

    B. All prospective contractual arrangements, must be initiated through the NCHC Contract Specialist and are subject to the NCHC Contract Execution Policy. The NCHC Contract Specialist will assess vendor/business relationships to determine whether a Business Associate Agreement must be entered as part of the contract.

C. Business Associate Agreements must be entered with parties who meet the HIPAA definition of a "Business Associate." A Business Associate Agreement may be required even in cases where a written contract is not otherwise entered if the organization is considered to be a Business Associate of NCHC.

D. The following criteria are relevant to the initial determination of whether a party might be a Business Associate requiring a Business Associate Agreement. These are threshold criteria and are not the only relevant factors. These criteria may be used to initially determine whether a more detailed analysis might be appropriate:

   i. Vendor/business staff members that are employed members of the NCHC work force are not Business Associates. However, contract staff may be Business Associates depending on their function;

   ii. The vendor/business are performing some function or service for NCHC;

   iii. The service or function involves potential use or disclosure of Protected Health Information. If there is no opportunity for access to PHI, a Business Associate Agreement is not required. Note that there are certain disclosures to vendors/businesses that are excluded by regulations and do not require establishment of a Business Associate agreement (see 45 CFR 164.502(e)(1). These disclosures include:

      a. Disclosures to or disclosures by North Central Health Care to a health care provider concerning the treatment of the individual;

      b. Disclosures by a group health plan or a health insurance issuer or HMO with respect to a group health plan to the plan sponsor, to the extent that the requirements of 164.504(f) apply and are met; or

      c. Uses or disclosures by a health plan that is a government program providing public benefits, if eligibility for, or enrollment in, the health plan is determined by an agency other than the agency administering the health plan, or if the Protected Health Information used to determine enrollment or eligibility in the health plan is collected by an agency other than the agency administering the health plan, and such activity is authorized by law, with respect to the collection and sharing of individually identifiable health information for the performance of such functions by the health plan and the agency other than the agency administering the health plan.

E. North Central Health Care may determine the need for Business Associate arrangements through reasonable process and/or methodologies, including but not limited to:

   i. Mapping the flow of PHI and identifying where PHI is disclosed or created by external entities.

   ii. Reviewing contract management documents/software and identifying where PHI is disclosed to external entities.

   iii. Reviewing 1099 tax forms to identify vendors and then identify vendors with business arrangements where PHI is disclosed to external entities or used internally by vendor.

   iv. Assessing new vendor/business arrangements to determine if PHI will be disclosed.

   v. Note that whether a written contract is used or required is not the sole indication as to whether a party is a Business Associate.

   vi. Look at the definition of Business Associate and regulatory interpretation where needed to determine whether a Business Associate relationship might exist.

2. <u>Agreements with Business Associates</u>:

   A. When the evaluation of the entity or person results in the determination that an entity or person meets the definition of Business Associate, then a Business Associate Agreement is required - in addition to the usual business contract.

   B. Business Associate Agreement Handling:

      i. The Contract Specialist is responsible for mailing, emailing, transmitting, delivering, or otherwise assuring execution of Business Associate Agreements out to those vendors that are required to enter a Business Associate Agreement with NCHC. A cover letter providing explanation signed by the Contract Specialist should accompany the mailing.

      ii. The responsibility of receiving, storing, and logging the existence and date of all Business Associate Agreements lies with the Contract Specialist.

      iii. The CEO and Privacy Officer or their designee are authorized to sign Business Associates Agreements on behalf of NCHC.

C. If a party contracting with NCHC desires to refute that they are a Business Associate, the Privacy Officer will review their status and respond accordingly. If a party is, in fact, a Business Associate and refuses to enter a Business Associate Agreement, NCHC should not permit disclosure of protected information and in most cases should not contract with or have services provided by the refusing organization.

D. The Contract Specialist shall maintain and use the most recent version of the NCHC Business Associate Agreement. The Privacy Officer and/or Compliance Officer periodically review and make any necessary revisions to the Business Associate Agreement. Legal counsel is consulted as necessary. Legal Counsel may approve or require revisions to the Business Associate Agreement or deviations from the standard form as necessary.

E. Special consideration and contractual provisions are required when information that is protected under 42 CFR Part 2 ("Part 2") may be disclosed. Part 2 applies to treatment records relating to alcohol and/or substance use disorders. NCHC will maintain separate policies that will apply when Part 2 protected information might be involved. Consult with Part 2 policies and the Privacy Officer when Part 2 information may be involved. In many cases legal counsel advice may be required in this area. Part 2 violations involve potential criminal penalties and the circumstances when use and/or disclosure are permitted is quite limited.

F. In general, health care information that is protected under 42 CFR Part 2 may only be disclosed for payment and/or health care operations activities as defined in 42 CFR Part, Sec 83 Fed. Reg. 239 (January 3, 2018.)

G. Each disclosure made with the patient's written consent must be accompanied by a written statement complying with 42 CFR § 2.32.

H. Release of Part 2 protected information may only take place if there is a written contract in place that provides that the contractor is fully bound by the provisions of Part 2. The Business Associate Agreement to be used by NCHC shall contain appropriate language needed to comply with Part 2 requirements.

I. Note that Part 2 applies in cases that do not involve Business Associates. Compliance with Part 2 requires separate analysis and contractual requirements before disclosure may be considered and may apply in circumstances that do not require a Business Associate Agreement under HIPAA.

J. Consider Part 2 in all cases that could involve use or disclosure of Alcohol and for Substance Use disorder information.

3. When a Business Associate Agreement is Not Necessary:

   A. Proper process is followed when it is determined that a Business Associate Agreement is not required. In those cases, the Contract Specialist must document the reasons why a Business Associate Agreement was not required. Documentation must support the reasonable conclusion, that the party is not a Business Associate or that the disclosure of information is permissible without establishing a Business Associate relationship.

   B. When the evaluation of the contractual relationship results in the determination that an entity or person does not meet the definition of Business Associate, then a Business Associate Agreement is not necessary. NCHC may still require the contracting entity to execute a Business Associate or confidentiality agreement.

4. Violations of Business Associate or Confidentiality Agreements:

   A. A Confidentiality Agreement may be necessary and appropriate for entities that do not need access to PHI to do their contracted task.

   B. If NCHC becomes aware that a breach or violation of privacy by a Business Associate has occurred, NCHC will take reasonable steps to cure the problem or possibly terminate the contract. The Business Associate Agreement obligates the Business Associate to advise NCHC if a privacy violation has occurred, and assist in remediation.

   C. Privacy-related complaints are handled per NCHC policy.

V. Program-Specific Requirements:

References:

Joint Commission:

CMS:

Related Documents:

EXHIBIT A

Business Associate acknowledges that NCHC operates a drug and alcohol treatment program ("Part 2 Program) that must comply with the Federal Confidentiality of Alcohol and Drug Abuse Patient Records law and regulations, 42 U.S.C. § 290dd-2 and 2 and all regulations and guidance issued thereunder, including but not limited to 42 CFR Part 2, as revised on 82 Federal Register 6082, et seq [SAMHSA-4162-20; RIN 0930-AA21] and 83 Federal Register 239, et seq [SAMHSA-4162-20; RIN 0930-ZA07], and all other and subsequent promulgations related thereto (collectively referred to as the "SAMHSA Regulations"). Certain information may involve individuals who have applied for or been given diagnosis or treatment for alcohol or drug abuse as part of a Part 2 Program ("Part 2 Protected Individuals"). Information relating to Part 2 Protected Individuals will be subject to the special restrictions on confidentiality contained in the SAMHSA Regulations. Business Associate further acknowledges that the SAMHSA Regulations place affirmative obligations on Business Associate for information that it may receive for purposes of performing. It will be the responsibility of Business Associate to comply with Business Associate obligations as a Qualified Service Organization (as defined in the SAMHSA Regulations) of NCHC. Information received by Business Associate relating to Part 2 Protected Individuals may only be used by Business Associate for purposes of performing services within the scope of permissible functions and for no other purpose. Business Associate is not permitted to receive or use Part 2 protected information unless a proper consent is obtained from the patient and then only for specific purposes permitted under Part 2. Business Associate must immediately notify NCHC if it improperly receives any Part 2 protected information. NCHC is never obligated to provide Business Associate with any Part 2 protected information and nothing herein shall imply or require otherwise. Business Associate will resist in judicial proceedings any effort to obtain access to patient identifying information related to substance use disorder, diagnosis, treatment, or referral for treatment except as permitted by the SAMHSA Regulations. Business Associate shall implement such safeguards as are necessary to prevent unauthorized uses and disclosures and to otherwise assure its compliance with the SAMHSA Regulations. Business Associate shall acknowledge that further disclosure by Business Associate ("re-disclosure") may be prohibited or will require compliance by Business Associate with the SAMHSA Regulations. Consistent with the provisions of the SAMHSA Regulations, and notwithstanding any other provision contained herein, Business Associate shall not use or disclose any information relating to Part 2 Protected Individuals for activities related to a patient's diagnosis, treatment, or referral for treatment.

APPENDIX 1

Examples of Business Associates

EXAMPLES OF BUSINESS ARRANGEMENTS THAT MAY INVOLVE DISCLOSURE OF PHI & REQUIRE BUSINESS ASSOCIATE AGREEMENTS	
Accrediting Licensing Agencies (JCAHO) Accounting Consultants/Vendors Actuarial Consultants/Vendors Agents/Contractors Accessing PHI (Consultants) Application Service Providers (i.e. prescription mgmt.) Attorneys/Legal Counsel Auditors Benchmarking Organizations Benefit Management Organizations Claims Processing/Clearinghouse Agency Contracts Coding Vendor Contracts Collection Agency Contracts Computer Hardware Contracts Computer Software Contracts Consultants/Consulting Firms Data Analysis Consultants/Vendors Data Warehouse Contracts Emergency Physician Services Contracts Hospital Contracts Insurance Contracts (Coverage for Risk, Malpractice, etc.) Interpreter Services Contracts IT/IS Vendors Legal Services Contracts Medical Staff Credentialing Software Contracts Microfilming Vendor Contracts Optical Disc Conversion Contracts	Pathology Services Contracts Paper Recycling Contracts Patient Satisfaction Survey Contracts Payer-Provider Contracts (Provider for Health Plan) Physical Billing Services Physician Contracts Practice Management Consultants/Vendors Professional Services Contracts Quality Assurance Consultants/Vendors Radiology Services Contracts Record Copying Service Vendor Contracts Record Storage Vendors Release of Information Service Vendor Contracts Repair Contractors of Devices Containing PHI Revenue Enhancement/DRG Optimization Contracts Risk Management Consulting Vendor Contracts Schools-Students Job Shadowing Shared Service/Joint Venture Contracts with Other Healthcare Organizations Statement Outsource Vendors Telemedicine Program Contracts Third Party Administrators Transcription Vendor Contracts Waste Disposal Contracts (Hauling, Shredding)

EXAMPLES OF ARRANGEMENTS THAT ARE NOT BUSINESS ASSOCIATE RELATIONSHIPS & DO NOT REQUIRE BUSINESS ASSOCIATE AGREEMENTS	
Banks Processing Credit Care Payments Blood Bank/Red Cross (Provider) Cleaning/Janitorial Services Clinics (Provider Relationships) Courier Services Delivering Specimens Devise Manufacturers Require PHI to Produce Pacemakers, Hearing aids, glasses, etc. DME for equipment for Treatment Purposes Educational/School Programs (Student Privacy Education Required as Workforce member) Health Oversight Agencies **authorized by law** (State surveys) Health Plans Contracting with Network Providers Health Plans for Purposes of Payment Hospitals Housekeeping/Environmental Services (Incidental Exp.) Infusion Provider for Treatment Law Enforcement Agencies Members of an Affiliated Covered Entity	Members of the Organization's Workforce Nursing Homes Organ Procurement Organizations Pharmacy (Healthcare Provider/Treatment) Providers (Involved in Care & Treatment of Patient) Quality Improvement Organization-Agent of CMS (MetaStar) Rental Employee Agencies (No PHI Shared-Employees Need Privacy Training) Repair Contractors (Maintenance, Copy Machine, Plumbing, Electricity, etc. – No PHI involved). School Health Nurses Supply Services Support Services Agreements for Supplies/Tx Purposes Tissue Banks U.S. Post Office and Other Couriers Volunteers (Board Members, Ethics Committee Members)

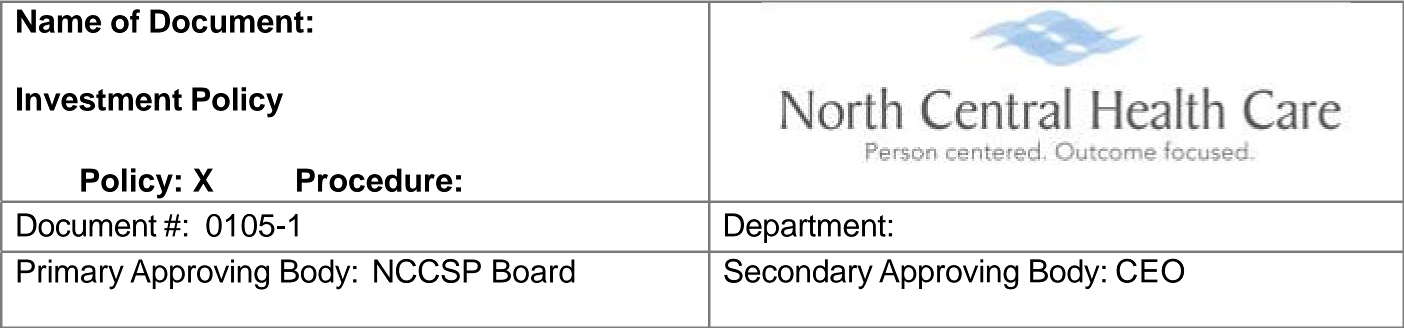
APPENDIX 2

Business Associate Agreement Checklist

North Central Health Care may serve as a Business Associate (BA) to another covered entity. Covered entities may ask the organization to review and sign a BA Agreement. A BA is defined as a person or entity who, on behalf of a Covered Entity (CE), performs or assists in performing a function or activity involving the use or disclosure of individually identifiable health information/Protected Health Information (PHI). **This is a sample list only and may not contain all of the provisions necessary for an effective business associate agreement that complies with a covered entities needs**; the list addresses those provisions outlined in HIPAA 45 CFR 164.504(e)(2) and ARRA/HITECH Act. The Checklist is located on the next page.

Business Associate Agreement Checklist

<table>
<tr><td colspan="2">Date Received/Reviewed:</td></tr>
<tr><td colspan="2">Received From (Department):</td></tr>
<tr><td colspan="2">Name & Contact Information of BA:</td></tr>
<tr><td colspan="2">General Description of Type of Service:</td></tr>
<tr><td colspan="2">Other:</td></tr>
<tr><td></td><td>PROVISIONS OF BUSINESS ASSOCIATE AGREEMENT</td></tr>
<tr><td></td><td>Establish the permitted and required uses and disclosures of such information by the business associate. The contract may not authorize the business associated to use or further disclose the information in a manner that would violate the requirements of the contract, if done by the covered entity, except that:
A. The contract may permit the business associate to use and disclose Protected Health Information for the proper management and administration of the business associate; and
B. The contract may permit the business associate to provide data aggregation services relating to the health care operations of the covered entity (45 CFR 164.50(e)(2)(i)(A-B)</td></tr>
<tr><td></td><td>Provide that the business associate will not use or further disclose the information other than as permitted or required by the contract (45 CFR 164.504(e)(2)(ii)(A)</td></tr>
<tr><td></td><td>Provide that the business associate use or disclose only the minimum necessary PHI to perform or fulfill a specific required or permitted function. (ARRA/HITECH Title XIII, Section 13405 (1)(a)</td></tr>
<tr><td></td><td>Provide that the business associate will use appropriate safeguards to prevent use or disclosure of the information other than as provided for by its contract (45 CFR 164.504(e)(2)(ii)(B)</td></tr>
<tr><td></td><td>Provide that the business associate will ensure that any subcontractors or agents, to whom it provides Protected Health Information received from, or created or received by the business associate on behalf of, the covered entity agrees to the same restrictions and conditions that apply to the business associate with respect to such information (45 CFR 164.504(e)(2)(ii)(D) & (45 CFR 164.314(2)(i)(B)</td></tr>
<tr><td></td><td>Provide that the business associate will provide access and make available Protected Health Information in accordance with 164.525 (45 CFR 164.50(e)(2)(ii)(E)</td></tr>
<tr><td></td><td>Provide that the business associate will make available Protected Health Information for amendment and incorporate any amendments to Protected Health Information in accordance with 164.526 (45 CFR 164.504(e)(2)(ii)(F)</td></tr>
<tr><td></td><td>Provide that the BA will report any incident/breach, unauthorized disclosure or misuse of PHI including those occurrences reported to the BA by its subcontractors or agents, a discovery of a breach or any use of disclosure of PHI which is not in compliance with the terms of the agreement. ARRA/HITECH Title XIII, Section 13402(b)</td></tr>
<tr><td></td><td>Provide that the BA will report to the covered entity any discovery of any use of PHI in violation of the agreement (45 CFR 164.50(e)(2)(ii)(C)</td></tr>
</table>



Name of Document: **Investment Policy** **Policy: X Procedure:**	North Central Health Care Person centered. Outcome focused.
Document #: 0105-1	Department:
Primary Approving Body: NCCSP Board	Secondary Approving Body: CEO

Related Forms:

- None

I. Document Statement

The timely deposit and investment of North Central Health Care's (NCHC) cash is an important and integral part of the cash management program. The policy designates the Chief Financial Officer as the investment officer and with the authority to make the investment decisions and responsibility of reporting monthly to the North Central Health Care Board the status of such investments. The CEO recommends the policy for approval to the North Central Community Services Program Board (Board). The Investment Policy shall be reviewed annually by the Board.

II. Purpose

The purpose of the Investment Policy is to formulate investment guidelines that allow the opportunity for investments that are prudent and beneficial for NCHC and meet WI Statutes 66.0603. The policy also establishes the guidelines for investments which allow the investment officer to make decisions on investment opportunities.

III. Definitions

IV. General Procedure

The primary objectives of North Central Health Care's investment activities, in priority order, shall be safety, liquidity, and yield.

1) <u>Safety</u>
   The safety of the principal shall be the foremost objective of the investment program. NCHC's investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the overall portfolio. The objective will be to mitigate credit risk and interest rate risk.

   A. <u>Credit Risk</u>
      Risk of loss due to the failure of the security issuer or backer, will be minimized by:
      i. Limiting investments to the types of securities as allowed by the investment policy;
      ii. Prequalifying the financial institute in which NCHC will do business with in accordance with this policy; and
      iii. Diversifying the investment portfolio so that the impact of potential losses from any one type of security or from any one issuer will be minimized.

B. Interest Rate Risk
Risk that the market value of securities in the portfolio will fall due to changes in market interest rates, will be minimized by:
i. Structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell or redeem securities prior to maturity; and
ii. Investing operating funds primarily in shorter-term securities or similar investment pools and limiting the average maturity of the portfolio in accordance with this policy.

C. Liquidity
The investment portfolio shall remain sufficiently liquid to meet operating requirements that may be reasonably anticipated. This is accomplished by structuring the portfolio so that securities mature to meet anticipated cash needs. Since all possible cash demands cannot be anticipated, the portfolio should consist of securities to meet unanticipated cash needs in the event they arise. A portion of the portfolio may be placed in local government investment pools which offer same day liquidity for short term funds.

D. Yield
The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk and constraints and liquidity needs. Return on investment is of secondary importance compared to the safety and liquidity objectives described above. The core of investments are limited to relatively low risk securities in anticipation of earning a fair return relative to the risk being assumed. Securities shall be generally held until maturity except when a security experiencing declining credit may be sold or redeemed early to minimize loss of principle or liquidity needs of the portfolio require that the security be sold.

E. Other considerations
The portfolio should be built to allow NCHC to have ample cash to meet operation needs for 3 to 6 months in the event routine cash flow is jeopardized. The status of this section will be reviewed by the Board on an annual basis.

2) Standards of Care

A. Prudence
The standard of prudence to be used by investment officials shall be the “prudent person” standard and shall be applied in the content of managing an overall portfolio. Investment officers acting in accordance with written procedures and this investment policy and exercising due diligence shall be relieved of personal responsibility for an individual security’s credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and the liquidity and the sale of securities are carried out in accordance with the terms of this policy.

The "prudent person" standard states that, "Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived."

B. Ethics and Conflicts of Interest
Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with the proper execution and management of the investment program, or that could impair their ability to make impartial decisions. Employees and investment officials shall disclose any material interests in financial institutions with which they conduct business. They shall further disclose any personal investment positions that could be related to the performance of the investment portfolio. Employees and officers shall refrain from undertaking personal investment transactions with the same individual with whom business is conducted on behalf of North Central Health Care.

C. Delegation of Authority
Authority to manage the investment program is granted to the Chief Financial Officer, referred to as investment officer. Responsibility for the operation of the investment program is hereby delegated to the investment officer, who shall act in accordance with established written procedures and internal controls for the operation of the investment program consistent with this investment policy. The North Central Community Services Program Board may also delegate its investment decision making authority to the Chief Executive Officer (CEO), and may seek advice from another party, such as an investment advisor. Any delegated authority shall follow this policy and other written instructions as are provided.

3) Authorized Financial Institutions, Depositories, and Broker/Dealers
North Central Health Care will maintain a listing of all institutions that hold funding on behalf of the organization. The financial institutions must be qualified for investment transactions, must comply with state and federal capital adequacy guidelines, maintain adequate insurance coverage, and submit evidence to NCHC. The investment officer is responsible for obtaining the required information. The Board will review the criteria on an annual basis and may modify criteria.
If NCHC is using an investment advisor, NCHC may rely on the investment advisor's list of authorized financial institutions, depositories and broker/dealers for the NCHC's list of financial institutions and depositories. NCHC will review the list of the investment advisor's list on an annual basis.

4) Safekeeping and Internal Controls
Securities will be held by third party custodians selected by North Central Health Care and evidenced by safekeeping receipts in the NCHC's name. The safekeeping institution shall annually provide a copy of their most recent report on internal controls (Statement of Audit Standards No. 70 or SAS70) as requested by North Central Health Care or its independent auditors

NCHC shall establish a system of internal controls, which shall be documented in writing. The internal controls shall be reviewed by NCHC's Board, where present, and with the independent auditor. The controls should be designed to prevent the loss of public funds arising from fraud, employee error, and misrepresentation by third parties, unanticipated changes in financial markets, or imprudent actions by employee and officers of NCHC.

5) Permitted Investments

Permitted investments will be made in accordance with Section 66.0603 of the Wisconsin Statues governing investment practices and with this policy. Permitted investments are:

A. Certificate of Deposit (CD)

An interest bearing negotiable time deposit of fixed maturity at a commercial bank. Certificate of Depot investments shall have maturities not to exceed three years, and which are FDIC insured or collateralized at 100% of market value by U.S. Treasury obligations or federal agency securities.

B. Local Government Investment Pool

An aggregate of all funds from political subdivisions that are placed in the custody of the State Treasurer for investment by the State of WI Investment Board.

C. Government Obligations

Financial debt instruments backed by the United States government, such as Treasury Bills or Treasury Notes. A Treasury Bill has $1,000 denominations that mature in less than one year. A Treasury Note has $1,000 denominations that mature in 1 to 10 years.

D. Savings and Money Market Accounts

Insured savings account or money market funds and accounts. Deposits in excess of $250,000 must have additional insurance to protect the investment.

6) Collateralization

Where allowed by law, full collateralization will be required on all demand deposit accounts, including checking accounts and non-negotiable certificates of deposit.

7) Investment Parameters

A. Investments shall be made with institutions that meet the criteria as indicated in this policy.

B. The investment portfolio shall include no more than 60% of investments at one institution.

C. Investments are not limited to the State of Wisconsin.

D. The investment portfolio may have investment times at different levels such as 6 months, 1 year, or longer than 1 year. For investments exceeding 1 year of maturity, penalties for early withdrawal must be reviewed by the investment officer.

8) Maximum Maturities
To the extent possible, NCHC shall attempt to match its investments with anticipated cash flow requirements. Unless matched to a specific cash flow, NCHC will not directly invest in securities maturing more than three (3) years form the date of purchase or in accordance with any federal, state or local statutes or ordinances.

9) Reporting
A summary of investments will be provided to the Board on a monthly basis. The summary will include by security the location, principal amount, interest rate, and maturity date. The investment portfolio will also be reviewed during the annual financial audit. Any policy concerns will be addressed by the Board.

10) Policy Considerations

A. Exemption
Any investment currently held that does not meet the guidelines of this policy shall be exempted from the requirements of this policy. At maturity or liquidation, such monies shall be reinvested only as provided by this policy.

B. Amendments
This policy shall be reviewed on an annual basis. Any changes must be approved the Board, as well as with individuals charged with maintaining this policy.

Program-Specific Requirements:

References:

Joint Commission:

CMS:

Related Documents:

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Cynthia B. White, M.D. (Appoint)/Reappoint 06-28-2018 to 10-31-2019
Time Period

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

Medical Staff Status
_____ Courtesy
__X__ Active

Provider Type
_____ Employee
__X__ Locum
_____ Contract

Locum Agency: Med Partners
Contract Name: ____________

MEDICAL EXECUTIVE COMMITTEE

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

Comments: ____________

[signature]
(Medical Executive Committee Signature)

6-19-18
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

[signature]
(Medical Staff President Signature)

6-21-18
(Signature Date)

[redacted]

Reviewed by Governing Board: ____________
[redacted]

[redacted] _____ Concur
_____ Recommend further reconsideration

____
[redacted]

____
[redacted]

____
(Chief Executive Officer Signature)

____
(Signature Date)

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Gabriella A. Hangiandreou, MD (Appoint)/Reappoint 06-28-2018 to 10-31-2019
Time Period

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

Medical Staff Status ___ Courtesy X Active

Provider Type
___ Employee
___ Locum Locum Agency: ___
X Contract Contract Name: Medical College of Wisconsin

MEDICAL EXECUTIVE COMMITTEE

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

Comments: ___

[signature] 6-19-18
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

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

[signature] 6-21-18
(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)

North Central Health Care
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MEMORANDUM

DATE: June 19, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: June 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:** On June 4, NCHC had submitted all the necessary action plans to Joint Commission that addressed all of the survey findings. We received notification that we were fully certified as of June 12 and there were no modifications to our action plans. The Joint Commission Continual Readiness Committee will be focusing on auditing the action plans as set by our last survey.
2. **MMT Expansion**: The Open House occurred on June 7 and had a great turn out. Local legislators, board members, and county board members came to see the new facility space. The State has been given all necessary paperwork. After we receive the certificate of compliance, we will need to schedule a site visit with Department of Health Services (DHS) in order to receive our final approval to begin our expanded program.
3. **CBRF Expansion:** CBRF Expansion preparation continues. All the staff have been hired and are orienting to their new positions.
4. **Linkage and Follow-up:** In June, one of our Linkage Coordinators resigned due to family needs. We have begun recruiting for the position. Currently, both Linkage Coordinators have a case load of 50 clients.
5. **Langlade County Day Treatment and IOP Expansion:** In Langlade County it was determined by our new DHS surveyor that a new application for our existing Day Treatment was required. An application was completed and submitted. The IOP program in Langlade is currently accepting new referrals. As in Wausau, patients need to be assessed so referrals should be made to the Antigo Outpatient Clinic. Please note that a patient from NCHC's three-county region has the option to participate in any of NCHC's programs regardless of county of origin (i.e. a patient from Antigo can travel to Wausau for Day Treatment.)
6. **Langlade County TAD (Treatment Alternatives and Diversion) Meeting:** NCHC has been working with Langlade County partners to build systems that would support a drug court and address the increasing meth crisis. Laura Scudiere leads the Behavioral Health Task Group which is exploring the recovery coaching model, availability of AA and NA, and sober living environments.
7. **Antigo School Counseling:** We have successfully hired a school counselor to begin in the Antigo school system in the fall. Coordination meetings with Antigo school staff are occurring to prepare for the next school year.

8. **Lincoln County Needs Assessment Meeting:** BHS Director Liz Parizo and Laura Scudiere met in May with Lincoln County partners to assess service needs in the coming year. The main priorities that were identified were developing an IOP/Day Treatment program and building improved referral systems between County departments and NCHC.
9. **Marathon County IOP Expansion:** Marathon County's IOP is active. Patients and referral sources can access these services by referring patients to the Outpatient Department.
10. **Marathon County School Consortium:** The first school year with the consortium has been completed. While the group did not receive one of the grants they applied for, everyone felt that the year had been a success and all the existing partners plan to return to the schools next year.
11. **Marathon County EBDM (Evidenced-Based Decision Making) Meeting:** Laura Scudiere has been working with Marathon County partners on a work plan for the EBDM mental health taskforce. The work plan centers around identifying high utilizers of the shared systems and providing care coordination and innovative programming designed for patient support. Barriers to progress include difficulties with information sharing.
12. **Marathon County Information Sharing Subgroup:** Laura Scudiere has been leading a subgroup that emerged from both the Crisis P&I action plan and the EBDM work plan with a focus on information sharing. HIPAA and 42 CFR Part II impact how NCHC can share information with partners without releases of information. The group is seeking an accessible way to share information effectively and appropriately with partners. Currently, partners are working to determine access to the new electronic system that will be implemented for law enforcement in October which could house crisis plans.

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MEMORANDUM

DATE: June 20, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: June Nursing Home Operations Report

The following items are general updates and communication to support the Board on key activities and/or updates of the Nursing Home Operations since our last meeting.

1) **Electronic Medical Record Request for Proposal**: We received responses from six companies. After their review, and based on our needs and what we are looking to accomplish, we narrowed the selection to three companies. We are in the process of completing final reviews before selecting the system. Through this process we are creating a launch team to ensure a successful transition to a new system this fall.

2) **Celebrations:** The month of May is recognized as Older Americans Month. During this month we celebrated by honoring our residents and our staff. The week kicked off with a proclamation and the attendance of Mayor Mielke. We celebrated National Nursing Home week with a Mary Poppins Theme and also auctioned an hour of activity with some of our very talented staff that residents could bid on. Some of the activities were cleaning and organizing rooms, art projects, picnics in the park, a fishing trip, restaurant trip, and cooking dinner with the residents on the patio. During nurses week we honored our nurses with a yogurt bar at all different times and a bag of goodies to assist in their jobs.

3) **Safe Lift Grant:** At the Leading Age Wisconsin Spring Conference, Mount View Care Center was recognized as one of six organizations to receive a Safe Lift Grant sponsored by West Bend Mutual. With this grant we received a $6,500 sit to stand lift. This lift will aide in reducing the risk of back injuries for our staff.

4) **Recruitment and Retention Meeting:** An area that we focus on weekly is our recruitment and retention of new and current employees. This dedicated group made up of Mount View departments and Human Resources meets to review new applicants and recent employees who have left our organization, creative scheduling ideas, and identify new training and recruitment opportunities. This meeting has been instrumental in assisting to reduce our employee turnover rates and improve our employee engagement. Recruitment continues to require a significant focus of energy as application pools continue to struggle and longevity in tenure for direct care staff is experiencing a decline.

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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	2018 YTD
PEOPLE																	
Vacancy Rate	5-7%	TBD	⇩	8.2%	8.8%	5.3%	8.5%	10.3%								10.3%	9.8%
Retention Rate	78-82%	TBD	⇧	99%	98%	97%	94%	92%								92%	75.8%
SERVICE																	
Patient Experience: % Top Box Rate	77-82%	TBD	⇧	79.4%	81.7%	76.2%	75.3%	73.7%								75.3%	77.2%
Referral Source Experience: % Top Box Rate	TBD	TBD	⇧	TBD	TBD	TBD	TBD	TBD								TBD	\
CLINICAL																	
Nursing Home Readmission Rate	10-12%	16.70%	⇩	5.3%	3.4%	12.9%	12.9%	8.7%								8.6%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	TBD	⇩	8.8%	13.6%	12.3%	15.5%	17.5%								12.5%	12.6%
COMMUNITY																	
Access to Behavioral Health Services	90-95%	TBD	⇧	87%	88%	87%	84%	86%								86.0%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	TBD	⇩	TBD	TBD	TBD	TBD	4%								4.0%	\
FINANCE																	
Direct Expense/Gross Patient Revenue	60-64%	TBD	⇩	67%	69%	63%	69%	67%								67.0%	62%
Indirect Expense/Direct Expense	36-38%	TBD	⇧	32%	37%	35%	33%	35%								35.0%	41.8%

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.

North Central Health Care
Person centered. Outcome focused.

Quality Executive Summary

JUNE 2018

Organizational Outcomes

People

- **Vacancy Rate**
  The 2018 vacancy rate target range is 5-7%. May's vacancy rate is 10.3 %, above the 5-7% target. The vacancy rate is higher in May as a result of a number of new positions being opened up to fill the expanded CBRF and MMT programs. We expect this number to go down.

- **Employee Retention Rate**
  Employee Retention Rate target range for 2018 is 78-82%; currently the rate is 92%, which is trending to obtain the yearend target. May is typically a month where we see higher turnover.

Service

- **Patient Experience**
  NCHC Patient Experience 2018 target is 77-82%. In May, the percent top box (9 or 10 on a ten point scale for overall satisfaction) overall rate was 73.7% down from the previous two months. Year-to-date rate dropped to 75.3%. Individual programs within or above target included: Crisis Services, Outpatient Services–Antigo, Psychiatry, Aquatic Services, Birth to Three, NCHC Wausau Prevocational Services, Residential Services, Adult Protective Services, and Mount View Care Center-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 Experience survey is still in development. Monitoring and reporting systems are also 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 May the rate was below target at 8.7%, two residents were re-hospitalized in April and were unavoidable readmissions. Overall year-to-date the readmission rate is favorably below target at 8.6%.

- **Hospital Readmissions**
  The Hospital rate of readmissions within 30 days target is 8-10%. In May the rate was above target at 17.5%. Overall year-to-date is at 12.5%. All readmissions are reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first ten days. There are a handful of individuals we are actively working with who are driving our recent readmission experience.

Community

- **Access Rate for Behavioral Health Services**
  The 2018 Access Rate target is 90-95%. In May the Access rate increased to a rate of 86%.

- **No-Show Rate for Community Behavioral Health Services**
  The percent of clients who no-show or have same day cancellation to Community Treatment and Outpatient Services is a new measure for 2018. The report criteria for this new measure has been developed, and the May rate was 4%.

Finance

- **Direct Expense/Gross Patient Revenue**
  This measure looks at percentage of total direct expense to gross patient revenue. The 2018 target is 60-64%. The month of May and year-to-date rates are both at 67% which are over target.

- **Indirect Expense/Direct Expense**
  Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2018 target is 36-38%. The rate for May is at 35% which is below target. The financial performance of the support or overhead programs at NCHC are supporting total bottom line financial performance given that service programs are currently not at target.

Safety Outcomes

Patient/Resident Adverse Events

Overall Adverse Event rate in May is 3.5 events per 1,000 patient days/visits. Human Services Adverse Event rate was 1.8 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 16.1 events per 1,000 patient days. In Human Services, falls increased and medication errors have decreased. Residential Services has improved medication errors. The number of falls in the nursing home in May is consistent with previous months. There was an increase in the number of minor injuries (bruises, skin tears, etc.) affecting the rate. All are reviewed for any trends related to cause, no significant trends were noted.

Employee Adverse Events

For May, the NCHC Employee Adverse Event rate was 0.06 per 1,000 days worked. Three employees required medical attention there was no reoccurring theme with these injuries.

Program-Specific Outcomes-*items not addressed in analysis above*

The following outcomes reported are highlights of focus areas 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 the percentage of clients meeting treatment goals with a target range of 89-95%. In May 86.0% of clients met their treatment goals.

- **Community Corner Clubhouse**
  Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In May the retention rate was 100%.

- **Residential and Pre-Vocational Services**
  The Community Living Employee Vacancy Rate in residential services will again be a focus for 2018. Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50- 60%, May's rate remained at 39%.

- **Nursing Home**
  Financial indicator for the nursing home 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 May the ADC was 22.

Support Departments

- **Communication and Marketing:**
  Increase in social media followers to Facebook and Twitter. Through May there was a 40% increase in followers.

- **Health Information:**
  In May, Health Information had a 97.5% scanning accuracy of paper medical records into Laser Fiche.

- **Nutritional Services:**
  Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. Resident satisfaction was 100% in May.

- **Pharmacy**:
  Pharmacy will report the percentage of Pharmacy Consult Recommendations that are reviewed by a Physician with a response. The target range is 95-97% and for May the recommendations reviewed by physicians was 99%.

- **Volunteers:**
  Volunteer Services will increase the number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50. In May, there was one new volunteer. Year-to-date is at 6%.

- **Demand Transportation:**
  Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. In May Demand Transportation had 983 trips. Year-to-date number of trips are below target.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate		⇩	5-7%	10.3%	9.8%
		Retention Rate		⇧	78-82%	92.0%	75.8%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	75.3%	77.2%
		Referral Source Experience: % Top Box Rate		⇧	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate		⇩	10-12%	8.6%	10.2%
		Psychiatric Hospital Readmission Rate		⇩	8-10%	12.5%	12.6%
	Community	Access to Behavioral Health Services		⇧	90-95%	86%	75%
		No-Show Rate for Community Behavioral Health Services		⇩	TBD	4.0%	\
	Finance	Direct Expense/Gross Patient Revenue		⇩	60-74%	67.0%	62.0%
		Indirect Expense/Direct Expense		⇩	36-38%	35.0%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure	RCA		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%	81.6%	88%
		Community Living Program Employee Vacancy Rate		⇧	75-80%	75.0%	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs		⇩	17 or less monthly Average	21	
	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%	39.0%	\
	Finance	ADS/Prevoc Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,252	$90,464	\
		Residential Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$199,016	\

Department	Domain	Outcome Measure	RCA		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%	95%	93%
	Clinical	% Of Clients Meeting Treatment Goals		⇧	89-95%	92.6%	\
	Community	Phycial Therapy Access		⇧	90-95%	96.5%	97.1%
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903-$373,354	-$338,133	\

Department	Domain	Outcome Measure	RCA		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%	90.9%	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	8.7%	\
		Average days from referral to initial appointment	RCA	⇩	2018 Baseline Year	11	\
	Finance	Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$90,464	\

Department	Domain	Outcome Measure	RCA		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%	63.2%	**73.6%**
	Clinical	Increase Member Retention		⇧	51%-55%	87%	\
	Community	Increase Evening of Jazz Revenue by 10%		⇧	$ 15,758-$17,000	\	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$268,664	\

Department	Domain	Outcome Measure	RCA		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%	75.8%	90.9%
	Clinical	**% of Treatment Plans completed within 30 days of admission**	**RCA**	⇧	90-95%	**NA**	84.4%
		% Treatment Plans reviewed every 6 months	**RCA**	⇧	2018 Baseline Year	**94.1%**	\
		Employment rate of Individual Placement and Support (IPS) clients	**RCA**	⇧	2018 Baseline Year	**40.2%**	\
	Community	**Eligible CCS and CSP clients are admitted within 60 days of referral**	**RCA**	⇧	90-95%	23.7%	24.0%
		Average days from referral to initial appointment	**RCA**	⇩	2018 Baseline Year	**126**	\
	Finance	Community Tx -Youth Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$268,664	\
		Community Tx -Adult Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$90,464	\

Department	Domain	Outcome Measure	RCA		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%	**80.0%**	76.6%
	Clinical	**Patient kept their outpatient appointment, if applicable**	**RCA**	⇧	2018 Baseline Year	**90.5%**	\
		% of clients connected to a PCP within 7 days of admission		⇧	2018 Baseline Year	**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	$90,464	\

Department	Domain	Outcome Measure	RCA		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%	84.4%	92.8%
	Clinical	**MMT Successful completion rate**	**RCA**	⇧	2018 Baseline Year	**68.0%**	\
	Community	**MMT- compliance rate with discharge plan 60 days post-discharge**	**RCA**	⇧	2018 Baseline Year	**72.0%**	\
	Finance	Crisis CBRF/MMT Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$199,016	\

Department	Domain	Outcome Measure	RCA		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%	0.0%	70.9%
	Clinical	**Crisis & Suicide Prevention Hotline: % of callers who are linking with services within 72 hours**	RCA	⇧	2018 Baseline Year	**TBD**	\
		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	**TBD**	\
		Youth Crisis: avoid diversions of less than 72 hours	RCA	⇩	2018 Baseline Year	**TBD**	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	RCA	⇧	2018 Baseline Year	**78%**	\
	Community	**Mobile Crisis: Ratio of voluntary to involuntary commitments**	RCA	⇧	2018 Baseline Year	**332:193**	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	RCA	⇧	2018 Baseline Year	**TBD**	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	⇧	2018 Baseline Year	**TBD**	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service	RCA	⇧	2018 Baseline Year	**TBD**	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	⇧	2018 Baseline Year	**TBD**	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy [to be created]	RCA	⇧	2018 Baseline Year	**89.0%**	\
		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		⇧	2018 Baseline Year	**TBD**	\
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 - $373,354	-$368,073	\

Department	Domain	Outcome Measure	RCA		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%	58.5%	**54.7%**
	Clinical	**Percent of NCHC BHS Hospital patients that have a post diacharge therapy scheduled within 4 business days**	RCA	⇧	90-95%	89.8%	**72.9%**
		Percent of NCHC BHS Hospital patients that have a post diacharge psychiatry appointment scheduled within 14 business days	RCA	⇧	90-95%	97.4%	\
		Detox: Length since previous admission	RCA	⇧	2018 Baseline Year	**TBD**	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge	RCA	⇧	2018 Baseline Year	**TBD**	\
	Community	**Ratio of patient days served at NCHC vs. Out of County placements**	RCA	⇧	2018 Baseline Year	**445:107**	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$268,664	\

Department	Domain	Outcome Measure	RCA		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%	76.0%	78.7%
	Clinical	**% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge**	RCA	⇧	90-95%	89.8%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	⇧	90-95%	97.4%	\
		OWI Recidivism Rate	RCA	⇩	27-32%	**28.4%**	23.6%
		Day Treatment: Successful completion rate	RCA	⇧	2018 Baseline Year	**28.0%**	\
	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	**6.3%**	\
		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	**TBD**	\
	Finance	Financial Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$74,003	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure	RCA		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%	75.0%	74.6%
		Activities - Patient Experience % Top Box		⇧	64 -67%	**66.0%**	60.9%
	Clinical	**Post Acute Care 30-Day Rehopitalization Rate**		⇧	**11 - 13 %**	8.7%	83.0%
		Long Term Care Decreased Number of Falls by 10%		⇩	**36 -38**	45	42
		Legacies by the Lake 10% Decreased Number of Falls		⇩	**275 -280**	106	308.0
		Adverse Event Rate / 1000 pt days		⇩	**12-12.3**	13.3	14.3
	Community						
	Finance	**Medicare ADC**		⇧	17	23	\
		Nursing Home Patient Accounts - % of gross changes		⇩	0.15% - 0.21%	0.51%	\
		Administration /Rehab/ Ancillary Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$74,003	\
		PAC / LTC Finanical Task Force 3 Positive Variance		⇧	$248,903 -$373,354	-$368,073	\
		Legacies by the Lake Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$199,016	\

Department	Domain	Outcome Measure	RCA		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%	62.2%	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	$199,016	\

Department	Domain	Outcome Measure	RCA		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%	49.0%	48.9%
	Clinical	Personal items missing per month		⇩	70-75 per month	135	97
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$74,003	\

Department	Domain	Outcome Measure	RCA		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%	62.8%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		⇧	90-95%	96.4%	\
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 -$373,354	-$368,073	\

Department	Domain	Outcome Measure	RCA		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%	75.3%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)		⇧	95-97%	99.6%	\
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$74,003	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure	RCA		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%	89.0%	88.2%
	Clinical	**% Of At Risk Investigations closed within 30 days**	RCA	⇧	70-80%	67.2%	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	⇧	75-85%	83%	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	⇩	5% or below	3%	4%
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 - $373,354	-$338,133	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey		⇧	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	75.3%	77.2%
	Clinical						
	Community	**Increase in social media followers to Facebook and Twitter**		⇧	50%	40%	\
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903-$373,354	-$368,073	\

Department	Domain	Outcome Measure	RCA		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%	**75.3%**	**77.2%**
	Clinical	Medical Record Retention (Charts per month destroyed)		⇧	50-55	**64**	\\
		Scanning Accuracy (25% audit, percent complete without error)		⇧	95-98%	**97.8%**	\\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)		⇧	2-4	**2**	\\
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	**$199,016**	\\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HUMAN RESOURCES	**People**	Improve Leadership Index in Employee Engagement Survey		⇧	90 - 100%	****	100%
		Vacancy Rate for 2018		⇩	5-7%	**10.3%**	9.8%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	**75.3%**	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	**$199,016**	\\

Department	Domain	Outcome Measure	RCA		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%	**75.3%**	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 - $374,207	**$74,003**	\\

Department	Domain	Outcome Measure	RCA		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%	**75.3%**	**77.2%**
	Clinical						
	Community	Increase volunteers between the ages of 50-65 over current number of 50		⇧	**5-10%**	**6%**	\\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	**-$268,664**	\\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure	RCA		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%	75.3%	77.2%
	Clinical						
	Community						
	Finance	Financial Task Force 2 Positive Variance		⇧	$249,472 - $374,207	$74,003	\
		Financial Statements Deadline (9 out of 11 months)		⇧	by 8th of month	MET	Met

Department	Domain	Outcome Measure	RCA		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%	75.3%	77.2%
	Clinical	Performing at least 2 Special Request duties a day		⇧	40- 44 per month	181	\
		Number of trips		⇧	12,400 - 13,000	4671	\
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377.869	-$268,664	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey		⇧		\	50%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	75.3%	77.2%
	Clinical	Provide 2,400 hours of IMS training		⇧	200 hours per month	418.75	\
	Community						
	Finance	Finanical Task Force 4 Positive Variance		⇧	$248,835 -$373,253	$90,464	\

Department	Domain	Outcome Measure	RCA		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%	75.3%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$268,664	\
		Days in Accounts Receivable		⇩	30-35 days	35	\

Department	Domain	Outcome Measure	RCA		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%	75.3%	77.2%
		Accurate paperwork from storekeepers		⇧	95-97%	96%	\
	Clinical						
	Community						
	Finance	Financial Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$90,464	\
		Reduction of Budgeted Supplies and Nursing Supplies		⇧	8-15%: $57,339 -$107,510	-$39,938	\

North Central Health Care
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MEMORANDUM

DATE: June 21, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: June 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) **Master Facility Planning**: The Marathon County Board voted 33-5 on Tuesday June 19, 2018 to authorize bonding for the $67 million Master Facility Plan approved in May. This vote required a 3/4th majority of the County Board (29 votes) and allows for the issuance of bonds over the next 5 years as funds are needed for each phase of the project. Each bond issuance up to the $67 million going forward will only require a simple majority vote. The pool project, an additional $6 million part of the project was previously approved last year. Total project authorization going forward for spending is therefore $73 Million. The RFP for Architectural and Engineering services was released on June 21, 2018 with the selection process culminating by August 1st. The design process will take several months with a potential for Phase 1 of the project to begin yet this year. Once design work is completed, the bidding and Phased construction will begin. North Central Health Care will not be required to start servicing any debt payments until 2021.

2) **General Counsel Position**: We interviewed two additional candidates from our original application pool during the week of June 18th. We are conducting a follow-up interview with one of the candidates but will continue to leave the recruitment open until filled while pursuing opportunities to increase the candidate pool.

3) **Merrill Office Remodel**: The project has been largely idle in the month of June as there is a back-order on materials essential to move the project forward. Furniture has been ordered and should be delivered by August 1st. We anticipate occupying the space later this summer if no further delays continue.

4) **Psychiatry Residency Program**: We will again be hosting a community welcome event on Monday June 25th from 4-6 p.m. to welcome our next set of Central Wisconsin Psychiatry Residents. The new residents will be going through their orientation during the week of June 25th and starting their residency program the first week of July.

5) **Psychiatry Recruitment**: We continue to actively recruit for new Psychiatrists with open recruitments for our Inpatient Hospital and Outpatient Services. Dr. Dileep Borra will be joining our organization full-time starting on July 9th, 2018. Dr. Borra will be working in our Outpatient Services area.

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Langlade and Lincoln Counties have reappointed both Robin Stowe and Nancy Bergstrom respectively. Marathon County ihas reappointed Lance Leonard and Chad Billeb.	Complete												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	All NCCSP Board Appointments have been filled.	Complete												
CEO Appraisal	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 will occure as this initiative develops over the next couple months.	Pending												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	The audit was presented and accepted at the March NCCSP Board meeting.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The Policy Governance Manual has been adopted and final copies will be provided at the March NCCSP Board meeting.	Complete												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The MVCC Committee made its final report and recommendations to the Health & Human Services Committee which formally adopted them at their April meeting. We will work now with Marathon County Administration to complete a new Management Agreement for Mount View Care Center.	Pending												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been agreed to. The Pool Management Agreement will be structured similarly to the final Nursing Home Management Agreement.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The 2019 Proposed Budget will include a 3-year forecast based on need and input received during the NCCSP Board's May Retreat.	Open												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented at the March NCCSP Board meeting and accepted.	Complete												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	Drafting of a new agreement is under way.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval. We will seek RCA approval first.	Open												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Policy approved in March, meetings have been completed.	Complete												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards	Copies of the report have been printed and is availabe online on the North Central website. The report has been presented to Lincoln and Marathon Counties.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	The data collection efforts continue to be developed and validated before formal reporting will occur. We expect to be ready to start reporting in the 2nd half of 2018.	Pending												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Complete												

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The RCA reported their priorities for 2019 at the May NCCSP Board Retreat. Administration is working to incorporate the priorities into the development of the proposed 2019 Budget. The NCCSP Board will review the Proposed Budget in August and forward to the RCA for final consideration and recommendation to the County Boards.	Open												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan.	Open												
CEO Appraisal & Compensation	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 as this develops.	Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	Will be coordinated along with the 2019 Budget process.	Open												
Tri-County Contral Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA consider an revisions, none were suggested at this time. May consider again later this yerar.	Complete												

North Central Health Care
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MEMORANDUM

DATE: June 22, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: May Chief Financial Officer Report

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

1) **Financial Results:** The month of May shows an overall gain for the month of $15,198 compared to the targeted gain of $13,564, resulting in a positive variance of $1,634. Through May the organization shows an overall gain of $219,792 which is $33,484 ahead of the target of $186,308.

2) **Revenue Key Points**: The nursing home census averaged 179 per day compared to the target of 185. This is a decrease over the prior month. The Medicare census continued to improve, which contributes to a more favorable payer mix. The hospital census averaged 14 per day which is the target. Revenue in the Community-Based Residential Facility (CBRF) and Medically Monitored Treatment (MMT) programs continue to run below targets due to the expansion of these programs not being completed yet. Revenue in other outpatient areas is running below target due to staff vacancies and the holiday during May.

3) **Expense Key Points:** Overall expenses are below target for the month, as well as year to date. Salaries continue to run below budget. Much of this is due to program expansion, such as CBRF, MMT, and Community Treatment not being completed yet. Health insurance was high again in May. At this point, it is not likely that the overage will be made up so it will be necessary to continue to keep other expenses below targets to make up this overage. The State Institutes continue to exceed budget targets.

4) **2019 Budget:** The 2019 budget process continues. Programs have submitted their requests and the information is being reviewed.

5) **Certificates of Deposit (CD):** A new CD was purchased the beginning of June. This will show up on the June CD listing. The purchase will assist with moving closer to meeting the Days Cash on Hand target.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MAY 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	3,291,076	1,252,417	4,543,493	3,487,429
Accounts receivable:				
Patient - Net	2,581,371	1,973,698	4,555,069	5,191,553
Outpatient - WIMCR & CCS	2,083,750	0	2,083,750	657,500
Nursing home - Supplemental payment program	0	910,000	910,000	750,000
Marathon County	913,207	250,000	1,163,207	78,639
Appropriations receivable	0	0	0	0
Net state receivable	1,184,084	0	1,184,084	1,974,572
Other	311,984	0	311,984	840,088
Inventory	0	342,220	342,220	305,373
Other	525,183	388,338	913,520	1,126,209
Total current assets	10,890,655	5,116,674	16,007,328	14,411,363
Noncurrent Assets:				
Investments	11,726,000	0	11,726,000	10,800,000
Assets limited as to use	976,853	285,204	1,262,058	2,373,396
Contigency funds	500,000	0	500,000	500,000
Restricted assets - Patient trust funds	15,031	25,917	40,948	51,091
Net pension asset	0	0	0	0
Nondepreciable capital assets	805,720	508,970	1,314,690	1,061,829
Depreciable capital assets - Net	6,871,863	3,683,259	10,555,122	10,038,268
Total noncurrent assets	20,895,467	4,503,351	25,398,818	24,824,584
Deferred outflows of resources - Related to pensions	6,939,524	5,131,313	12,070,837	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	38,725,646	14,751,337	53,476,983	56,752,667

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MAY 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Current portion of related-party note payable	0	0	0	0
Accounts payable - Trade	868,246	642,010	1,510,256	1,267,804
Appropriations advances	84,242	0	84,242	639,259
Accrued liabilities:				
Salaries and retirement	785,089	580,521	1,365,610	1,436,080
Compensated absences	851,039	629,286	1,480,325	1,386,131
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	135,920
Unearned revenue	76,795	0	76,795	98,773
Total current liabilities	3,410,518	2,217,828	5,628,347	6,126,776
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	0
Patient trust funds	15,031	25,917	40,948	51,091
Total noncurrent liabilities	924,573	698,463	1,623,036	3,178,470
Total liabilities	4,335,092	2,916,291	7,251,383	9,305,246
Deferred inflows of resources - Related to pensions	2,886,978	2,134,726	5,021,704	6,647,040
Net Position:				
Net investment in capital assets	7,677,583	4,192,230	11,869,812	11,100,098
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	976,853	285,204	1,262,058	2,845,977
Undesignated	21,937,837	5,414,398	27,352,235	25,498,161
Operating Income / (Loss)	411,304	(191,512)	219,792	856,145
Total net position	31,503,577	9,700,320	41,203,897	40,800,381
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	38,725,646	14,751,337	53,476,983	56,752,667

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

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$4,052,679	$4,175,942	($123,262)	$19,520,971	$20,377,621	($856,650)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	1,621,883	1,625,598	(3,716)
Grant Revenue	206,969	193,933	13,037	1,032,182	969,664	62,518
County Appropriations - Net	619,260	635,927	(16,667)	3,096,299	3,179,633	(83,333)
Departmental and Other Revenue	280,646	311,702	(31,056)	1,580,368	1,558,512	21,856
Total Other Revenue	1,431,252	1,466,681	(35,429)	7,330,732	7,333,407	(2,675)
Total Revenue	5,483,932	5,642,623	(158,692)	26,851,703	27,711,028	(859,325)
Expenses:						
Direct Expenses	4,244,906	4,270,867	(25,960)	20,661,662	20,801,329	(139,667)
Indirect Expenses	1,259,352	1,370,693	(111,340)	6,094,662	6,785,891	(691,229)
Total Expenses	5,504,259	5,641,560	(137,301)	26,756,324	27,587,220	(830,896)
Operating Income (Loss)	(20,327)	1,064	(21,391)	95,379	123,808	(28,429)
Nonoperating Gains (Losses):						
Interest Income	18,835	12,500	6,335	87,241	62,500	24,741
Donations and Gifts	16,690	0	16,690	31,507	0	31,507
Gain / (Loss) on Disposal of Assets	0	0	0	5,665	0	5,665
Total Nonoperating Gains / (Losses)	35,525	12,500	23,025	124,413	62,500	61,913
Income / (Loss)	$15,198	$13,564	$1,634	$219,792	$186,308	$33,484

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 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	$2,330,647	$2,569,970	($239,323)	$11,432,754	$12,512,717	($1,079,963)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	1,621,883	1,625,598	(3,716)
Grant Revenue	206,969	193,933	13,037	1,032,182	969,664	62,518
County Appropriations - Net	494,260	494,260	0	2,471,299	2,471,299	0
Departmental and Other Revenue	171,584	194,119	(22,535)	967,531	970,595	(3,064)
Total Other Revenue	1,197,190	1,207,431	(10,241)	6,092,895	6,037,157	55,738
Total Revenue	3,527,837	3,777,401	(249,565)	17,525,649	18,549,873	(1,024,225)
Expenses:						
Direct Expenses	2,900,311	3,000,302	(99,991)	14,100,716	14,635,680	(534,963)
Indirect Expenses	664,305	781,440	(117,135)	3,134,039	3,573,606	(439,567)
Total Expenses	3,564,616	3,781,742	(217,126)	17,234,755	18,209,285	(974,530)
Operating Income (Loss)	(36,779)	(4,341)	(32,438)	290,893	340,588	(49,695)
Nonoperating Gains (Losses):						
Interest Income	18,835	12,500	6,335	87,241	62,500	24,741
Donations and Gifts	15,828	0	15,828	27,504	0	27,504
Gain / (Loss) on Disposal of Assets	0	0	0	5,665	0	5,665
Total Nonoperating Gains / (Losses)	34,663	12,500	22,163	120,410	62,500	57,910
Income / (Loss)	($2,115)	$8,159	($10,275)	$411,304	$403,088	$8,215

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

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,722,033	$1,605,972	$116,061	$8,088,217	$7,864,904	$223,313
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	625,000	708,333	(83,333)
Departmental and Other Revenue	109,062	117,583	(8,521)	612,837	587,917	24,920
Total Other Revenue	234,062	259,250	(25,188)	1,237,837	1,296,250	(58,413)
Total Revenue	1,956,095	1,865,222	90,873	9,326,054	9,161,155	164,900
Expenses:						
Direct Expenses	1,344,595	1,270,565	74,031	6,560,946	6,165,650	395,296
Indirect Expenses	595,048	589,253	5,795	2,960,623	3,212,285	(251,662)
Total Expenses	1,939,643	1,859,818	79,826	9,521,569	9,377,935	143,634
Operating Income (Loss)	16,452	5,405	11,047	(195,514)	(216,780)	21,266
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	862	0	862	4,003	0	4,003
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	862	0	862	4,003	0	4,003
Income / (Loss)	$17,313	$5,405	$11,909	($191,512)	($216,780)	$25,268

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
Abby Bank	365 Days	2/25/2019	1.56%	$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	$500,000	X
People's State Bank	365 Days	3/28/2019	1.75%	$250,000	X
PFM Investments	365 Days	4/4/2018	2.13%	$488,000	x
BMO Harris	365 Days	5/28/2019	2.10%	$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
CoVantage Credit Union	608 Days	11/30/2019	2.00%	$500,000	X
Abby Bank	730 Days	12/30/2019	1.61%	$500,000	X
Abby Bank	730 Days	3/15/2020	1.71%	$400,000	X
PFM Investments	730 Days	4/29/2020	2.57%	$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	$500,000	X
TOTAL FUNDS AVAILABLE				$11,726,000	
WEIGHTED AVERAGE	555.77 Days		1.628% INTEREST		

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

	May 31, 18
ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	5,440.11
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	35,161.99
Community Treatment - Adult	562.00
Community Treatment - Youth	7,495.37
Fishing Without Boundries	5,940.80
General Donated Funds	59,520.73
Hope House	2,522.35
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,071.18
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	5,317.43
Total Legacies by the Lake	7,275.68
Marathon Cty Suicide Prev Task	15,974.15
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	7,228.61
Outpatient Services - Marathon	401.08
Pool	21,824.85
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,889.25
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	226,987.80
Total Checking/Savings	226,987.80
Total Current Assets	226,987.80
TOTAL ASSETS	**226,987.80**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	3,034.17
Total Equity	226,987.80
TOTAL LIABILITIES & EQUITY	**226,987.80**

North Central Health Care
Budget Revenue/Expense Report

Month Ending May 31, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	5,483,932	5,642,623	26,851,703	27,711,028	(859,325)
EXPENSES:					
Salaries and Wages	2,434,868	2,792,282	11,804,653	13,471,492	(1,666,839)
Fringe Benefits	1,106,877	1,019,167	5,233,681	4,917,177	316,504
Departments Supplies	475,346	630,921	2,969,402	3,154,603	(185,201)
Purchased Services	688,764	504,858	3,040,094	2,572,292	467,802
Utilitites/Maintenance Agreements	335,688	267,263	1,622,787	1,336,314	286,473
Personal Development/Travel	27,299	40,221	159,043	201,104	(42,061)
Other Operating Expenses	104,547	137,931	462,822	689,656	(226,834)
Insurance	34,443	41,000	171,137	205,000	(33,863)
Depreciation & Amortization	133,662	141,250	685,890	706,250	(20,360)
Client Purchased Services	162,765	66,667	606,816	333,333	273,482
TOTAL EXPENSES	**5,504,259**	**5,641,560**	**26,756,324**	**27,587,220**	**(830,896)**
Nonoperating Income	35,525	12,500	124,413	62,500	61,913
EXCESS REVENUE (EXPENSE)	**15,198**	**13,564**	**219,792**	**186,308**	**33,484**

North Central Health Care
Write-Off Summary
May 2018

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$5,275	$51,966	$66,981
Bad Debt	$28	$8,440	$1,202
Outpatient:			
Administrative Write-Off	$5,164	$47,247	$80,411
Bad Debt	$89	$2,052	$1,486
Nursing Home:			
Daily Services:			
Administrative Write-Off	$0	$30,580	$724
Bad Debt	$1,231	$9,169	$11,970
Ancillary Services:			
Administrative Write-Off	$0	$2,126	$14,216
Bad Debt	$0	$0	$321
Pharmacy:			
Administrative Write-Off	$537	$2,637	$0
Bad Debt	$0	$0	$0
Total - Administrative Write-Off	$10,976	$134,555	$162,332
Total - Bad Debt	$1,348	$19,661	$14,979

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	5,180	5,124	(56)	84.09%	83.18%
	Hospital	392	373	(19)	87.50%	83.26%
March	Nursing Home	5,735	5,654	(81)	84.09%	82.90%
	Hospital	434	445	11	87.50%	89.72%
April	Nursing Home	5,550	5,507	(43)	84.09%	83.44%
	Hospital	420	457	37	87.50%	95.21%
May	Nursing Home	5,735	5,553	(182)	84.09%	81.42%
	Hospital	434	425	(9)	87.50%	85.69%
				0		
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	27,935	27,387	(548)	84.09%	82.44%
	Hospital	2,114	2,141	27	87.50%	88.62%

North Central Health Care
Review of 2018 Services
Langlade County

Direct Services:	**2018 Jan-May Actual Rev**	**2018 Jan-May Budg Rev**	**Variance**	**2018 Jan-May Actual Exp**	**2018 Jan-May Budg Exp**	**Variance**	**Variance by Program**
Outpatient Services	$164,162	$225,047	($60,885)	$365,330	$381,469	$16,139	($44,746)
Community Treatment-Adult	$226,843	$327,576	($100,733)	$214,899	$336,797	$121,898	$21,165
Community Treatment-Youth	$533,763	$349,453	$184,311	$431,972	$350,377	($81,595)	$102,715
Day Services	$138,213	$164,583	($26,370)	$133,090	$164,583	$31,493	$5,123
	$1,062,981	$1,066,659	($3,678)	$1,145,291	$1,233,226	$87,935	$84,257
Shared Services:							
Inpatient	$193,495	$213,301	($19,806)	$290,671	$276,357	($14,314)	($34,120)
CBRF	$21,967	$46,364	($24,397)	$25,179	$46,364	$21,185	($3,212)
Crisis	$14,160	$15,998	($1,838)	$109,115	$122,420	$13,305	$11,467
MMT (Lakeside Recovery)	$3,559	$23,221	($19,662)	$21,693	$45,773	$24,080	$4,418
Day Treatment	$2,752	$3,386	($634)	$3,022	$4,088	$1,066	$432
Protective Services	$10,982	$11,063	($81)	$29,786	$37,609	$7,823	$7,741
Birth To Three	$37,629	$37,699	($70)	$64,482	$70,816	$6,334	$6,265
Group Homes	$80,172	$48,362	$31,810	$77,245	$48,362	($28,883)	$2,927
Supported Apartments	$0	$61,291	($61,291)	$0	$61,291	$61,291	$0
Contract Services	$0	$0	$0	$74,196	$41,521	($32,675)	($32,675)
	$364,716	$460,685	($95,969)	$695,389	$754,600	$59,211	($36,757)
Totals	$1,427,697	$1,527,343	($99,646)	$1,840,680	$1,987,826	$147,146	$47,500
Base County Allocation	$332,721	$332,721	($0)				($0)
Nonoperating Revenue	$5,384	$3,394	$1,990				$1,990
County Appropriation	$124,368	$124,368	$0				$0
Excess Revenue/(Expense)	$1,890,170	$1,987,826	($97,656)	$1,840,680	$1,987,826	$147,146	$49,490

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-May Actual Rev	2018 Jan-May Budget Rev	Variance	2018 Jan-May Actual Exp	2018 Jan-May Budg Exp	Variance	Variance By Program
Outpatient Services	$133,765	$178,852	($45,087)	$364,620	$405,524	$40,904	($4,183)
Community Treatment-Adult	$304,714	$342,951	($38,237)	$230,747	$352,609	$121,862	$83,625
Community Treatment-Youth	$682,195	$403,425	$278,770	$560,192	$405,564	($154,628)	$124,142
	$1,120,674	$925,228	$195,446	$1,155,559	$1,163,697	$8,138	$203,583
Shared Services:							
Inpatient	$263,857	$290,864	($27,007)	$396,369	$376,851	($19,518)	($46,525)
CBRF	$29,956	$63,224	($33,268)	$34,335	$63,224	$28,889	($4,379)
Crisis	$19,309	$21,815	($2,506)	$148,794	$166,937	$18,143	$15,636
Day Treatment	$3,753	$4,617	($864)	$4,121	$5,574	$1,453	$589
MMT (Lakeside Recovery)	$4,853	$31,665	($26,812)	$29,582	$62,418	$32,836	$6,024
Protective Services	$14,974	$15,086	($112)	$40,617	$48,368	$7,751	$7,639
Birth To Three	$55,326	$63,520	($8,194)	$94,810	$119,321	$24,511	$16,317
Apartments	$0	$19,117	($19,117)	$0	$19,117	$19,117	$0
Contract Services	$0	$0	$0	$101,176	$56,620	($44,556)	($44,556)
	$392,028	$509,909	($117,881)	$849,804	$918,429	$68,625	($49,256)
Totals	$1,512,702	$1,435,137	$77,565	$2,005,363	$2,082,126	$76,763	$154,328
Base County Allocation	$345,824	$345,824	$0				$0
Nonoperating Revenue	$7,646	$4,325	$3,321				$3,321
County Appropriation	$296,840	$296,840	$0				$0
Excess Revenue (Expense)	$2,163,012	$2,082,126	$80,886	$2,005,363	$2,082,126	$76,763	$157,649

North Central Health Care
Review of 2018 Services
Marathon County

Direct Services:	2018 Jan-May Actual Rev	2018 Jan-May Budget Rev	Variance	2018 Jan-May Actual Exp	2018 Jan-May Budget Exp	Variance	Variance by Program
Outpatient Services	$512,393	$709,872	($197,479)	$1,257,967	$1,586,954	$328,987	$131,508
Community Treatment-Adult	$1,519,004	$2,359,587	($840,583)	$1,458,207	$2,404,367	$946,160	$105,577
Community Treatment-Youth	$1,358,681	$1,060,602	$298,079	$1,292,022	$1,063,354	($228,668)	$69,411
Day Services	$664,466	$702,189	($37,723)	$634,248	$702,189	$67,941	$30,218
Clubhouse	$168,415	$166,355	$2,060	$222,167	$204,688	($17,479)	($15,419)
Demand Transportation	$184,886	$179,681	$5,205	$158,755	$179,681	$20,926	$26,131
Aquatic Services	$276,248	$330,042	($53,794)	$385,025	$419,256	$34,231	($19,562)
Pharmacy	$2,070,581	$1,931,937	$138,644	$2,082,245	$1,931,937	($150,308)	($11,664)
	$6,754,674	$7,440,264	($685,590)	$7,490,636	$8,492,427	$1,001,791	$316,201
Shared Services:							
Inpatient	$1,301,694	$1,434,931	($133,237)	$1,955,423	$1,859,131	($96,292)	($229,529)
CBRF	$147,781	$311,905	($164,124)	$169,385	$311,905	$142,520	($21,604)
Crisis Services	$95,257	$107,623	($12,366)	$734,049	$823,553	$89,504	$77,139
MMT (Lakeside Recovery)	$23,940	$156,215	($132,275)	$145,937	$307,929	$161,992	$29,717
Day Treatment	$18,513	$22,778	($4,265)	$20,329	$27,497	$7,168	$2,903
Protective Services	$73,875	$74,425	($550)	$200,379	$239,255	$38,876	$38,326
Birth To Three	$274,570	$294,875	($20,305)	$470,514	$553,920	$83,406	$63,101
Group Homes	$743,423	$758,722	($15,299)	$716,281	$758,722	$42,441	$27,142
Supported Apartments	$1,087,798	$885,009	$202,789	$986,648	$885,009	($101,639)	$101,150
Contracted Services	$0	$0	$0	$499,134	$279,325	($219,809)	($219,809)
	$3,766,851	$4,046,482	($279,631)	$5,898,079	$6,046,245	$148,166	($131,465)
Totals	$10,521,525	$11,486,746	($965,221)	$13,388,715	$14,538,672	$1,149,957	$184,736
Base County Allocation	$947,053	$947,053	($0)				($0)
Nonoperating Revenue	$74,211	$54,781	$19,430				$19,430
County Appropriation	$2,050,091	$2,050,091	($0)				($0)
Excess Revenue/(Expense)	$13,592,880	$14,538,672	($945,792)	$13,388,715	$14,538,672	$1,149,957	$204,165

2018 NCCSP BOARD CALENDAR – As of June 21, 2018

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 human capital management.

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: TBD

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

Educational Presentation: 2019 Proposed Budget

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 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.

2018 NCCSP BOARD CALENDAR – As of June 21, 2018

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: TBD

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