

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, April 25, 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 – J. Zriny
4. Board Committee Minutes and Reports – None to Report
5. Consent Agenda
 - A. ACTION: Approval of 3/21/2019 NCCSP Board Meeting Minutes
 - B. ACTION: Approve Medical Staff Appointment Recommendations for Brian Bromley, D.O., Reappointments for Jennifer Svencer, PA-C, Gregory Varhely, M.D., and Shae Wheeler, PA-C, Terminate Appointments for Debra Sanfilippo, PA-C, Ruth Nelson-Lau, APNP
6. Board Education
 - A. Update on 2019 Priorities and Operational Plan – M. Loy
7. Monitoring Reports
 - A. CEO Work Plan Review and Report – M. Loy
 - B. Quality Outcomes Review – M. Loy
 - i. ACTION: Review and Accept the March Quality Dashboard and Executive Summary
 - C. Chief Financial Officer's Report – B. Glodowski
 - i. ACTION: Review and Accept March Financial Statements
 - D. Human Services Operations Report – L. Scudiere
 - E. Nursing Home Operations Report – K. Gochanour
8. Board Discussion and Possible Action
 - A. ACTION: Annual Review and Approval of Board Strategic Planning Policy
9. MOTION TO GO INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events.
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
 - A. Board Retreat Agenda
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 04/19/2019 TIME: 4:00 PM BY: D. Osowski


Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

March 21, 2019

12:00 Noon

Wausau Board Room

Present:

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

Also Present: Michael Loy, Brenda Glodowski, Kim Gochanour, Laura Scudiere, Tom Boutain, Lance Leonhard

Guests: Chad Billeb, Nancy Bergstrom, Kristi Palmer, Kim Heller, Josh Boyle

1. Call to order

- S. Benson called the meeting to order at 12:01 p.m.

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/Seefeldt, to approve the Consent Agenda which includes:
 - 2/28/19 NCCSP Board Meeting Minutes
 - Nursing Home Operations Report
 - Annual Review and Approval of Board Policies:
 - Fund Balance Policy
 - Write-Off of Accounts Receivable Policy

6. Board Education

- 2018 Audit Presentation provided by Kim Heller and Josh Boyle of Wipfli
 - Wipfli has issued an unmodified opinion and there were no compliance findings. Several recommendations for opportunities for improvement were provided.
 - **Motion**/second, Ashbeck/Breske, to accept the 2018 Audit. Motion carried.

- **Motion**/second, Wagner/Bliven, to accept the 2018 Fund Balance Statement. B. Glodowski reviewed that the policy in place is distributed to each county so they know where balances are in coordination with the policy. All fund balances continue to move in a positive direction. Motion carried.
- Presentation of Schematic Design for NCHC Campus Renovations – M. Loy
 - A review of the current renovation plan was provided. The Marathon County Board will receive this presentation later today.
 - Concern from a couple of residents living on Marshall and Ethel Streets was received regarding two new structures (youth hospital and CBRF) that were being considered near that intersection. After review with architects we feel we can move them further back on the property and alleviate that concern. However, we will also fully examine again moving those structures to the back of the campus if they can work from an operational and safety standpoint. One other concern expressed was a potential for increased parking. After an assessment of parking space by Facilities Management, and potential programs coming in to the vacated NCHC areas, all new parking will be located in the back.
 - Substance abuse and mental health for youth are identified as the top two priorities in the Life Report and this project will significantly address these priorities.
 - Elected officials are supportive. Neighborhood fully appreciates and understands what is being done and neighbors have expressed they feel M. Loy has heard their concerns and have been addressed.
 - Metter added that we are fortunate to have Loy and Leonhard on this project as they have done a phenomenal job in interfacing, and with their continued leadership this will be a tremendous success.
- Governor Ever's 2019-2021 State Budget Proposal
 - Many positive items in the Governor's budget for NCHC.
 - NCHC hosted Secretary Designee Palm and we had a very productive conversation on all issues that have an impact on NCHC.
 - Loy met locally with Wisconsin Hospital Association (WHA) and are working to create a Medicaid hospital program particularly for improved mental health reimbursement rates. Gochanour is also working with LeadingAge for increased reimbursement for ventilator care.
 - Members of WHA, LeadingAge, and Wisconsin Association of County Homes are all talking with legislators and following up with State officials.

7. Monitoring Reports

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

- A study is being done on Langlade County office space allocations; a report will be shared in April. Riverview Terrace, currently owned by Community Development Authority, has asked us to operate their 36 bed unit. Further updates will be provided as discussions continue.
- We are actively working with Lincoln Industries (provides Demand Transportation, Adult Day Services, and PreVoc Services) in Lincoln County. The program not currently operating financially viable. Have offered an operational assessment and support.
- Last week Loy and several NCHC physicians attended the WHA Physician Leadership conference.

B) Quality Outcomes Review – M. Loy

- Overall NCHC Dashboard was reviewed.
- **Motion**/second, Metter/Bliven, to accept the February Quality Dashboard and Executive Summary. Motion carried.

- Loy introduced the newest member of the Executive Team, Tom Boutain Information Services Executive.
- C) Chief Financial Officer's Report – B. Glodowski
- February had a loss for the month just under \$87,000 which was generated more from revenues being down. Support areas have continued to keep expenses down to help offset the lower revenues. Hospital census was down in January and February but has peaked upward in March. Nursing home census improved from the prior month. In February Outpatient was down with much due to weather-related closures and cancelled appointments.
 - **Motion**/second, Seefeldt/Ashbeck, to accept the February Financial Statements. Motion Carried.
- D) Human Services Operations Report – L. Scudiere
- Recertification survey was received for Outpatient and Behavioral Health for another 2-year cycle. At the same time the surveyors completed review of three complaints of which two were substantiated, however, we already had action plans in place and surveyors felt corrections were sufficient. We are waiting for the final documentation from DHS. The surveyors also suggested enhancing action plans on med errors and falls.
 - Alvin, NCHC Therapy Dog, has been thoughtfully introduced to crisis situations and recently deescalated a situation with a youth which turned the situation from transporting the youth to out of county to being able to send the child home.
8. MOTION TO GO INTO CLOSED SESSION:
- **Motion** by Metter 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 9-0. Meeting convened in closed session at 1:50 p.m.
9. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
- **Motion**/second, Metter/Ashbeck, to reconvene into Open Session. All Ayes. Motion passed 9-0. Meeting convened in Open Session at 1:54 p.m.
 - No action or announcements on the Closed Session Item(s) were made.
10. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
- Board Retreat is scheduled for May 30 from Noon until 8 pm.
11. Assessment of Board Effectiveness
- None
12. Adjourn
- **Motion**/second, Bliven/Breske, to adjourn the meeting at 1:55 p.m. Motion carried.



North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Gregory M. Varhely, M.D. Appoint/Reappoint 05-01-2019 to 04-30-2021
Time Period

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

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☒ Locum Locum Agency: Locum Tenens. Com
☐ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

(Medical Executive Committee Signature)

(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

(Medical Staff President Signature)

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Shae M. Wheeler, PA C Appoint/Reappoint 05-01-2019 to 04-30-2021 Time Period

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

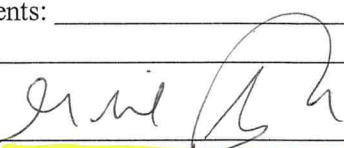
Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee
 ☒ Locum Locum Agency: Advance Care Providers
 ☐ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

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

Comments: _____

 4-8-19
(Medical Executive Committee Signature) (Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

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

 4-11-19
(Medical Staff President Signature) (Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
 ☐ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

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



MEMORANDUM

DATE: April 19, 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:** In the last few weeks we have continued our community engagement on the renovations with two additional public input sessions hosted at the NCHC Theater. Turnout has been relatively low as the planning team has answered concerns and accommodated neighbors with design updates. The City Plan Commission has approved the height variance for the skilled nursing tower. Plans go to the City Plan Commission for preliminary plan amendment and general plan implementation approval on May 21, 2019 and to the Common Council on May 28, 2019 for approval. Bids for the first phases are slated for release in June.
- 2) **Langlade County Sober Living:** The Sober Living project has been approved and the North Central Health Foundation has agreed to serve as the fiscal agent for the capital campaign. The Foundation authorized a \$25,000 matching grant and another \$10,000 has been raised towards the \$130,000 needed. The Campaign goal is to complete fundraising by the end of summer.
- 3) **American Hospital Association and Wisconsin Hospital Association Advocacy:** Over the last month I have participated in both AHA and WHA advocacy work at the state and federal level. Meeting with the entire Wisconsin Delegation, the agenda was focused on expanding support for Graduate Medical Education and residency slots. Additionally, regulatory improvements for CFR 42 Part II related to reducing restrictions to substance use treatment records were discussed. At the state level, the focus has been on improvements in Medicaid reimbursements, telehealth regulatory reform and improving outpatient reimbursement rates.
- 4) **Recruitments:** Recruitments for the Operations Executive, Chief Nursing Officer, Chief Medical Officer, and Behavioral Health Services Director continued in April. The most active has been the Chief Nursing Officer recruitment. Additionally, we had three Psychiatrist interviews slated in April to fill our open psychiatry slots.

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.	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 with an update available at the May Board Retreat.	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 met. The RCA is meeting again in the coming weeks. The final evaluation meeting with the CEO has been delayed until May.	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	Presented at the March NCCSP Board meeting.	Closed												
Facility Use Agreements	NCCSP	Jan-19	Signed agreements with each of the three Counties	A draft Facility Use Agreement was delivered to members of the RCA and will be discussed at an upcoming meeting.	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	The report is in final development and will be presented in May. It was delayed due to the time commitments for the public engagement sessions related to the campus renovations.	Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA in April (delayed per above) 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 May.	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 Langlade County Board has approved the project along with their one-time commitment funding and ongoing funding. The community fundraising for the remaining \$130,000 in needed funds has begun.	Complete												
Annual Budget	RCA	May-19	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The 2020 Budget schedule and preliminary planning has begun.	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%	9.4%										9.6%	9.5%
Retention Rate	↑	80 - 82%	98.3%	97.5%	95.2%										80.8%	82.0%
SERVICE																
Patient Experience	↑	88.3 - 90.5	90.9	89.3	90.0										91.3	N/A
CLINICAL																
Readmission Rate	↓	8 - 10%	6.7%	13.0%	8.6%										9.7%	11.3%
Nursing Home Star Rating	↑	4+ Stars	☆☆	☆☆	☆☆										☆☆	☆☆
Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.65	0.53	0.39										0.52	0.75
		NCHC EMP: 3.31 - 3.51	8.90	11.49	2.52										6.94	3.77
Hospital Days	↓	735 or less per month	770	667	816										751	N/A
COMMUNITY																
Access Rate	↑	90 - 95%	92.0%	86.2%	85.6%										88.5%	88.3%
FINANCE																
Direct Expense/Gross Patient Revenue	↓	60 - 64%	64.9%	68.0%	73.3%										68.8%	68.2%
Indirect Expense/Direct Expense	↓	36 - 38%	33.7%	37.9%	34.7%										35.3%	35.5%
Net Income	↑	2 - 3%	1.3%	-1.6%	-12.4%										-4.6%	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 Assistive 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
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.

Quality Executive Summary *April 2019*

Organizational Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2019 is 5.0 - 7.0%. Currently, the rate is 9.4% for March, remaining stagnant from February. The year average is 9.6%. The orientation in March welcomed 10 new employees. We are anticipating an impact to the vacancy in April as there are two orientation sessions scheduled.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2019 is 80.0 – 82.0%. The rate is 95.2% for the month of March. Currently, the rate is projected to end the year at 80.8%, which is within 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 March, we met our target at 90.0. NCHC continues to refine the survey process in addition to new programmatic improvements that are anticipated to improve the patient experience this year.

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 March is 8.6%. While the BHS rate went up slightly over target, the rate in the nursing home decreased dramatically in March.

❖ **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. We currently are not meeting our target and are 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 rating until we have our next standard recertification survey. This new score should be reflected in May 2019 Five Star Report.

❖ **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 .71-.72 per 1,000 patient days. For March, we exceeded our target at 0.39. This decreased from last month.

The target range for Employee Adverse Event Rate is 3.31 - 3.51. For March, we exceeded our target at 2.52, with a year to date rate of 6.94. Year to date, there are 11 adverse events which are due to inclement weather, with another potential weather related injury in April.

❖ **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 March, we had 816 days, which is over target. March had a high number of admissions and higher acuity of patients on the unit overall. In April we have the new inpatient psychiatrist starting, so it is anticipated that having a permanent resource will drive improved readmission rates. Also driving rates was an increase in youth diversions and difficulty finding placement for the children once their treatment was completed.

Community

❖ **Access Rate for Behavioral Health Services**

The target range for this measure for 2019 is 90-95%. For March, we are below target at 85.6%. The following programs were under target for access in March:

- BHS (Linkage Patients getting linked to CCS)
- Outpatient (Hospital patients getting a post-discharge appointment w/in 4 days of discharge and Day Treatment)
- Community Treatment
- Community Living (Prevocational Services and Residential)
- Mount View Care Center – This has improved from February to March significantly with the change in measurement to when accepted versus actual admission.

(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 for March increased again to 73.3%. While gross charges did improve in March, the expenses were significantly over budget. Areas that are impacting this overage include health insurance, hospital diversions, and physician services.

❖ **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 percentage for March is 34.7%, which is better than target. With expenses in the direct areas running over budget, support programs are trying to keep expenses down to help offset some of the direct overages.

❖ **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 March was not met, as the actual percentage is -12.4% due to an overall loss for the month. The overall loss is coming from net revenue being down and expenses being up.

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 16.2% for March. The program target is 5.8-7.8%. This is a slight increase from last month. 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.
- Readmission Rate was up at 11.5%, which is 1.5% points over target. Acuity on the unit was high in March overall. It is anticipated that the readmission rate will decrease in the next month.
- Patient Experience Rate is 84.6 which is under the target of 88.3. The biggest decline of patient experience in March was in the MMT program, which is being addressed with a new work group aimed at improving various aspects of the care given in MMT.
- Patient Adverse Event Rate went down by almost two points in March to 3.41. The measure has a target of 0.71 to 0.73. Increased emphasis on medication errors and an increased emphasis on RN support and staffing are contributing.
- Hospital Days 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 March, we had 816 days, which is over target. March had a high number of admissions and higher acuity of patients on the unit overall. In April we have the inpatient psychiatrist starting, so it is anticipated that having a permanent resource will drive improved readmission rates. Also driving rates was an increase in youth diversions and difficulty finding placement for the children once their treatment was completed.
- Direct Expense/Gross Patient Revenue for March BHS had 80.4% with a target of 64-69%. We are re-evaluating the staffing model to decrease dependency on contracted staff, which is driving unbudgeted expense.

❖ **Birth to 3**

- Vacancy Rate is high as there were 2 open positions, one of which has since been filled. The other position is being held in anticipation of the transition to Marathon County Special Education. This measure will not improve until after the Marathon County Special Education transition has been determined.

❖ **Community Living (Residential/ADS/PreVoc):**

- Vacancy Rate remains higher than target by a small percentage (0.6%). This is expected to be within range in the next couple of months. Patient Adverse Event Rate is higher than target due to med errors and ongoing concerns with individuals who are a fall risk. There were several patient falls in March and certain sites have been identified as areas of focus for medication errors. Active PDSAs, staff training, and progressive action are being completed.
- Access Rate decreased to 22.5 % rate for March. While one driver of this measure 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. The main impact on this measure is that NCHC does not have any more beds for CBRF or Supportive Apartments at this time. All living opportunities have been filled, which makes the access rate 0%.

❖ **Outpatient/Community Treatment/Community Corner Clubhouse:**

Measures not met in this group were:

- Vacancy: For March these programs had a combined vacancy rate of 6.5% with a target of 3.3-5.3%. This is the same rate as last month. Recruitment for community treatment for qualified clinical staff has proven to be a challenge.
- Access Rate: The access rate for this service line was impacted by Community Treatment at 47.7%, but which had a 3.3 point improvement from last month. This is related to the vacancy rate. We continue to have difficulty recruiting for several case management positions. Managers have been tasked with determining and addressing key factors regarding current vacancies.
- Direct Expense/Gross Patient Revenue: March numbers are higher than target at 92.9%, but this is an improvement from the prior month. Driving this is our Outpatient service specifically. The department has specific action items focusing on productivity standards, scheduling efficacy, and other related initiatives. Inclement weather impacted patient cancellations and no show rates as well.

Nursing Home Operations

❖ **MVCC Overall:**

- Vacancy Rate for the month of March was at 12.6% with a target range of 6.4-8.4%. Nursing home has a Vacancy and Retention Committee that meets weekly and is working to impact this outcome. During the month of March we did see a small decrease in this number and continue to focus. Areas driving this are Respiratory Therapists and Certified Nursing Assistants.
- Readmission Rate target for 2019 is 8-10%. In March the readmission rate was back in line at 3.4%. There was one resident that met the 30 day requirement and was sent in for respiratory issues and was hospitalized for a total of 3 days.
- Adverse Event Rate for March was 1.9 events per 1,000 patient days. In March we saw a decrease in falls with minor injury which led to the decrease in our adverse events. The target for 2019 is a 5% decrease in the number of injuries from 2018 total.
- Access Rate for March was at 86.4%. 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. With this change in measurement we are close to the target of 90%-95%.
- Direct Expense/Gross Patient Revenue for March was at 64.8% with a target of 46-51% this was a significant increase. Factors that influenced this are: census was 180 versus budget of 185, payer mix was off in Medicaid vent and Medicare for the month. Expenses were high with training of Matrix system, overtime usage, and equipment rental.

Support Programs

❖ Aquatic Services:

- Direct Expense Budget/Gross Patient Revenue is 51-56%. In March it was 83.5%. Some factors that had an affect included: pool closure for a week for maintenance and weather cancellations.

❖ APS:

- Patient Experience: APS continues to struggle with survey responses. Surveys are mailed to guardians on a monthly basis. Efforts surrounding increasing response rates and communication about the survey to guardians are being implemented.
- Vacancy rate for March was at 14.7% with a target of 3.7-5.7%. APS continues to recruit for their vacant position and will hopefully have all positions filled soon.

❖ Business Operations:

- Direct Expense Budget target is \$57,205-\$60,065 per month. Expenses for March are a bit over target. This is due to finalizing the audit. Expenses should come down in the upcoming months and overall come back in line.

❖ Health Information (HIM):

- Vacancy Rate for the month of March was at 0% with a target of 3.3-5.3%. This should come down now that all positions are filled.
- Direct Expense Budget target is \$34,970 - \$36,719 per month. March came in over budget. This is due to engaging a recruiter with filling the open director role.

❖ Information Management Systems (IMS):

- Vacancy Rate for the month of March was at 0% with a target range of 3.1-5.1%. This should come down now that all positions are filled.

❖ Patient Access Services:

- Direct Expense Budget target is \$50,225-\$52,737 per month. March expenses are over budget due to employee benefits being over target.

❖ Patient Financial Services:

- Direct Expense Budget target is \$66,088-\$69,393 per month. Expenses for March are at \$77,509. Part of the overage is with collection expenses, but there is revenue to offset the expense. The remaining overage is due to employee benefits being over budget.

❖ Pharmacy:

- The Direct Expense/Gross Patient Revenue for March was at 42.3% with a target range of 37-41%. This year to date is 41.7% which is a little off target.

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%	9.6%
		Retention Rate	82.0%	↑	80 - 82%	80.8%
	Service	Patient Experience: % Top Box Rate	N/A	↑	88.3 - 90.5	91.3
	Clinical	Readmission Rate	11.3%	↓	8 - 10%	9.7%
		Nursing Home Star Rating	★★	↑	4+ Stars	★★
		Adverse Event Rate	0.75	↓	PAT: 0.71 - 0.73	0.52
			3.77		NCHC EMP: 3.31 - 3.51	7.64
		Hospital Days	N/A	↓	<= 735 / month	751
	Community	Access Rate	88.3%	↑	90 - 95%	90.1%
	Finance	Direct Expense/Gross Patient Revenue	68.2%	↓	60 - 64%	68.8%
		Indirect Expense/Direct Expense	35.5%	↓	36 - 38%	35.3%
		Net Income	0.7%	↑	2 - 3%	-4.6%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BHS	People	BHS Vacancy Rate	↓	5.8 - 7.8%	16.8%
		BHS Retention Rate	↑	80 - 82%	80.4%
	Service	BHS Patient Experience	↑	88.3 - 90.5	86.0
	Clinical	BHS Readmission Rate	↓	8 - 10%	7.4%
		BHS Adverse Event Rate	↓	PAT: 0.71 - 0.73	4.85
				NCHC EMP: 3.31 - 3.51	7.64
		Hospital Days	↓	<= 735 / month	751
	Community	BHS Access	↑	90 - 95%	N/A
	Finance	BHS Budgeted Direct Expense/Gross Patient Revenue	↓	64 - 69%	78.2%
		BHS Write-Offs	↓	0.69%	0.46%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BIRTH TO 3	People	Birth To 3 Vacancy Rate	↓	1.8 - 3.8%	4.7%
		Birth To 3 Retention Rate	↑	80 - 82%	69.6%
	Service	Birth To 3 Patient Experience	↑	88.3 - 90.5	92.5
	Clinical	Birth To 3 Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.00
				NCHC EMP: 3.31 - 3.51	7.64
	Community	Birth To 3 Access	↑	90 - 95%	100.0%
	Finance	Birth To 3 Direct Expense/Gross Patient Revenue	↓	139 - 144%	131.2%
		Birth To 3 Write-Offs	↓	0.57%	0.08%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
COMMUNITY LIVING	People	Community Living Vacancy Rate	↓	4.6 - 6.6%	6.9%
		Community Living Retention Rate	↑	80 - 82%	87.2%
	Service	Community Living Patient Experience	↑	88.3 - 90.5	95.6
	Clinical	Community Living Adverse Event Rate	↓	PAT: 0.73 - 0.75	1.08
				NCHC EMP: 3.31 - 3.51	7.64
	Community	Community Living Access Rate	↑	90 - 95%	52.8%
	Finance	Community Living Direct Expense/Gross Patient Revenue	↓	56 - 61%	56.0%
		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%	6.8%
		OP/CT/Clubhouse Retention Rate	↑	80 - 82%	92.8%
	Service	OP/CT/Clubhouse Patient Experience	↑	88.3 - 90.5	88.9
	Clinical	OP/CT/Clubhouse Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.07
				NCHC EMP: 3.31 - 3.51	7.64
	Community	OP/CT/Clubhouse Access Rate	↑	90 - 95%	88.7%
	Finance	OP/CT/Clubhouse Direct Expense/Gross Patient Revenue	↓	73 - 78%	84.7%
		OP/CT/Clubhouse Write-Offs	↓	0.45%	0.21%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
AQUATIC	People	Aquatic Vacancy Rate	↓	3.7 - 5.7%	0.0%
		Aquatic Retention Rate	↑	80 - 82%	63.6%
	Service	Aquatic Patient Experience	↑	88.3 - 90.5	96.9
	Clinical	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Community	Aquatic Access	↑	90 - 95%	97.1%
	Finance	Aquatic Direct Expense/Gross Patient Revenue	↓	51 - 56%	67.7%
		Aquatic Write-Offs	↓	0.45%	2.21%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MOUNT VIEW CARE CENTER	People	MVCC Vacancy Rate	↓	6.4 - 8.4%	13.7%
		MVCC Retention Rate	↑	80 - 82%	75.2%
	Service	MVCC Patient Experience	↑	88.3 - 90.5	92.9
	Clinical	MVCC Readmission Rate	↓	8 - 10%	12.9%
		MVCC Nursing Home 5-Star Rating	↑	4+ Stars	★ ★
		MVCC Adverse Event Rate	↓	2.43 - 2.55	2.60
	Community	MVCC Access Rate	↑	90 - 95%	74.7%
	Finance	MVCC Direct Expense/Gross Patient Revenue	↓	46 - 51%	61.0%
		MVCC Write-Offs	↓	0.16%	0.11%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
APS	People	APS Vacancy Rate	↓	3.7 - 5.7%	14.7%
		APS Retention Rate	↑	80 - 82%	42.8%
	Service	APS Patient Experience	↑	88.3 - 90.5	N/A
	Clinical	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	APS Direct Expense Budget	↓	\$45,491 - \$47,765 per month	\$43,966.00

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	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Business Operations Direct Expense Budget	↓	\$57,205 - \$60,065 per month	\$62,097.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HIM	People	HIM Vacancy Rate	↓	3.3 - 5.3%	10.1%
		HIM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	HIM Direct Expense Budget	↓	\$34,970 - \$36,719 per month	\$46,269.00

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%	42.8%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Human Resources Direct Expense Budget	↓	\$74,859 - \$78,602 per month	\$66,568.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
IMS	People	IMS Vacancy Rate	↓	3.1 - 5.1%	4.8%
		IMS Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	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	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	MARCOM Direct Expense Budget	↓	\$30,931 - \$32,477 per month	\$30,404.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
ORGANIZATIONAL DEVELOPMENT	People	Org Dev Vacancy Rate	↓	8.3 - 10.3%	11.1%
		Org Dev Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Org Dev Direct Expense Budget	↓	\$44,077 - \$46,280 per month	\$26,220.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT ACCESS SERVICES	People	Patient Access Services Vacancy Rate	↓	2.1 - 4.1%	3.1%
		Patient Access Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Patient Access Services Direct Expense Budget	↓	\$50,225 - \$52,737 per month	\$55,217.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT FINANCIAL SERVICES	People	Patient Financial Services Vacancy Rate	↓	1.9 - 3.9%	0.0%
		Patient Financial Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	91.3
	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	\$77,509.00

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	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Pharmacy Budgeted Direct Expense/Gross Patient Revenue	↓	37 - 41%	41.2%

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	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Purchasing Direct Expense Budget	↓	\$18,643 - \$19,575 per month	\$19,076.00

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	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
		Access: On-Time Arrivals	↑	90 - 95%	95.0%
	Finance	Transportation Direct Expense Budget	↓	\$32,062 - \$33,665 per month	\$29,622.00

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	91.3
	Clinical	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	7.64
	Finance	Volunteer Services Direct Expense Budget	↓	\$9,453 - \$9,926 per month	\$9,947.00

MEMORANDUM

DATE: April 19, 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 March shows an overall loss of (\$791,241) compared to the targeted loss of (\$59,206) resulting in a negative variance of (\$732,035). Year to date, the organization shows a loss of (\$805,119). While the results for March are disappointing, there are a number of items contributing to this.

Revenue Key Points:

- The nursing home census averaged 180/day which is comparable to the prior month. The target is 185/day.
- The Medicaid rates for the nursing home for January 1 were received in March. The rate decreased, resulting in an adjustment of about \$9,000 for January and February.
- The nursing home is working through the implementation of its new electronic medical record. It has been discovered that there was a glitch with how the system is recording rehab revenue. As a result, it appears that the revenue recorded for rehab for both February and March may be understated. This is being reviewed and tested and any corrections will be done in April.
- The hospital census increased in March with an average of over 14 patients per day, compared to the target of 14. The payer mix, however, for March was more self-pay (indigent) so net revenue is down. There is a larger account that may be able to shift from self-pay (indigent) to Medicaid, which will improve the net revenue if this occurs.
- Physician revenue is not at target yet due to new physicians coming on board.

Expense Key Points:

- Health insurance is extremely high for March, exceeding budget by almost \$258,000. Part of this is a timing issue, as there were 5 payments in March.
- The accrual for paid leave time (PLT) is high at this point. This is somewhat normal earlier in the year. This should start to come down over the next several months as staff takes vacation time.
- Food and drugs are up about \$18,000 due to timing with March having an extra invoice day.

- State institutes are high again in March, which exceed targets by almost \$121,000.
- Recruitment expenses were higher due to filling some higher level positions over the past couple of months, including physicians.

Overall: While the results for March are not what they should be, there are a number of items that will turn around, as indicated above. In addition, significant program reviews are being done to implement additional changes to bring the financial results back in line.

- 2) **2020 Budget:** The 2020 budget process is beginning in April this year instead of May, due to the many projects coming up. This will help with better preparation in getting the projects included in the budget.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	(487,382)	1,813,932	1,326,550	5,910,961
Accounts receivable:				
Patient - Net	3,237,587	1,607,799	4,845,385	4,709,481
Outpatient - WIMCR & CCS	2,685,000	0	2,685,000	1,826,250
Nursing home - Supplemental payment program	0	525,000	525,000	546,000
Marathon County	948,733	375,000	1,323,733	0
Appropriations receivable	0	0	0	0
Net state receivable	1,880,133	0	1,880,133	785,538
Other	358,679	0	358,679	266,825
Inventory	398,393	29,294	427,687	342,220
Other	<u>591,035</u>	<u>395,339</u>	<u>986,374</u>	<u>999,173</u>
Total current assets	<u>9,612,178</u>	<u>4,746,364</u>	<u>14,358,542</u>	<u>15,386,448</u>
Noncurrent Assets:				
Investments	13,644,000	0	13,644,000	11,749,000
Assets limited as to use	770,453	152,631	923,084	1,312,344
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	15,930	24,125	40,055	39,910
Receivable restricted to pool project	3,213,262		3,213,262	0
Net pension asset	3,331,431	2,228,367	5,559,798	0
Nondepreciable capital assets	1,047,944	20,513	1,068,457	1,105,367
Depreciable capital assets - Net	<u>7,170,372</u>	<u>3,342,471</u>	<u>10,512,843</u>	<u>10,801,512</u>
Total noncurrent assets	<u>29,693,392</u>	<u>6,268,107</u>	<u>35,961,499</u>	<u>25,508,133</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>45,459,762</u>	<u>15,130,960</u>	<u>60,590,721</u>	<u>52,965,418</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 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	465,200	311,168	776,368	1,179,324
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	1,066,631	713,461	1,780,091	1,429,480
Compensated absences	1,079,681	722,190	1,801,871	1,475,375
Health and dental insurance	507,522	339,478	847,000	622,000
Other Payables	140,196	93,776	233,973	239,000
Amounts payable to third-party reimbursement programs	220,000	0	220,000	250,118
Unearned revenue	<u>76,891</u>	<u>0</u>	<u>76,891</u>	<u>76,776</u>
Total current liabilities	<u>3,578,582</u>	<u>2,186,861</u>	<u>5,765,443</u>	<u>5,272,073</u>
Noncurrent Liabilities:				
Net pension liability	565,969	378,572	944,541	1,582,088
Long-term portion of capital lease liability	72,408	21,886	94,294	0
Related-party liability - Master Facility Plan	263,719	79,710	343,429	0
Patient trust funds	<u>15,929</u>	<u>24,125</u>	<u>40,055</u>	<u>39,910</u>
Total noncurrent liabilities	<u>918,026</u>	<u>504,293</u>	<u>1,422,318</u>	<u>1,621,998</u>
Total liabilities	<u>4,496,607</u>	<u>2,691,154</u>	<u>7,187,762</u>	<u>6,894,071</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	7,845,639	3,362,984	11,208,622	11,906,879
Restricted for capital assets - pool project	3,213,262	0	3,213,262	0
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	770,453	152,631	923,084	1,312,344
Undesignated	22,572,864	4,297,143	26,870,007	27,171,712
Operating Income / (Loss)	<u>(526,131)</u>	<u>(278,988)</u>	<u>(805,119)</u>	<u>158,708</u>
Total net position	<u>34,376,087</u>	<u>8,033,770</u>	<u>42,409,856</u>	<u>41,049,643</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>45,459,762</u>	<u>15,130,960</u>	<u>60,590,721</u>	<u>52,965,418</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2019**

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$4,079,213</u>	<u>\$4,352,665</u>	<u>(\$273,451)</u>	<u>\$12,136,993</u>	<u>\$12,855,125</u>	<u>(\$718,132)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	1,254,452	1,254,452	0
Grant Revenue	197,729	210,375	(12,646)	611,226	631,125	(19,899)
County Appropriations - Net	525,486	525,486	(0)	1,576,457	1,576,458	(0)
Departmental and Other Revenue	<u>329,457</u>	<u>349,219</u>	<u>(19,762)</u>	<u>1,024,567</u>	<u>1,047,656</u>	<u>(23,089)</u>
Total Other Revenue	<u>1,470,822</u>	<u>1,503,230</u>	<u>(32,408)</u>	<u>4,466,702</u>	<u>4,509,690</u>	<u>(42,988)</u>
Total Revenue	5,550,036	5,855,895	(305,859)	16,603,695	17,364,815	(761,120)
Expenses:						
Direct Expenses	4,910,335	4,422,619	487,716	13,407,725	12,793,413	614,312
Indirect Expenses	<u>1,473,861</u>	<u>1,513,315</u>	<u>(39,454)</u>	<u>4,109,950</u>	<u>4,461,815</u>	<u>(351,866)</u>
Total Expenses	<u>6,384,196</u>	<u>5,935,934</u>	<u>448,262</u>	<u>17,517,675</u>	<u>17,255,229</u>	<u>262,446</u>
Operating Income (Loss)	<u>(834,161)</u>	<u>(80,039)</u>	<u>(754,121)</u>	<u>(913,980)</u>	<u>109,586</u>	<u>(1,023,566)</u>
Nonoperating Gains (Losses):						
Interest Income	34,903	20,833	14,069	93,463	62,500	30,963
Donations and Gifts	8,017	0	8,017	15,398	0	15,398
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>42,920</u>	<u>20,833</u>	<u>22,087</u>	<u>108,862</u>	<u>62,500</u>	<u>46,362</u>
Income / (Loss)	<u>(\$791,241)</u>	<u>(\$59,206)</u>	<u>(\$732,035)</u>	<u>(\$805,119)</u>	<u>\$172,086</u>	<u>(\$977,205)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 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>\$2,451,494</u>	<u>\$2,671,172</u>	<u>(\$219,679)</u>	<u>\$7,265,126</u>	<u>\$7,937,462</u>	<u>(\$672,336)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	1,254,452	1,254,452	0
Grant Revenue	197,729	210,375	(12,646)	611,226	631,125	(19,899)
County Appropriations - Net	400,486	400,486	(0)	1,201,457	1,201,458	(0)
Departmental and Other Revenue	<u>210,562</u>	<u>238,277</u>	<u>(27,715)</u>	<u>674,428</u>	<u>714,831</u>	<u>(40,403)</u>
Total Other Revenue	<u>1,226,927</u>	<u>1,267,288</u>	<u>(40,361)</u>	<u>3,741,563</u>	<u>3,801,865</u>	<u>(60,302)</u>
Total Revenue	<u>3,678,421</u>	<u>3,938,461</u>	<u>(260,040)</u>	<u>11,006,689</u>	<u>11,739,327</u>	<u>(732,638)</u>
Expenses:						
Direct Expenses	3,477,800	3,169,938	307,862	9,380,081	9,186,254	193,827
Indirect Expenses	<u>824,861</u>	<u>841,963</u>	<u>(17,102)</u>	<u>2,257,875</u>	<u>2,482,420</u>	<u>(224,545)</u>
Total Expenses	<u>4,302,661</u>	<u>4,011,901</u>	<u>290,760</u>	<u>11,637,956</u>	<u>11,668,675</u>	<u>(30,718)</u>
Operating Income (Loss)	<u>(624,240)</u>	<u>(73,440)</u>	<u>(550,800)</u>	<u>(631,268)</u>	<u>70,652</u>	<u>(701,920)</u>
Nonoperating Gains (Losses):						
Interest Income	34,903	20,833	14,069	93,463	62,500	30,963
Donations and Gifts	5,989	0	5,989	11,674	0	11,674
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>40,891</u>	<u>20,833</u>	<u>20,058</u>	<u>105,137</u>	<u>62,500</u>	<u>42,637</u>
Income / (Loss)	<u>(\$583,348)</u>	<u>(\$52,607)</u>	<u>(\$530,742)</u>	<u>(\$526,131)</u>	<u>\$133,152</u>	<u>(\$659,283)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2019**

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,627,720</u>	<u>\$1,681,492</u>	<u>(\$53,773)</u>	<u>\$4,871,867</u>	<u>\$4,917,663</u>	<u>(\$45,796)</u>
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	375,000	375,000	0
Departmental and Other Revenue	<u>118,895</u>	<u>110,942</u>	<u>7,953</u>	<u>350,139</u>	<u>332,825</u>	<u>17,315</u>
Total Other Revenue	<u>243,895</u>	<u>235,942</u>	<u>7,953</u>	<u>725,139</u>	<u>707,825</u>	<u>17,315</u>
Total Revenue	1,871,615	1,917,434	(45,819)	5,597,006	5,625,488	(28,482)
Expenses:						
Direct Expenses	1,432,536	1,252,681	179,855	4,027,644	3,607,159	420,485
Indirect Expenses	<u>649,000</u>	<u>671,352</u>	<u>(22,352)</u>	<u>1,852,075</u>	<u>1,979,395</u>	<u>(127,321)</u>
Total Expenses	<u>2,081,536</u>	<u>1,924,033</u>	<u>157,503</u>	<u>5,879,719</u>	<u>5,586,554</u>	<u>293,165</u>
Operating Income (Loss)	<u>(209,921)</u>	<u>(6,599)</u>	<u>(203,322)</u>	<u>(282,713)</u>	<u>38,934</u>	<u>(321,646)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	2,029	0	2,029	3,725	0	3,725
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>2,029</u>	<u>0</u>	<u>2,029</u>	<u>3,725</u>	<u>0</u>	<u>3,725</u>
Income / (Loss)	<u>(\$207,892)</u>	<u>(\$6,599)</u>	<u>(\$201,293)</u>	<u>(\$278,988)</u>	<u>\$38,934</u>	<u>(\$317,922)</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
31-Mar-19

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
People's State Bank	365 Days	3/28/2020	2.10%	\$250,000	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	2.69%	\$500,000	X
CoVantage Credit Union	730 Days	3/8/2021	2.72%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$13,644,000	
WEIGHTED AVERAGE	585.39 Days		2.193% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet****As of March 31, 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	752.13
Community Treatment - Youth	7,367.37
Fishing Without Boundries	6,190.80
General Donated Funds	59,326.43
Hope House	5,364.59
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	3,330.22
Total Legacies by the Lake	5,288.47
Marathon Cty Suicide Prev Task	12,902.05
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,486.52
Outpatient Services - Marathon	401.08
Pool	28,797.05
Prevent Suicide Langlade Co.	2,444.55
Resident Council	521.05
United Way	679.00
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 211,177.60**Total Checking/Savings** 211,177.60**Total Current Assets** 211,177.60**TOTAL ASSETS** 211,177.60**LIABILITIES & EQUITY****Equity**

Opening Bal Equity	123,523.75
Retained Earnings	86,757.12
Net Income	896.73

Total Equity 211,177.60**TOTAL LIABILITIES & EQUITY** 211,177.60

North Central Health Care Budget Revenue/Expense Report

Month Ending March 31, 2019

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,550,036</u>	<u>5,855,895</u>	<u>16,603,695</u>	<u>17,364,815</u>	<u>(761,120)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,719,812	2,939,119	7,951,898	8,394,020	(442,122)
Fringe Benefits	1,468,639	1,090,818	3,545,990	3,115,464	430,526
Departments Supplies	645,449	666,986	1,866,752	2,000,958	(134,206)
Purchased Services	602,870	506,254	1,759,627	1,546,762	212,865
Utilitites/Maintenance Agreements	397,909	259,704	970,598	779,113	191,486
Personal Development/Travel	43,175	44,663	95,147	133,988	(38,841)
Other Operating Expenses	128,684	177,224	343,049	531,424	(188,376)
Insurance	28,556	39,250	89,354	117,750	(28,396)
Depreciation & Amortization	161,955	145,250	488,114	435,750	52,364
Client Purchased Services	<u>187,146</u>	<u>66,667</u>	<u>407,146</u>	<u>200,000</u>	<u>207,146</u>
TOTAL EXPENSES	6,384,196	5,935,934	17,517,675	17,255,229	262,446
Nonoperating Income	<u>42,920</u>	<u>20,833</u>	<u>108,862</u>	<u>62,500</u>	<u>46,362</u>
EXCESS REVENUE (EXPENSE)	<u>(791,241)</u>	<u>(59,206)</u>	<u>(805,119)</u>	<u>172,086</u>	<u>(977,205)</u>

**North Central Health Care
Write-Off Summary
March 2019**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$5,389	\$12,066	\$25,060
Bad Debt	\$22	\$106	\$8,314
<i>Outpatient:</i>			
Administrative Write-Off	\$5,348	\$13,648	\$30,107
Bad Debt	\$389	\$702	\$1,786
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$0	\$4,966	\$18,449
Bad Debt	\$1,129	\$1,398	\$2,122
Ancillary Services:			
Administrative Write-Off	\$434	\$449	\$1,061
Bad Debt	\$0	\$0	\$0
Pharmacy:			
Administrative Write-Off	\$649	\$738	\$1,919
Bad Debt	\$0	\$14	\$0
Total - Administrative Write-Off	\$11,820	\$31,866	\$76,595
Total - Bad Debt	\$1,540	\$2,219	\$12,222

**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)	92.50%	88.56%
	Hospital	434	360	(74)	87.50%	72.58%
February	Nursing Home	5,180	5,050	(130)	92.50%	90.18%
	Hospital	392	336	(56)	87.50%	75.00%
March	Nursing Home	5,735	5,591	(144)	92.50%	90.18%
	Hospital	434	457	23	87.50%	92.14%
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	16,650	16,132	(518)	92.50%	89.62%
	Hospital	1,260	1,153	(107)	87.50%	80.07%

North Central Health Care
Review of 2019 Services
Langlade County

	2019 March Actual Rev	2019 March Budg Rev	Variance	2019 March Actual Exp	2019 March Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$116,369	\$169,497	(\$53,128)	\$159,311	\$199,553	\$40,242	(\$12,886)
Community Treatment-Adult	\$179,944	\$149,323	\$30,621	\$147,181	\$151,573	\$4,392	\$35,013
Community Treatment-Youth	\$326,723	\$319,376	\$7,347	\$269,369	\$319,376	\$50,007	\$57,354
Day Services	\$65,856	\$81,500	(\$15,644)	\$84,555	\$81,500	(\$3,055)	(\$18,699)
	\$688,892	\$719,696	(\$30,804)	\$660,416	\$752,002	\$91,586	\$60,782
Shared Services:							
Inpatient	\$95,937	\$116,313	(\$20,376)	\$138,352	\$136,136	(\$2,216)	(\$22,592)
Hospital Psychiatry	\$7,836	\$23,206	(\$15,370)	\$57,410	\$47,178	(\$10,232)	(\$25,602)
CBRF	\$34,780	\$23,867	\$10,913	\$23,343	\$23,867	\$524	\$11,437
Crisis	\$17,053	\$15,553	\$1,500	\$80,820	\$73,878	(\$6,943)	(\$5,442)
MMT (Lakeside Recovery)	\$14,707	\$13,893	\$814	\$25,405	\$21,999	(\$3,407)	(\$2,592)
Outpatient Psychiatry	\$20,499	\$34,546	(\$14,047)	\$112,250	\$108,544	(\$3,706)	(\$17,753)
Protective Services	\$6,653	\$6,455	\$199	\$19,150	\$21,282	\$2,132	\$2,331
Birth To Three	\$23,743	\$26,192	(\$2,449)	\$39,654	\$48,266	\$8,612	\$6,163
Group Homes	\$70,939	\$48,672	\$22,267	\$66,857	\$48,672	(\$18,185)	\$4,082
Supported Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$49,771	\$24,679	(\$25,092)	(\$25,092)
	\$292,147	\$308,696	(\$16,549)	\$613,012	\$554,501	(\$58,511)	(\$75,060)
Totals	\$981,039	\$1,028,392	(\$47,353)	\$1,273,428	\$1,306,503	\$33,075	(\$14,278)
Base County Allocation	\$199,633	\$199,633	\$0				\$0
Nonoperating Revenue	\$6,042	\$3,858	\$2,185				\$2,185
County Appropriation	\$74,621	\$74,621	\$0				\$0
Excess Revenue/(Expense)	\$1,261,335	\$1,306,503	(\$45,168)	\$1,273,428	\$1,306,503	\$33,075	(\$12,093)

North Central Health Care
Review of 2019 Services
Lincoln County

	2019 March Actual Rev	2019 March Budget Rev	Variance	2019 March Actual Exp	2019 March Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$80,499	\$107,164	(\$26,665)	\$101,327	\$162,808	\$61,481	\$34,816
Community Treatment-Adult	\$185,231	\$174,820	\$10,411	\$153,652	\$177,070	\$23,418	\$33,829
Community Treatment-Youth	\$339,818	\$415,706	(\$75,888)	\$349,073	\$415,706	\$66,633	(\$9,255)
	\$605,548	\$697,690	(\$92,142)	\$604,052	\$755,583	\$151,531	\$59,390
Shared Services:							
Inpatient	\$130,824	\$158,609	(\$27,785)	\$188,662	\$185,641	(\$3,021)	(\$30,806)
Inpatient Psychiatry	\$10,686	\$31,644	(\$20,958)	\$78,286	\$64,334	(\$13,952)	(\$34,910)
CBRF	\$47,427	\$32,546	\$14,881	\$31,831	\$32,546	\$715	\$15,596
Crisis	\$23,254	\$21,209	\$2,046	\$110,209	\$100,742	(\$9,467)	(\$7,422)
Outpatient Psychiatry	\$27,953	\$47,108	(\$19,155)	\$153,068	\$148,015	(\$5,054)	(\$24,209)
MMT (Lakeside Recovery)	\$20,055	\$18,945	\$1,110	\$34,643	\$29,998	(\$4,645)	(\$3,535)
Protective Services	\$9,072	\$8,802	\$270	\$26,114	\$29,021	\$2,907	\$3,177
Birth To Three	\$30,400	\$33,335	(\$2,935)	\$50,773	\$61,429	\$10,656	\$7,722
Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$67,869	\$33,654	(\$34,216)	(\$34,216)
	\$299,671	\$352,196	(\$52,525)	\$741,455	\$685,379	(\$56,077)	(\$108,602)
Totals	\$905,219	\$1,049,886	(\$144,667)	\$1,345,507	\$1,440,962	\$95,455	(\$49,212)
Base County Allocation	\$207,494	\$207,494	(\$0)				(\$0)
Nonoperating Revenue	\$8,433	\$5,478	\$2,956				\$2,956
County Appropriation	\$178,104	\$178,104	\$0				\$0
Excess Revenue (Expense)	\$1,299,250	\$1,440,962	(\$141,712)	\$1,345,507	\$1,440,962	\$95,455	(\$46,257)

North Central Health Care
Review of 2019 Services
Marathon County

	2019 March Actual Rev	2019 March Budget Rev	Variance	2019 March Actual Exp	2019 March Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$336,357	\$475,215	(\$138,858)	\$529,842	\$562,321	\$32,479	(\$106,379)
Community Treatment-Adult	\$938,608	\$977,764	(\$39,156)	\$902,565	\$997,764	\$95,199	\$56,043
Community Treatment-Youth	\$885,207	\$936,424	(\$51,217)	\$730,775	\$936,424	\$205,649	\$154,432
Day Services	\$328,401	\$372,563	(\$44,162)	\$353,435	\$372,563	\$19,128	(\$25,034)
Clubhouse	\$82,301	\$126,025	(\$43,724)	\$120,161	\$149,025	\$28,864	(\$14,860)
Demand Transportation	\$107,721	\$109,559	(\$1,838)	\$97,911	\$109,559	\$11,648	\$9,810
Aquatic Services	\$165,763	\$200,366	(\$34,603)	\$284,815	\$285,952	\$1,137	(\$33,466)
Pharmacy	\$1,263,796	\$1,281,972	(\$18,176)	\$1,298,914	\$1,281,972	(\$16,942)	(\$35,118)
	\$4,108,154	\$4,479,887	(\$371,733)	\$4,318,418	\$4,695,579	\$377,161	\$5,428
Shared Services:							
Inpatient	\$645,393	\$782,471	(\$137,078)	\$930,733	\$915,826	(\$14,907)	(\$151,985)
Inpatient Psychiatry	\$52,716	\$156,111	(\$103,395)	\$386,210	\$317,382	(\$68,828)	(\$172,223)
CBRF	\$233,972	\$160,560	\$73,412	\$157,032	\$160,560	\$3,528	\$76,940
Crisis Services	\$114,721	\$104,629	\$10,093	\$543,697	\$496,994	(\$46,703)	(\$36,611)
MMT (Lakeside Recovery)	\$98,938	\$93,461	\$5,478	\$170,907	\$147,990	(\$22,918)	(\$17,440)
Outpatient Psychiatry	\$137,902	\$232,399	(\$94,497)	\$755,133	\$730,205	(\$24,928)	(\$119,425)
Protective Services	\$44,754	\$43,421	\$1,333	\$128,827	\$143,169	\$14,342	\$15,675
Birth To Three	\$174,965	\$152,387	\$22,578	\$292,220	\$280,820	(\$11,401)	\$11,177
Group Homes	\$434,962	\$451,328	(\$16,366)	\$409,934	\$451,328	\$41,394	\$25,028
Supported Apartments	\$629,721	\$596,000	\$33,721	\$591,094	\$596,000	\$4,906	\$38,627
Contracted Services	\$0	\$0	\$0	\$334,821	\$166,024	(\$168,797)	(\$168,797)
	\$2,568,044	\$2,772,766	(\$204,722)	\$4,700,608	\$4,406,297	(\$294,312)	(\$499,034)
Totals	\$6,676,198	\$7,252,653	(\$576,455)	\$9,019,026	\$9,101,876	\$82,850	(\$493,606)
Base County Allocation	\$847,325	\$847,325	\$1				\$1
Nonoperating Revenue	\$78,988	\$53,165	\$25,823				\$25,823
County Appropriation	\$948,733	\$948,733	\$0				\$0
Excess Revenue/(Expense)	\$8,551,244	\$9,101,876	(\$550,632)	\$9,019,026	\$9,101,876	\$82,850	(\$467,782)



MEMORANDUM

DATE: April 19, 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. **Youth Crisis In-Home Stabilization Grant:** NCHC was contacted by DHS and awarded a grant that had been submitted and previously denied. This grant is a multi-county project that would hire teams of trained clinicians who would provide crisis stabilization to children in their homes for extended timeframes. Backed by Social Services in all three counties, the funding would cover some of the initial startup costs, and ongoing expenses would need to be covered by our normal billing practice.
2. **Marathon County Exploration of Jail MAT Program:** Marathon County staff and NCHC staff have been coordinating to explore a Medically Assisted Treatment (MAT) program. This initiative has been championed by two doctors within the Aspirus system. Dr. Clements and Dr. Kaster are interested in starting a MAT program for individuals with opioid or alcohol dependence that would begin in the jail. Preliminary discussions on this project have begun, and any substantial change or addition in service for NCHC would be approved by the North Central Board as well as the Retained County Authority prior to service.
3. **Langlade County Drug Court Initiative:** NCHC staff have been participating in initial discussions surrounding the setup of a new drug court initiative in Langlade County. Roles and responsibilities are being established and grant funding is being identified to assist with the implementation of the project. The start date for the drug court is tentatively set for 2021.
4. **Marathon County Supportive Apartments:** NCHC has started preliminary talks with Marathon County to explore the potential of additional supportive apartment setting that can be shared with OWI/Drug Court, the Department of Corrections, and NCHC. This project is in the exploratory phase.
5. **Langlade County Sober Living Project:** On 4/9/19, the Langlade County Board voted to move forward with the Sober Living project. NCHC will lead the funding drive to purchase the building and assist with startup costs of the program. The community is very excited and already several board members have committed to large donations. Community members have also been reaching out to see if they could volunteer for the project. The building will be purchased and renovated by the county and NCHC has begun the process to purchase the Apricity model.

6. **North Central Recovery Coaching Collaborative:** The advisory committee continues to meet and provide direction to the collaborative. The group has identified some needs and anticipated some challenges and is working to mitigate them. The planning committee meets monthly and currently has representation from Lincoln and Marathon Counties. If anyone from Langlade County would like to participate during the startup process they can contact Melissa McCarthy at NCHC.
7. **Alvin the Therapy Dog:** One of our newest employees, Alvin the Therapy Dog, has been acclimating to his work at NCHC. He has been working full days now, and has had the opportunity to assist with the successful de-escalation of several clients. Staff also appreciate and request his presence at various meetings. He is one of the most popular staff members at NCHC.
8. **Birth to 3:** NCHC continues to work through the transition of Birth to 3 moving to Marathon County Special Education. Staff have been communicating between the two entities to discuss feasibility and transition options.



MEMORANDUM


DATE: April 16, 2019
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: April 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:** We were able to successfully transition our care plans, and Minimum Data Set (MDS) and face sheets in the new system for February and have now started training our clinical staff on the electronic medical record. At the beginning of May will be doing our medication pass and transfer the orders to pharmacy electronically. One area we are seeing is an increase in labor due to training time and is reflected in our labor overages for March.
- 2) **Patient Driven Payment Model:** In October of 2019 the Medicare payment system for skilled nursing facilities will be undergoing a major overhaul. The new system is called the Patient Driven Payment Model (PDPM). This new case-mix classification system will replace the current Resource Utilization Group Version IV. The new PDPM system utilizes a combination of six payment components to derive payment. Five of them are case-mix adjusted to cover utilization and one is a non-case-mix adjusted component to address utilization of skilled nursing facility resources. For the first time this new system will recognize clinical complex needs along with therapy needs and pay for services accordingly. Our nursing and therapy staff are currently preparing for these changes by being a test site with Aegis Therapy on how PDPM changes will affect our payments and treatments. A very early indicator shows that we are seeing some positive revenue changes with our current patient mix.
- 3) **Staff Education and Communication:** In 2018 we implemented the feeding assistant program for Mount View. This is a state certified program that gives non-nursing staff the ability to assist residents with dining. All of our social workers, activities staff and the majority of management staff have been trained. This allows additional assistance in our five dining rooms. Each year this staff must go through a review to stay compliant.

We also held a Code Zero drill. A Code Zero is when a resident is missing from the nursing home. From this drill, recommendations were made and further education is being provided to the Mount View staff on the procedure. Overall the drill went well.

- 4) **Employee Engagement:** In March we celebrated our Social Workers by having a lunch, small parties with the units, and signature boards for staff, residents and families to leave thank you notes. Mount View is blessed to have five incredible social service staff members who are the advocates for the 180 residents we serve.

Name of Document: Strategic Planning Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	 North Central Health Care <small>Person centered. Outcome focused.</small>
Document #: 0105-1	Department: Administration
Primary Approving Body: Chief Executive Officer	Secondary Approving Body: NCCSP Board of Directors

Related Forms:

- None

I. Document Statement

It is the policy of North Central Health Care (NCHC) to plan effectively for both its short and long-term future to ensure that the organization is continuously positioned to effectively meet its mission, the needs of our partner counties, and to serve the region of North Central Wisconsin. Accordingly, NCHC will establish an ongoing strategic planning process translating community need and mission into measurable strategies, initiatives, and objectives.

II. Purpose

To provide guidance for the Board of NCHC in carrying out its strategic planning function.

III. Definitions

None.

IV. General Procedure

- 1) The Board of Directors of NCHC will always have, in place, a rolling three-year strategic plan. That plan will be revised at least every three (3) years and reviewed by the board annually. The strategic plan will focus on contemporary issues, and will provide guidance for NCHC management in developing and executing annual operating plans.
- 2) The strategic planning process is the responsibility of the NCHC Board of Directors. The Board, in developing and revising its strategic plan, will seek input from all stakeholders.
- 3) Strategic Planning Process Framework: On an annual basis, the strategic planning process will incorporate the following components:
 - a) Review of current Mission, Vision, Values, and End Statements.

- b) A review of available community health assessments, environmental factors and critical assumptions about the future.
 - c) Engagement of outside resources to ensure that objective insight is incorporated into the planning process.
 - d) Expert insight and opinion from Board, organizational, community and industry leaders.
 - e) Review of process for cascading and monitoring overall strategic plans, initiatives and objectives into aligned plans for NCHC programs and services.
- 4) Annual Strategic Plan Development Timeline:
- a) Data-gathering: February – May
 - b) Board Strategy Retreat: May
 - c) Annual Budgeting Process: April – August
 - d) Board Approval of Strategic Plan and Annual Budget: August
- 5) Integrated Planning: The strategic plan will be the guiding document driving organizational planning for quality improvement, community health improvement, physician and clinical alignment, capital financing, information systems, professional education and human resources.
- 6) Continuous Monitoring: The strategic plan will identify clear objectives and indicators of success that will be tracked and reported to the Board by the Chief Executive Officer on a regular basis. Further, management will continuously monitor changes in critical assumption underpinning the strategic plan as well as the organization's actual performance in achieving its strategic goals.

V. Program-Specific Requirements:

N/A

References:

Joint Commission: N/A

CMS: N/A

Related Documents:

- None

2019 NCCSP BOARD CALENDAR – Next Three Months

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

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 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.

2019 NCCSP BOARD CALENDAR – Next Three Months

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

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

Board Action: Performance Expectations – Review and approve the performance expectations in conjunction with the Retained County Authority Committee.

Board Policy to Review: Employee Compensation Policy

Board Policy Discussion Generative Topic: TBD