

OFFICIAL NOTICE AND AGENDA
MEETING of the **North Central Community Services Program Board** to be held at
North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room,
at **12:00 pm** on **Thursday, July 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. Consent Agenda
 - A. ACTION: Approval of 6/27/2019 NCCSP Board Meeting Minutes
 - B. Board Committee Minutes and Reports
 - i. Review of the Draft Minutes of the 7/8/19 Executive Committee Meeting – J. Zriny
 - C. Monitoring Reports
 - i. CEO Work Plan Review and Report – M. Loy
 - ii. Operational Plan Update – M. Loy
 - iii. Chief Financial Officer's Report – B. Glodowski
 - a. ACTION: Review and Accept June Financial Statements
 - D. Human Services Operations Report – L. Scudiere
 - E. Nursing Home Operations Report – K. Gochanour
5. Board Education and Discussion
 - A. Update on Outcomes of the Crisis Assessment Response Teams (C.A.R.T.)
 - B. Employee Health Plan Performance and Strategy to Bend the Health Care Spending Trend
 - C. Campus Renovation Updates
6. Board Discussion and Possible Action
 - A. ACTION: Annual Review and Approval of Board Policy
 - i. Employee Compensation Policy
 - ii. Employee Compensation Administration Manual
 - B. ACTION: Budget and Management Agreement Related to the Ongoing Management of Pine Crest Nursing Home
 - C. ACTION: Review and Accept the June Quality Dashboard and Executive Summary
 - D. Corporate Structure Discussion
7. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
8. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
9. 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: 07/19/2019 TIME: 4:00 PM BY: D. Osowski



Presiding Officer or Designee

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES**

June 27, 2019

12:00 Noon

Lincoln County Service Center

Present:

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

Also Present: Michael Loy, Brenda Glodowski, Kim Gochanour, Laura Scudiere, Tom Boutain, Dr. Rick Immler, Lance Leonhard, Jennifer Peaslee, John Fisher

Guests: Nancy Bergstrom
Jason Hake
Dave Solin
Natasha Stubbe

1. Call to order

- J. Zriny called the meeting to order at 12:03 p.m.

2. Public Comment for Matters Appearing on the Agenda

- None

3. Chairman's Report and Announcements

- Thanks to everyone who participated in the CEO evaluation process. The 2018 CEO evaluation process is now complete.

4. Consent Agenda

- **Motion**/second, Weaver/Metter, to approve the Consent Agenda which includes:
 - Review of Draft Minutes of the 6/13/19 Executive Committee Meeting
 - Approve 5/30/19 NCCSP Board Meeting Minutes
 - Nursing Home Operations Report
 - Annual Review and Approval of Board Policy:
 - Business Associate Contract Management Policy
 - Investment Policy
 - CEO Work Plan Review and Report
 - Quality Outcomes Review, Review and Accept the May Quality Dashboard and Executive Summary
 - Chief Financial Officer's Report, Review and Accept May Financial Statements
 - Human Services Operations Report
 - Approve Medical Staff Appointment Recommendations for: Kimberly S. Hoenecke, D.O., Jeffrey A. Drexler, M.D., Debra A. Knapp, APNP, Leandrea S. Lamberton, M.D.

- Discussion:
 - ❖ If Lincoln County is favorable of this agreement for ongoing management of Pine Crest, NCHC anticipates recommending a project plan be developed with employees transitioning to NCHC employees.
 - ❖ In regard to the nursing home citation, the CMS report was received which included forfeiture of being a CNA training site. We will be seeking a waiver for this. An update will be provided once it has been finalized.
 - ❖ Dashboard vacancy rates are being driven by Behavioral Health and Inpatient departments. There are only 2 FTE nurse openings and 10 CNA openings in the nursing home.
 - ❖ As of May 31 we are experiencing a significant deficit. The major areas impacting the finances are diversions, health insurance, and physician contracts for locums. We continue to work to turn this around and will provide updates regularly.
- Motion carried.

5. Board Education and Discussion

- A. Recruitment Retention – Realistic Job Previews – Michael Loy
 - a. The Realistic Job Previews initiative is creating a video of several jobs within NCHC and using the video by posting online, providing it to individuals seeking employment for a realistic snapshot of the position and expectations. A video highlighting a Residential Care Worker was shown.
- B. Corporate Compliance and Quality Obligations of the NCCSP Board – Emerging Compliance Trends – John Fisher and Jennifer Peaslee
 - a. NCHC cannot have a dormant compliance program and is moving forward to strengthen our proactive compliance program.
 - b. Results of a recent survey of the Board asking their knowledge of the Corporate Compliance Program was reviewed. Results indicated additional education for the Board would be beneficial.
 - i. Jennifer Peaslee is NCHC Compliance Officer, and can be contacted at any time if questions or concerns arise.
 - c. The Board requested a better understanding of the two tier system between the Board and the RCA, liability, compliance, and obligations.
- C. Tier Replacement – Overview of the Project Scope, timeline and Costs to Replace the Behavioral Health System Electronic Health Record – Tom Boutain
 - a. Tier is the current electronic health record (EHR) and is probably the #1 problem with clinical staff from quality of the system, to inability to change the system without a significant cost attached.
 - b. Plans are in progress to replace Tier in 2020. History of the Tier product was provided. The challenges with the product and the supporting company were provided. Professional staff have note Tier as one of the main reasons they consider/leave employment. It is estimated physicians spend 1-1.5 hours extra per day because of Tier.

6. Board Discussion and Possible Action

A. Recovery Coaching – L. Scudiere provided an overview of the RecoveryCorp program (see details in the Board packet). The RCA reviewed and approved the program application at its meeting today. The program would cover Marathon, Lincoln and Langlade Counties and each county would provide the funds to cover costs for their county. The entire program is grant funded. Langlade County has not yet approved the program however if they decide not to participate a Recovery Coach would not be hired for that County.

- **Motion**/second, Metter/Norrbom, to approve the RecoveryCorp program provided the program is grant funded. Motion carried.

B. Revised **Mission, Vision, Values and End Statements**:

- a. **Mission** - Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and skilled nursing needs.
- b. **Vision** – Lives Enriched and Fulfilled
- c. **Core Values** –
 - i. **Dignity** - We are dedicated to providing excellent service with acceptance and respect to every individual, every day.
 - ii. **Integrity** - We keep our promises and act in a way where doing the right things for the right reasons is standard.
 - iii. **Accountability** - We commit to positive outcomes and each other's success.
 - iv. **Partnership** - We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.
 - v. **Continuous Improvement** - We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.
- d. **End Statements** -
 - i. **People** - Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff who take pride in their work and the organization. North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus through a commitment to continuous improvement.
 - ii. **Service** - We exceed our Consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.
 - iii. **Quality** - North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.
 - iv. **Community** - Our Community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.
 - v. **Financial** - We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

- **Motion**/second, Wagner/Bliven, to approve the revised language as noted. Motion carried.

D. Pine Crest and Riverview Towers Management Agreements

- An updated was provided. K. Gochanour has been at Pine Crest as the Administrator for a month and B. Glodowski has been reviewing financials. We will be conducting an interview process for an Administrator at Pine Crest in July. We also are preparing for the potential for ongoing management at the request of Lincoln County. NCHC would manage the nursing home but Lincoln County is responsible for policy setting and facilities (similar to the arrangement NCHC current has with Marathon County). Benefits for each party is the purchasing power for better agreements with therapy, food vendors, medical supplies, etc. If a Management Agreement is approved, a transition committee would be requested during these changes.

7. **Motion**/second, Weaver/Bliven, to move 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. Roll call. All ayes. Motion passed 10-0. Meeting convened in closed session at 1:40 p.m.
8. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
 - **Motion**/second, Benson/Metter, to reconvene into Open Session. All Ayes. Motion passed 10-0. Meeting convened in Open Session at 1:53 p.m.
 - No action or announcements on the Closed Session Item(s) were made.
9. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
 - July meeting will include a review of our health care experience with our consultant, Crisis Assessment Response Team, employee compensation and practices for 2020
10. Assessment of Board Effectiveness: Board Materials, preparation and Discussion
 - No comments
11. Adjourn
 - **Motion**/second, Metter/Benson, to adjourn the meeting at 1:55 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

July 8, 2019

10:00 AM

NCHC – Badger Room

Present: X Jeff Zriny X Steve Benson
EXC Corrie Norrbom X Bob Weaver

Others present: Michael Loy, John Fisher

Call to Order

Meeting was called to order at 10:08 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 06/13/19 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 06/13/19 Executive Committee meeting minutes; motion passed.

CEO Report – M. Loy

- An unanticipated payment of \$1.2 million was received from the State public expenditure program which will help offset the current budget deficit but we continue to aggressively work to improve our financials particularly with diversions and health insurance expenses. Lincoln County received \$800,000 from the State which will help with capital expenditure funding.
- The State budget has been signed by the Governor and includes a 7% increase in Medicaid funding. Not included in the State budget was the request for the disproportionate share payment for high Medicaid Hospitals.
- Weaver noted that NCHC is doing a terrific job at Pine Crest, interviewing administrator candidates soon, and the County is very positive about bringing Pine Crest under NCHC management.
- Birth to 3 program transition to Marathon County Special Education was approved by all three counties. Employees transitioned 7/1/19. NCHC will support the program up to 18 months.
- We will now work more diligently at Adult Protective Services and the possibility of transitioning the program to the Aging and Disabilities Resource Center (ADRC).
- NCHC has been invited to meet with others in the community to solve the issue of homelessness in a distinct area of downtown Wausau. It is felt many of the homeless individuals may be suffering from mental illness and alcoholism. We will try to incorporate this issue into the housing component of the HSRI study.
- Candidate for the Chief Medical Officer position will be interviewed next week.
- There are several strong Chief Nursing Officer candidates who will be making on-site visits this month.
- The BHS Director position has been filled with an anticipated start date in August.
- Final interviews for the Operations Executive will be held this week.
- Physician recruitment continues. A candidate in the Medical College of Wisconsin psychiatry residency program has accepted a position with NCHC once his residency is completed in 2021.

Strategic Plan

- How can the Executive Committee and Board be engaged in managing the Strategic Plan?
 - Set clear goals
 - Establish targets
 - Quantify results of each strategy
 - Identify 3 service lines to focus on:
 - Mental health and addiction
 - Skilled nursing
 - Community Living
 - Identify key strategies for each of the 3 service lines above to be presented at the 2020 Board Retreat

Preparation for Annual Board Assessment at Policy Governance and Annual Meeting

- An annual review of the Policy Governance manual would be completed in September/October with final review at the annual meeting in November.
- The committee should review annually the four elements of Policy Governance for relevancy, effective monitoring, etc.
- The committee should also review vision and strategy, as well as scope of authority and trust with three county partners.
- Board may want to consider key competencies when filling vacancies on the Board. A list of key competencies was framed out.
- Committee will continue to review and prepare for discussion with the Board.

Discussion on Board Errors and Omissions Policy and Scope of Director Liability – J. Fisher

- An outline of key provisions of the Directors and Officers Insurance Policy currently in effect was provided.
- Further discussions with Arthur Gallagher regarding coverage limits was suggested.
- There was discussion regarding the authority of the Retained County Authority (RCA) and if that authority impinges on our Board's legal and fiduciary authority. Discussions would be beneficial for better understanding and not meant to be adversarial. Board members want and need to know their role.

July Board Agenda

- Health plan presentation by Arthur Gallagher
- CART team presentation
- Corporate structure discussion
- Follow-up on Board request on Board Errors and Omissions Policy with John Fisher
- Compensation Review
- Access measure on Dashboard primarily with residential services CBRF's

Motion/second, Benson/Weaver, to adjourn the meeting at 11:08 a.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO



MEMORANDUM

DATE: July 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: Bids for Phase 1a which includes the new aquatic therapy pool and central utility plan were received in mid-July. Bidding was competitive and pricing came in under our estimated budget for the phase. The contract with Miron Construction is being finalized. A ground breaking event for the pool and project will be held on Monday August 5, 2019 at 2pm. An updated timeline and overview of the projects initial activity will be presented at the Board meeting.
- 2) Recruitments: We have completed our Operations Executive recruitment and are happy to announce that Jarret Nickel is going to join NCHC on August 16th as our new Operations Executive. An interview was held with a very strong Chief Medical Officer candidate with an offer pending. Chief Nursing Officer candidates are being interviewed in early August. A new BHS Director has been hired and will start on August 16th.
- 3) Real Estate Transactions: The contribution agreement for 529 McClellan Street, Wausau, WI, was completed and the property is now deeded to NCHC.
- 4) Pine Crest: We have completed initial interviews for the Pine Crest Nursing Home Administrator. Finalist interviews will be held the last week of July. The 2020 Budget projections for NCHC's ongoing management of Pine Crest have been completed. An update on our efforts and an overview of the budget and proposed management agreement will be discussed at the NCHC Board meeting.

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 have hired a new Inpatient Psychiatrist from the MCW-GB Residency program who will start in July 2021. An interview with a new Child/Adolescent Psychiatrist is scheduled. An offer to a Chief Medical Officer candidate is pending.	Open												
Refresh Information Services Platform	NCCSP	Jan-19	By the end of 2021, have upgraded all of our five core systems.	The MatrixCare implementation is closing out in July. The HR/Learning Management replacement project had its kick-off in July will a project completion target in October. Replacement of the occurrence reporting software is underway. Staff continues to explore finding access to EPIC as a preferred replacement option to EPIC.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	CEO met with the RCA and NCCSP Board Chair for the Annual Review in May.	Complete												
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	Work has commenced with the Executive Committee to prepare for the annual evaluation of board governance in September.	Open												
Nursing Home Governance	NCCSP	Jan-19	Approved Management Agreement	Sent to Marathon County Corporation Counsel for initial review.	Open												
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	Contract has been signed with the Human Services Research Institute which will deliver a strategic plan for behavioral health programs. The 2020 Budget will present rolling two year forecast.	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.	Complete												
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. We are now working to mold this into a Lease Agreement following a meeting with our auditors.	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	CFO has delivered the reports and is meeting with County Finance Directors.	Complete												
Annual Report	NCCSP	Apr-19	Annual Report Released and Presentations made to County Boards	A final report will be made available at the July Board and RCA meeting.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA as soon as it is available (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	Finalizing project scope with HSRI and gathering data.	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. Recruitment for a Youth Behavioral Health Director continues. Finalizing youth hospital design. Construction for the youth hospital begins in September.	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. Working on a short resource guide for partner county agencies.	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 community fundraising for the remaining \$130,000 in needed funds is pending. We believe we have the commitments to obtain the fundraising goal but they are pending the purchase of the property. Efforts by Langlade County to purchase the property have stalled.	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. We are on track for delivery in August.	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 at the RCA meeting.	Pending												
Tri-County Contral Annual Review	RCA	Jan-19	Revision Recommendation to County Boards if necessary	This item is pending as needed.	Pending												

NCHC Operational Plan

Executive Management Team Operational Initiatives							
ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
PEOPLE PILLAR							
1.1.	Implementation of New Rounding Practice (2018 Carryover)	Survey completed and recommendations have been provided. Implementation pending the hire of an Operations Executive.	Finalized/Customized NCHC rounding practice is implemented and management is utilizing the system	Ops. Exec.	Deferred	Jan-19	Mar-19
1.2.	Implementation of Clinical Career Tracks for Nursing and Counseling (2018 Carryover)	Career tracks have been drafted and will be turned into communication pieces for rollout.	Career tracks are establish and there is a successful communication and rollout of the program.	Ops. Exec.	Implementing	Jan-19	Jun-19
1.3.	Human Resources Information Systems (HRIS) Implementation	Had kickoff meeting with Ultipro. Assigning teams/tasks. Estimated go-live will be in October.	Fully implement HRIS system prior to October 1st.	IMS Exec	Implementing	Jul-19	Oct-19
1.4.	Enhanced Employee Recognition Program Implementation - (2018 Carryover)	New Shout Out program has been rolled out successfully. Proposal for additional enhancements for the employee recognition program to the Executive Team by July 1. Implementation to follow.	Incorporate Values and Vision into Recognition practices. Multi forms of recognition being utilized consistently across programs.	Ops. Exec.	Learning	Jan-19	Apr-19
1.5.	Implementation of Physician Recognition Program	Annual Recognition dinner slated for October. Developing recognition awards and nomination process.	Recognition program developed and Physician's are being routinely recognized.	CEO	Implementing	Feb-19	May-19
1.6.	Employee Wellness and Resiliency Initiative	Developing a multi-year strategy to present at the Board meeting in July.	Comprehensive Employee Wellness Program implemented.	Ops. Exec.	Learning	Mar-19	Jul-19
1.7.	Human Resources Workforce Strategic Plan (2018 Carryover)	Draft submitted.	Finalized Human Resources Strategic Plan approved.	Ops. Exec.	Deferred	Jun-19	Dec-19
1.8.	Executive Development Program	Working on development plans and connecting to resources to accomplish plans.	Written development plan completed	CEO	Learning	Jan-19	Dec-19
1.9.	Physician Development Program	Attended physician leadership conference in March. Need to schedule development plan sessions.	Development program designed and implemented.	CEO	Learning	Jan-19	Dec-19
1.10.	Leadership Development Program	Our third leadership class is starting this fall. Interviews completed.	Leaders complete individualized Leadership Development Program.	Ops. Exec.	Implementing	Jan-19	Dec-19
1.11.	Management Development Program	Management onboarding program has been implemented. Management class scheduled published. Management training day held on June 24,	Managers complete the Manager Development Program and Onboarding as assigned.	Ops. Exec.	Implementing	Jan-19	Dec-19
1.12.	Competency Validation System Implementation	Competency validations are ongoing.	All staff have their Competencies validated.	Ops. Exec.	Implementing	Jan-19	Dec-19
1.13.	Learning Organization Roadmap	Initial structure introduced. Facilitated conversations are ongoing at the Senior Management Team.	Working with Executive Team and Sr. Management Team, develop a Learning Org. Roadmap customized to NCHC. Will provide an update to the Board.	Ops. Exec.	Implementing	Jan-19	Dec-19

NCHC Operational Plan

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
2.1.	Campus Renovation Phase 1	Pool bid under budget. Groundbreaking August 5th. 2nd bid package to be released in August. Internal moves in process and will be completed by October 1.	Implementation plan completed for 2019 phasing.	CEO	Implementing	Jan-19	Dec-19
2.2.	Implement Referral Source Survey	Cards are being developed for distribution from our staff.	Data is being captured and reported on a monthly basis.	HSO Exec	Learning	Mar-19	Jun-19
2.3.	Point of Access - Switchboard Operationalization	Staff hired. Call tree remapping and welcome desk staffing need to be completed.	Completion of implementation plan.	Ops. Exec.	Implementing	Jan-19	Apr-19
2.3.	Point of Access - RCA Priority	Creating "2-1-1" style guide for county agencies.	Develop an outreach plan and update marketing collateral.	Ops. Exec.	Learning	Jan-19	Jun-19

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
3.1.	Megarule Phase III Implementation	Finalizing Emergency Management Plan. CMS has delayed implementation of some elements of the Megarule Phase III.	Compliance achieved by October 31, 2019	NHO Exec	Implementing	Jan-19	Oct-19
3.2.	Youth Hospital Program Design	Meeting weekly and determined goals and vision. Reviewing final hospital plan designs and budget for 2020. Gant chart and workplan created. Policies and procedures identified. Licensure requirements reviewed.	Program description, staff structure, and policies and procedures have been written.	HSO Exec	Learning	Feb-19	Dec-19
3.3.	MVCC MatrixCare EMR Implementation	Meal tracker implementation started. Final implementation punch list through July.	Fully implement EMR in the nursing home.	NHO Exec	Implementing	Jan-19	Jun-19
3.4.	CMS Patient Driven Payment Model (PDPM) Implementation	Training and webinars being reviewed on changes to payment system. Therapy company is using MVCC as a pilot site for PDPM. Have financial analysis from therapy company and areas to work on improving overall implementation. ICD-10 coding seminars set up for better review and system being developed to work with MD's for better diagnosis codes.	Successful implementation of changes with no delay or reduction in cash flow.	NHO Exec	Learning	Jan-19	Sep-19
3.5.	Develop Annual HSO Electronic Medical Record Training Plan	IMS team will build and incorporate an annual training plan as part of the new EMR implementation next spring.	Created a standard operating procedure with business sponsors and develop an agreed upon training plan.	IMS Exec	Deferred	Jan-19	Aug-19
3.6.	Develop Annual NHO Electronic Medical Record Training Plan	Training plan for implementation and new employees has been completed. An annual training plan will be completed.	Create and develop training plan based on newly implemented EMR.	IMS Exec	Implementing	Mar-19	Jun-19
3.7.	Develop Clinical Standardized (HIM) Documentation Practices	Onboarding new employee for the coding role on 7/8/19. First priority will be Psychiatry billing optimization.	Create document that calls out standard (required) documentation practices with coding guidelines and supporting audit practice.	IMS Exec	Learning	Jan-19	Feb-19
3.8.	Develop a Comprehensive Youth Crisis Stabilization Continuum	Working on providing 1-2 page roadmap for Youth services.	RCA endorses and monitors roadmap.	HSO Exec	Implementing	Jan-19	Jul-19
3.9.	Sober Living Project in Langlade County	Plan approved, fundraising is positive. NCHC group visiting Apricity in July. Materials obtained for review by NCHC. Property acquisition by County is delayed.	Sober living facility opened and operating in Langlade County.	HSO Exec	Implementing	Jan-19	Dec-19
3.10.	Community Living EMR Transition	Evaluating the possibility of using their current software for an expanded EMR function.	Migrate non-traditional BHS program to another system.	IMS Exec	Learning	Jun-19	Dec-19
3.11.	Tier Upgrade/Replacement Plan	Draft RFP is complete. Identified clinical staff for project team, a meeting will be scheduled soon.	Develop a plan to gather EMR requirements and develop a plan to implement a replacement.	IMS Exec	Implementing	Jan-19	May-19
3.12.	3.17. Zero Suicide Initiative	Meetings occurring, grant funding for training acquired. Assessments placed in tier. Approval for state wide training. Staff identified for training. Staff attended training. Continuing work on gantt chart.	NCHC implements a Zero Suicide program in 2019.	HSO Exec	Implementing	Jan-19	Dec-19
3.13.	Dialectical Behavioral Therapy (DBT) Therapy Program Implementation	Conducted training in June for training of 40 staff members. Identified 6 therapists for extended training.	Project plan objectives completed.	CMO	Implementing	Mar-19	Dec-19
3.14.	Overhaul and Implement Incident Command/Emergency Preparedness	Pending Operations Executive recruitment.	Staff are more confident responding to emergencies.	Ops. Exec.	Learning	Jan-19	Oct-19
3.15.	Dialysis Partnership in MVCC	Gather data analysis of true community need for this service.	Evaluate potential partnership with dialysis provider to increase the ability to support dialysis patients onsite at MVCC.	NHO Exec	Learning	Jan-19	Jul-19
3.16.	Alternative to Forest/Jackson	An initial discussion with the City has occurred.	Alternate location identified and relocation plan developed.	CEO	Learning	Jan-19	Dec-19
3.17.	2019 Quality Plan	Plan is reviewed monthly at Corporate Compliance Committee. Progress has been made.	Quality Plan objectives completed.	CEO	Implementing	Jan-19	Dec-19
3.18.	Comprehensive Community Services Quality and Compliance Improvement Initiative	Initial meeting. Working on quality and new contracting elements. Collecting data on youth clients.	New 2020 contract instituted.	HSO Exec	Learning	Jan-19	Oct-19
3.19.	Open Day Treatment and Intensive Outpatient in Lincoln County	Hiring position and applying for day treatment license in May 2019. Merrill position is posted and interviewing is occurring.	Patients are being seen in Day Treatment in Lincoln County.	HSO Exec	Learning	Mar-19	Oct-19
3.20.	Redeploy the Recovery Coaching Network	Meeting regularly with partners. Committee moving forward with proposing RecoveryCorp to the NCHC board in June. Proposal approved, recruiting for RecoveryCorp members has commenced. Active matches will occur after the Sept training.	North Central Recovery Coach Collaborative is actively matching coaches with recoverees.	HSO Exec	Implementing	Jan-19	Jun-19
3.21.	Assist MCW with Psychiatry Residency Program PGY3 Development	Progressing on schedule.	Third year residents have active schedule in 2019 and are seeing patients.	HSO Exec	Implementing	Jan-19	Sep-19
3.22.	APS Transition to ADRC	Will be meeting with the ADRC again in July. Developing budget proposal for 2020 with an effective January 1, 2020.	ADRC has taken full operational responsibility.	CEO	Learning	Jan-19	Dec-19
3.23.	Birth to 3 Transition to Special Education	County approval completed. Staff transitioned as of July 1, 2019.	Marathon County Special Education has taken full operational responsibility.	HSO Exec	Implementing	Jan-19	Dec-19
3.24.	Just Culture Program Implementation	HR Director, Quality and Clinical Transformation and Organizational Development Director are Just Culture certified. Executive Team briefed on implementation.	An assessment of past disciplinary actions and significant event reports. Recommendations for related updates to HR policies. Develop and send out a Just Culture survey assessment for staff.	Ops. Exec.	Learning	Jan-19	Dec-19

NCHC Operational Plan

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
3.25.	Improve Occurrence, Grievance and Significant Event Reporting	Initial updates have been made to the Board reporting. Grievance policy updated, need to develop universal grievance form. Board policy on Significant Event reporting needed. Implementing new software solution to support these efforts.	Reporting compliance and resolution improved.	CEO	Implementing	Jan-19	Jun-19
3.26.	Implement Personal Safety Devices	Working with MKM architects and vendors to identify solutions and costs.	Proof of concept tested and implementation plan approved.	IMS Exec	Learning	Jan-19	Jun-19
3.27.	Pine Crest Acquisition	Signed interim management agreement with Lincoln County. Proposed budget finalized. Pursuing decision from Lincoln County in August.	Feasibility assessment completed.	CEO	Learning	Jan-19	Dec-19
3.28.	RCAC Partnership with the City of Wausau	NCCSP Board gave approval to develop a contract with the City of Wausau for final Board consideration.	Recommendation developed for NCCSP Board.	CEO	Learning	Jan-19	Mar-19
3.29.	Develop Physician Performance Dashboard	Initial draft dashboard have been developed. Reviewing OPPE/FPPE reporting systems and transfer to dashboard systems.	Monthly Performance measures are distributed to providers	CEO	Learning	Jan-19	Jun-19
3.30.	BHS Quality Improvement Initiative	Workplan developed and prioritized. List continues to be worked on and the highest priority items have been addressed. Still working on getting Dr. Blue and Dr. Green approved by medical teams.	All workplan items that are identified as a high safety priority will be resolved.	HSO Exec	Implementing	Jan-19	Jul-19
3.31.	MAT Program	Grant submitted and approved. Position created and posted. Candidates are being identified and interviews have begun.	MAT program implemented in the jail as of December	HSO Exec	Implementing	May-19	Dec-19
3.32.	Lincoln Industries Transition	Lincoln County Board and NCHC/RCA approved. Will be forming implementation team in coming weeks.	Integrated Lincoln Industries into regional Adult Day and Prevocational Services program. Onboard new staff.	HSO Exec	Learning	Jun-19	Dec-19
4.1.	Data Sharing Initiative	Project targeting high utilizers has been initiated in Marathon County. Releases of information have been obtained for pilot group. Collaboration meetings have been scheduled. Also, software for info sharing will be purchased with the In-Home Youth Crisis program.	Data on high utilizers is being shared in a safe collaborative and 42 CFR Part II compliant environment.	HSO Exec	Learning	Jan-19	Sep-19
5.1.	Review of Purchasing Systems and Processes - 2018 Carryover	Purchasing has moved to business operations and processes are being reviewed.	Recommendations are developed.	CFO	Learning	Jan-19	Jun-19
5.2.	Data Analytics Expansion to the Dashboard	Review of current systems and requirements and plan being developed.	Have an on-demand, real-time data analytic reporting.	IMS Exec	Learning	Jan-19	Mar-19
5.3.	Development of New Patient Access Services Program	Patient Access Director position has been filled. Program development is continuing. Process added to centralize referrals and added additional support for this role.	New program is in place and there is improvement with front end revenue cycle.	CFO	Implementing	Jan-19	Dec-19
5.4.	Modernization Action Plan for HIM	Training plan has been developed, Ashley will be communicating with the team.	Work plan objectives completed.	IMS Exec	Implementing	Jan-19	Dec-19
5.5.	IT Strategic Plan		Written IT strategic plan.	IMS Exec	Learning	Jan-19	Mar-19

[illegible]

MEMORANDUM

DATE: July 19, 2019
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: 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 June shows a gain of \$71,738 compared to the targeted loss of (\$55,115) resulting in a positive variance of \$126,853. Year to date, the organization shows a loss of (\$1,184,862). The year to date loss remains a concern, and work continues to be done to bring this down.
- 2) **Revenue Key Points:**
 - The nursing home census averaged 185/day again in June, which is the target.
 - The nursing home received notification that the State would be issuing Certified Public Expenditure (CPE) payments again this year. The State received additional funds again in excess of the nursing home Medicaid losses, so is required to return these funds to government operated facilities. Mount View is receiving \$1,202,151. \$600,000 of this payment is recorded in June, and the balance will be amortized monthly over the remainder of the year.
 - The hospital census continues to average 15/day, the target is 14.
 - The proceeds from the sale of the Hillcrest group home are recorded this month, which is approximately \$140,000.
- 3) **Expense Key Points:**
 - Overall expenses for the month are over budget target by \$603,561.
 - The major drivers of the increased expenses continue to be health insurance, diversions, and contract physician services.
 - Purchased services for Community Treatment services are higher, but there is revenue to offset these expenses when they are higher.
 - The support programs continue to overall remain below budget targets. This continues to help with some of the overages in the direct programs.
- 4) **2020 Budget:** The 2020 budget process continues. Meetings are scheduled with all programs to review requests. A budget for Pine Crest is also being completed.
- 5) **Dashboard Workgroups:** Workgroups have proposed a number of potential items to improve the dashboard. Some of these recommendations will have impact this year, while others will have long term impact.

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

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	(82,981)	2,607,370	2,524,389	5,990,889
Accounts receivable:				
Patient - Net	3,470,459	1,762,859	5,233,318	4,574,050
Outpatient - WIMCR & CCS	3,231,000	0	3,231,000	2,212,500
Nursing home - Supplemental payment program	0	600,000	600,000	12,500
Marathon County	(0)	0	(0)	193,205
Appropriations receivable	(0)	0	(0)	0
Net state receivable	1,605,087	0	1,605,087	1,414,193
Other	530,159	0	530,159	277,615
Inventory	398,393	29,294	427,687	342,220
Other	<u>587,274</u>	<u>392,823</u>	<u>980,097</u>	<u>840,954</u>
Total current assets	<u>9,739,392</u>	<u>5,392,346</u>	<u>15,131,738</u>	<u>15,858,126</u>
Noncurrent Assets:				
Investments	13,642,000	0	13,642,000	12,212,000
Assets limited as to use	283,681	108,335	392,015	1,310,749
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	14,560	26,120	40,680	41,133
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	950,010	41,145	991,155	1,346,168
Depreciable capital assets - Net	<u>7,199,824</u>	<u>3,235,188</u>	<u>10,435,012</u>	<u>10,407,460</u>
Total noncurrent assets	<u>29,134,767</u>	<u>6,139,155</u>	<u>35,273,922</u>	<u>25,817,510</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>45,028,351</u>	<u>15,647,990</u>	<u>60,676,341</u>	<u>53,746,473</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JUNE 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	654,362	437,698	1,092,060	1,515,310
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	1,174,374	785,529	1,959,904	1,602,533
Compensated absences	1,054,441	705,307	1,759,748	1,489,323
Health and dental insurance	507,522	339,478	847,000	622,000
Other Payables	128,450	85,919	214,369	238,700
Amounts payable to third-party reimbursement programs	220,000	0	220,000	250,118
Unearned revenue	<u>41,108</u>	<u>0</u>	<u>41,108</u>	<u>76,805</u>
Total current liabilities	<u>3,802,718</u>	<u>2,360,719</u>	<u>6,163,437</u>	<u>5,794,789</u>
Noncurrent Liabilities:				
Net pension liability	565,969	378,572	944,541	1,582,088
Long-term portion of capital lease liability	67,259	20,329	87,588	0
Related-party liability - Master Facility Plan	263,719	79,710	343,429	0
Patient trust funds	<u>14,560</u>	<u>26,120</u>	<u>40,680</u>	<u>41,133</u>
Total noncurrent liabilities	<u>911,507</u>	<u>504,731</u>	<u>1,416,238</u>	<u>1,623,221</u>
Total liabilities	<u>4,714,225</u>	<u>2,865,450</u>	<u>7,579,675</u>	<u>7,418,010</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	7,777,156	3,276,333	11,053,490	11,753,629
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	283,681	108,335	392,015	1,310,749
Undesignated	23,217,375	4,412,282	27,629,657	27,519,763
Operating Income / (Loss)	<u>(1,264,416)</u>	<u>79,554</u>	<u>(1,184,862)</u>	<u>222,618</u>
Total net position	<u>33,727,058</u>	<u>8,376,504</u>	<u>42,103,562</u>	<u>41,306,759</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>45,028,351</u>	<u>15,647,990</u>	<u>60,676,341</u>	<u>53,746,473</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 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>\$4,779,683</u>	<u>\$4,221,721</u>	<u>\$557,962</u>	<u>\$25,941,627</u>	<u>\$25,841,158</u>	<u>\$100,469</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	2,508,903	2,508,903	0
Grant Revenue	266,693	210,375	56,318	1,319,933	1,262,250	57,683
County Appropriations - Net	525,486	525,486	(0)	3,152,915	3,152,915	(0)
Departmental and Other Revenue	<u>318,761</u>	<u>349,219</u>	<u>(30,457)</u>	<u>2,012,335</u>	<u>2,095,312</u>	<u>(82,977)</u>
Total Other Revenue	<u>1,529,091</u>	<u>1,503,230</u>	<u>25,861</u>	<u>8,994,086</u>	<u>9,019,380</u>	<u>(25,294)</u>
Total Revenue	6,308,774	5,724,951	583,823	34,935,713	34,860,538	75,175
Expenses:						
Direct Expenses	5,028,561	4,316,730	711,831	28,189,275	25,849,492	2,339,783
Indirect Expenses	<u>1,375,899</u>	<u>1,484,169</u>	<u>(108,270)</u>	<u>8,288,155</u>	<u>8,943,469</u>	<u>(655,313)</u>
Total Expenses	<u>6,404,460</u>	<u>5,800,899</u>	<u>603,561</u>	<u>36,477,430</u>	<u>34,792,961</u>	<u>1,684,469</u>
Operating Income (Loss)	<u>(95,687)</u>	<u>(75,948)</u>	<u>(19,738)</u>	<u>(1,541,717)</u>	<u>67,577</u>	<u>(1,609,294)</u>
Nonoperating Gains (Losses):						
Interest Income	36,003	20,833	15,170	188,534	125,000	63,534
Donations and Gifts	1,447	0	1,447	33,632	0	33,632
Gain / (Loss) on Disposal of Assets	<u>129,975</u>	<u>0</u>	<u>129,975</u>	<u>134,690</u>	<u>0</u>	<u>134,690</u>
Total Nonoperating Gains / (Losses)	<u>167,425</u>	<u>20,833</u>	<u>146,591</u>	<u>356,856</u>	<u>125,000</u>	<u>231,856</u>
Income / (Loss)	<u>\$71,738</u>	<u>(\$55,115)</u>	<u>\$126,853</u>	<u>(\$1,184,862)</u>	<u>\$192,577</u>	<u>(\$1,377,439)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 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>\$2,578,352</u>	<u>\$2,582,501</u>	<u>(\$4,149)</u>	<u>\$15,622,024</u>	<u>\$15,963,564</u>	<u>(\$341,540)</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	2,508,903	2,508,903	0
Grant Revenue	266,693	210,375	56,318	1,319,933	1,262,250	57,683
County Appropriations - Net	400,486	400,486	(0)	2,402,915	2,402,915	(0)
Departmental and Other Revenue	<u>161,804</u>	<u>238,277</u>	<u>(76,473)</u>	<u>1,268,196</u>	<u>1,429,662</u>	<u>(161,466)</u>
 Total Other Revenue	<u>1,247,134</u>	<u>1,267,288</u>	<u>(20,155)</u>	<u>7,499,947</u>	<u>7,603,730</u>	<u>(103,783)</u>
 Total Revenue	<u>3,825,486</u>	<u>3,849,790</u>	<u>(24,304)</u>	<u>23,121,971</u>	<u>23,567,294</u>	<u>(445,323)</u>
 Expenses:						
Direct Expenses	3,695,881	3,097,519	598,362	20,135,040	18,551,230	1,583,810
Indirect Expenses	<u>773,850</u>	<u>825,747</u>	<u>(51,897)</u>	<u>4,598,273</u>	<u>4,975,878</u>	<u>(377,605)</u>
 Total Expenses	<u>4,469,730</u>	<u>3,923,266</u>	<u>546,464</u>	<u>24,733,313</u>	<u>23,527,108</u>	<u>1,206,205</u>
 Operating Income (Loss)	<u>(644,245)</u>	<u>(73,476)</u>	<u>(570,768)</u>	<u>(1,611,342)</u>	<u>40,187</u>	<u>(1,651,528)</u>
 Nonoperating Gains (Losses):						
Interest Income	36,003	20,833	15,170	188,534	125,000	63,534
Donations and Gifts	1,356	0	1,356	23,702	0	23,702
Gain / (Loss) on Disposal of Assets	<u>129,975</u>	<u>0</u>	<u>129,975</u>	<u>134,690</u>	<u>0</u>	<u>134,690</u>
 Total Nonoperating Gains / (Losses)	<u>167,334</u>	<u>20,833</u>	<u>146,501</u>	<u>346,926</u>	<u>125,000</u>	<u>221,926</u>
 Income / (Loss)	<u>(\$476,910)</u>	<u>(\$52,643)</u>	<u>(\$424,267)</u>	<u>(\$1,264,416)</u>	<u>\$165,187</u>	<u>(\$1,429,603)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 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>\$2,201,331</u>	<u>\$1,639,219</u>	<u>\$562,112</u>	<u>\$10,319,602</u>	<u>\$9,877,594</u>	<u>\$442,008</u>
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	750,000	750,000	0
Departmental and Other Revenue	<u>156,957</u>	<u>110,942</u>	<u>46,015</u>	<u>744,139</u>	<u>665,650</u>	<u>78,490</u>
Total Other Revenue	<u>281,957</u>	<u>235,942</u>	<u>46,015</u>	<u>1,494,139</u>	<u>1,415,650</u>	<u>78,490</u>
Total Revenue	2,483,288	1,875,161	608,127	11,813,742	11,293,244	520,498
Expenses:						
Direct Expenses	1,332,681	1,219,211	113,470	8,054,235	7,298,262	755,973
Indirect Expenses	<u>602,050</u>	<u>658,422</u>	<u>(56,372)</u>	<u>3,689,883</u>	<u>3,967,591</u>	<u>(277,708)</u>
Total Expenses	<u>1,934,730</u>	<u>1,877,633</u>	<u>57,097</u>	<u>11,744,117</u>	<u>11,265,853</u>	<u>478,264</u>
Operating Income (Loss)	<u>548,558</u>	<u>(2,472)</u>	<u>551,030</u>	<u>69,624</u>	<u>27,390</u>	<u>42,234</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	90	0	90	9,930	0	9,930
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>90</u>	<u>0</u>	<u>90</u>	<u>9,930</u>	<u>0</u>	<u>9,930</u>
Income / (Loss)	<u>\$548,648</u>	<u>(\$2,472)</u>	<u>\$551,120</u>	<u>\$79,554</u>	<u>\$27,390</u>	<u>\$52,164</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
June 30, 2019

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	365 Days	4/4/2020	2.58%	\$486,000	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
BMO Harris	365 Days	5/28/2020	2.45%	\$500,000	X
People's State Bank	365 Days	5/29/2020	2.40%	\$350,000	X
People's State Bank	365 Days	5/30/2020	2.40%	\$500,000	X
PFM Investments	365 Days	6/3/2020	2.53%	\$486,000	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				\$13,642,000	
WEIGHTED AVERAGE	562.61 Days		2.302% INTEREST		

NCHC-DONATED FUNDS

Accrual Basis

Balance Sheet

As of June 30, 2019

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	6,101.18
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	3,563.73
Community Treatment - Adult	690.03
Community Treatment - Youth	7,294.37
Fishing Without Boundries	6,657.28
General Donated Funds	59,120.11
Hope House	4,127.09
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,010.97
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	2,231.52
Total Legacies by the Lake	4,189.77
Marathon Cty Suicide Prev Task	27,010.29
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,193.54
Outpatient Services - Marathon	401.08
Pool	29,846.08
Prevent Suicide Langlade Co.	2,444.55
Recovery Coach	20,000.00
Resident Council	521.05
United Way	1,597.62
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT	231,170.79
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Total Checking/Savings	231,170.79
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Total Current Assets	231,170.79
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TOTAL ASSETS	231,170.79
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LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	86,757.12
Net Income	20,889.92

Total Equity	231,170.79
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TOTAL LIABILITIES & EQUITY	231,170.79
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North Central Health Care Budget Revenue/Expense Report

Month Ending June 30, 2019

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>6,308,774</u>	<u>5,724,951</u>	<u>34,935,713</u>	<u>34,860,538</u>	<u>75,175</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,698,195	2,844,300	16,062,246	17,021,739	(959,493)
Fringe Benefits	1,147,431	1,055,657	6,824,685	6,317,595	507,090
Departments Supplies	650,851	666,986	3,950,927	4,001,916	(50,988)
Purchased Services	783,639	501,254	4,311,428	3,055,525	1,255,903
Utilitites/Maintenance Agreements	331,492	259,704	1,971,097	1,558,225	412,872
Personal Development/Travel	38,242	44,663	225,566	267,975	(42,409)
Other Operating Expenses	103,044	177,169	677,674	1,062,985	(385,311)
Insurance	37,037	39,250	219,597	235,500	(15,903)
Depreciation & Amortization	159,457	145,250	972,458	871,500	100,958
Client Purchased Services	<u>455,074</u>	<u>66,667</u>	<u>1,261,751</u>	<u>400,000</u>	<u>861,751</u>
TOTAL EXPENSES	6,404,460	5,800,899	36,477,430	34,792,961	1,684,469
Nonoperating Income	<u>167,425</u>	<u>20,833</u>	<u>356,856</u>	<u>125,000</u>	<u>231,856</u>
EXCESS REVENUE (EXPENSE)	<u>71,738</u>	<u>(55,115)</u>	<u>(1,184,862)</u>	<u>192,577</u>	<u>(1,377,439)</u>

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

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$6,450	\$35,323	\$54,623
Bad Debt	\$127	\$422	\$8,440
<i>Outpatient:</i>			
Administrative Write-Off	\$13,592	\$49,112	\$66,516
Bad Debt	\$135	\$2,323	\$2,261
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$1,429	\$6,826	\$30,580
Bad Debt	\$0	\$1,437	\$9,169
Ancillary Services:			
Administrative Write-Off	\$1,349	\$1,858	\$4,162
Bad Debt	\$0	\$0	\$0
Pharmacy:			
Administrative Write-Off	\$23	\$826	\$2,753
Bad Debt	\$0	\$14	\$0
Total - Administrative Write-Off	\$22,844	\$93,944	\$158,635
Total - Bad Debt	\$262	\$4,196	\$19,870

**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	5,550	5,367	(183)	92.50%	89.45%
	Hospital	420	420	0	87.50%	87.50%
May	Nursing Home	5,735	5,720	(15)	92.50%	92.26%
	Hospital	434	433	(1)	87.50%	87.30%
June	Nursing Home	5,550	5,538	(12)	92.50%	92.30%
	Hospital	420	465	45	87.50%	96.88%
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	33,485	32,757	(728)	92.50%	90.49%
	Hospital	2,534	2,471	(63)	87.50%	85.32%

North Central Health Care
Review of 2019 Services
Langlade County

	2019 June Actual Rev	2019 June Budg Rev	Variance	2019 June Actual Exp	2019 June Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$250,815	\$338,995	(\$88,180)	\$323,938	\$399,106	\$75,168	(\$13,012)
Community Treatment-Adult	\$347,068	\$298,647	\$48,422	\$286,303	\$303,147	\$16,844	\$65,265
Community Treatment-Youth	\$733,825	\$638,752	\$95,074	\$638,315	\$638,752	\$437	\$95,510
Day Services	\$148,454	\$163,000	(\$14,546)	\$169,787	\$163,000	(\$6,787)	(\$21,333)
	\$1,480,162	\$1,439,393	\$40,770	\$1,418,343	\$1,504,004	\$85,661	\$126,431
Shared Services:							
Inpatient	\$224,224	\$232,627	(\$8,403)	\$276,885	\$272,273	(\$4,613)	(\$13,015)
Hospital Psychiatry	\$18,388	\$46,412	(\$28,024)	\$119,899	\$94,357	(\$25,543)	(\$53,566)
CBRF	\$72,658	\$47,734	\$24,924	\$48,312	\$47,734	(\$578)	\$24,346
Crisis	\$35,300	\$31,106	\$4,195	\$165,087	\$147,755	(\$17,332)	(\$13,138)
MMT (Lakeside Recovery)	\$24,774	\$27,786	(\$3,012)	\$51,499	\$43,997	(\$7,502)	(\$10,514)
Outpatient Psychiatry	\$45,356	\$69,092	(\$23,736)	\$224,151	\$217,088	(\$7,063)	(\$30,799)
Protective Services	\$13,398	\$12,909	\$489	\$37,883	\$42,564	\$4,681	\$5,170
Birth To Three	\$48,154	\$52,383	(\$4,229)	\$79,148	\$96,532	\$17,384	\$13,155
Group Homes	\$143,865	\$97,345	\$46,521	\$135,117	\$97,345	(\$37,773)	\$8,748
Supported Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$154,144	\$49,359	(\$104,786)	(\$104,786)
	\$626,117	\$617,391	\$8,726	\$1,292,125	\$1,109,002	(\$183,124)	(\$174,398)
Totals	\$2,106,279	\$2,056,784	\$49,496	\$2,710,468	\$2,613,006	(\$97,463)	(\$47,967)
Base County Allocation	\$399,266	\$399,266	\$1				\$1
Nonoperating Revenue	\$12,188	\$7,715	\$4,473				\$4,473
County Appropriation	\$149,242	\$149,242	\$1				\$1
Excess Revenue/(Expense)	\$2,666,975	\$2,613,006	\$53,970	\$2,710,468	\$2,613,006	(\$97,463)	(\$43,493)

North Central Health Care
Review of 2019 Services
Lincoln County

	2019 June Actual Rev	2019 June Budget Rev	Variance	2019 June Actual Exp	2019 June Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$151,708	\$214,329	(\$62,621)	\$181,240	\$325,616	\$144,376	\$81,755
Community Treatment-Adult	\$383,558	\$349,640	\$33,919	\$318,553	\$354,140	\$35,587	\$69,505
Community Treatment-Youth	\$851,401	\$831,412	\$19,990	\$896,500	\$831,412	(\$65,089)	(\$45,099)
	\$1,386,667	\$1,395,380	(\$8,713)	\$1,396,293	\$1,511,167	\$114,874	\$106,161
Shared Services:							
Inpatient	\$305,761	\$317,217	(\$11,456)	\$377,574	\$371,282	(\$6,293)	(\$17,749)
Inpatient Psychiatry	\$25,074	\$63,288	(\$38,214)	\$163,499	\$128,668	(\$34,831)	(\$73,045)
CBRF	\$99,080	\$65,092	\$33,988	\$65,880	\$65,092	(\$788)	\$33,200
Crisis	\$48,136	\$42,417	\$5,719	\$225,118	\$201,484	(\$23,634)	(\$17,915)
Outpatient Psychiatry	\$61,849	\$94,216	(\$32,367)	\$305,661	\$296,029	(\$9,632)	(\$41,999)
MMT (Lakeside Recovery)	\$33,783	\$37,890	(\$4,107)	\$70,226	\$59,996	(\$10,231)	(\$14,337)
Protective Services	\$18,271	\$17,604	\$668	\$51,659	\$58,042	\$6,383	\$7,050
Birth To Three	\$61,656	\$66,670	(\$5,014)	\$101,339	\$122,859	\$21,520	\$16,506
Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$210,196	\$67,307	(\$142,889)	(\$142,889)
	\$653,610	\$704,393	(\$50,783)	\$1,571,152	\$1,370,757	(\$200,395)	(\$251,178)
Totals	\$2,040,277	\$2,099,772	(\$59,495)	\$2,967,445	\$2,881,924	(\$85,522)	(\$145,017)
Base County Allocation	\$414,989	\$414,989	\$1				\$1
Nonoperating Revenue	\$17,011	\$10,955	\$6,056				\$6,056
County Appropriation	\$356,208	\$356,208	\$0				\$0
Excess Revenue (Expense)	\$2,828,485	\$2,881,924	(\$53,439)	\$2,967,445	\$2,881,924	(\$85,522)	(\$138,960)

North Central Health Care
Review of 2019 Services
Marathon County

	2019 June Actual Rev	2019 June Budget Rev	Variance	2019 June Actual Exp	2019 June Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$715,878	\$950,431	(\$234,553)	\$1,051,541	\$1,124,642	\$73,101	(\$161,452)
Community Treatment-Adult	\$1,865,748	\$1,955,529	(\$89,781)	\$1,865,018	\$1,995,529	\$130,511	\$40,730
Community Treatment-Youth	\$2,049,422	\$1,872,847	\$176,575	\$1,826,510	\$1,872,847	\$46,337	\$222,912
Day Services	\$726,353	\$745,127	(\$18,774)	\$726,274	\$745,127	\$18,853	\$79
Clubhouse	\$165,827	\$252,050	(\$86,223)	\$252,127	\$298,050	\$45,923	(\$40,300)
Demand Transportation	\$220,019	\$219,118	\$902	\$206,464	\$219,118	\$12,654	\$13,555
Aquatic Services	\$328,491	\$400,732	(\$72,241)	\$533,859	\$571,904	\$38,045	(\$34,196)
Pharmacy	\$2,712,265	\$2,563,944	\$148,322	\$2,739,958	\$2,563,944	(\$176,015)	(\$27,693)
	\$8,784,003	\$8,959,775	(\$175,772)	\$9,201,751	\$9,391,159	\$189,408	\$13,636
Shared Services:							
Inpatient	\$1,508,419	\$1,564,942	(\$56,523)	\$1,862,691	\$1,831,652	(\$31,039)	(\$87,562)
Inpatient Psychiatry	\$123,700	\$312,222	(\$188,522)	\$806,593	\$634,764	(\$171,830)	(\$360,351)
CBRF	\$488,793	\$321,121	\$167,673	\$325,007	\$321,121	(\$3,887)	\$163,786
Crisis Services	\$237,470	\$209,257	\$28,213	\$1,110,583	\$993,988	(\$116,595)	(\$88,382)
MMT (Lakeside Recovery)	\$166,664	\$186,921	(\$20,257)	\$346,450	\$295,979	(\$50,471)	(\$70,728)
Outpatient Psychiatry	\$305,123	\$464,798	(\$159,675)	\$1,507,928	\$1,460,410	(\$47,519)	(\$207,193)
Protective Services	\$90,138	\$86,843	\$3,296	\$254,850	\$286,338	\$31,488	\$34,784
Birth To Three	\$354,855	\$304,775	\$50,081	\$583,256	\$561,639	(\$21,617)	\$28,464
Group Homes	\$882,110	\$902,656	(\$20,546)	\$828,472	\$902,656	\$74,184	\$53,638
Supported Apartments	\$1,280,717	\$1,192,000	\$88,717	\$1,190,855	\$1,192,000	\$1,145	\$89,862
Contracted Services	\$0	\$0	\$0	\$1,036,968	\$332,048	(\$704,920)	(\$704,920)
	\$5,437,989	\$5,545,532	(\$107,543)	\$9,853,653	\$8,812,593	(\$1,041,060)	(\$1,148,603)
Totals	\$14,221,992	\$14,505,307	(\$283,315)	\$19,055,404	\$18,203,752	(\$851,653)	(\$1,134,967)
Base County Allocation	\$1,694,649	\$1,694,649	\$0				\$0
Nonoperating Revenue	\$159,335	\$106,330	\$53,005				\$53,005
County Appropriation	\$1,897,466	\$1,897,466	\$0				\$0
Excess Revenue/(Expense)	\$17,973,442	\$18,203,752	(\$230,310)	\$19,055,404	\$18,203,752	(\$851,653)	(\$1,081,962)



MEMORANDUM

DATE: July 19, 2019
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Service Operations Executive
RE: Human Service Operations Report

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

1. **DHS Survey:** Department of Health Services (DHS) surveyed our Outpatient and Community Treatment services on June 27 as they were following up on a self-report. We are required to report on any deaths by suicide. While the medical examiner has not been able to confirm the death as a suicide to date, NCHC provided a self-report because it was a suspected suicide. DHS did not provide us with any citations and were satisfied with our documentation. No further follow up was required.
2. **Youth Crisis In-Home Stabilization Grant:** A Youth Crisis Director position has been created and is being recruited currently. We made an offer to a candidate from out of state, but they declined.
3. **Marathon County Exploration of Jail Medically Assisted Treatment Program:** NCHC was awarded a grant to provide medically assisted treatment in the Marathon County Jail. This is a collaborative project with Marathon County, Aspirus physicians, and NCHC. The grant supports a position that would coordinate program design and coordination activities. Candidates are currently being interviewed for this position. Services are slated to begin in the jail as of the end of December.
4. **Langlade County Sober Living:** Langlade County is experiencing some challenges with acquiring the property. Fundraising has been put in a holding status as the proposals are contingent on the acquisition of the building. While work on the acquisition of the building is being completed by Langlade County, a group of NCHC staff and select Langlade County stakeholders are visiting Apricity in Appleton to get a first-hand account of how the sober living environments are working.
5. **North Central Recovery Coaching Collaborative:** Recruiting for RecoveryCorp has begun. All 5 of the positions will need to be filled prior to the September 1 deadline. The Collaborative continues to meet to determine ongoing support systems for existing coaches, as well as operationalize the RecoveryCorp program.
6. **Birth to 3:** All Birth to 3 staff are now working out of their new office space in Marathon County Special Education. There will continue to be work done on additional transition items, including transfer to a new electronic health system and billing assistance. In general, the staff have expressed positivity about the change and are getting settled in

their new environment. We are happy to report that services were not impacted during the move, which was the main goal of the transition team.

7. **Lincoln Industries:** NCHC staff met with Lincoln Industries staff in late June to answer questions about the transition and get to know each other. An implementation team will be convened to assist with all the details of the transition going forward.



MEMORANDUM

DATE: July 19, 2019
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: 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:** In June a financial optimization review was done and a few minor changes were made. Overall the transition for Matrix is 95% complete with the final phase of meal tracker currently being implemented.
- 2) **Certified Public Expenditures:** In June we were notified from the State of Wisconsin of additional funding available for county nursing homes. Certified public expenditure dollars is a federal match program that the state receives funds from the federal government. If the estimate is incorrect, these funds must be distributed to the county nursing homes. North Central will be receiving an additional \$1.2 million and Pine Crest will receive an additional \$800,000. These dollars will help to cover some of our Medicaid losses for our resident population.
- 3) **PDPM Training:** Both Mount View and Pine Crest staff are gearing up for the changes to our reimbursement system for Medicare (rehab) residents. Trainings and webinars have been ongoing. Currently we are sending staff for coding updates and will be attending some additional trainings in July.
- 4) **Employee Engagement:** June we celebrated Certified Nursing Assistant Week. We celebrated with our residents with a theme 'color week'. Each day was a different color. Snacks were provided and a drawing for flower baskets was held. Our nursing assistants are truly the backbone of our world and we are privileged to have 126 of the areas most talented members care for our residents.
- 5) **Renovation Plans and Moves:** As we continue with our master renovation plan, Mount View is gearing up to move 54 of our residents to accommodate for the building of the new nursing home tower and relocation of our MMT program. Mount View's leadership team has been diligently working on communication with families, residents, staff and prepping the 2nd floor of Mount View for this move of our Legacy residents. August 28, 2019 will be the move date and we are looking for volunteers to assist with the move, spending time with residents, etc. If you are interested in assisting, please reach out to Lindsey King at 715-848-4578.

- 6) **Pine Crest Nursing Home Interim Management Agreement:** June has been a busy time for the operational analysis of Pine Crest. During this time we have had different departments assist in review of systems and processes. One to one meetings were held with key department staff and an all staff meeting was held to explain NCHC's role in the interim management of Pine Crest. We continue to meet with the Pine Crest Board of Trustees and will be presenting two budget options along with what a management agreement may look like.

MEMORANDUM

DATE: July 19, 2019
TO: North Central Community Services Program Board
FROM: Chris Bleck, Human Resources Director
RE: 2020 Compensation

The following items are general updates and recommendations related to compensation practices at North Central Health Care (NCHC). The information includes an overview of the current state, market trends, risks, and recommendations.

Background

There are two major compensation decisions for the Board to consider. First, NCHC establishes pay ranges with the market rate at 100% of market value, with the minimum and maximum of pay ranges at 80% and 120% of market. North Central Health Care's approach to pay grade adjustments over the most recent budget cycles have been to adjust pay grades by 2% each year to keep up with market inflation. This decision in of itself does not typically have an immediate fiscal year impact. Second, NCHC utilizes a performance based pay system for employees to increase wages based on performance and position within pay ranges by providing an annual salary budget for increases. In recent years, this budget has been averaging between 2 to 2.5%. (Note: 2016 increases were suspended due to not meeting financial and organizational targets).

Adjustments to the annual salary budget and the strategy to maintain the compensation structure (pay grades structure) to lag, meet or lead the market inflation are key decisions the Board makes each year as part of the Budget process.

In 2019, actual salary budgets are edging higher than expectations due to the escalating competitiveness within labor markets. Inflationary pressures are growing. Within the last year (July 2018 – July 2019), wages have been growing at a rate of 2.76%, trending 0.6% above the rate of inflation. With a national unemployment rate of 3.6% and more specifically 2.4% in Marathon County, we are seeing a movement from the slack being removed from the labor. Cost of living adjustments forecasted by the Federal government are now projected to be 2.8% for 2019. Findings from the Economic Research Institute (ERI) that is based on data from over 20,000 companies, including an analysis of government statistics, are now projecting salary budgets will actually have grown by 3.2 percent in 2018, up from a 3.1 percent increase in 2017 and 3.0 percent in 2016. All ahead of initial forecasts. Looking into 2020 through analysis and research of local and national trends, the average increase for salary budgets is projected to be approximately 3.3%.

Recommendation

A 2.5% merit increase for 2019 is reasonable considering all factors. It is also recommended that NCHC increases pay ranges by 3% for 2020, as this fits within the range relative to national trends.

However, this strategy is not without risk. As pay ranges continue to move at a yearly rate of 2 – 3%, and merit increase budgets move at 2 to 2.5%, NCHC takes on the risk that we may not be able to move employees within the pay range effectively, potentially hindering retention efforts. In reviewing the past 3 years history of wage increase budgets, NCHC has positioned itself behind other employers. One item of note that impacts this decision is the average budgeted benefit package but benefit packages are not as important to the next generation workforce. These are longer-term implications the Board should also consider outside of approving this year's recommendation.

Name of Document: Employee Compensation Policy Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>		 North Central Health Care Person centered. Outcome focused.
Document #: - - -	Department: Human Resources (HR)	
Primary Approving Body: NCCSP Board	Committee Approvals:	

Related Forms:

I. Document Statement

North Central Health Care (NCHC) believes that it is in the best interest of both the organization and our employees to establish fair and consistent pay practices.

II. Purpose

North Central Health Care's Employee Compensation Policy ensures that pay is established and administered according to competitive, equitable, effective and compliant principles.

III. Definitions

Exempt:

An employee, based on duties performed and manner of compensation is exempt from the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions. Exempt employees are paid on a salary basis and must work full-time.

Non-Exempt:

All other employees who are subject to FLSA minimum wage and overtime provisions or work part-time are paid on an hourly basis.

Full-Time Equivalent:

A full 1.0 FTE is equal to 2,080 hours worked in a year.

Regular Full-time:

An employee who works a regular schedule and is expected to normally work at least thirty hours (0.75 FTE) up to forty hours (1.0 FTE) per work week.

Regular Part-time:

An employee who works a regular schedule and is expected to normally work at least twenty hours (0.50 FTE) but not more than thirty hours (0.75 FTE) per work week.

Limited Part-time:

An employee who works a regular schedule and is expected to normally work up to twenty hours per week (Less than 0.50 FTE).

Occasional:

An employee who works irregular hours on an as-needed basis not to exceed 1,000 hours worked in any 12-month period with a minimum of one shift in a 60 day period.

Seasonal:

An employee who is either a student that will be limited to work hours during their off-school periods and/or weekends or individuals who only work specific periods in the course of a year.

Professional Staff:

Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience, licensure and other training which provides comparable knowledge.

Paraprofessional Staff:

Occupations in which workers perform some of the duties of a professional in a supportive role, which usually require less formal training and/or experience normally required for professional status.

IV. General Procedure

Employee compensation is objectively administered and non-discriminatory in theory, application, and practice.

Time Keeping

Accurately recording hours worked is the responsibility of every employee. Hours worked is all time spent performing assigned duties and does not include paid leave. All non-exempt employees must accurately record time worked on a time card for payroll purposes and are required to record their own time at the beginning and end of each work period, and the start and end of any unpaid break. No work shall be performed by employees prior to their clocking in at the start of their work day, during lunch, other unpaid breaks, or after clocking out at the end of the day. No one at NCHC has the authority to ask, encourage, or insinuate that an employee perform work off the clock. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

Payroll

Employees of NCHC are paid on a bi-weekly basis by direct deposit on alternating Fridays. In the event that a regularly scheduled payday falls on a bank holiday, employees will be paid the day prior to the bank holiday. Each workweek begins on Sunday at 12:00 am (midnight) and ends the following Saturday at 11:59 pm. Each paycheck will include earnings for all hours through the end of the previous payroll period.

Payroll Deductions

North Central Health Care reserves the right to make deductions and/or withhold compensation from an employee's paycheck as long as such action complies with applicable state and federal law. In addition, it may be possible for you to authorize NCHC to make additional deductions from your paycheck for extra income taxes, contributions to retirement savings programs or insurance benefits (if eligible). These deductions will be itemized on your payroll statement. The amount of the deductions may depend on your earnings and the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim.

Any change in name, address, telephone number, marital status or number of exemptions must be reported to Human Resources immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, will be explained whenever NCHC is ordered to make such deductions.

Every effort is made to avoid errors in an employee's paycheck. If you believe an error has been made or you have a question about your pay, notify your supervisor immediately. North Central Health Care will take the necessary steps to research the problem and to assure that any necessary correction is made properly and promptly.

Breaks

Employees scheduled to work more than four hours may take reasonable time to rest, however, breaks are not guaranteed. Breaks must be approved by an employee's immediate supervisor. Employees who leave NCHC property must punch out for a minimum of 30 minutes. Breaks, including lunch periods, exceeding thirty (30) minutes are unpaid unless specifically authorized by management.

Lunch breaks, which are unpaid, are thirty (30) minutes after six (6) hours worked and an additional thirty (30) minutes after twelve (12) hours worked. Prior approval must be given by an employee's supervisor to exceed a thirty (30) minute unpaid lunch period or to work through lunch. Employees under age 18 may not work more than six (6) hours without a duty free thirty (30) minute break.

Base Pay

Base compensation is an employee's hourly rate without any differential, overtime, or additional pay factored in. Base compensation is designed to provide competitive and fair compensation to employees for fulfilling the full scope of responsibilities and accountabilities as outlined in the job description. Base compensation salary ranges and market rates for each position are established by researching industry and local salary survey data on an annual basis. Base compensation levels within the established range for the position are determined on the basis of an employee's ability to execute the responsibilities of the position.

Merit Pay

North Central Health Care may award annual pay increases in the form of merit increases. Merit pay is used to reward successful performance and is based on the amount of funding available, the relative position of an individual's current pay to the market rate, and annual performance evaluation factors. Annual merit increases are considered in February of each year with any merit adjustment applied in March.

Overtime

North Central Health Care will comply with the provisions of the Fair Labor Standard Act and provide for systematic review of exemption status for all employees. All exempt positions will have a documented analysis establishing the basis for the exemption designation of the position. Overtime shall be compensated for non-exempt employees at one and one half (1 ½) times the employee's hourly rate of pay. Overtime is defined as any hours worked in excess of 40 hours per week.

Overtime work is to be held to a minimum consistent with the needs of the program. Prior approval by management must be obtained for all overtime hours worked. It is the responsibility of each department to explore all possible alternatives before a decision is made to require employees to work on an overtime basis. Further, it is the responsibility of each department to ensure that the provisions of overtime pay are administered in the best interest of NCHC services. Each department should develop internal controls that provide a means of reviewing and evaluating the use of overtime.

Shift Differential

North Central Health Care pays shift differentials to non-exempt staff for hours worked on:

- Evenings (Monday – Sunday, 3 p.m. – 11 p.m.);
- Nights (Monday – Sunday, 11 p.m. until 7 a.m.); or
- Weekend Days (Saturday & Sunday, 7 a.m. until 3 p.m.).

Employees working in programs with 24/7 operations (i.e., Mount View Care Center, Residential Services, Inpatient Hospital, etc.) will be paid shift differentials for any time worked in the shift. For all other employees, hours worked in a shift, or prior to a shift, are paid at the differential that applies to the shift in which the majority of hours are worked.

Paraprofessional non-exempt employees will be paid shift differential of \$0.60 per hour for PM shifts, \$1.00 per hour for night shifts, or \$0.45 for weekend days. Professional non-exempt employees will be paid shift differential of \$1.50 per hour for PM shifts, \$2.50 per hour for night shifts, or \$0.45 for weekend days.

On-Call Pay

On-call pay is for an employee who must remain available to be called back to work on short notice if the need arises. Employees required to be in official on-call status will be paid \$2.50 per hour served on-call. Employees are not eligible to receive payment for both hours worked and on-call pay for the same hours. If an employee reports to work during on-call status, on-call pay ends when the employee reports to work. If an employee must remain on NCHC property or so near that time cannot be used freely, it is not considered on-call time but is to be recorded as work time. Note: If you are called in you will be paid the greater of two hours of work or actual time worked.

Call-In Pay

A call-in is an unscheduled request made by appropriate management personnel for a non-exempt (hourly) employee to return to work or extend their shift to perform unforeseen, fill-in or emergency work after ending their regular shift and before the beginning of the next regularly scheduled shift. Call-In Pay will be paid in the following instances:

- 1.) If a non-exempt employee is called back into work outside of his or her work schedule, he or she will receive two (2) hour's pay in addition to the actual time worked. Additional hours worked must be a minimum of three (3) hours to receive Call-In Pay.

- 2.) If the employee is requested to extend their shift beyond the designated start or stop time of the shift, he or she will receive two (2) hour's pay in addition to the actual time worked. Additional hours worked must be a minimum of three (3) hours to receive Call-In Pay.

Ineligibility for Call-In Pay:

- 1.) If employee is coming in from scheduled PLT to pick up their own shift, they are not eligible for the Call-In Pay.
- 2.) Schedule changes made 72 hours (three days) in advance of a shift are not eligible for Call-In Pay.
- 3.) Employees who are occasional staff do not qualify for Call-In Pay.
- 4.) Employees who are in an "on-call shift" status are not eligible for Call-In Pay.

Temporary Appointment Pay

Employees temporarily appointed to positions of a higher classification may be eligible for a pay increase during the temporary appointment period. The supervisor in coordination with Human Resources will review temporary appointment pay rates annually based on approved compensation administration guidelines. If the temporary appointment has a difference of one salary range, the pay differential will generally be two-thirds the difference of the old and new market midpoints. If a difference of two or more pay ranges occurs, the pay differential will generally be one-half the difference between the old and new market midpoints.

Holiday Pay

Regular full-time and part-time employees receive the following paid holidays:

New Year's Day	Thanksgiving Day
Memorial Day	Christmas Eve Day
Independence Day	Christmas Day
Labor Day	New Year's Eve Day

For holiday pay purposes, employees subject to seven (7) day a week scheduling are paid on the actual holiday. For employees working a Monday – Friday schedule, when any of these holidays fall on a Saturday or Sunday, the preceding Friday or following Monday are considered the holiday for scheduling purposes. Holiday pay is paid based on an employee's status. Regular full-time employees will be paid eight (8) hours for each holiday; regular part-time employees will be paid six (6) hours).

Holiday Premium

Any non-exempt employee who works during any paid holiday will be paid at the overtime rate for all hours worked on the actual holiday (12:00 a.m. until 11:59 p.m.) in addition to any holiday pay received. Hours worked on a holiday that may be eligible for overtime are not eligible for holiday premium.

An employee, who fails to work a scheduled holiday, including the scheduled day immediately prior to or following the paid holiday, will forfeit any holiday pay and holiday premium, unless that employee is off of work due to a Worker's Compensation incident or approved Family Medical Leave.

Funeral Pay

Funeral pay recognizes that employees need time to make arrangements, handle family matters and attend funerals when a death occurs with an immediate member of their family without suffering short-term financial burdens from loss of income. Therefore, in the event of a death in the immediate family of an employee, full-time and regular part-time employees (0.5 FTE and greater) will upon request to their supervisor, be granted up to three days of paid funeral leave. Exceptions for additional days in extraordinary situations may be approved at the sole discretion of the Operations Executive. Funeral leave must be used within fourteen (14) days of the death with employees solely being eligible to be paid for those days that are scheduled workdays.

Immediate family includes an employee's spouse, child, father, mother, brother, sister, grandparent, grandchild, or counterpart step relatives, in-laws or any person who had resided with the employee immediately preceding the person's death.

If an employee wants to attend a funeral of a person not meeting the requirements of funeral pay, they may, upon supervisor approval, request PLT or make arrangements to trade shifts.

Jury Duty

Employees must report to NCHC when they are notified for jury duty. Upon receipt of appropriate documentation, employees who serve on a jury or are subpoenaed to appear as a witness before a court or administrative tribunal shall be paid their regular earnings for hours served during regular scheduled hours. However, employees will be required to submit payments received for jury duty including mileage reimbursement to NCHC to offset this benefit. When released from jury or witness duties employees shall immediately return to their job and complete the scheduled work day. Employees shall not be entitled to overtime or shift differential under this provision.

V. Program-Specific Requirements:

None

References:

Fair Labor Standards Act; Wis. Stats. 272.12 Interpretation of Hours Worked



North Central Health Care
Person centered. Outcome focused.

**COMPENSATION
ADMINISTRATION
MANUAL**

Effective
August 1, 2019

NORTH CENTRAL HEALTH CARE
Compensation Administration Manual

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PHILOSOPHY

The purpose of the North Central Health Care (NCHC) Compensation Program is to ensure that pay is established and administered according to competitive, equitable, and effective principles. Established policies and procedures provide managers with guidelines for the day-to-day administration of compensation for North Central Health Care employees.

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The principles of our compensation philosophy are as follows:

- Our pay programs will be competitive with the external labor markets in which we compete for employees, while maintaining internal equity across jobs and for our employees within those jobs.
- We strive to offer a strong 'total rewards' package made up of competitive base pay relative to market, insurance benefits (health, dental, life, disability), a very good retirement savings plan, and a respectful, modern, and open work environment.
- We target the market percentile which is being utilized by competitors for base pay in the markets in which we need to attract and retain employees.
- Individual performance has an impact on individual pay in relation to the market midpoint; however is not the only factor.
- Management strives to make fiscally responsible decisions in the long-term best interests of NCHC, and recognizes that employees may differ in their opinions on exactly how this is accomplished.
- We establish and maintain equitable compensation administration guidelines and set financially responsible compensation budgets annually, and expect our managers to manage these accordingly.
- North Central Health Care will not make compensation decisions based upon race, color, gender, religion, creed, age, disability, national origin, lifestyle, or any other basis prohibited by state or federal law.

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The effective administration of compensation at NCHC is a shared responsibility. Employees have the responsibility to understand our compensation policies and generally how the administrative guidelines work. It is the responsibility of the managers of NCHC to believe in and ensure the consistent application of the compensation philosophy in all of their compensation decisions, while responsibly observing their annual salary budget, which is established by Executive Management and approved by the Board of Directors. Our managers s are responsible for accurately evaluating performance and recognizing performance differentiations with appropriate pay decisions.

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The compensation philosophy and related administration guidelines outlined in this manual are regularly reviewed and evaluated by the Executive Management Team who serves as the Compensation Committee. Modifications will be made as necessary and communicated appropriately to all employees of NCHC. It is the Compensation Committee's responsibility to administer the Organization's compensation policies and procedures consistently and impartially, and to ensure that equal employment opportunity principles are followed for each employee at NCHC, or candidate for employment, regarding compensation.

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Questions concerning the policies and procedures contained in this program should be referred to the Human Resources Department.

JOB DOCUMENTATION

Definition

Job documentation refers to the collection and maintenance of job content information. Formal job descriptions are used to describe duties and responsibilities required for each job at the Organization.

The description focuses on the job, not the person assigned to the job. Evaluation of the individual's performance is a separate issue covered under our Performance Evaluation process.

Job descriptions reflect the organization level, as well as the type and scope of the work required.

Purpose

A job description is used to describe every job. It is intended to document the minimum requirements to be fully functional in the job, as it exists at the present time.

Written job descriptions are used as the basis for assigning jobs to a job grade and pay range. Accurate and complete job descriptions must be prepared and maintained. The importance of job descriptions is stressed to all managers and employees at NCHC.

Salary adjustments for current employees or hiring rates for new employees are authorized only with a current job description.

As a job changes, the job description will be updated to reflect such changes.

Responsibilities

Current job documentation for all jobs reporting to a manager (direct and indirect) is the responsibility of that manager/managers. Usually in conjunction with the performance evaluation process (or other annual time determined by the manager), individual job descriptions are reviewed with the person/employees in the job and updated. Revisions are forwarded promptly to the Human Resources Department. The Human Resources Department is responsible for ensuring the consistency and accuracy of the information, and to keep formal copies and background information on file for all jobs.

A copy of each job's description is available to employees through their manager or the Human Resources Department.

Job descriptions are kept current and up-to-date through periodic reviews by manager and employees in the job.

- **New jobs** – To hire for a new job, a position review form must be completed by the requesting manager listing the minimum requirements and responsibilities for the job. A job description will then be developed in coordination with the Human Resources Department, who will then assign a salary range for the job. If necessary, the Compensation Committee may be involved.
- **Revised jobs** – As a job changes, a revised job description may be needed. Job descriptions will be reviewed on at least an annual basis, usually in conjunction with the performance evaluation process. If changes are minor, the manager notes the changes on the current job description and forwards it to the Human Resources Department who will make the changes to the controlled job description.

If there are major changes in the duties and responsibilities of a job, a new position review form must be completed. The position review form must be forwarded to the Human Resources Department, who will assist in developing a new job description and determine the appropriate job group and pay

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range. If there is a question on how the new position will be evaluated internally, the Human Resources Director will recommend and confer with the Compensation Committee to determine if the new job should be placed in a different job group and salary range. The manager will be notified regarding the new job description and salary range change, if any, and will in turn inform the affected person/employees.

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- **Vacant jobs** – If a job becomes vacant, a review of the current job description shall be completed by the manager and the Human Resources Department to determine if there should be any changes prior to an individual being hired to fill the position. Revisions should be made before any action is taken to fill the position.

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JOB PRICING AND SALARY RANGE STRUCTURE

Definition

Job pricing is the process of comparing compensation for our jobs at NCHC to that of the external market. Job groups are determined through a process of evaluating jobs based upon internal and external conditions and grouping similarly valued jobs together. The market value/demand for jobs within a job group is a primary (though not exclusive) factor when determining the pay ranges in the salary structure.

The salary range structure consists of a series of overlapping salary ranges. Each salary range has a minimum and market midpoint salary amount. These ranges are normally adjusted annually.

Purpose

North Central Health Care is committed to providing a salary range structure that is responsive to the external market and is internally equitable. Data will be collected from a variety of reputable sources and analyzed on a regular basis to determine market movement of jobs and current salary trends.

Responsibilities

The Human Resources Director is responsible for gathering, analyzing, and recommending changes to the salary range structure based on market data and salary trend information. This information will then be presented to the Compensation Committee for their input, then to the CEO for incorporation into the annual operating budget as approved by the Board of Directors.

Process

On an annual basis, the Human Resources Director gathers information regarding trends in general pay movement (i.e., estimates of salary adjustments in our recruiting areas, anticipated annual adjustments, local market conditions, etc.). The Human Resources Director discusses the results with the Compensation Committee, who then makes a recommendation to the CEO for changes to the salary range structure consistent with the overall operating budget for the year.

The Human Resources Director also conducts a salary range analysis on an annual basis. A salary range analysis identifies where each person falls relative to his or her current salary range. Any outstanding issues are reported to the Compensation Committee for recommendations and action planning. The Human Resources Director communicates these decisions to the appropriate manager for consideration when conducting annual salary planning.

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A full review of market data for NCHC's jobs will be conducted at least once every two years. The Compensation Committee reviews market data and develops a comparison to current market and actual salaries. If warranted, changes in salary range structure will be recommended to the CEO.

Salary Range Structure

The Salary Range Structure consists of a series of overlapping salary ranges. Each salary range is identified through a minimum and market midpoint salary amount.

- **Minimum** – Normally the lowest amount NCHC will pay an individual for a job assigned to the salary range.
- **Minimum to market area** - Intended for employees who:
 - Are continuing to learn job responsibilities while meeting performance standards; or
 - Are fully trained but perform at a level which is less than fully satisfactory, or
- **Market area (generally 95 – 105% of range midpoint)** – Normally represents the salary level for employees who are fully qualified and performing at a fully proficient level, over a period of time (represents approximate Market Rate). Most employee compensation at NCHC is targeted to be in this market area, as it represents equitable market value for our jobs.
- **Market area to 120% of market midpoint** – Intended for employees whose performance is clearly outstanding and consistently exceeds performance objectives over a period of time.
- **Greater than 120% of market midpoint** – Individual base compensation will not exceed this amount.

PAY ADJUSTMENTS

Definition

Pay adjustment refers to policies and procedures that support the administration of compensation within an assigned salary range and result in the delivery of actual compensation dollars to employees of NCHC. Pay adjustments change the actual compensation dollars paid to a person within an assigned salary range. The various types of adjustments are included in this section.

Purpose

To ensure credibility and achievement of NCHC compensation objectives, an effective pay adjustment system must be developed and maintained with guidelines and procedures communicated to manager and employees of NCHC on a timely basis. The guidelines and procedures of the compensation system are intended to ensure that our annual budget, market value for each job, and demonstrated individual performance are the primary (though not exclusive) considerations when recommending wage adjustments.

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Responsibilities

Each manager is responsible for initiating pay adjustments for the employees reporting to them and involving the Human Resources Department in the process. Pay adjustment recommendations are forwarded to their Executive, who reviews/~~edit~~s/approves them. These are then forwarded to the Human Resources Department for payroll processing.

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The Human Resources Department is responsible for:

- Administering appropriate pay adjustments as budgeted and within established salary ranges.
- Resolving and coordinating pay adjustment recommendations not consistent with Organization guidelines (may involve Compensation Committee if necessary).
- Preparing timely recommendations for annual pay adjustment guidelines.
- Ensuring that a formal performance evaluation precedes all annual pay adjustments.
- Monitoring the day-to-day administration of salaries and compensation decisions for consistency with the compensation program's objectives.
- Maintaining this Compensation Administration Manual and communicating all compensation program changes as authorized by the Compensation Committee.

General Guidelines

The specific process for each type of pay adjustment is detailed in the next section; however, the following are general guidelines for all types of adjustments:

- ALL pay adjustment recommendations must be submitted on an appropriate form according to established procedures.
- Pay adjustment recommendations shall not be written on performance evaluation forms.
- Pay adjustment recommendations shall take into account the internal equity of the proposed salary compared to that of other employees assigned to that same job and in the same salary range. Pay adjustments should conform to the guidelines outlined in this guidebook and ranges established each year by the Compensation Committee.
- Performance evaluations must be completed for all annual pay adjustments prior to the actual delivery of an increase on an employee's paycheck. If a manager does not complete this process timely, their own eligibility for a pay adjustment will be prospectively deferred until the first full pay period after they are completed (no retroactive pay increases).
- Employees not at work at the time of a pay adjustment (i.e. due to leave of absence, etc.), but not due to normal vacation or paid time off, will receive their pay adjustment effective the date the employee would have received if they had been working.
- Pay adjustments should be submitted at least one week prior to the pay period effective date.
- Pay adjustments of any kind shall not be communicated to an employee prior to the manager receiving approval of that action from the Human Resources Director.

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New Hires

The hiring rate is normally the minimum of the salary range for entry-level individuals. If an individual with prior experience is hired, the hiring rate will normally be between the minimum and 95% of the market rate. The proposed rate should not create inequities within NCHC. It is extremely important to maintain a careful balance between the needs of the Organization, market competitiveness, and the desires and expectations of the job applicant. New hires are approved by the hiring manager's Executive, especially for additions to staff that are not included in the department's annual budget for employees.

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Steps in Hiring Process:

1. The hiring manager completes a Hiring Requisition form and seeks appropriate approvals as needed. The job description is reviewed and updated as needed by the hiring manager. The Hiring Requisition and updated job description are then forwarded to the Human Resources Department for processing.
2. If the job is not in a salary range, the hiring manager will confer with the Human Resources Director to place it in a job grade and pay range. The Compensation Committee may be involved if needed.
3. Individuals are interviewed and a candidate is selected by the hiring manager and a Human Resources Department representative.
4. Proposed rates greater than 95% of the market rate are reviewed by the Human Resources Director to ensure internal equity. Any disagreements on hiring rates will be adjudicated by the hiring manager's Executive as needed.
5. After approval of the hiring rate, Human Resources extends an offer to the candidate and proceeds with the hiring process. Offer letters shall indicate when the new person's pay will be reviewed, and when they will be placed on the annual compensation schedule.

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Annual Pay Adjustments

Annual pay increases are intended to ensure that job performance which meets or exceeds expectations is recognized and rewarded, within the salary range established for each job. Generally, these adjustments are usually made mid-March. Some adjustments to this date may be warranted based on date of hire, transfer, promotion, demotion, or other employment action that may affect timing.

Steps:

1. Annual pay increase guidelines are approved by the CEO. These plans are communicated to the Compensation Committee, the Human Resources Director, and then to manager with compensation adjustment responsibility.
2. Annual pay adjustments are generally based on a matrix which takes into account the annual operating budget approved each year, an employee's position within the pay range, and individual performance evaluation results.
3. Although pay adjustments are based primarily on the items listed above, there are other factors that may influence the timing and amount of a pay increase such as the value of the position in the marketplace, economic conditions, leaves of absence, etc. There may be times where pay increases are suspended for some individuals, jobs, departments, or the entire Organization.
4. An annual pay increase shall not move a person past the maximum of the pay range.
5. Manager with compensation responsibility prepare recommendations on annual pay increases according to the established guidelines for the year utilizing the procedures developed by the Human Resources Department. These are then completed and forwarded to the manager's Executive for review and approval, and then to the Human Resources Director, who compiles the data Organization-wide to ensure that internal equity and consistency have been appropriately considered. The results are then forwarded to the CEO and Compensation Committee for oversight review and approval. Adjustments that exceed the annual guidelines, or are otherwise exceptions to policy or procedure, will be discussed and resolved with the CEO if needed. Finalized annual pay adjustments are then forwarded to the Human Resources Director.
6. Following approval, the Human Resources Department distributes approved increases to each manager for them to discuss with their employees individually on a timely basis.

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Promotion

A promotion is the reassignment of a person from one job to another job that is at least one grade higher than the former job. A promotion is generally accompanied by an increase in pay.

Promotional increases are provided to recognize an increase in the scope and responsibility of an individual person's job and are usually given at the time the new responsibilities are assumed. Promotional increases generally are not given at the same time as an annual pay increase. The amount of the increase should:

- Be consistent with the objectives of the Compensation Program AND be within the Organization's operating budget for the year,
- Result in a pay level that is at or above the minimum of the new pay range for the job, and not to exceed 110% of the new market midpoint,
- Take into consideration the degree of increase in scope and responsibility of the new job,
- Take into consideration the person's pay level prior to the promotion,
- Meet the hiring rate that would be paid to a new hire of equivalent qualifications, and experience.
- Consider internal equity issues.

Steps:

1. The hiring manager recommends an individual for promotion and a pay adjustment rate to their immediate supervisor, who ensures that salary budget guidelines and Compensation Program objectives are met. The amount of the increase will generally be based on the following criteria:

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- In a one salary range change, the increase amount is generally two-thirds the difference of the old and new market midpoints.

<u>Example:</u>	Pay range 4 market midpoint	\$10.00
	Pay range 5 market midpoint	\$11.00
	<u>Difference</u>	<u>\$ 1.00</u>
	2/3 difference	67¢ hour

An employee being promoted from range 4 to range 5 would likely receive a pay adjustment of 67¢ per hour.

- In a two or more pay range change, the increase amount is generally one-half the difference of the old and new midpoints.

<u>Example:</u>	Pay range 4 market midpoint	\$10.00
	Pay range 6 market midpoint	\$12.10
	<u>Difference</u>	<u>\$ 2.10</u>
	1/2 difference	\$ 1.05

An employee promoted from range 4 to range 6 will likely receive a pay adjustment of \$1.05/hr.

2. The Human Resources Department reviews the pay adjustment recommendation to ensure that no internal inequities will result. However unlikely, it is possible that no increase would be given in a promotion situation, depending on internal equity considerations with other employees currently performing the same job.

3. If there are issues with the promotional adjustment, the Operations Executive will be involved. Issues not resolved at this level will be referred to the Compensation Committee.
4. Following appropriate approval, the hiring manager will notify the employee of the promotion and promotional pay increase on a timely basis.

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Equity and Administrative Adjustments

An equity adjustment is made to correct inequities due to internal or external conditions and may also be used to bring compensation to the minimum of the range or up to the level of other employees with the same experience, job, and work performance.

An administrative adjustment is used to correct unique situations which require a change in pay that is outside the normal guidelines, such as a significant increase in market pay rates.

Equity and administrative adjustments are considered exceptions and should be discussed with the Executive prior to the preparation of any recommendation.

Steps:

1. The manager proposes an increase and forwards the recommendation to the Human Resources Director.
2. The Operations Executive reviews the request for internal equity and market value issues, as well as salary budget issues. The Compensation Committee may be involved if necessary.
3. The Human Resources Director communicates any pay adjustments to the appropriate manager who will discuss it with the affected employee(s) on a timely basis.

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Job Reclassification

As jobs change, there may be a need to classify them in a different job group, and therefore salary range. In most circumstances, no change in the compensation of the incumbent(s) will occur.

Steps:

1. The manager completes a position review form indicating the new duties and responsibilities of the job and discusses it with their immediate supervisor and the Human Resources Department, taking into consideration their department's operating budget. The recommendation for a new job is forwarded to Human Resources Director to review and to approve the new job description.
2. The Human Resources Director assigns the job to a job group and salary range. If there are any questions about the job's placement, it may be referred to the Compensation Committee for a decision.
3. If the job is placed in a different salary range, the following pay adjustments may occur:
 - If the job is classified into a higher salary range and the incumbent(s) current pay is less than the minimum of the new salary range, a pay adjustment to bring the incumbent(s) to the minimum of the new salary range may be made.
 - If the job is within the new range, no adjustment will occur until the person's next scheduled performance evaluation.
 - If the job is classified into a lower salary range, the employee's pay may be adjusted accordingly using the following methodology:

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In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 5 market midpoint	\$11.00
	Pay range 4 market midpoint	\$10.00
	<u>Difference</u>	<u>\$ 1.00</u>
	2/3 difference	67¢ hour

An employee moving from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 6 market midpoint	\$12.10
	Pay range 4 market midpoint	\$10.00
	<u>Difference</u>	<u>\$ 2.10</u>
	1/2 difference	\$ 1.05

Exceptions can be made and approved by the Operations Executive.

Lateral Transfer

A lateral transfer is the reassignment of an employee from one job to another job in the same salary range, and normally does not involve a change in pay.

Lateral transfers provide employees with the opportunity to acquire new work experience and generally be exposed to a different work environment.

Demotion

Demotion is the reassignment of an employee from one job to another job in a lower salary range with a resulting decrease in the scope and responsibility of an individual's job.

Demotions may occur for the following reasons:

- Unsatisfactory job performance,
- Individually initiated (e.g., an individual that wishes to move from a supervisory position to a nonsupervisory position),
- Organization initiated (e.g., reorganization, reassignments, etc.).

These demotions may or may not be accompanied by a decrease in pay. We are most concerned when a demoted person's pay creates inequities with peers. Requests for demotions should be submitted to the Human Resources Director, who will, if necessary, discuss it with the Compensation Committee for a determination. If it is determined a decrease in pay is necessary, the following guidelines will be considered:

- In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 5 market midpoint	\$11.00
	Pay range 4 market midpoint	\$10.00
	<u>Difference</u>	<u>\$ 1.00</u>
	2/3 difference	67¢ hour

An employee being demoted from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

- In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

<u>Example:</u>	Pay range 6 market midpoint	\$12.10
	Pay range 4 market midpoint	\$10.00
	<u>Difference</u>	<u>\$ 2.10</u>
	1/2 difference	\$ 1.05

An employee demoted from range 6 to range 4 will likely receive a pay decrease of \$1.05/hr.

Exceptions

Although unlikely, there may be circumstances where exceptions to the compensation guidelines are warranted. Exceptions to policy should be discussed with your immediate supervisor first, then your Executive, then the Operations Executive and/or Compensation Committee prior to the preparation of any recommendation.

Examples of exceptions are:

- Increases or decreases over 10%,
- Promotions granted before experience requirements are met or which exceed the guidelines,
- Demotions for performance which do not result in a decrease in pay,
- Annual pay adjustments outside the annual pay adjustment guidelines for the year,

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%	9.0%	8.1%	10.0%							9.3%	9.5%
Retention Rate	↑	80 - 82%	97.8%	96.5%	95.2%	94.1%	93.3%	92.1%							84.2%	82.0%
SERVICE																
Patient Experience	↑	88.3 - 90.5	90.9	89.3	90.0	90.8	84.3	89.2							88.9	N/A
CLINICAL																
Readmission Rate	↓	8 - 10%	6.7%	10.9%	8.6%	15.7%	12.1%	10.8%							11.0%	11.3%
Nursing Home Star Rating	↑	4+ Stars	★★	★★	★★	★★★★	★★★★	★★★★							★★★	★★
Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.65	0.53	0.39	0.70	0.48	0.82							0.60	0.75
		NCHC EMP: 3.31 - 3.51	8.90	11.49	2.52	5.67	3.78	1.84							5.47	3.77
Hospital Days	↓	735 or less per month	770	667	816	685	688	927							759	N/A
COMMUNITY																
Access Rate	↑	90 - 95%	92.0%	86.2%	85.6%	80.1%	88.1%	59.1%							81.4%	88.3%
FINANCE																
Direct Expense/Gross Patient Revenue	↓	60 - 64%	64.9%	68.0%	73.3%	65.5%	71.9%	76.6%							70.0%	68.2%
Indirect Expense/Direct Expense	↓	36 - 38%	33.7%	37.9%	34.7%	31.9%	34.7%	31.6%							34.0%	35.5%
Net Income	↑	2 - 3%	1.3%	-1.6%	-12.4%	0.2%	-9.2%	1.1%							-3.2%	0.7%

↑ Higher rates are positive

↓ Lower rates are positive

Quality Executive Summary

July 2019

Organizational Outcomes

People

❖ Vacancy Rate

The Vacancy Rate target range for 2019 is 5.0 - 7.0%. Currently, the rate is 10% for June. The year average is 9.3%. The June orientation had 19 individuals entering the organization, but only 10.7 FTEs.

❖ Employee Retention Rate

The Employee Retention Rate target range for 2019 is 80.0 – 82.0%. The rate is 92.1% for the month of June. Currently, the rate is projected to end the year at 84.2%, which is within our target range.

Service

❖ Patient Experience

NCHC Patient Experience 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. This month, we are in our target at 89.2 which brings our projection to 88.9. Community Treatment had a strong month in June, with a significant improvement over the previous month.

Quality

❖ Readmission Rate

The Readmission Rate is a combined measure consisting of the total number of residents re-hospitalized within 30 days of admission and 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 this month is 10.8%. The nursing home showed another month of improvement with a rate of 8.7%. There were 2 readmissions; all of them were deemed unavoidable admissions. BHS's readmission rate was slightly above target at 11.7%. In June, the main reason for readmissions is driven by an inconsistency of medical providers, which inhibits continuity of care. NCHC is actively recruiting to have a stable medical resource, and staff have been actively working on focusing resources on high utilizers of the hospital system to reduce their readmission onto the unit or other systems of care.

❖ 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. The CMS lifted the moratorium in April and Mount View is now at a 3 star. We continue to hold at a 3 star for June.

❖ 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 June we were above target at 0.82. This showed a significant increase from last month. (See program descriptions below for more information.)

The target range for Employee Adverse Events is 3.31 - 3.51. For June, we were under our target at 1.84, with a year to date rate of 5.47. The average is overall trending downward after a high number of injuries in the beginning of the year due to inclement weather.

❖ **Total Hospital Days**

This measure includes the total number of days that all patients spend hospitalized for psychiatric care 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. In June, the number went up to 927, in part, due to under reporting of our patients at the long-term placement at Trempealeau. We currently have 3 highly complex cases that are currently placed there. These cases have been under reported since January and this has since been corrected.

Acuity on the hospital unit has increased and higher acuity clients require additional hospital days.

A workgroup has been convened to address ongoing challenges surrounding diversions. Several short term and long term strategies are being identified and were recently presented to the Executive Team for review and approval. Feasibility on the proposed solutions is being explored and include the expansion of wrap-around services for our clients.

Community

❖ **Access Rate for Behavioral Health Services**

The target range for this measure for 2019 is 90-95%. This month, we are below target at 59.1%. The following programs were under target for access in June:

- 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)
- Clubhouse (Number of potential-members getting tours and then becoming members) 0 out of 2
- Mount View Care Center – This showed a slight increase from May to June. This is being driven by access to our short term rehab beds. Long Term Care (LTC) beds remain at 100%.

(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%. This measure continues to struggle, with June being at 76.6%. Overall, the month of June does show a small gain, due to some one-time items. The revenues are close to targets, but the expenses continue to be high.

❖ **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 June is 31.6%, 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 June was not met. While there was a small gain for June, it did not meet the 2-3% target.

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):**

- The BHS Vacancy Rate decreased in June and is at the lowest point this year at 13.1%. The program target is 5.8-7.8%. There were a number of new hires that positively impacted this number.
- Patient experience went down for BHS. The score for crisis was low, but there was only one survey returned. In addition to patient experience changes to the unit, including noise reduction and enhanced explanation of treatment, there is an effort to improve survey response rates.
- The readmission rate is slightly above target in June at 11.7%. Utilization Review and Clinical Coordination teams have been working to coordinate care on high utilizers. Readmissions also increase when there isn't a staff provider in the inpatient unit providing consistent care. Currently, NCHC uses locums coverage to provide care in the hospital, which can be many different providers contributing to care in the same week.
- Patient Adverse Event Rate went up in June. The measure has a target of 0.71 to 0.73 and currently BHS is at 8.41. There were four events in the hospital related to self-inflicting injuries. Three of those events were on the same patient (an extremely high acuity patient). There was one fall on the IP unit. There were three events in the CBRF, which included one fall and two behavioral events. There was one event in Crisis, which was a death by suicide in the community. There was also a fall in MMT.
- Direct Expense/Gross Patient Revenue for June, BHS had 80.3% with a target of 64-69%. This rate decreased from the prior month. Revenue for MMT was down because we suspended billing due to a need to train staff on billing compliance for Comprehensive Community Services that occur in MMT. Billing resumed at the end of the month.
- BHS write-offs decreased in June. The BHS unit is looking to implement a new software tool that will assist with decreasing write offs. Implementation of this tool is forthcoming.

❖ **Birth to 3**

- Birth to 3 transferred to the Marathon County Special Education in June. Measures will no longer be reported for this program.

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

- Vacancy rate rose above target in June. The residential program had the changes in staff, with staff leaving for other opportunities or to go to school.
- Access Rate for residential continues to be poor. 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 remain filled and this decreases our access for referrals dramatically.

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

Measures not met in this group were:

- **Vacancy:** For June these programs had a combined vacancy rate of 7.2% with a target of 3.3-5.3%. Recruitment for community treatment for qualified clinical staff continues to be a challenge. Program leadership has been working on a new compensation strategy to assist with recruiting new hires. This is being reviewed in the context of next year's budget.
- **Access Rate:** The access rate for this service line dipped below target to 49.6%. Community Treatment continues to struggle with vacancies, which impacts the amount of time it takes to open new clients to the program. See above vacancy rate for more information. Clubhouse also had a difficult time recruiting new members in June.
- **Direct Expense/Gross Patient Revenue:** Driving this number is the Outpatient service line currently. Outpatient has specific action items focusing on productivity standards, scheduling efficacy, and other related initiatives.

Nursing Home Operations

❖ **Aquatic Services:**

- **Vacancy Rate** is still the same with an open physical therapist position that is being recruited for and a physical therapy assistant that is also currently being recruited for. A Physical Therapist has been hired and will be starting the end of July. PT aide started in the earlier July orientation, should see this number change in August.
- **Direct Expense Budget/Gross Patient Revenue** is 51-56%. May was at 69.6%, with no pool closures. Productivity is still down due to open positions.

❖ **MVCC Overall:**

- **Vacancy Rate** for the month of June was at 13.5% with a target range of 6.4-8.4%. This did show a slight increase in June. The nursing home has a Vacancy and Retention Committee that meets weekly and is working to impact this outcome. Food service is showing significant vacancies which are driving our vacancy rate. We are implementing a sign on and referral bonus for dietary specific to assist in filling open positions. In June several staff adjusted their FTE's due to school.
- **Readmission Rate** target for 2019 is 8-10%. In June the readmission rate dropped to 8.7%. In May we had 2 readmissions with both of them being 30 day. All were unavoidable admissions. After further review year to date and looking at a root cause analysis, we determined that some readmissions for May and March were actually observation stays at the hospital and do not count as a readmission. Numbers have been recalculated to reflect these changes.
- **Adverse Event Rate** for June increased to 4.0 events per 1,000 patient days. Area that moved up is falls on our Post-Acute and Long Term Care unit. Review of medication errors is starting to decline as anticipated. The staff is now familiar with the new Electronic Medical Record.
- **Access Rate** for June was at 81%. The short term target for 2019 is for a referral to have an admission within 48 hours after acceptance. This goal has been revised to measure when the facility accepts a referral versus actual referral date. This reduction in number is being driven by access to short term rehab beds. This still is showing as a trend for our short term bed availability. Long term care beds access was at 100% for June. We continue to work to ensure creative options to increase this target.
- **Direct Expense/Gross Patient Revenue** for June was at 62.4% with a target of 46-51%. This was an increase from May. Our census continues to remain strong at 184 for the month, factors that influenced this are: payer mix remains off in Medicaid vent for the month. Expenses were high with overtime for nursing staff. and equipment rental still are driving factors. Team is working on reduction of overtime, supply management, and payer mix. Team has implemented a daily metric for hours worked and monitoring punched breaks to reduce.

Support Programs

❖ APS:

- Vacancy rate for June was at 12.3% with a target of 3.7-5.7%. APS filled its vacancy but is anticipating another vacancy in August.

❖ Health Information (HIM):

- Vacancy Rate for the month of June was at 13.2% with a target of 3.3-5.3%. This is due to the new Coding and Documentation Specialist position that was added in April. The position was filled on 7/8/2019.

❖ Patient Financial Services:

- Direct Expense Budget target is \$66,088-\$69,393 per month. Expenses for June are within target, which will help bring the overall expenses closer to being back on target. The reason the expenses run over in this area is due to collection expenses. There is revenue to offset this expense.

❖ Pharmacy:

- The Direct Expense/Gross Patient Revenue for June was at 41.7 % with a target range of 37-41%. This year to date is 42.e3 which is a little off target. Factor influencing this is drug costs more than budget. Working on our contract for better drug costs.

❖ Volunteers:

- The Direct Expense budget is \$9453 to \$9926. In June we are back in line at \$9254 and anticipate remaining the rest of the year.

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%	9.3%
		Retention Rate	82.0%	↑	80 - 82%	84.2%
	Service	Patient Experience: % Top Box Rate	N/A	↑	88.3 - 90.5	88.9
	Quality	Readmission Rate	11.3%	↓	8 - 10%	11.0%
		Nursing Home Star Rating	★★	↑	4+ Stars	★★★
		Adverse Event Rate	0.75	↓	PAT: 0.71 - 0.73	0.60
			3.77		NCHC EMP: 3.31 - 3.51	5.47
		Hospital Days	N/A	↓	<= 735 / month	759
	Community	Access Rate	88.3%	↑	90 - 95%	59.1%
	Finance	Direct Expense/Gross Patient Revenue	68.2%	↓	60 - 64%	70.0%
		Indirect Expense/Direct Expense	35.5%	↓	36 - 38%	34.0%
		Net Income	0.7%	↑	2 - 3%	-3.2%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BHS	People	BHS Vacancy Rate	↓	5.8 - 7.8%	15.4%
		BHS Retention Rate	↑	80 - 82%	82.0%
	Service	BHS Patient Experience	↑	88.3 - 90.5	84.2
	Quality	BHS Readmission Rate	↓	8 - 10%	9.8%
		BHS Adverse Event Rate	↓	PAT: 0.71 - 0.73	5.07
				NCHC EMP: 3.31 - 3.51	5.47
		Hospital Days	↓	<= 735 / month	759
	Community	BHS Access	↑	90 - 95%	/
	Finance	BHS Budgeted Direct Expense/Gross Patient Revenue	↓	64 - 69%	79.2%
		BHS Write-Offs	↓	0.69%	0.86%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BIRTH TO 3	People	Birth To 3 Vacancy Rate	↓	1.8 - 3.8%	3.7%
		Birth To 3 Retention Rate	↑	80 - 82%	81.5%
	Service	Birth To 3 Patient Experience	↑	88.3 - 90.5	90.3
	Quality	Birth To 3 Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.00
				NCHC EMP: 3.31 - 3.51	6.14
	Community	Birth To 3 Access	↑	90 - 95%	100.0%
	Finance	Birth To 3 Direct Expense/Gross Patient Revenue	↓	139 - 144%	126.0%
		Birth To 3 Write-Offs	↓	0.57%	0.45%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
COMMUNITY LIVING	People	Community Living Vacancy Rate	↓	4.6 - 6.6%	6.4%
		Community Living Retention Rate	↑	80 - 82%	83.6%
	Service	Community Living Patient Experience	↑	88.3 - 90.5	95.5
	Quality	Community Living Adverse Event Rate	↓	PAT: 0.73 - 0.75	0.89
				NCHC EMP: 3.31 - 3.51	5.47
	Community	Community Living Access Rate	↑	90 - 95%	37.9%
	Finance	Community Living Direct Expense/Gross Patient Revenue	↓	56 - 61%	54.7%
		Community Living Write-Offs	↓	0.10%	0.02%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
OP/CT/CLUBHOUSE	People	OP/CT/Clubhouse Vacancy Rate	↓	3.3 - 5.3%	6.5%
		OP/CT/Clubhouse Retention Rate	↑	80 - 82%	86.6%
	Service	OP/CT/Clubhouse Patient Experience	↑	88.3 - 90.5	90.7
	Quality	OP/CT/Clubhouse Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.05
				NCHC EMP: 3.31 - 3.51	5.47
	Community	OP/CT/Clubhouse Access Rate	↑	90 - 95%	78.5%
	Finance	OP/CT/Clubhouse Direct Expense/Gross Patient Revenue	↓	73 - 78%	86.4%
		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%	9.8%
		Aquatic Retention Rate	↑	80 - 82%	63.6%
	Service	Aquatic Patient Experience	↑	88.3 - 90.5	95.8
	Quality	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Community	Aquatic Access	↑	90 - 95%	96.0%
	Finance	Aquatic Direct Expense/Gross Patient Revenue	↓	51 - 56%	63.1%
		Aquatic Write-Offs	↓	0.45%	3.08%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MOUNT VIEW CARE CENTER	People	MVCC Vacancy Rate	↓	6.4 - 8.4%	13.4%
		MVCC Retention Rate	↑	80 - 82%	82.2%
	Service	MVCC Patient Experience	↑	88.3 - 90.5	90.1
	Quality	MVCC Readmission Rate	↓	8 - 10%	13.1%
		MVCC Nursing Home 5-Star Rating	↑	4+ Stars	★★★
		MVCC Adverse Event Rate	↓	2.43 - 2.55	2.60
	Community	MVCC Access Rate	↑	90 - 95%	78.2%
	Finance	MVCC Direct Expense/Gross Patient Revenue	↓	46 - 51%	59.8%
		MVCC Write-Offs	↓	0.16%	0.08%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
APS	People	APS Vacancy Rate	↓	3.7 - 5.7%	12.3%
		APS Retention Rate	↑	80 - 82%	75.0%
	Service	APS Patient Experience	↑	88.3 - 90.5	100.0
	Quality	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	APS Direct Expense Budget	↓	\$45,491 - \$47,765 per month	\$43,598

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	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Business Operations Direct Expense Budget	↓	\$57,205 - \$60,065 per month	\$54,183

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HIM	People	HIM Vacancy Rate	↓	3.3 - 5.3%	11.4%
		HIM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	HIM Direct Expense Budget	↓	\$34,970 - \$36,719 per month	\$39,030

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%	71.4%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Human Resources Direct Expense Budget	↓	\$74,859 - \$78,602 per month	\$60,198

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
IMS	People	IMS Vacancy Rate	↓	3.1 - 5.1%	2.9%
		IMS Retention Rate	↑	80 - 82%	74.1%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	IMS Direct Expense Budget	↓	\$191,668 - \$201,251 per month	\$178,166

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	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	MARCOM Direct Expense Budget	↓	\$30,931 - \$32,477 per month	\$32,448.00

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
ORGANIZATIONAL DEVELOPMENT	People	Org Dev Vacancy Rate	↓	8.3 - 10.3%	6.7%
		Org Dev Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Org Dev Direct Expense Budget	↓	\$44,077 - \$46,280 per month	\$33,810

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT ACCESS SERVICES	People	Patient Access Services Vacancy Rate	↓	2.1 - 4.1%	
		Patient Access Services Retention Rate	↑	80 - 82%	
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Patient Access Services Direct Expense Budget	↓	\$50,225 - \$52,737 per month	\$48,056

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT FINANCIAL SERVICES	People	Patient Financial Services Vacancy Rate	↓	1.9 - 3.9%	1.9%
		Patient Financial Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Patient Financial Services Direct Expense Budget	↓	\$66,088 - \$69,393 per month	\$70,354

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	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Pharmacy Budgeted Direct Expense/Gross Patient Revenue	↓	37 - 41%	42.3%

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	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Purchasing Direct Expense Budget	↓	\$18,643 - \$19,575 per month	\$19,188

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	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
		Access: On-Time Arrivals	↑	90 - 95%	95.0%
	Finance	Transportation Direct Expense Budget	↓	\$32,062 - \$33,665 per month	\$31,044

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	88.9
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	5.47
	Finance	Volunteer Services Direct Expense Budget	↓	\$9,453 - \$9,926 per month	\$9,872

2019 NCCSP BOARD CALENDAR – Next Three Months

Thursday August 29, 2019– 12:00 PM – 2:00 PM

Educational Presentation: Budget Presentation

Board Action: Budget – Recommend to Retained County Authority Committee

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic: TBD

Thursday September 26, 2019 12:00 PM – 2:00 PM

Educational Presentation: Board Governance Best Practices

Board Action: Review and Approve Modifications to Board Bylaws

Board Policy to Review: Policy Governance Manual

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

Thursday October 31, 2019– 12:00 PM – 2:00 PM

Educational Presentation: Update on Medical Staff Initiatives; Annual Quality Audit – Review the performance of the quality programs and metrics.

Board Action: TBD

Board Policy to Review: Contract Review Policy

Board Policy Discussion Generative Topic: TBD