

OFFICIAL NOTICE AND AGENDA
MEETING of the **North Central Community Services Program Board** to be held at
1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room
at **12:00 pm** on **Thursday, March 21, 2019**

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.

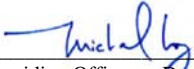
A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda – Limited to 15 Minutes
3. Chairman’s Report and Announcements
4. Board Committee Minutes and Reports
5. Consent Agenda
 - A. ACTION: Approval of 2/28/2019 NCCSP Board Meeting Minutes
 - B. Nursing Home Operations Report
 - C. ACTION: Annual Review and Approval of Board Policy
 - i. Fund Balance Policy
 - ii. Write-Off of Accounts Receivable Policy
6. Board Education
 - A. 2018 Audit Presentation – Kim Heller, WIPFLI
 - i. ACTION: Accept the 2018 Audit
 - ii. ACTION: Accept the 2018 Fund Balance Statement
 - B. Presentation of Schematic Design for NCHC Campus Renovations
 - C. Governor Ever’s 2019-2021 State Budget Proposal
7. Monitoring Reports
 - A. CEO Work Plan Review and Report
 - B. Quality Outcomes Review
 - i. ACTION: Review and Accept the February Quality Dashboard and Executive Summary
 - C. Chief Financial Officer’s Report
 - i. ACTION: Review and Accept February Financial Statements
 - D. Human Services Operations Report
8. MOTION TO GO INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events.
9. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
10. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
11. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
12. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 03/15/2019 TIME: 4:00 PM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

February 28, 2019

12:00 Noon

Wausau Board Room

Present:

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

Also Present: Michael Loy, Brenda Glodowski, Kim Gochanour, Laura Scudiere, Jennifer Peaslee, Lance Leonhard

Guests: Chrissy Seidler, Daniel Shine and Alvin (NCHC's Therapy Dog)

1. Call to order

- S. Benson called the meeting to order at 12:02 p.m.
- M. Loy introduced Alvin, North Central Health Care's Therapy Dog and Daniel Shine, MMT Manager. Alvin is a two year old Golden Doodle who has been at NCHC for two weeks. Daniel is the designated handler who attended an intensive two week training course with Alvin prior to bringing Alvin to NCHC. Alvin is gradually integrating to the Behavioral Health Services area being onsite a few hours each day to start. A goal is for him to attend groups/sessions, possibly be available for client requests, and eventually help diffuse certain crisis situations.

2. Public Comment for Matters Appearing on the Agenda

- None

3. Chairman's Report and Announcements

- None

4. Board Committee Minutes and Reports

- None

5. Consent Agenda

- **Motion**/second, Metter/Norrbom, to approve the Consent Agenda, motion carried. Consent Agenda includes:
 - 1/31/2019 NCCSP Board Meeting Minutes
 - Human Services Operations Report
 - Nursing Home Operations Report
 - Annual Review and Approval of the following Board Policies:
 - Capital Assets Management Policy
 - Cash Management Policy
 - Contract Review Policy

- Medical Staff Appointment Recommendations for Dia Arpon, MD, Sencan Unal, MD, and reappointments for Jean Baribeau-Anaya, PA-C, Laurence Gordon, DO, Bababo Opaneye, MD, and appointment amendments for Anne Dibala, MD, and Leandra Lamberton, MD.

6. Board Education – Overview of the Individual Placement and Support (IPS) Program at NCHC – Christine Seidler

- NCHC was awarded a grant to initiate the implementation process. We are excited to share that we received an exemplary status from the most recent State review of our program.
- The IPS Program helps promote the recovery of people with severe and persistent mental illness by helping them build their own personal skills such as resume building, completing applications, improving work skills, securing employment in areas the individuals are interested in, etc. Employment Specialists work directly with the individual and employer in the work setting until both are comfortable with the working relationship. Employment opportunities range from entry level service to business management. In 2012, when NCHC began measuring IPS employment rate outcomes, the targets were between 11-18% and in 2018 the Tri-County IPS Employment rate was 64%. These outcomes indicate that adhering to the IPS model and providing exemplary services are directly related to consumer success.

7. Monitoring Reports

A) CEO Work Plan Review and Report – M. Loy

- Campus renovation plans will be presented to the Marathon County Board in March. We are currently working through the City approval process (scheduled in 3 weeks), and waiting on one variance. We will be providing elevation pictures on what changes will occur and how they will impact the community. The pool design should be signed off by end of this week, bidding should begin in May with groundbreaking in June. Please look for an invitation for the County Board meeting in March which will include a video of the renovation plans and updates.
- Langlade County is reviewing space allocations to acquire more space for their growing needs. We are reviewing our physical space and plan to provide an update next month.
- Todd Boutain will begin March 4 as the Information Services Executive. Ashley Downing will also begin March 4 as the Information Services and Health Information Management Director. Both bring experience and management skills to these areas that will help us grow and meet the needs of the organization.
- Sue Matis, Human Resources Executive has an incredible professional opportunity and will be leaving as of March 15. She sent a letter to Mr. Zriny which was shared with the Board. The change in this area presented an opportunity to review the Executive Team structure. An updated Organizational Chart was distributed. Changes include promoting two human resources positions to the director level, promotion of the Marketing and Communications Manager to Director, moving Volunteer Services under the Nursing Home structure, and moving Transportation Services to a new position of Operations Executive. The position is ready to be posted and begin recruitment.

B) Quality Outcomes Review – M. Loy

- For 2019 the overall structure remains around 5 pillars of excellence with each connecting to End Statements.
 - 1) *People*: Vacancy and Retention Rate measures were retained from 2018.
 - 2) *Service*: Patient Experience has had a full transition to a new survey and we now have 6 months of data to establish a meaningful target for 2019.

- 3) *Clinical*: Readmission Rate includes nursing home and hospital. Additional detail is provided at the Program Dashboard level. The Nursing Home Star Rating has not changed since CMS froze the rating. We project we would be at 3 to 4 stars if our most recent surveys would be included. Adverse Event Rate incorporates both employees and patients (identified separately on dashboard). B. Bliven asked for additional detail regarding the out of county data which L. Scudiere will provide at a future meeting. Employee rate is higher due to weather related slips and falls. Total Hospital Days includes diversions.
- 4) *Community*: Access Rate is a composite score of all programs. Last year we made a many changes which positively impacted this rate.
- 5) *Finance*: Net Income is a new metric to look at earnings after expenses are deducted and should improve cash on hand.

- **Motion/second**, Wagner/Seefeldt, to accept the Quality Dashboard and Executive Summary. Motion carried.

C) Chief Financial Officer's Report – B. Glodowski

- There was a gain slightly over \$73,000. Both expenses and revenue were below target. The nursing home average census was 177 and the hospital census was 12. Some outpatient areas were down due to weather related days.
- Expenses overall were down. Even though health insurance was up by \$38,000 it did improve from the prior month. Expenses were up about \$58,000 which was better than anticipated but it is not where we want to be and we will continue to work in this area.
- The 2018 Audit will be presented in March. As of today the auditors do not have any adjustments related to operations. They do have the GASB adjustment (pension related) which is anticipated to be about \$745,000 but there is a new requirement GASB 75 related to life insurance. Several items are unadjusted but not considered significant. We are also looking very closely to set up and be prepared for the master facility planning project to begin. There should be no bottom line impact.
- We have active case management, including care coordinating conferences occurring regularly regarding diversions in an effort to make improvements and reduce expenses.
- **Motion/second**, Ashbeck/Weaver, to accept the January Financial Statements. Motion carried.

8. Board Discussion and Possible Action

A) ACTION: Program Application to the Retained County Authority Committee for a Sober Living Pilot Program in Langlade County

- Sober Living is an extension of treatment which supports treatment and recovery.
- The location of the program/facility cannot be near anything that would trigger a setback.
- Chris Grant, Medical College of Wisconsin medical student, who performed a needs assessment, suggested starting with a home for females first. No children would be allowed in this model at this time.
- Before being accepted into the facility individuals would need to have 30 days of sobriety and complete an assessment. This program is intended to support their current treatment program which would be a requirement.

- Acquisition of the home is a onetime cost. (Refer to financials in packet.) It is felt the program is scalable and would become more financially viable but would still require a levy subsidy. The proposal to Langlade County is for them to purchase a facility, provide the start-up costs, and ongoing maintenance of the property. If approved by the NCCSP Board the next step is for the Langlade County Board to approve as the Retained County Authority (RCA) has approved.
 - **Motion/second**, Wagner/Bliven, to approve the proposal as presented. Following discussion, motion carried.
- B) ACTION: Authorize Board Contingency Funding for the Human Services Research Institute (HSRI) to Perform a Comprehensive Community Environmental Scan and Strategic Plan
- M. Loy introduced David Hughes of HSRI. Loy was referred by leadership at the State of a project that Hughes had done. Hughes has been advising and consulting for the State and state-level organizations throughout the country.
 - Hughes shared his background and that of HSRI and described his proposed project and the goals of the project, data sources, and project timeline, and implementation process. (Refer to attached documentation.)
 - Hughes responded to questions from the Board i.e. If data is available they will look at interfacing between public and private providers in mental health services, a focus on developing prevention programs is a strong goal.
 - **Motion/second**, Metter/Wagner, to authorize contingency funding for HSRI to perform a comprehensive community environment scan and strategic plan at a cost not to exceed \$200,000. The Board instructed M. Loy to seek funding support for the project from other community agencies who may have an interest in the outcomes. Motion carried.
- C) ACTION: Amend the 2019 Capital Budget to authorize the Purchase of a New Occurrence Reporting System
- Several years ago the decision was made to custom build the Occurrence Reporting system within the TIER system (electronic medical record or EMR) which has been challenging for staff to utilize. With the update to our EMR anticipated in the next 1-2 years, we are recommending a stand-alone occurrence reporting solution, SafetyZone. There is a onetime up-front fee of \$45,000 and annual fees of \$7,000-\$8,000. Mattek commented that from her experience the SafetyZone product is very effective, quick, and one that she highly recommends.
 - **Motion/second**, Norrbom/Mattek, to amend the 2019 Capital Budget to authorize the purchase of a new occurrence reporting system in an amount not to exceed \$45,000 (see attached proposal). Motion carried.
- D) Board Educational Priorities for 2019
- Loy will reach out to five members of the Board and work one on one to develop issues for Board policy decisions over the next few months which will help develop education at the Board Retreat and throughout the year.

9. MOTION TO GO INTO CLOSED SESSION:

- A) **Motion** by Weaver to adjourn into closed session 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 related to Corporate Compliance Activities and Significant Events; and for
- Second by Ashbeck. Roll call. All ayes. Motion passed 12-0. Meeting convened in closed session at 1:55 p.m.

10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)

- **Motion/second**, Bliven/Ashbeck, to reconvene into Open Session. All Ayes. Motion passed 12-0. Meeting convened in Open Session at 2:07 p.m.
- No action or announcements on the Closed Session Item(s) were made.

11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration

- The March Board meeting will be one week earlier than the usual last Thursday of the month due to spring break the last week of March.
- The March Board meeting will include a presentation of the 2018 audit.
- There has been a lot occurring legislatively with health care as one of the largest issues in the last election. A handout from the Wisconsin Hospital Association was distributed. Governor Evers is a proponent of Medicaid expansion but the questions is what to do with those dollars. It is possible there could be additional money for Medicaid Reimbursement. Updates will be provided as information becomes available.

12. Assessment of Board Effectiveness

- None

13. Adjourn

- **Motion/second**, Ashbeck/Weaver, to adjourn the meeting at 2:09 p.m. Motion carried.



North Central Health Care


Person centered. Outcome focused.

MEMORANDUM

DATE: March 14, 2019
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: February 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) **Matrix Implementation Update:** We were able to successfully close our financials in the new system for February and have now started training our clinical staff on care plans, MDS and face sheet, and census management. We are noticing an increase in labor due to training time and assigned tasks to complete. Each nurse was assigned 5 residents to complete their items. We are fortunate to have a core training team who has done a fabulous job and they are: Todd Shnowske, IT project manager, Heather Schultz, MDS Coordinator, Theresa Szews, Quality Data Specialist, Mary McDougal, Business Operations, and Jane Heil, City County IT.
- 2) **Therapy Review:** As part of ongoing reviews of services that we receive, we sent out Request for Proposals for therapy services. As one of our largest expenses for Mount View we want to ensure we are receiving the best quality and value for the services provided. We met onsite with four providers and after analysis we have chosen to remain with Aegis Therapies and have established guidelines and parameters that we want to see enhancements to better serve our residents. This contract will be reviewed again in 2020 with the upcoming changes to our Medicare Payment System anticipated in October 2019.
- 3) **Staff Education and Communication:** In conjunction with NCHC's quarterly employee updates, Mount View also holds town hall meetings for the nursing home staff with the first meeting of 2019 held in February. The topics covered were the employee engagement survey results, performance evaluations, recruitment and retention. Part of our employee engagement action plan is the recognition of staff. As part of that plan we created an employee profile that was introduced at the meeting to be reviewed at the performance evaluation. This form will be available to all Mount View staff to see how individuals like to be recognized which we hope will translate to improvement with our employee engagement score going forward.
- 4) **Employee Engagement:** In February we celebrated our Dietary Staff by "cooking" for them. Mount View staff held a potluck in appreciation for all the wonderful food that Dietary Staff prepare for our residents, staff and guests. This team, made up of 67 employees in 2018, prepared 281,808 meals which equates to 772 meals per day.

Name of Document: Fund Balance Policy: X <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	 North Central Health Care <small>Person centered. Outcome focused.</small>
Document #: 0105-1	Department:
Primary Approving Body: CFO	Secondary Approving Body: NCCSP Board

Related Forms:

None.

I. Document Statement

This policy of North Central Health Care is to establish Fund Balances of each County on a regular basis and report the activity to each County's Finance Director.

II. Purpose

To maintain stable Fund Balances and to secure viability of the continued growth and future of North Central Health Care.

III. Definitions

Invested Cash Reserves – Cash that has been invested, such as certificates of deposit.

Net Position – Represents each County's share of ownership in the organization.

Operating Cash – Cash in the general checking account used for operations such as payroll and accounts payable.

Operational Deficit – Excess expense over revenues from operations.

Operational Surplus – Excess revenue over expenses from operations.

IV. General Procedure

- 1) The Unrestricted Fund Balance for each County will be monitored with a minimum and maximum target applied to review adequacy of the balance. The minimum target is 20% of operating expenses and the maximum is 35% of operating expenses.
- 2) In addition to the targeted Fund Balance, each County's Fund Balance will include a risk reserve of \$250,000.

- 3) Invested Cash Reserves will be applied to each County based on the County's overall net position within the organization. Targeted days of Invested Cash On Hand will be 90 days of annual operational expense.
- 4) At the end of the fiscal year, the operational surplus or deficit for each County is applied to the Fund Balance. This is outlined in the annual audit report.
- 5) At the completion of the annual audit, the NCHC Chief Financial Officer (CFO), will provide a Fund Balance Report to each County's Finance Director and the NCHC Board.
- 6) The overall target in Unrestricted Fund Balance shall be the higher of the maximum target of operating expenses or 90 Days Invested Cash.
- 7) If the balance of the Unrestricted Fund Balance exceeds the overall target for two consecutive years, the North Central Health Care Chief Executive Officer (CEO) and CFO will meet with the County Finance Director to review options for potential utilization of excess reserves. A plan for utilization will be reported back to NCHC Board.
- 8) For planning purposes, the NCHC CFO will provide the County Finance Directors the Fund Balance analysis by March 31st following the finalization of the audit. If any of the Fund Balances exceed the designated targets and the Finance Director of that county opts to utilize a portion of the excess reserves, the Finance Director should notify NCHC by June 30th.

V. Program-Specific Requirements:


None

References:

Joint Commission: None

CMS: None

Related Documents: None

Name of Document: Write-off of Accounts Receivable Policy Policy: x <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	 North Central Health Care <small>Person centered. Outcome focused.</small>	
Document #: 0600-1	Department: Patient Financial Services	
Primary Approving Body: CFO	Secondary Approving Body: NCCSP Board	

Related Forms:

- Write-off Form

I. Document Statement

It is the policy of North Central Health Care to write-off certain accounts receivable charges determined to be uncollectable.

II. Purpose

To have a write-off process in place that requires authorization of write-offs and allows for an efficient monitoring of the process. Write-offs will be classified as bad debt or administrative in nature.

III. Definitions

Administrative: items related to internal processes such as administrative error, balances too small to collect, no prior authorization, services not medically necessary and insufficient documentation.

Bad debt: accounts uncollected due to unforeseen circumstances such as bankruptcy, death of a client, or collection agency returns.

Write-off: A charge on a client account that is determined to be uncollectable.

IV. General Procedure

- 1) Patient Financial Services Representatives pursue all avenues of collection on an account. Once all collection avenues have been exhausted, a request to write-off the account is completed.
- 2) All write-offs are approved by Patient Financial Services Director and Chief Financial Officer.
- 3) Cash application staff process all write-offs in the system upon receipt of an authorized approval. A detailed analysis of the write-off activity is completed and balanced to the general ledger on a regular basis. This analysis becomes part of the annual audit workflow and is reviewed by the audit firm.

V. Program-Specific Requirements:

References: None

North Central Health Care
Fund Balance Review
As of December 31, 2018

	Marathon	Langlade	Lincoln	Total
Total Operating Expenses-2018	\$59,687,124	\$4,977,170	\$5,518,406	\$70,182,700
General Fund Balance Target -Minimum (20% of operating expense)	\$11,937,425	\$995,434	\$1,103,681	\$14,036,540
General Fund Balance Target-Maximum (35% of operating expenses)	\$20,890,493	\$1,742,010	\$1,931,442	\$24,563,945
Risk Reserve Fund	\$250,000	\$250,000	\$250,000	
Total Fund Balance-Minimum Target	\$12,187,425	\$1,245,434	\$1,353,681	\$14,786,540
Total Fund Balance-Maximum Target	\$21,140,493	\$1,992,010	\$2,181,442	\$25,313,945
General Fund Balance-Unrestricted at 12/31/18	\$26,159,167	\$2,669,872	\$3,254,024	\$32,083,063
General Fund Balance-Contributed Capital and Restricted Pension Benefit at 12/31/18	\$10,363,028	\$123,750	\$645,134	\$11,131,912
Total Net Position at 12/31/2018	\$36,522,195	\$2,793,622	\$3,899,158	\$43,214,975
Unrestricted Fund Balance-Above (Below) Minimum Target	\$13,971,742	\$1,424,438	\$1,900,343	\$17,296,523
Unrestricted Fund Balance-Above (Below) Maximum Target	\$5,018,674	\$677,863	\$1,072,582	\$6,769,118
County Percent of Total Net Position	84.51%	6.46%	9.02%	100.00%
Share of Invested Cash Reserves (based Net Position %)	\$11,570,924	\$885,072	\$1,235,327	\$13,691,324
Days Invested Cash on Hand	71	65	82	71
Targeted Days Invested Cash on Hand	90	90	90	90
Required Invested Cash to meet Target	\$14,717,373	\$1,227,247	\$1,360,703	\$17,305,323
Share of Invested Cash Reserves Above (Below) Target	(\$3,146,449)	(\$342,175)	(\$125,376)	(\$3,613,999)



Governor Ever's Budget Proposal and Other Legislative and Rule Making Priorities

Medicaid Expansion: The Governor's budget expands Medicaid under the federal Affordable Care Act by covering all low-income Wisconsin residents who earn incomes between 0 and 138 percent of the federal poverty level. An additional 82,000 Wisconsinites will receive healthcare coverage through Medicaid. The Governor's budget anticipates \$320 million in GPR savings through this initiative.

Crisis Intervention Services: The Governor's budget recommends the state begin to pay for a portion of the nonfederal share of Medicaid Crisis Intervention services. The Governor's budget proposes to begin sharing the costs of crisis intervention services between the state and the counties. Moving forward, counties will provide a 75 percent maintenance of effort payment based on CY17 expenditures, which will give counties freedom to provide services to additional individuals and expand the services they offer.

Crisis Stabilization Facilities: The Governor's budget creates a new grant program to establish five regional crisis stabilization facilities. These facilities are designed to help individuals in crisis and reduce involuntary commitments at state-run institutions.

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Definition of Crisis: The Governor's budget expands the definition of crisis to include substance abuse and dementia related crises.

Crisis Program Enhancement Grant: The Governor's budget allows the Crisis Program Enhancement Grant to be used to establish or expand a crisis program.

Mental Health Services under BadgerCare Plus: The Governor's budget recommends increasing noninstitutional rates for physicians and medical clinics that provide mental health, behavioral health, and psychiatric services. The \$69 million investment will provide more services for Medicaid recipients who seek mental health and behavioral health care.

Youth Crisis Stabilization Facility: The Governor's budget fully funds a youth crisis stabilization facility. The facility will provide residential mental health services to children whose needs are greater than what is available in their community but not severe enough to warrant commitment to an institution.

Substance Use Disorder: The Governor's budget provides \$898,800 in FY21 to develop a Hub-and-Spoke treatment model utilizing the Medicaid Home Health Benefit to provide care coordination for individuals at three opioid treatment centers across the state. The Governor's budget allows methadone as an appropriate treatment at these clinics. The Hub-and-Spoke model relies on regional hubs to support an individual's initial treatment and spokes to provide maintenance treatment in local communities.

Nursing Home Rate Increases: The Governor's budget provides \$8.7 million in FY20 and \$17.8 million in FY21 for a 2.5 percent general rate increase for nursing homes with a 1.5 percent increase targeted to direct care workforce and 1.0 percent for acuity.

Workforce Shortages: The Governor's budget:

- Provides \$14.8 million in each year to increase the direct care and services portion of the capitation rates DHS provides to long-term care managed care organizations in recognition of the direct caregiver workforce challenges facing the state.
- Provides \$3.3 million in FY20 and \$13.4 million in FY21 to fund rate increases for personal care direct care services (1.5 percent increase year over year).

Student Mental Health and School Safety: Nearly \$64 million more for student mental health funding, including:

- \$150,000 for the Youth Risk Behavior Survey
- \$2.6 million for expanded awareness and training including annual school climate surveys and interventions, including Trauma Sensitive Schools
- \$22 million in reimbursements for general mental health
- \$7 million each year for mental health collaboration grants

Create a Medicaid Dependent Hospitals Program: Hospitals with High-Payer Mix (greater than 40% Medicaid) would receive a share of an additional \$16 million GPR revenue.

Psychiatry E&M Rate Rebalancing: Boost psychiatrist and APNP-psych Medicaid codes to Medicare - \$5 million to \$8 million GPR.

Ventilator Dependent Care Rates: With recent changes in Oxygen billing reimbursement practices, we have an unanticipated increase in cost of ventilator rentals of \$70,000. The ventilator rate has not changed from our current rate of \$561 since 2013. In 2013 we received an \$11 increase. With the increased nursing, respiratory therapy hours and specialized training and additional physician coverage associated with a ventilator unit, the Medicaid rate has not maintained pace with increases in costs.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: March 15, 2019
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: 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) Campus Renovation Plan: The schematic, or programming design, for the campus renovations will be presented to the public starting the week of March 18th. There are multiple presentations scheduled, including for the NCCSP Board. An update on feedback will be provided at the Board meeting.
- 2) Langlade County Offices: The final space programming plan was completed and initial conversations on plans to move forward are occurring. A meeting in Langlade County in April will help to determine direction and scope of any potential project for the Langlade County offices.
- 3) Visit from Department of Health Services Secretary Designee Andrea Palm: We hosted Secretary Designee Palm at NCHC on Wednesday March 13th. Secretary Designee Palm, along with other DHS representatives, were onsite to learn about NCHC, talk about recent program efforts and to discuss opportunities to expand access in the future. It was a very good introductory meeting.
- 4) Riverview Terrace: NCHC has been approached to potential work with the City of Wausau in a partnership to operate their Residential Care Apartment Complex (RCAC). We are examining what a proposal for our management and care services could look like. We will be meeting the Community Development Authority Board to discuss in the near future.
- 5) Lincoln Industries: Lincoln County has request NCHC to perform an operational assessment of Lincoln Industries programs (Adult Day Services, Prevocational Services and Demand Transportation). NCHC manages these programs on behalf of Langlade and Marathon County but we do not manage Lincoln Counties programs. Our assessment will offer Lincoln County with analysis and recommendations to improve financial success of these programs. The initial meetings and analysis is suggesting a good opportunity for NCHC to offer helpful solutions for Lincoln County to improve the financial viability of these programs as we have done for Langlade and Marathon County.
- 6) Wisconsin Hospital Association Physician Leadership Conference: On Friday March 15, 2019, the CEO and three of our Medical Staff members attended the WHA Physician Leadership Conference. The Conference focused on developing Physician Leaders along with a number of other Medical Staff initiatives that are aligned with our operational plan.

2019 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Develop NCHC into a Learning Organization	NCCSP	Jan-19	Board approved Roadmap for Learning Organization	Senior Management Team continues to meet on this initiative.	Open												
Build Medical Staff Leadership Capacity	NCCSP	Jan-19	All budgeted FTEs are filled. Physician roles defined and development plans in place. MCW PGY3 implemented.	We received work on our three new residents starting in July for our third residency cohort. Recruitments for open Psychiatry positions ongoing. Initial PGY3 rotation is being finalized.	Open												
Refresh Information Services Platform	NCCSP	Jan-19	By the end of 2021, have upgraded all of our five core systems.	The Human Resources and Learning platform systems RFP interviews and recommendations have been completed. Implementation will start in July. Matrix Care is being implemented as a replacement EHR for MVCC (target May 2019 completion). Tier replacement discovery work is ongoing. New IS Executive is onboarding this month.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	Evaluations have been completed and summary report is available. The RCA and NCCSP Executive Committee are meeting to finalize the report and then the two Chairs will meet with the CEO in April.	Open												
Annual Audit	NCCSP	Jan-19	Acceptance of annual audit by NCCSP Board and RCA	Audit is complete and will be presented to the Board in March.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-19	Policy Governance Monitoring System Established	The NCCSP Board reviewed the monitoring system for the End Statements. The next action item is a review of the policy monitoring for Executive Limitations.	Open												
Nursing Home Governance	NCCSP	Jan-19	Approved Management Agreement	The Management Agreement is in draft form and will be finalized with the Marathon County Administrator prior to taking it to the County Board through the Health & Human Services Committee.	Pending												
Pool Management Governance	NCCSP	Jan-19	Approved Management Agreement	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been approved.	Pending												
Prepare Local Plan	NCCSP	Jan-19	Adopted 3 Year Local Plan	The 2020 Budget Document will include a three year forecast for operations and corresponding strategic objectives based on community need.	Open												
Develop Training Plan for Counties	NCCSP	Jan-19	Adopted Annual Training Plan	NCHC staff are working on developing a formal outreach plan in 2019. Efforts to reach out and educate continue.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-19	Fund Balance Presentation	Will be presented at March NCCSP Board meeting.	Open												
Facility Use Agreements	NCCSP	Jan-19	Signed agreements with each of the three Counties	A draft Facility Use Agreement was delivered to the Marathon County Corporation Counsel's office.	Open												
Develop Conflict Resolution Protocol	NCCSP	Jan-19	Board adoption of Conflict Resolution Protocol	Item remains pending RCA approval before going to NCCSP Board.	Pending												
Reserve Policy Review	RCA	Apr-19	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Will occur following audit.	Pending												
Annual Report	NCCSP	Apr-19	Annual Report Released and Presentations made to County Boards	Report will be published and presented at the April NCCSP Board meeting.	Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA in April for prior year and in August for year to date.	Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Open												
Substance Abuse Strategy	NCCSP	Jan-19	A strategic plan for substance use treatment services will be approved by the NCCSP Board	Contract is being finalized, project will begin in 4-6 weeks.	Open												

2019 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Develop a Comprehensive Youth Crisis Stabilization Continuum	RCA	Jan-19	A clearly defined and communicated 24/7 Youth Crisis stabilization program.	Working on one-page overview of current resources.	Open												
Clarification and Communication of Services	RCA	Jan-19	A marketing and outreach plan will be approved by the NCCSP Board. Communication mediums will be updated and/or enhanced.	Identifying scope of the plan and resources to support its development.	Open												
Improved Data Sharing	RCA	Jan-19	Essential crisis plan information is shared to improve care coordination while remaining protected.	Discussions on solutions to achieve success are pending.	Open												
Proposal for County Treatment Housing Needs	RCA	Jan-19	A written proposal for NCHC's service expansion in treatment focused housing.	The Program Application to the RCA and NCCSP Board was approved. Waiting for Langlade County Board's approval for the purchase and ongoing financial commitment.	Open												
Annual Budget	RCA	May-19	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The proposed budget was adopted by the NCCSP Board in August and will be considered by the RCA on September 27th.	Open												
CEO Appraisal & Compensation	RCA	Jan-19	Completed Appraisal	See "CEO Appraisal" item above.	Open												
Performance Standards	RCA	Jul-19	Adopted Annual Performance Standards	Will occur in July.	Pending												
Tri-County Contral Annual Review	RCA	Jan-19	Revision Recommendation to County Boards if necessary	This item is pending as needed.	Pending												

DEPARTMENT: NORTH CENTRAL HEALTH CARE														FISCAL YEAR: 2019			
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2019 YTD	2018	
PEOPLE																	
Vacancy Rate	↓	5 - 7%	10.3%	9.0%											9.7%	9.5%	
Retention Rate	↑	80 - 82%	98.3%	97.5%											85.0%	82.0%	
SERVICE																	
Patient Experience	↑	88.3 - 90.5	90.9	89.3											89.9	70.3%	
CLINICAL																	
Readmission Rate	↓	8 - 10%	6.7%	13.0%											10.2%	11.3%	
Nursing Home Star Rating	↑	4+ Stars	★★	★★											★★	★★	
Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.65	0.53											0.59	0.75	
		NCHC EMP: 3.31 - 3.51	8.90	11.49											10.18	3.77	
Hospital Days	↓	735 or less per month	770	667											718.5	/	
COMMUNITY																	
Access Rate	↑	90 - 95%	92.0%	86.2%											90.1%	88.3%	
FINANCE																	
Direct Expense/Gross Patient Revenue	↓	60 - 64%	64.9%	68.0%											66.4%	68.2%	
Indirect Expense/Direct Expense	↓	36 - 38%	33.7%	37.9%											35.7%	35.5%	
Net Income	↑	2 - 3%	1.3%	-1.6%											-0.1%	0.7%	

↑ Higher rates are positive
↓ Lower rates are positive

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	Annualized number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience	Mean score of responses to the overall satisfaction rating question on the survey.
CLINICAL	
Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for Assitive Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards.
Adverse Event Rate	Patients: # of actual harm events that reached patients/number of patient days x1000 Employees: #of OSHA Reportables x 200,000/hours worked
Total Hospital Days	Total Hospital days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. The current figure totals the NCHC current month hospital days to out of facility hospital days from the previous month. This lag is due to the processing time of invoices from other facilities.
COMMUNITY	
Access Rate	• 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
	- 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	
• Post Acute Care % of eligible referred residents admitted within 48 hours	
• Long Term Care % of eligible referred residents admitted within 2 weeks	
• CBRF % of eligible patients admitted within 24 hours	
• MMT % of eligible patients admitted within 60 days of UPC	
• Crisis Services % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	
• Inpatient Services	
- within 4 days following discharge for counseling/post-discharge check	
- 14 days from hospital discharge to psychiatry visit	
- Ratio of patient days served at NCHC vs. Out of County placements	
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.
Net Income	Net earnings after all expenses have been deducted from revenue.



North Central Health Care

Person centered. Outcome focused.

Quality Executive Summary

March 2019

Organizational Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2019 is 5-7%. Currently, the rate is 9% for February, a decrease of 1.3% from January. The year average is 9.7%. The reason for the decrease in vacancy is the large number of new hires (23) which included a number of former Atrium Staff.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2019 is 80-82%. The rate is 97.5% for the month of February. Currently, the rate is annualized to project 85% which is exceeding our target range.

Service

❖ **Patient Experience**

NCHC Patient Experience 2019 target is 88.3-90.5. We are measuring patient experience via mean score of responses to the overall satisfaction question on the patient experience surveys. For February, we met our target at 89.3.

Clinical

❖ **Readmission Rate**

The Readmission Rate for 2019 is a combined measure consisting of the total number of residents re-hospitalized within 30 days of admission to the nursing home/total admissions and includes the percent of patients who are readmitted within 30 days of discharge from the inpatient behavioral hospital for mental health primary diagnosis. Our target for 2019 is 8-10% total readmission rate. The rate for February is 10.2%. This measure is driven by Mount View's readmissions for the month. During the month we had 32 admissions with 7 re-hospitalizations.

❖ **Nursing Home Star Rating**

For 2019, we will be measuring the Nursing Home Star Rating as determined by CMS Standards with a target of 4 stars. For January, we did not meet our target and are currently at 2 stars, however this rating is currently a stagnant number. In November 2017, with the changes to the survey process, CMS placed a moratorium on survey rankings and due to that the star ratings are based on the prior two years. In the past it was based on 3 years of survey data. We have received word that April 2019 they will lift this moratorium and we will have the survey history removed and be given credit for our most recent two surveys which had better outcomes. Review of the lift shows that we anticipate a 3 star until we have our next standard recertification survey.

❖ **Adverse Event Rate**

For 2019, we will be measuring adverse events for both patients and employees. Our definition of “adverse” is actual harm that reached the patient or the employee. This measure will not include “near misses” or events that could have had the potential for harm, although this data will be collected, measured and analyzed for quality process improvement efforts.

For 2019, the target range for Patient Adverse Event is .73-.75 per 1,000 patient days. For February, we exceeded our target at .53. This decreased from last month.

The target range for Employee Adverse Events is 3.31-3.51. For February, we did not meet our target at 11.49. This was due to 6 employee adverse events that included a needle stick, arm strain, shoulder injury, blood exposure and a leg injury. Year to date, there are 11 which are due to inclement weather.

❖ **Total Hospital Days**

This measure includes the total number of days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. The data for external diversion days will be at a one month lag. Our target for 2019 is 735 or less total hospital days. For February, we had 667 days, which is in target.

Community

❖ **Access Rate for Behavioral Health Services**

The target range for this measure for 2019 is 90-95%. For February, we are below target at 88.3%. The following programs were under target for access in February:

- Community Treatment
- Community Living (Prevocational Services)
- Mount View Care Center

(See program descriptions below for more information.)

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue. The 2019 target is 60-64%. The percentage in February increased to 68% due to a combination of increased costs in some areas with a decrease in revenue in other areas. Costs for diversions and physicians were above targets, while gross charges for the hospital and physician services were below target.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2019 target is 36-38%. The rate for February is 37.9%, which is within the target range. The support areas are continuing to monitor expense to keep them at or below target.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2019 is 2-3%. The target for February was not met, as the actual percentage is -1.6% due to an overall loss for the month. The overall loss is driven mostly from revenue not meeting targets.

Program-Specific Outcomes-items not addressed in analysis above

The following outcomes reported are measures that were not met at the program-specific level. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Human Service Operations

❖ Behavioral Health Services (Inpatient, MMT, CBRF, Crisis):

Measures not met in this group were:

- The BHS Vacancy rate was at 14.4% for February. The program target is 5.8-7.8%. This is a decrease of 5.5%, which indicates that the measures put into place have been effective. There are ongoing recruitment efforts and interviews being conducted and a staffing matrix was created for inpatient to help with vacancy rates. The department is also rolling out a brand new orientation and training program for BHS staff, which is anticipating to assist with retention.
- Patient Adverse Event Rate was up at 5.46 for February, with a target of 0.71 to 0.73. There were two patient self-inflicted injuries on the unit in February and one medical emergency in crisis. A key action item in March is enhancing the safety check process on the unit, which should have a positive impact on this number.
- Direct Expense/Gross Patient Revenue: For February BHS had 76.9% with a target of 64-69%. February had a high number of line of sight and 1:1 patient needs and diversions related to acuity. We are aligning providers and staff to meet budgeted census.

❖ Birth to 3

- Vacancy rate is high as there are currently 2 open positions. Active recruitment is being held for one of the positions and the other one is being held in anticipation of the transition to Marathon County Special Education.

❖ Community Living (Residential/ADS/PreVoc):

- Vacancy Rate: This is higher than target by .6%. This is expected to be within range soon.
- Patient Adverse Event Rate: This rate is higher than target due to med errors and individuals who are a fall risk. There is an active PDSA working on med errors, focused on the sites with the highest rates. Falls are being addressed per patient with fall prevention plans and meetings with the guardians.
 - Access: Access remains at 66.7% rate for February. This is because we are transitioning prevocational sheltered based members into Community Based PreVoc Services, a focus that continues for 2019. All clients must first graduate from DVR before entering the PreVoc service, and has continued to cause a delay into the service line.

❖ Community Treatment/Outpatient/Community Corner Clubhouse:

Measures not met in this group were:

- Vacancy: For February these programs had a combined vacancy rate of 6.5% with a target of 3.3-5.3%. This is an improvement from last month. There continues to be openings in the community treatment program and those positions are being actively recruited.
- Patient experience has dipped in February in Community Treatment to 86.8 but the year to date remains at target. This impacted the overall score. The number of surveys collected for that program was 19. There will be more emphasis on survey collection and messaging to patients in the coming months.
- Access Rate: The access rate was impacted by Community Treatment at 44%. This is related to the vacancy rate. We had several case management positions that were being actively recruited. Managers have been tasked with determining and addressing key factors regarding current vacancies.

- Direct Expense/Gross Patient Revenue: February numbers are higher than target at 97.6%. Driving this is our Outpatient service specifically. Earlier this year, a new manager started and was given the task of focusing on counselor schedules, productivity, and efficiency. Action items focus on productivity standards. Inclement weather impacted patient cancellations and no show rates as well.

Nursing Home Operations

❖ **MVCC Overall:**

- Through February the vacancy rate was at 14.2% year to date with a target range of 6.4-8.4%. Nursing home has a Vacancy and Retention Committee that meets weekly and is looking into what is affecting this rate. During the month of February we had two full-time resignations and two internal transfers to other departments which impacted our rate.
- Readmission target for 2019 is 8-10%. In February readmission rate was at 21.9% due to seven unavoidable hospitalizations. The seven residents spent over 30 days in the hospital. Most of the diagnosis were cardiac related issues.
- Adverse event rate for February was 3.4 events per 1,000 patient days. In February we saw an increase in falls with minor injury which led to the increase in our adverse events. Nursing will be monitoring and reviewing for trends. The target for 2019 is a 5% decrease in the number of injuries from 2018 total.
- Access for February was at 69.8%. The short term target for 2019 is for referral to have an admission within 48 hours after acceptance. This goal has been revised to measure when facility accepts a referral versus actual referral date.
- Direct Expense/Gross Patient Revenue for February was at 58.5% with a target of 46-51% which was a small decrease from January. This decrease was due to a slight increase in revenue for the Vent and Legacies programs along with expenses under budget in Long Term Care and Legacies programs.

Support Programs

❖ **APS:**

- Vacancy rate for February was at 14.7% with a target of 3.7-5.7%. APS continues to recruit for their vacant position.
- Patient Experience: For the month of February, APS did not have any survey responses. These surveys are mailed to guardians on a monthly basis. Efforts surrounding increasing response rates and communication about the survey to guardians are being implemented.

❖ **Business Operations:**

- Direct Expense Budget target is \$57,205-\$60,065 per month. Expenses for February are at \$61,152 which is a bit over the target. This is due to a bulk of the expense for the annual audit coming in February. This will level out and the program will be back on track.

❖ **Health Information:**

- Vacancy for the month of February was at 15.2% with a target of 3.3-5.3%. This is due to the vacancies with the director role and a coder. The director role has been filled, with a March start date.
- Direct Expense Budget target is \$34,970 - \$36,719 per month. February came in over budget at \$39,995. This is due to having a consultant filling in the director role. The consultant agreement ends March 8.

❖ **Information Management Systems:**

- Vacancy for the month of February was at 0% with a target range of 3.1-5.1%. The Information Services Executive role has been filled with a March start date.

❖ **Patient Access:**

- Vacancy for the month of February is 4.6% with a target range of 2.1-4.1%. The director role has been filled.

2019 - Primary Dashboard Measure List

↑ Higher rates are positive
↓ Lower rates are positive

Department	Domain	Outcome Measure	2018	↑↓	Target Level	2019 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	9.5%	↓	5 - 7%	9.7%
		Retention Rate	82.0%	↑	80 - 82%	85.0%
	Service	Patient Experience: % Top Box Rate	70.3%	↑	88.3 - 90.5	89.9
	Clinical	Readmission Rate	11.3%	↓	8 - 10%	10.2%
		Nursing Home Star Rating	★★	↑	4+ Stars	★★
		Adverse Event Rate	0.75	↓	PAT: 0.71 - 0.73	0.59
			3.77		NCHC EMP: 3.31 - 3.51	10.18
		Hospital Days	/	↓	<= 735 / month	718.5
	Community	Access Rate	88.3%	↑	90 - 95%	90.1%
	Finance	Direct Expense/Gross Patient Revenue	68.2%	↓	60 - 64%	66.4%
		Indirect Expense/Direct Expense	35.5%	↓	36 - 38%	35.7%
		Net Income	0.7%	↑	2 - 3%	-0.1%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BHS	People	BHS Vacancy Rate	↓	5.8 - 7.8%	17.2%
		BHS Retention Rate	↑	80 - 82%	64.4%
	Service	BHS Patient Experience	↑	88.3 - 90.5	86.9
	Clinical	BHS Readmission Rate	↓	8 - 10%	5.3%
		BHS Adverse Event Rate	↓	PAT: 0.71 - 0.73	5.58
				NCHC EMP: 3.31 - 3.51	10.18
	Hospital Days	↓	<= 735 / month	348	
	Community	BHS Access	↑	90 - 95%	TBD
	Finance	BHS Budgeted Direct Expense/Gross Patient Revenue	↓	64 - 69%	77.1%
BHS Write-Offs		↓	0.69%	0.39%	

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BIRTH TO 3	People	Birth To 3 Vacancy Rate	↓	1.8 - 3.8%	3.8%
		Birth To 3 Retention Rate	↑	80 - 82%	53.8%
	Service	Birth To 3 Patient Experience	↑	88.3 - 90.5	92.9
	Clinical	Birth To 3 Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.00
				NCHC EMP: 3.31 - 3.51	10.18
	Community	Birth To 3 Access	↑	90 - 95%	100.0%
	Finance	Birth To 3 Direct Expense/Gross Patient Revenue	↓	139 - 144%	134.9%
Birth To 3 Write-Offs		↓	0.57%	0.13%	

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
COMMUNITY LIVING	People	Community Living Vacancy Rate	↓	4.6 - 6.6%	6.8%
		Community Living Retention Rate	↑	80 - 82%	94.0%
	Service	Community Living Patient Experience	↑	88.3 - 90.5	94.7
	Clinical	Community Living Adverse Event Rate	↓	PAT: 0.73 - 0.75	1.09
				NCHC EMP: 3.31 - 3.51	10.18
	Community	Community Living Access Rate	↑	90 - 95%	66.7%
	Finance	Community Living Direct Expense/Gross Patient Revenue	↓	56 - 61%	54.8%
		Community Living Write-Offs	↓	0.10%	0.00%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
OP/CT/CLUBHOUSE	People	OP/CT/Clubhouse Vacancy Rate	↓	3.3 - 5.3%	6.9%
		OP/CT/Clubhouse Retention Rate	↑	80 - 82%	100.0%
	Service	OP/CT/Clubhouse Patient Experience	↑	88.3 - 90.5	88.3
	Clinical	OP/CT/Clubhouse Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.07
				NCHC EMP: 3.31 - 3.51	10.18
	Community	OP/CT/Clubhouse Access Rate	↑	90 - 95%	88.7%
	Finance	OP/CT/Clubhouse Direct Expense/Gross Patient Revenue	↓	73 - 78%	80.6%
		OP/CT/Clubhouse Write-Offs	↓	0.45%	0.24%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
AQUATIC	People	Aquatic Vacancy Rate	↓	3.7 - 5.7%	0.0%
		Aquatic Retention Rate	↑	80 - 82%	45.4%
	Service	Aquatic Patient Experience	↑	88.3 - 90.5	95.5
	Clinical	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Community	Aquatic Access	↑	90 - 95%	97.1%
	Finance	Aquatic Direct Expense/Gross Patient Revenue	↓	51 - 56%	60.5%
		Aquatic Write-Offs	↓	0.45%	0.95%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MOUNT VIEW CARE CENTER	People	MVCC Vacancy Rate	↓	6.4 - 8.4%	14.2%
		MVCC Retention Rate	↑	80 - 82%	80.2%
	Service	MVCC Patient Experience	↑	88.3 - 90.5	92.5
	Clinical	MVCC Readmission Rate	↓	8 - 10%	17.2%
		MVCC Nursing Home 5-Star Rating	↓	4+ Stars	★★
		MVCC Adverse Event Rate	↓	2.43 - 2.55	3.00
	Community	MVCC Access Rate	↑	90 - 95%	69.8%
	Finance	MVCC Direct Expense/Gross Patient Revenue	↓	46 - 51%	59.1%
MVCC Write-Offs		↓	0.16%	0.13%	

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
APS	People	APS Vacancy Rate	↓	3.7 - 5.7%	14.7%
		APS Retention Rate	↑	80 - 82%	14.2%
	Service	APS Patient Experience	↑	88.3 - 90.5	N/A
	Clinical	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	APS Direct Expense Budget	↓	\$45,491 - \$47,765 per month	\$42,052.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BUSINESS OPERATIONS	People	Business Operations Vacancy Rate	↓	3.8 - 5.8%	0.0%
		Business Operations Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Business Operations Direct Expense Budget	↓	\$57,205 - \$60,065 per month	\$61,152.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HIM	People	HIM Vacancy Rate	↓	3.3 - 5.3%	15.2%
		HIM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	HIM Direct Expense Budget	↓	\$34,970 - \$36,719 per month	\$39,995.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HUMAN RESOURCES	People	Human Resources Vacancy Rate	↓	3.6 - 5.6%	0.0%
		Human Resources Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Human Resources Direct Expense Budget	↓	\$74,859 - \$78,602 per month	\$65,662.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
IMS	People	IMS Vacancy Rate	↓	3.1 - 5.1%	7.1%
		IMS Retention Rate	↑	80 - 82%	14.2%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	IMS Direct Expense Budget	↓	\$191,668 - \$201,251 per month	\$166,030.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MARKETING AND COMMUNICATION	People	MARCOM Vacancy Rate	↓	6.3 - 8.3%	0.0%
		MARCOM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	MARCOM Direct Expense Budget	↓	\$30,931 - \$32,477 per month	\$27,735.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
ORGANIZATIONAL DEVELOPMENT	People	Org Dev Vacancy Rate	↓	8.3 - 10.3%	0.0%
		Org Dev Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Org Dev Direct Expense Budget	↓	\$44,077 - \$46,280 per month	\$21,891.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT ACCESS SERVICES	People	Patient Access Services Vacancy Rate	↓	2.1 - 4.1%	4.6%
		Patient Access Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Patient Access Services Direct Expense Budget	↓	\$50,225 - \$52,737 per month	\$41,740.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT FINANCIAL SERVICES	People	Patient Financial Services Vacancy Rate	↓	1.9 - 3.9%	
		Patient Financial Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Patient Financial Services Direct Expense Budget	↓	\$66,088 - \$69,393 per month	\$66,899.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PHARMACY	People	Pharmacy Vacancy Rate	↓	2.7 - 4.7%	0.0%
		Pharmacy Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Pharmacy Budgeted Direct Expense/Gross Patient Revenue	↓	37 - 41%	40.7%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PURCHASING	People	Purchasing Vacancy Rate	↓	7.5 - 9.5%	0.0%
		Purchasing Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Purchasing Direct Expense Budget	↓	\$18,643 - \$19,575 per month	\$18,342.50

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
TRANSPORTATION	People	Transportation Vacancy Rate	↓	3.7 - 5.7%	0.0%
		Transportation Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
		Access: On-Time Arrivals	↑	90 - 95%	
Finance	Transportation Direct Expense Budget	↓	\$32,062 - \$33,665 per month	\$26,963.00	

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
VOLUNTEER SERVICES	People	Volunteer Services Vacancy Rate	↓	16.1 - 18.1%	0.0%
		Volunteer Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	89.9
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	10.18
	Finance	Volunteer Services Direct Expense Budget	↓	\$9,453 - \$9,926 per month	\$8,917.50



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: March 15, 2019
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: March CFO 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 February shows an overall loss of (\$86,989) compared to the targeted gain of \$130,103 resulting in a negative variance of (217,092). Year to date, the organization shows a loss of (\$13,878).
- 2) **Revenue Key Points**: The nursing home census averaged 180/day compared to the budget target of 185/day. This is an improvement over the prior month. The hospital census averaged 12/day, compared to the target of 14. Revenue in some of the outpatient areas were also down again in February, with the weather again contributing to some of this.
- 3) **Expense Key Points**: Overall expenses for February were below targets. The direct areas, however, were over budget target and the support areas were below targets. The state institutes were over targets as well as employee benefits, legal, and contracted services.
- 4) **2018 Audit**: The annual financial audit will be presented at this meeting.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
FEBRUARY 2019**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	1,095,871	2,843,153	3,939,024	6,868,003
Accounts receivable:				
Patient - Net	3,110,577	1,449,860	4,560,437	4,801,225
Outpatient - WIMCR & CCS	2,505,667	0	2,505,667	1,697,500
Nursing home - Supplemental payment program	0	350,000	350,000	364,000
Marathon County	632,489	250,000	882,489	57,080
Appropriations receivable	0	0	0	49,747
Net state receivable	1,448,931	0	1,448,931	888,696
Other	357,570	0	357,570	375,850
Inventory	0	427,687	427,687	342,220
Other	<u>648,012</u>	<u>433,450</u>	<u>1,081,462</u>	<u>1,045,387</u>
Total current assets	<u>9,799,117</u>	<u>5,754,150</u>	<u>15,553,267</u>	<u>16,489,708</u>
Noncurrent Assets:				
Investments	13,644,000	0	13,644,000	11,749,000
Assets limited as to use	679,917	158,343	838,261	1,373,622
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	13,658	22,851	36,509	39,387
Net pension asset	3,331,431	2,228,367	5,559,798	0
Nondepreciable capital assets	1,031,469	16,853	1,048,322	848,979
Depreciable capital assets - Net	<u>7,286,018</u>	<u>3,381,954</u>	<u>10,667,972</u>	<u>10,905,319</u>
Total noncurrent assets	<u>26,486,494</u>	<u>6,308,368</u>	<u>32,794,862</u>	<u>25,416,307</u>
Deferred outflows of resources - Related to pensions	<u>6,154,191</u>	<u>4,116,489</u>	<u>10,270,680</u>	<u>12,070,837</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>42,439,802</u>	<u>16,179,007</u>	<u>58,618,809</u>	<u>53,976,852</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
FEBRUARY 2019**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of capital lease liability	22,460	6,789	29,249	0
Accounts payable - Trade	461,276	308,544	769,820	1,465,309
Appropriations advances	84,242	0	84,242	594,386
Accrued liabilities:				
Salaries and retirement	1,355,824	906,900	2,262,724	1,836,995
Compensated absences	1,014,418	678,536	1,692,954	1,403,163
Health and dental insurance	507,522	339,478	847,000	622,000
Other Payables	140,213	93,787	234,000	239,000
Amounts payable to third-party reimbursement programs	220,000	0	220,000	250,118
Unearned revenue	<u>76,881</u>	<u>0</u>	<u>76,881</u>	<u>76,766</u>
Total current liabilities	<u>3,882,837</u>	<u>2,334,033</u>	<u>6,216,870</u>	<u>6,487,737</u>
Noncurrent Liabilities:				
Net pension liability	565,969	378,572	944,541	1,582,088
Long-term portion of capital lease liability	74,119	22,403	96,522	0
Related-party liability - Master Facility Plan	263,719	79,710	343,429	0
Patient trust funds	<u>13,658</u>	<u>22,851</u>	<u>36,509</u>	<u>39,387</u>
Total noncurrent liabilities	<u>917,465</u>	<u>503,536</u>	<u>1,421,001</u>	<u>1,621,475</u>
Total liabilities	<u>4,800,302</u>	<u>2,837,569</u>	<u>7,637,871</u>	<u>8,109,212</u>
Deferred inflows of resources - Related to pensions	<u>6,587,067</u>	<u>4,406,036</u>	<u>10,993,103</u>	<u>5,021,704</u>
Net Position:				
Net investment in capital assets	7,944,809	3,398,807	11,343,616	11,754,298
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	679,917	158,343	838,261	1,373,622
Undesignated	21,870,487	4,949,349	26,819,837	27,263,015
Operating Income / (Loss)	<u>57,218</u>	<u>(71,096)</u>	<u>(13,878)</u>	<u>(44,999)</u>
Total net position	<u>31,052,432</u>	<u>8,935,403</u>	<u>39,987,835</u>	<u>40,845,936</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>42,439,802</u>	<u>16,179,007</u>	<u>58,618,809</u>	<u>53,976,852</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 28, 2019**

TOTAL	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,799,596</u>	<u>\$4,086,491</u>	<u>(\$286,894)</u>	<u>\$8,057,779</u>	<u>\$8,502,460</u>	<u>(\$444,681)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	836,301	836,301	0
Grant Revenue	200,523	210,375	(9,852)	413,497	420,750	(7,253)
County Appropriations - Net	525,486	525,486	(0)	1,050,972	1,050,972	(0)
Departmental and Other Revenue	<u>333,440</u>	<u>349,219</u>	<u>(15,779)</u>	<u>695,110</u>	<u>698,437</u>	<u>(3,327)</u>
Total Other Revenue	<u>1,477,599</u>	<u>1,503,230</u>	<u>(25,631)</u>	<u>2,995,880</u>	<u>3,006,460</u>	<u>(10,580)</u>
Total Revenue	5,277,195	5,589,721	(312,525)	11,053,659	11,508,920	(455,261)
Expenses:						
Direct Expenses	4,055,209	4,030,563	24,646	8,497,390	8,370,795	126,595
Indirect Expenses	<u>1,340,537</u>	<u>1,449,888</u>	<u>(109,351)</u>	<u>2,636,089</u>	<u>2,948,500</u>	<u>(312,411)</u>
Total Expenses	<u>5,395,746</u>	<u>5,480,451</u>	<u>(84,705)</u>	<u>11,133,479</u>	<u>11,319,295</u>	<u>(185,816)</u>
Operating Income (Loss)	<u>(118,550)</u>	<u>109,270</u>	<u>(227,820)</u>	<u>(79,819)</u>	<u>189,625</u>	<u>(269,445)</u>
Nonoperating Gains (Losses):						
Interest Income	27,977	20,833	7,144	58,560	41,667	16,894
Donations and Gifts	3,585	0	3,585	7,381	0	7,381
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>31,561</u>	<u>20,833</u>	<u>10,728</u>	<u>65,942</u>	<u>41,667</u>	<u>24,275</u>
Income / (Loss)	<u>(\$86,989)</u>	<u>\$130,103</u>	<u>(\$217,092)</u>	<u>(\$13,878)</u>	<u>\$231,292</u>	<u>(\$245,170)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 28, 2019**

51.42/.437 PROGRAMS	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,255,422</u>	<u>\$2,531,812</u>	<u>(\$276,390)</u>	<u>\$4,813,632</u>	<u>\$5,266,290</u>	<u>(\$452,658)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	836,301	836,301	0
Grant Revenue	200,523	210,375	(9,852)	413,497	420,750	(7,253)
County Appropriations - Net	400,486	400,486	(0)	800,972	800,972	(0)
Departmental and Other Revenue	<u>214,387</u>	<u>238,277</u>	<u>(23,890)</u>	<u>463,866</u>	<u>476,554</u>	<u>(12,688)</u>
Total Other Revenue	<u>1,233,546</u>	<u>1,267,288</u>	<u>(33,742)</u>	<u>2,514,636</u>	<u>2,534,577</u>	<u>(19,941)</u>
Total Revenue	3,488,968	3,799,101	(310,133)	7,328,268	7,800,866	(472,599)
Expenses:						
Direct Expenses	2,842,335	2,902,247	(59,911)	5,902,281	6,016,317	(114,035)
Indirect Expenses	<u>738,793</u>	<u>806,674</u>	<u>(67,882)</u>	<u>1,433,014</u>	<u>1,640,457</u>	<u>(207,443)</u>
Total Expenses	<u>3,581,128</u>	<u>3,708,921</u>	<u>(127,793)</u>	<u>7,335,296</u>	<u>7,656,774</u>	<u>(321,478)</u>
Operating Income (Loss)	<u>(92,160)</u>	<u>90,180</u>	<u>(182,340)</u>	<u>(7,028)</u>	<u>144,093</u>	<u>(151,120)</u>
Nonoperating Gains (Losses):						
Interest Income	27,977	20,833	7,144	58,560	41,667	16,894
Donations and Gifts	2,644	0	2,644	5,685	0	5,685
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>30,621</u>	<u>20,833</u>	<u>9,788</u>	<u>64,245</u>	<u>41,667</u>	<u>22,579</u>
Income / (Loss)	<u>(\$61,539)</u>	<u>\$111,013</u>	<u>(\$172,552)</u>	<u>\$57,218</u>	<u>\$185,759</u>	<u>(\$128,542)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 28, 2019**

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	\$1,544,174	\$1,554,678	(\$10,504)	\$3,244,147	\$3,236,171	\$7,977
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	250,000	250,000	0
Departmental and Other Revenue	<u>119,053</u>	<u>110,942</u>	<u>8,111</u>	<u>231,244</u>	<u>221,883</u>	<u>9,361</u>
Total Other Revenue	<u>244,053</u>	<u>235,942</u>	<u>8,111</u>	<u>481,244</u>	<u>471,883</u>	<u>9,361</u>
Total Revenue	1,788,227	1,790,620	(2,392)	3,725,392	3,708,054	17,338
Expenses:						
Direct Expenses	1,212,874	1,128,316	84,558	2,595,109	2,354,478	240,631
Indirect Expenses	<u>601,744</u>	<u>643,214</u>	<u>(41,470)</u>	<u>1,203,075</u>	<u>1,308,043</u>	<u>(104,969)</u>
Total Expenses	<u>1,814,618</u>	<u>1,771,530</u>	<u>43,088</u>	<u>3,798,183</u>	<u>3,662,521</u>	<u>135,662</u>
Operating Income (Loss)	<u>(26,390)</u>	<u>19,090</u>	<u>(45,480)</u>	<u>(72,792)</u>	<u>45,533</u>	<u>(118,324)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	940	0	940	1,696	0	1,696
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>940</u>	<u>0</u>	<u>940</u>	<u>1,696</u>	<u>0</u>	<u>1,696</u>
Income / (Loss)	<u>(\$25,450)</u>	<u>\$19,090</u>	<u>(\$44,540)</u>	<u>(\$71,096)</u>	<u>\$45,533</u>	<u>(\$116,628)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
February 28, 2019

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	4/4/2019	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	367 Days	6/3/2019	2.40%	\$486,000	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
People's State Bank	365 Days	8/21/2019	2.30%	\$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	\$500,000	X
CoVantage Credit Union	365 Days	10/28/2019	2.00%	\$300,000	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
PFM Investments	365 Days	12/5/2019	2.84%	\$484,000	X
PFM Investments	545 Days	12/10/2019	2.58%	\$480,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
PFM Investments	367 Days	1/2/2020	2.80%	\$968,000	X
PFM Investments	455 Days	2/13/2020	2.73%	\$482,000	X
BMO Harris	549 Days	2/26/2020	2.50%	\$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
Abby Bank	730 Days	8/29/2020	2.57%	\$500,000	X
Abby Bank	730 Days	9/1/2020	2.57%	\$500,000	X
Abby Bank	730 Days	1/6/2021	2.65%	\$500,000	X
Abby Bank	730 Days	2/25/2021	2.65%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$13,644,000	
WEIGHTED AVERAGE	583.52 Days		2.145% INTEREST		

NCHC-DONATED FUNDS

Balance Sheet

As of February 28, 2019

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	6,524.78
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	16,561.73
Community Treatment - Adult	785.82
Community Treatment - Youth	7,367.37
Fishing Without Boundries	6,190.80
General Donated Funds	59,476.43
Hope House	5,634.59
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,167.95
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,329.30
Total Legacies by the Lake	5,287.55
Marathon Cty Suicide Prev Task	16,292.07
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,563.13
Outpatient Services - Marathon	401.08
Pool	24,989.05
Prevent Suicide Langlade Co.	2,444.55
Resident Council	521.05
United Way	529.00
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 211,139.00

Total Checking/Savings 211,139.00

Total Current Assets 211,139.00

TOTAL ASSETS 211,139.00

LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	86,757.12
Net Income	858.13

Total Equity 211,139.00

TOTAL LIABILITIES & EQUITY 211,139.00

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

Month Ending February 28, 2019

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,277,195</u>	<u>5,589,721</u>	<u>11,053,659</u>	<u>11,508,920</u>	<u>(455,261)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,429,601	2,588,768	5,232,086	5,454,901	(222,815)
Fringe Benefits	994,911	960,890	2,077,351	2,024,646	52,704
Departments Supplies	591,783	666,986	1,221,303	1,333,972	(112,669)
Purchased Services	669,141	531,254	1,156,757	1,040,508	116,248
Utilitites/Maintenance Agreements	267,140	259,704	572,689	519,408	53,281
Personal Development/Travel	17,198	44,663	51,972	89,325	(37,354)
Other Operating Expenses	132,801	177,020	214,365	354,200	(139,835)
Insurance	33,659	39,250	60,798	78,500	(17,702)
Depreciation & Amortization	164,513	145,250	326,159	290,500	35,659
Client Purchased Services	<u>95,000</u>	<u>66,667</u>	<u>220,000</u>	<u>133,333</u>	<u>86,667</u>
TOTAL EXPENSES	5,395,746	5,480,451	11,133,479	11,319,295	(185,816)
Nonoperating Income	<u>31,561</u>	<u>20,833</u>	<u>65,942</u>	<u>41,667</u>	<u>24,275</u>
EXCESS REVENUE (EXPENSE)	<u>(86,989)</u>	<u>130,103</u>	<u>(13,878)</u>	<u>231,292</u>	<u>(245,170)</u>

North Central Health Care
Write-Off Summary
February 2019

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$5,825	\$6,677	\$16,454
Bad Debt	\$43	\$84	\$8,236
<i>Outpatient:</i>			
Administrative Write-Off	\$5,497	\$8,300	\$16,345
Bad Debt	\$107	\$313	\$1,436
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$1,006	\$4,966	\$12,066
Bad Debt	\$233	\$269	\$2,122
Ancillary Services:			
Administrative Write-Off	\$0	\$15	\$88
Bad Debt	\$0	\$0	\$0
Pharmacy:			
Administrative Write-Off	\$70	\$88	\$282
Bad Debt	\$0	\$14	\$0
Total - Administrative Write-Off	\$12,398	\$20,046	\$45,235
Total - Bad Debt	\$383	\$680	\$11,794

North Central Health Care
2019 Patient Days

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	5,735	5,491	(244)	84.09%	80.51%
	Hospital	434	360	(74)	87.50%	72.58%
February	Nursing Home	5,180	5,050	(130)	84.09%	81.98%
	Hospital	392	336	(56)	87.50%	75.00%
March	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
April	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
May	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
June	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
July	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
August	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
September	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
October	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
November	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
December	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
YTD	Nursing Home	10,915	10,541	(374)	84.09%	81.21%
	Hospital	826	696	(130)	87.50%	73.73%

North Central Health Care

Review of 2019 Services
Langlade County

Direct Services:	2019 February Actual Rev	2019 February Budg Rev	Variance	2019 February Actual Exp	2019 February Budg Exp	Variance	Variance by Program
Outpatient Services	\$72,965	\$112,998	(\$40,033)	\$100,003	\$133,035	\$33,032	(\$7,001)
Community Treatment-Adult	\$117,775	\$99,549	\$18,226	\$92,295	\$101,049	\$8,754	\$26,980
Community Treatment-Youth	\$238,556	\$212,917	\$25,639	\$178,828	\$212,917	\$34,089	\$59,728
Day Services	\$46,442	\$54,333	(\$7,891)	\$51,183	\$54,333	\$3,150	(\$4,741)
	\$475,738	\$479,798	(\$4,059)	\$422,309	\$501,335	\$79,026	\$74,966
Shared Services:							
Inpatient	\$63,752	\$77,542	(\$13,790)	\$89,036	\$90,758	\$1,722	(\$12,069)
Hospital Psychiatry	\$5,343	\$15,471	(\$10,128)	\$34,066	\$31,452	(\$2,614)	(\$12,741)
CBRF	\$23,125	\$15,911	\$7,214	\$14,415	\$15,911	\$1,496	\$8,710
Crisis	\$10,916	\$10,369	\$548	\$50,749	\$49,252	(\$1,497)	(\$950)
MMT (Lakeside Recovery)	\$10,580	\$9,262	\$1,318	\$16,094	\$14,666	(\$1,428)	(\$110)
Outpatient Psychiatry	\$12,749	\$23,031	(\$10,282)	\$72,500	\$72,363	(\$137)	(\$10,419)
Protective Services	\$4,420	\$4,303	\$117	\$12,194	\$14,188	\$1,994	\$2,111
Birth To Three	\$15,519	\$17,461	(\$1,942)	\$25,000	\$32,177	\$7,177	\$5,235
Group Homes	\$47,043	\$32,448	\$14,595	\$43,644	\$32,448	(\$11,196)	\$3,399
Supported Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$26,952	\$16,453	(\$10,499)	(\$10,499)
	\$193,447	\$205,797	(\$12,350)	\$384,650	\$369,667	(\$14,983)	(\$27,333)
Totals	\$669,185	\$685,595	(\$16,410)	\$806,959	\$871,002	\$64,043	\$47,633
Base County Allocation	\$133,089	\$133,089	\$1				\$1
Nonoperating Revenue	\$3,614	\$2,572	\$1,042				\$1,042
County Appropriation	\$49,747	\$49,747	(\$0)				(\$0)
Excess Revenue/(Expense)	\$855,635	\$871,002	(\$15,367)	\$806,959	\$871,002	\$64,043	\$48,676

North Central Health Care

Review of 2019 Services
Lincoln County

Direct Services:	2019 February Actual Rev	2019 February Budget Rev	Variance	2019 February Actual Exp	2019 February Budg Exp	Variance	Variance By Program
Outpatient Services	\$58,635	\$71,443	(\$12,808)	\$66,960	\$108,539	\$41,579	\$28,771
Community Treatment-Adult	\$118,950	\$116,547	\$2,404	\$95,653	\$118,047	\$22,394	\$24,797
Community Treatment-Youth	\$247,336	\$277,137	(\$29,801)	\$229,386	\$277,137	\$47,751	\$17,950
	\$424,921	\$465,127	(\$40,206)	\$391,999	\$503,722	\$111,723	\$71,518
Shared Services:							
Inpatient	\$86,935	\$105,739	(\$18,804)	\$121,413	\$123,761	\$2,348	(\$16,457)
Inpatient Psychiatry	\$7,287	\$21,096	(\$13,809)	\$46,454	\$42,889	(\$3,565)	(\$17,374)
CBRF	\$31,534	\$21,697	\$9,837	\$19,657	\$21,697	\$2,040	\$11,877
Crisis	\$14,885	\$14,139	\$746	\$69,203	\$67,161	(\$2,042)	(\$1,296)
Outpatient Psychiatry	\$17,385	\$31,405	(\$14,020)	\$98,863	\$98,676	(\$187)	(\$14,207)
MMT (Lakeside Recovery)	\$14,427	\$12,630	\$1,797	\$21,946	\$19,999	(\$1,948)	(\$150)
Protective Services	\$6,027	\$5,868	\$159	\$16,628	\$19,347	\$2,719	\$2,878
Birth To Three	\$19,870	\$22,223	(\$2,353)	\$32,010	\$40,953	\$8,943	\$6,590
Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$36,753	\$22,436	(\$14,317)	(\$14,317)
	\$198,350	\$234,798	(\$36,448)	\$462,927	\$456,919	(\$6,008)	(\$42,456)
Totals	\$623,271	\$699,924	(\$76,653)	\$854,926	\$960,641	\$105,715	\$29,062
Base County Allocation	\$138,330	\$138,330	\$1				\$1
Nonoperating Revenue	\$5,132	\$3,652	\$1,480				\$1,480
County Appropriation	\$118,736	\$118,736	\$0				\$0
Excess Revenue (Expense)	\$885,469	\$960,641	(\$75,172)	\$854,926	\$960,641	\$105,715	\$30,543

North Central Health Care

Review of 2019 Services
Marathon County

Direct Services:	2019	2019	Variance	2019	2019	Variance	Variance by Program
	February Actual Rev	February Budget Rev		February Actual Exp	February Budget Exp		
Outpatient Services	\$222,525	\$316,810	(\$94,285)	\$330,864	\$374,881	\$44,017	(\$50,269)
Community Treatment-Adult	\$612,973	\$651,843	(\$38,870)	\$563,082	\$665,176	\$102,094	\$63,224
Community Treatment-Youth	\$592,320	\$624,282	(\$31,962)	\$444,335	\$624,282	\$179,947	\$147,985
Day Services	\$228,271	\$248,376	(\$20,105)	\$222,604	\$248,376	\$25,772	\$5,667
Clubhouse	\$44,502	\$84,017	(\$39,515)	\$76,106	\$99,350	\$23,244	(\$16,271)
Demand Transportation	\$70,406	\$73,039	(\$2,633)	\$60,539	\$73,039	\$12,500	\$9,867
Aquatic Services	\$111,611	\$133,577	(\$21,966)	\$180,668	\$190,635	\$9,967	(\$12,000)
Pharmacy	\$827,042	\$854,648	(\$27,606)	\$833,714	\$854,648	\$20,934	(\$6,672)
	\$2,709,650	\$2,986,592	(\$276,942)	\$2,711,912	\$3,130,386	\$418,474	\$141,533
Shared Services:							
Inpatient	\$428,880	\$521,647	(\$92,767)	\$598,972	\$610,551	\$11,579	(\$81,189)
Inpatient Psychiatry	\$35,946	\$104,074	(\$68,128)	\$229,172	\$211,588	(\$17,584)	(\$85,712)
CBRF	\$155,566	\$107,040	\$48,526	\$96,975	\$107,040	\$10,065	\$58,591
Crisis Services	\$73,433	\$69,752	\$3,681	\$341,400	\$331,329	(\$10,071)	(\$6,390)
MMT (Lakeside Recovery)	\$71,175	\$62,307	\$8,868	\$108,269	\$98,660	(\$9,609)	(\$741)
Outpatient Psychiatry	\$85,766	\$154,933	(\$69,167)	\$487,726	\$486,803	(\$923)	(\$70,089)
Protective Services	\$29,734	\$28,948	\$787	\$82,031	\$95,446	\$13,415	\$14,202
Birth To Three	\$114,363	\$101,592	\$12,772	\$184,231	\$187,213	\$2,982	\$15,754
Group Homes	\$288,441	\$300,885	(\$12,444)	\$267,606	\$300,885	\$33,279	\$20,835
Supported Apartments	\$411,273	\$397,333	\$13,940	\$383,806	\$397,333	\$13,527	\$27,467
Contracted Services	\$0	\$0	\$0	\$181,313	\$110,683	(\$70,630)	(\$70,630)
	\$1,694,577	\$1,848,511	(\$153,934)	\$2,961,501	\$2,937,531	(\$23,970)	(\$177,904)
Totals	\$4,404,227	\$4,835,102	(\$430,875)	\$5,673,413	\$6,067,917	\$394,504	(\$36,371)
Base County Allocation	\$564,883	\$564,883	\$0				\$0
Nonoperating Revenue	\$49,814	\$35,443	\$14,371				\$14,371
County Appropriation	\$632,489	\$632,489	\$0				\$0
Excess Revenue/(Expense)	\$5,651,413	\$6,067,917	(\$416,504)	\$5,673,413	\$6,067,917	\$394,504	(\$22,000)



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: March 13, 2019
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: Monthly HSO 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. **Marathon County C.A.R.T.:** The first year of the Crisis Assessment Response Team (CART) has been completed and they have collected data that indicates that this intervention resulted in a 10% decrease in emergency detentions in the first year. Mental health related calls to the Marathon County Sherriff's department and Wausau Police Department also increased from 1,117 calls in 2017 to 1,471 calls in 2018. The two teams were able to respond to 41% of the mental health calls that came into dispatch on average. Pairing a crisis worker with an officer and deputy has proven to be very effective as a multidisciplinary tool to assist individuals in crisis. Patients and community partners report being very pleased with the outcome of CART interactions.
2. **Outpatient and BHS Recertification Survey:** NCHC's Outpatient and BHS programs received their normal recertification visit on 3/7/19. The programs were approved for another 2 year cycle.
3. **DHS Inpatient Hospital Complaint Survey:** On 3/6/19 DHS came to NCHC to respond to a complaint. The complaint had three factors, which were focused on a patient not getting their medication as ordered, lack of patient fall prevention, and potential incorrect direction given by NCHC's Dr. Green protocol (patient presenting with escalating behavioral needs). The first two complaints were substantiated (meaning that they were proven to have occurred). NCHC had previously also identified these as occurring and had active action plans in place to mitigate further issue. The surveyors commented that they felt that many of the corrections made on internal review were sufficient and we can note these on our action plan back to the state. Based on DHS suggestion, we will also be enhancing our existing action plans with additional steps to mitigate medication errors and falls.
4. **Langlade County Sober Living Ad Hoc Committee:** The committee will be working with Langlade County to pursue funding to support the pilot sober living house in Antigo. A house has been identified and the purchase is being reviewed.
5. **North Central Recovery Coaching Collaborative:** North Central Health Care received a Greenheck Foundation funding to support the new recovery coaching collaborative. This \$20,000 grant is available for 3 years and will be used to offset costs associated with staffing the coordinator position.

6. **Marathon County Evidence Based Decision Making Behavioral Health Committee:** MCW student Chris Grant reprised his Sober Living presentation that he had given to Langlade County partners, and did so to partners at Marathon County. Marathon County partners are also interested in the sober living project and reviewed the data. Many of the issues facing Langlade County in their needs assessment are mirrored by Marathon County, which indicates a similar model would be effective for both communities.

7. **Inpatient Follow Ups:** At the last meeting, Board members had questions about how follow ups are done with patients who have been sent out of county for their care. This is done by our RN Case Manager in Crisis. Patients are followed up on a weekly basis at minimum, and our RN Case Manager will call to discuss the patient's behaviors on the unit, medications, estimated length of stay, treatment plan, discharge disposition, and will request labs and other documentation. She also coordinates with outpatient appointments for the patient on their return to the area. The RN Case Manager also works to bring patients back to NCHC if beds become available on the unit.

2019 NCCSP BOARD CALENDAR – Next Three Months

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

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

Board Action: TBD

Board Policy to Review: Strategic Planning Policy

Board Policy Discussion Generative Topic: TBD

Thursday May 30, 2018 – 12:00 PM – 8:00 PM (BOARD RETREAT)

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

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

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

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

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

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

Thursday June 27, 2018 (Merrill Center) – 12:00 PM – 2:00 PM

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

Board Action: TBD

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

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