




North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AMENDED 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, August 29, 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 7/25/2019 NCCSP Board Meeting Minutes
 - B. Board Committee Minutes and Reports
 - i. Review of Draft Minutes of the 8/15/19 Executive Committee Meeting – J. Zriny
 - C. Monitoring Reports
 - i. 2018 Annual Report
 - ii. CEO Work Plan Review and Report – M. Loy
 - iii. ACTION: Review and Accept the July Quality Dashboard and Executive Summary
 - iv. Chief Financial Officer’s Report – B. Glodowski
 - a. ACTION: Review and Accept July Financial Statements
 - v. Human Services Operations Report – L. Scudiere
 - vi. Nursing Home Operations Report – K. Gochanour
 - D. ACTION: Approve Medical Staff Appointments for: Tiffany Pluger, APNP and Edward Krall, M.D.,
5. Board Education and Discussion
 - A. Presentation of the 2020 Budget – M. Loy & B. Glodowski
 - i. ACTION: Recommend the 2020 Budget to the Retained County Authority Committee
 - B. Mount View Care Center Survey Report
6. Board Discussion and Possible Action
 - A. Pine Crest Management Agreement – M. Loy
 - B. Memorandum of Understanding with Lincoln County Regarding Sick Leave Benefits
 - C. Errors and Omissions Coverage and Scope of Director Liability – J. Fisher
 - D. Corporate Structure Discussion – M. Loy
7. MOTION TO GO INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events.
8. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
9. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
10. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
11. Adjourn


Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

July 25, 2019

12:00 Noon

Wausau Board Room

Present:

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

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

Guests: Scott Schultz, Gallagher
 Chuck Kerstell, NCHC Crisis Professional
 Officer David Bertram, Wausau Police Department
 Officer Megan Sowinski, Marathon County Sheriff's Department
 Brian Kowalski, City Pages

1. Call to order

- J. Zriny called the meeting to order at 12:01 p.m.

2. Public Comment for Matters Appearing on the Agenda

- B. Metter asked to speak publicly and shared his experience with receiving wonderful services for his wife at Mount View Care Center. When he learned that his wife was in need of rehabilitation services there was only one option, Mount View Care Center. The staff were kind, compassionate, and provided excellent care. He also noted that he is looking forward to being able to provide the quality of building that matches the quality of care.

3. Chairman's Report and Announcements

- None

4. Consent Agenda

- **Motion/second**, Metter/Ashbeck, to approve the Consent Agenda which includes:
 - Approve 6/27/19 NCCSP Board Meeting Minutes
 - Review of Draft Minutes of the 7/8/19 Executive Committee Meeting
 - CEO Work Plan Review and Report
 - Operational Plan Update
 - Chief Financial Officer's Report and June Financial Statements
 - Human Services Operations Report
 - Nursing Home Operations Report
- Motion carried.

5. Board Education and Discussion

A. Update on Outcomes of the Crisis Assessment Response Team (CART)

- Chuck Kerstell, Officer David Bertram, and Officer Megan Sowinski provided an update on outcomes of the CART team. Stacy Rozelle, Crisis Professional is also part of this 4-member team but was unable to attend.
- The program was implemented about one year ago to provide response and assessment for crisis situations with the goal of decreasing emergency detentions and avoidance of jail time. The team looks at behavioral health needs and provides resources if needed to help support individuals in their home/community. In turn the team decreases response time for law enforcement officers to get back on the road.
- The team works closely with Community Treatment and assists Mobile Crisis in assessing individuals when Crisis is inundated with calls.
- CART would like to see the program eventually expand into other municipalities.
- Prior to 2015, law enforcement received 1,200 calls/year and 50% resulted in emergency detentions. Since 2015, and with CIT training, of 1,000 calls the emergency detentions reduced to 35%. In 2016-2017, the number of emergency detentions reduced to 25%. In 2018 calls increased to 1,471 but with interacting in the municipalities with CART, the emergency detentions dropped further to 15%. From January to June 30, 2019 there have been 664 calls with 14% emergency detentions. We continue to work to reduce the number of emergency detentions with a goal of 10%.
- After careful review of call volume, the CART teams are available from 8 a.m. to 8 p.m. with two teams splitting shift times. The height of crisis calls are received from 10a-6p and for law enforcement the most calls are 11a-7p.
- Loy and the Board congratulated the teams for their success. Additional conversations to add more CART teams in nearby communities continue.

B. Employee Health Plan Performance and Strategy to Bend the Health Care Spending Trend – Scott Schultz, Gallagher

- M. Loy explained health insurance costs are about \$8 million of our \$70 million budget. In 2016 and 2017 we had several high cost claimants. In 2018 and again in 2019 we experienced a budgeting issue partly due to the change in timing of our budget process (from October to August) which impacts projection accuracy. We feel our new partner, Gallagher, will help us improve in projecting costs this next year and assist us in offering opportunities to help hold costs down.
- S. Schultz provided detail on the analysis Gallagher completed with NCHC claims information and what they want to do to help NCHC be successful in not only reducing claims but promoting/creating a healthier workforce. Suggestions included participating in a Tria Health program that helps individuals manage multiple pharmaceuticals and chronic conditions, enhance the wellness strategy, and increase utilization of the on-site clinic.
- M. Loy noted that our senior management team will continue to work on options to improve the current year's high cost of health insurance including the gap from last year as well as the plan for the 2020 budget year.

C. Campus Renovation updates

- M. Loy distributed and reviewed NCHC Campus Renovation July 2019 Talking Points.
- Updated Talking Points will be provided as the project proceeds and Board Members have up to date information that can be shared.
 - Bidding process for the Phase 1A for the pool project has been completed and the bid was awarded. Groundbreaking event is planned for Aug. 5 at 2 p.m. Invitations have been mailed.

- Campus changes have begun with staff parking moved to the back of the campus and the field and area on the north side of the campus will begin to be staged for the project and construction equipment starting July 29.
- Resident moves are scheduled to begin August. 28. Open forums will be held Thurs, Aug. 1 for residents, families, and staff to answer questions about the project.
- Youth Hospital and CBRF bid process will begin August 2 with construction slated to begin in September.

6. Board Discussion and Possible Action

A. Annual Review and Approval of Board Policy - Employee Compensation Policy and Employee Compensation Administration Manual

- Proposed performance increase for wages in 2020 budget will be budgeted at 2.5% and will be included in the budget review in August.
- Minor mark-up changes on the Employee Compensation Administration Manual were included in the Board Packet.
- **Motion**/second, Balk/Weaver, to approve the Employee Compensation Policy and Employee Compensation Administration Manual as presented. Motion carried.

B. Budget and Management Agreement Related to the Ongoing Management of Pine Crest Nursing Home

- Brief background: Pine Crest is operated by Lincoln County. The nursing home administrator retired in May and NCHC entered into an interim management agreement for several months providing K. Gochanour as their nursing home administrator, supporting the Board of Trustees in the operations, and coordinating the recruitment process for the next administrator. We also committed to reviewing their 2019 budget and offered to develop a 2020 budget which B. Glodowski has done.
- Two options were reviewed: Continue with current arrangement (Status Quo) or move forward to integrate operations with NCHC under a long term management agreement with Lincoln County as NCHC does with Marathon County and Mount View Care Center.
 - If Pine Crest would be managed by NCHC it would reduce costs to Lincoln County by approximately \$500,000 (see 2020 Pine Crest Budget Proposal). Areas of savings include purchasing volumes in supplies, food, and pharmacy, rehab therapy services, workers compensation costs, annual audit and background check expenses, etc.
- B. Weaver, Lincoln County Board member and Pine Crest Board of Trustees member, expressed that the interim management of Pine Crest by NCHC has been terrific and that moving forward with a long term management agreement would be in the best interest for Lincoln County, Pine Crest, and NCHC. Meetings and approvals by Pine Crest Board of Trustees, Lincoln County Board and Committees would still need to occur. There would also be meetings with staff, residents and families, community forums, and a notice published in the local newspaper before an agreement would be finalized.
- Lincoln County would continue to own and govern Pine Crest with NCHC managing the operations.
- **Motion**/second, Ashbeck/Weaver, to approve to proceed with a Budget and Management Agreement of Pine Crest with Lincoln County. Motion carried unanimously.

- C. Review and Accept the June Quality Dashboard and Executive Summary
 - See attached report of areas of focus and identified action plans.
 - D. Corporate Structure Discussion – deferred to August meeting
7. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
- Consideration is being given to combining the November and December Board Meetings into one meeting in early December as well as the potential to combine the June and July meetings in 2020. More information will be provided.
 - August Board meeting will include the 2020 Budget discussion.
8. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
- Comment made that there was a lot of detail presented and would be helpful in the future to have the information given to the Board for review ahead of time.
 - Several major key positions have been filled:
 - Operations Executive has been hired.
 - Chief Medical Officer has been hired.
 - The Behavioral Health Services Director has also been hired.
 - An offer has been extended for a Chief Nursing Officer candidate.
9. Adjourn
- **Motion**/second, Weaver/Wagner, to adjourn the meeting at 2:05 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

August 15, 2019

11:00 AM

NCHC – Juniper Room

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

Others present: Michael Loy, Brenda Glodowski

Call to Order

Meeting was called to order at 11:02 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 07/08/19 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 07/08/19 Executive Committee meeting minutes; motion passed.

CEO Report

- Groundbreaking for the pool on August 5 was a stormy event but a fun and exciting day. Fencing is up. Trees have been removed. Waiting for permit from DNR that pertains to storm water management.
- Bids for the new CBRF and Youth Hospital should be received in the next 1-2 weeks and construction will commence around October 1.
- August 28 is the moving day for approximately 50 residents at Mount View. They are moving from the area that will be torn down. MMT program will move to their temporary area at the end of September. The nursing home staff have a great plan in place for the move.
- Licensing must be approved for the move of MMT. We don't foresee concerns with an approval and will begin preparing the new temporary space immediately.
- Final sign-offs for the nursing home tower will be the last week of August. A mock-up of the new nursing home room will be created for staff, residents, family members, and board members which will provide an opportunity to see the layout and make any final adjustments.
- Dr. Rob Gouthro has accepted the position of Chief Medical Officer and anticipates starting Nov. 1. He is the current Medical College of Wisconsin Program Director at UW Green Bay. Dr. Gouthro will be working with Dr. Krall on the residency program as Dr. Krall is planning to retire once Dr. Gouthro is on board and trained. Dr. Immler will help with onboarding and will then transfer his focus to Outpatient and Community Treatment.
- Jarret Nickel will begin Aug. 19 as the Operations Executive. His first project will be to work with Kim Gochanour, the new Pine Crest Administrator, and staff to ensure the transition with Pine Crest goes well (if approved by Lincoln County).
- Dr. Hoppe accepted our offer as an Inpatient Psychiatrist starting 7/2020. He is currently in his third year of residency. Have had conversations with residents at NCHC but they are not ready to make a commitment until their PGY4 year.

- Dr. Unal, child/adolescent psychiatrist, will provide weekday coverage in the new youth hospital which is anticipated to open in April 2020.
- Next week (Aug. 19-23) is Employee Celebration Week; you are welcome to join us at any time.
- A new occurrence reporting system is being implemented. Current occurrence reporting is done in Tier which will be replaced. The new system will improve the report information available to the Board in closed session.
- We continue to talk with the Medical College of Wisconsin and Froetert about the possibility of being an Epic extender. We feel Epic would be the best EMR option but Epic will not sell directly to us. In the meantime we will continue to move forward to send out an RFP to consider other options. Dr. Benson recommended we ask the preferred vendor to establish a month long trial of the system so staff can work with the system prior to purchase. A selection by year end is the goal.

2019 Financials

- July financials show the nursing home had a \$160,000 gain, but the human services side had \$500,000 loss. YTD we have experienced a \$1.6 million loss.
- Issues continue to include diversions (summer months are typically higher than the rest of the year). There seems to be a broader issue in the community as well as throughout the state. System issues could become political. With a Chief Medical Officer on staff we hope to build on relationships and continue to work diligently with the hospital systems to provide the best care for these individuals. Dr. Benson also emphasized that it is important for individuals being discharged from inpatient stay to connect in the outpatient services environment within 24-48 hours. NCHC is exploring a software program to help connect individuals with their therapists and other services in a timely manner during crisis situations.
- Health insurance costs continue to exceed budget. Details will be provided for the Board.
- There is new legislation being introduced in the State that could enhance the money for mental health services.
- With the improved NCHC psychiatry resources in the area we may look at a referral system for other providers to send clients to NCHC.
- Working on an expansion of the employee clinic to more of a primary care clinic. Next year we will be rolling out a robust wellness program through the Clinic. May also shift the EAP contract and have someone onsite also. The mission is for a 400% increase in utilization. Dr. Norrbom expressed concern and to proceed with caution to make certain of the details of the wellness program.

2020 Budget

- The 2020 budget is being finalized. After carefully reviewing the revenue and expenses we are showing a \$1.5 million deficit mostly related to the youth hospital. However, with anticipation of the opening of the youth hospital in April, and being a new program, we will not be asking counties to help offset the deficit at this time.
- There is a \$20 million difference from 2019-2020 which is due to several major changes: The Birth to Three and Adult Protective Services programs will no longer be operated by NCHC as of 1/1/2020, and, two new programs have been added to the 2020 budget: Lincoln Industries and Pine Crest Nursing Home. We will have a separate budget for Pine Crest and anticipate the first year will have a \$200,000 deficit which will be funded by the fund balance. The transition details are being discussed and will be finalized over the next four months upon approval of the Lincoln County Board next week. Some NCHC overhead is built into the Pine Crest budget in the amount of \$300,000.
- Also included is the addition of the youth hospital effective 4/1/20 with revenue expected in May 2020.

- Salary increases are set at 2%. There are a few positions identified for market adjustment and they include some case managers, housekeeping, dietary, and transportation. Also, there are several new positions that have been added (Chief Medical Officer, Chief Nursing Officer, and psychiatrists).
- WRS is scheduled to increase slightly from 6.55% to 6.75%.
- We are building in a \$1.5 million increase for health insurance and are working closely with Gallagher to identify a more accurate projection. Next year health insurance costs could reach \$10 million. A significant factor is that enrollment has increased quite a bit. Also there is an increase from single to family plans which also increases costs but not necessarily relates to claims.
- Diversions were increased by \$100,000 but by stabilizing our physician base and with the opening of the youth hospital in April we anticipate an improvement in this area.
- We do not have a contingency in place at this time.
- North Central Health Foundation approved \$100,000 to hire a Fund Development position with the goal to strategically work grants and funding to help support our services. We are in the process of establishing the job description for recruitment and anticipate filling the position in early 2020.

Update on Pine Crest Transition

- Lincoln County Board will vote on the transition on Aug. 20. Some comments have been made to delay the decision for a month. We are trying to provide as much information to speak to any concerns so the vote does not get delayed. Meetings have been held with employees and residents and community members. Benefits are not the same with two major issues i.e. vacation and accumulated sick leave 'banks'. There are some employees who have 100 days of sick leave 'banked' which relates to a total liability of approximately \$1 million.) Lincoln County must determine how to handle the banked sick leave.
- If the transition is approved, we plan to create a Nursing Home Operations Committee which would include the Board of Trustees of Pine Crest, members of our Board, and county board representation.

Preparation for Annual Board Assessment at Policy Governance and Annual Meeting

- Will defer to the next meeting agenda.

Discussion on Board Errors and Omissions Policy and Scope of Director Liability

- John Fisher will be providing a full presentation for the Board August. 29.

August Board Agenda

- Agenda will include: Budget, Annual Nursing Home Survey Update, Errors and Omissions Policy presentation, Pine Crest Nursing Home update

Adjourn

Motion/second, Benson/Weaver, to adjourn the meeting at 12:05 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO



North Central Health Care

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MEMORANDUM

DATE: August 23, 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: Site preparation and fencing went up on the campus in recent weeks following the ground breaking event in early August. Further work on the pool excavation and structure are pending final DNR approval. Bids are slated to be returned at the end of August for the Youth Hospital and Crisis Community Based Rehabilitation Facility (CBRF). Construction for that phase will begin in September. Resident moves in Mount View are slated for Wednesday, August 28, 2019 to allow for the move of the MMT program to a temporary location and to allow for the deconstruction of part of the health care center building to make way for the new skilled nursing tower. Bidding for the new skilled nursing tower will occur in late September or early October with construction starting sometime later this year.
- 2) Recruitments: Jarret Nickel has started as our new Operations Executive as of August 19th. We have a new Chief Medical Officer, Dr. Robert Gouthro, starting in November. The Chief Nursing Officer recruitment continues.
- 3) Development Officer: The North Central Health Foundation has authorized \$100,000 to create a Development Officer position at North Central Health Care. This role will work collaboratively between the Foundation and NCHC to pursue additional funding opportunities to support new and existing programming at NCHC. Recruitment for this position will start in September.
- 4) Employee Appreciation Week: Each year NCHC has a week dedicated to Employee Appreciation. There are many fun events throughout the week including our 29th Annual Employee Appreciation Dinner where we celebrate service milestones. Thank you to all Board Members who reached out to thank employees or participated in any of our events.

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 Chief Medical Officer and Psychiatry Residency Program Director who will start in November. Medical Staff will review and approve their updated bylaws in October. We have transitioned all locums to direct contract and are closing in on filling our open Inpatient Psychiatry positions. An objective to get the Medical Staff President to be included on the NCCSP Board still continues. | 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 September. The new HR and Learning platform is on track for an October implementation and will include Pine Crest. The RFP for the new human services electronic medical record will be released by the end of August with selection slated in the 4th quarter and implementation to begin January 1. | 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 August 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 nearly complete. Langlade County has an offer to purchase the property contingent on community fundraising being completed. Program is slated to open in early 2020. | Complete | | | | | | | | | | | | |
| Annual Budget | RCA | May-19 | Adopted Budget within Budgetary Direction of the RCA and NCCSP Board | The 2020 Budget is being presented at the August Board meeting and will be forwarded to the RCA. Individual County meetings are scheduled for September. | 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 August 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 | | | | | | | | | | | | |

| 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% | 9.1% | | | | | | 9.3% | 9.5% |
| Retention Rate | ↑ | 80 - 82% | 97.8% | 96.5% | 95.2% | 94.1% | 93.3% | 92.1% | 91.2% | | | | | | 84.9% | 82.0% |
| SERVICE | | | | | | | | | | | | | | | | |
| Patient Experience | ↑ | 88.3 - 90.5 | 90.9 | 89.3 | 90.0 | 90.8 | 84.3 | 89.2 | 85.6 | | | | | | 88.4 | N/A |
| CLINICAL | | | | | | | | | | | | | | | | |
| Readmission Rate | ↓ | 8 - 10% | 6.7% | 10.9% | 8.6% | 15.7% | 12.1% | 10.8% | 7.8% | | | | | | 10.5% | 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 | 0.65 | | | | | | 0.60 | 0.75 |
| | | NCHC EMP: 3.31 - 3.51 | 8.90 | 11.49 | 1.26 | 5.67 | 3.78 | 1.84 | 0.00 | | | | | | 4.48 | 3.77 |
| Hospital Days | ↓ | 735 or less per month | 770 | 667 | 821 | 715 | 768 | 930 | 875 | | | | | | 792 | N/A |
| COMMUNITY | | | | | | | | | | | | | | | | |
| Access Rate | ↑ | 90 - 95% | 92.0% | 86.2% | 85.6% | 80.1% | 88.1% | 59.1% | 66.8% | | | | | | 79.1% | 88.3% |
| FINANCE | | | | | | | | | | | | | | | | |
| Direct Expense/Gross Patient Revenue | ↓ | 60 - 64% | 64.9% | 68.0% | 73.3% | 65.5% | 71.9% | 76.6% | 75.3% | | | | | | 70.7% | 68.2% |
| Indirect Expense/Direct Expense | ↓ | 36 - 38% | 33.7% | 37.9% | 34.7% | 31.9% | 34.7% | 31.6% | 30.7% | | | | | | 33.4% | 35.5% |
| Net Income | ↑ | 2 - 3% | 1.3% | -1.6% | -12.4% | 0.2% | -9.2% | -1.1% | -7.0% | | | | | | -3.8% | 0.7% |

↑ Higher rates are positive

↓ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

| | |
|----------------|---|
| Vacancy Rate | Total number of vacant positions as of month end divided by total number of authorized positions as of month end. |
| Retention Rate | Annualized number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st. |

SERVICE

| | |
|--------------------|--|
| Patient Experience | Mean score of responses to the overall satisfaction rating question on the survey. |
|--------------------|--|

CLINICAL

| | |
|--------------------------|--|
| Readmission Rate | Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i> |
| Nursing Home Star Rating | Star rating as determined by CMS Standards. |
| Adverse Event Rate | Patients: # of actual harm events that reached patients/number of patient days x1000 Employees: #of OSHA Reportables x 200,000/hours worked |
| Total Hospital Days | Total Hospital days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. The current figure totals the NCHC current month hospital days to out of facility hospital days from the previous month. This lag is due to the processing time of invoices from other facilities. |

COMMUNITY

| | |
|---|---|
| Access Rate | • Adult Day Services - within 2 weeks of receiving required enrollment documents |
| | • Aquatic Services - within 2 weeks of referral or client phone requests |
| | • Birth to 3 - within 45 days of referral |
| | • Community Corner Clubhouse - within 2 weeks |
| | • Community Treatment - within 60 days of referral |
| | • Outpatient Services |
| | - within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, |
| | - within 4 days following discharge for counseling/post-discharge check |
| | - 14 days from hospital discharge to psychiatry visit |
| | • Prevocational Services - within 2 weeks of receiving required enrollment documents |
| | • Residential Services - within 1 month of referral |
| | • Post Acute Care % of eligible referred residents admitted within 48 hours |
| | • Long Term Care % of eligible referred residents admitted within 2 weeks |
| | • CBRF % of eligible patients admitted within 24 hours |
| | • MMT % of eligible patients admitted within 60 days of UPC |
| | • Crisis Services % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral |
| • Inpatient Services | |
| - within 4 days following discharge for counseling/post-discharge check | |
| - 14 days from hospital discharge to psychiatry visit | |
| - Ratio of patient days served at NCHC vs. Out of County placements | |

FINANCE

| | |
|--------------------------------------|--|
| Direct Expense/Gross Patient Revenue | Percentage of total direct expense compared to gross revenue. |
| Indirect Expense/Direct Revenue | Percentage of total indirect expenses compared to direct expenses. |
| Net Income | Net earnings after all expenses have been deducted from revenue. |



North Central Health Care

Person centered. Outcome focused.

Quality Executive Summary

August 2019

Organizational Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2019 is 5.0 - 7.0%. Currently, the rate is 9.1% for July. The year average is 9.3%. We continue to experience a higher than average vacancy rate in Food Services and the Hospital.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2019 is 80.0 – 82.0%. The rate is at 91.2% for the month of July. Currently, the rate is projected to end the year at 84.9%, 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 below target at 85.2. A few programs had notable underperforming scores, which were Outpatient, Community Treatment, and Inpatient. These programs have action plans to address key priority areas as identified by patients. For example, in the inpatient unit, a key issue that was identified was noise level, so staff have posted reminder signs and have discussed problem solving around noise levels at meetings.

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. BHS's readmission rate was within target at 9.5. The nursing home showed another month of improvement with a rate of 3.7%. We had one readmission that was in the 30 day window and unavoidable. Our target for 2019 is 8-10% total readmission rate. The combined rate for this month is 7.8%.

❖ **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 4 star. We recently moved to a 4 star for July but anticipate a drop when our most recent survey is posted.

❖ **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 July we were below target at 0.65. This showed a nice reduction from last month. (See program descriptions below for more information.)

The target range for Employee Adverse Events is 3.31 - 3.51. For July, we exceeded our target with zero events, with a year to date rate of 4.48. 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 July, the number was above target at 875, in part, due to three highly complex patients at long-term placement at Trempealeau.

A workgroup has been convened to address ongoing challenges surrounding diversions. Several short term and long term strategies were identified and presented to the NCHC Board in July. Most notably, clinical coordination teams for diverted clients over 10 days has been adopted. This should put clinical focus on quality of care for patients who are out of our care system as well as high utilizers. So far, three highly complex cases have been discussed and one client returned to the community from Trempealeau in early August.

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:

- Outpatient (Hospital patients getting a post-discharge appointment w/in 4 days of discharge and Day Treatment)
- BHS (Linkage Patients getting linked to CCS)
- Community Treatment
- Community Living (Prevocational Services and Residential)
- Clubhouse (Number of potential-members getting tours and then becoming members) 3/4
- Mount View Care Center – This showed a significant improvement from June to July with an access rate of 93.1% With our upcoming moves for the renovation, anticipate this may cause some access issues until all residents are settled and relocated.

(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 July being at 75.3%. This is a slight improvement over June, but still out of the target range. The revenues are improving and overall are exceeding target. The expenses continue to be off target, with the main drivers continuing to be diversions, physician services and health insurance.

❖ **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 30.7%, which is better than target. With expenses in the direct areas running over budget, support programs are trying to keep expenses down to help offset some of the direct overages.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2019 is 2-3%. July shows a large loss for the month, resulting in this target being at -7.0%. With the organization showing a loss year to date, this target continues to be off 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 increased slightly in July at 13.4% from the previous month. The program target is 5.8-7.8%. We still have some key leadership vacancies as well as some nursing and crisis staff vacancies.
- Patient experience improved greatly for BHS since the previous month at 82.5%, though it is still under target. Most notably the scores for MMT improved, due to a very concerted effort by staff to improve programming. The department now uses Hazelden's curriculum and patients and staff have been reporting better results from this change.
- Patient Adverse Event Rate went down significantly in July, although it is still over target. The measure has a target of 0.71 to 0.73 and currently BHS is at 4.06. There were four events in the hospital. Two events were related to the same patient who punched a door resulting in bruising, but no fracture.
- Direct Expense/Gross Patient Revenue for June, BHS had 85.9% with a target of 64-69%. Revenue for MMT is starting to recover after the staff had to be retrained with the CCS billing requirements. CBRF is making revenue targets. Cost saving efforts, and a focus on productivity have the ability to turn this around this year.

❖ **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):**

- 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, especially for clients with substance abuse needs. All living opportunities remain filled and this decreases our access for referrals dramatically.

- Adverse Event Rates were above target during the months of January through April primarily due to falls related to two factors. The first driving factor was due to weather related slips and falls on ice and snow. The second factor was related directly to one member within the Andrea Street CBRF. The member showed a significant change in health and mobility in mid-2018 with an identified diagnosis of early onset dementia. The home worked with the member's primary IDT team and health care providers to schedule and complete full health panels and ensure that fall spikes were not related to underlying health factors. With medication stabilization and development of an activity outline to assist with confusion which was affecting mobility, stabilization was obtained in early spring 2019. The actions developed and implemented results in the Community Living program's improvement in trending within target since May to current consistently.

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

Measures not met in this group were:

- **Vacancy:** For July these programs had a combined vacancy rate of 6.0% with a target of 3.3-5.3%. Recruitment for community treatment for qualified clinical staff continues to be a challenge, particularly for positions requiring specific licensure (LCSW) or at one of our non-Wausau locations. 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.
- **Patient Experience:** For the first time this year, patient experience decreased to 78.9%. All three programs (Outpatient, Community Treatment, and Clubhouse) did not meet targets in July. Outpatient had the most notable dip in scores for the month. A work group has been convened to assist with hospital discharge appointments, which aims to address challenges and barriers for patients transitioning from the hospital to outpatient services. Some patients reported hearing noise in the hallways and a more "welcoming" environment for groups. Minor changes are being made to make the rooms more friendly, but this will largely be addressed with the upcoming renovation.
- **Access Rate:** The access rate for this service line improved to 62.1% in July. 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. This rate was impacted by how the referral coordinators were recording how soon patients were scheduled. Due to this error in reporting, the measure was over-inflated for Outpatient services.
- **Direct Expense/Gross Patient Revenue:** Outpatient continues to struggle, and they are instituting a new productivity project currently, which should positively impact the financials in future months. Clubhouse was down one case manager, but is working to implement groups in August and should improve revenue for the rest of the year. Community Treatment's revenue is tied to staff moves and vacancies.

Nursing Home Operations

❖ **Aquatic Services:**

- **Vacancy Rate** did drop a little. We are still waiting on a start date for our new Physical Therapist.
- **Access** dropped below 90% to 88.9%. This is in direct correlation to two issues: open physical therapist position and the pool closure for two weeks in July for maintenance.
- **Direct Expense Budget/Gross Patient Revenue** is 51-56% July was at 83.2% again this is related to being down the physical therapist position and also the pool closure for two weeks in July.

❖ **MVCC Overall:**

- Vacancy Rate for the month of July was at 12.3% with a target range of 6.4-8.4%. This showed a slight decrease from 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. We anticipate this number to go rise again in August due to staff adjusting schedules for school.
- Readmission Rate target for 2019 is 8-10%. In July the readmission rate dropped to 3.7%. In July we had 1 readmission in the 30 day timeframe which was an unavoidable admission.
- Adverse Event Rate for July dropped to 2.3 events per 1,000 patient days which brings this back into target.
- Access Rate for July was at 93.1%. 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 is the first month that we have been in target.
- Direct Expense/Gross Patient Revenue for July was at 60.9% with a target of 46-51% which is a slight decrease from June. Our census continues to remain strong at 184 for the month with payer mix remains off in Medicaid vent for the month. Expenses were high with overtime for nursing staff and equipment rental as driving factors. Team is working on reduction of overtime, supply management, and payer mix and has implemented a daily metric for hours worked and monitoring punched breaks to reduce.

Support Programs

❖ **APS:**

- Vacancy rate for July was at 10.5% with a target of 3.7-5.7%. APS had an open position from January through May due to a staff member terminating after a disputed workman's comp claim. (Which resulted in a 14.7% vacancy rate). Termination of that position was in February allowing rehire. Position was hired for and filled with start date occurring in June. Vacancy rate for June and July was 0%. APS had two staff terminate due to moves to a new geographical area – both end dates in August. One position was filled prior to vacancy. The other position has been hired with the replacement individual starting on 8-26-2019. A delay in filling this position occurred as the internal candidate offered the position initially declined the offer as they were concerned about APS's relocation to the ADRC.
- Since the transition to the new survey process, APS has received two patient experience surveys back. One in April which was 100% and one in July which was 75%. We have reviewed the process of how the surveys are sent out and have been informed that Press/Ganey is sending them to the same selection with the same timing that we had previously completed. We continue to not see responses back, which is difficult to understand as we are informed that they are sent out to the same individuals – approximately 35-45 monthly.

❖ **Patient Financial Services:**

- Direct Expense Budget target is \$66,088-\$69,393 per month. Expenses for July 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 July was at 39.9% with a target range of 37-41%. This year to date is 42% which is a little off target. Factor influencing this is drug costs more than budget. Working on our contract for better drug costs. This was the first month that the pharmacy hit the target.

2019 - Primary Dashboard Measure List

↑ Higher rates are positive

↓ Lower rates are positive

| Department | Domain | Outcome Measure | 2018 | ↑↓ | Target Level | 2019 YTD |
|---|-----------|--------------------------------------|-------|----|-----------------------|----------|
| NORTH CENTRAL HEALTH CARE OVERALL | People | Vacancy Rate | 9.5% | ↓ | 5 - 7% | 9.3% |
| | | Retention Rate | 82.0% | ↑ | 80 - 82% | 84.9% |
| | Service | Patient Experience: % Top Box Rate | N/A | ↑ | 88.3 - 90.5 | 88.4 |
| | Quality | Readmission Rate | 11.3% | ↓ | 8 - 10% | 10.5% |
| | | 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 | 4.48 |
| | | Hospital Days | N/A | ↓ | <= 735 / month | 792 |
| | Community | Access Rate | 88.3% | ↑ | 90 - 95% | 79.1% |
| | Finance | Direct Expense/Gross Patient Revenue | 68.2% | ↓ | 60 - 64% | 70.7% |
| | | Indirect Expense/Direct Expense | 35.5% | ↓ | 36 - 38% | 33.4% |
| | | Net Income | 0.7% | ↑ | 2 - 3% | -3.8% |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|------------|-----------|---|----|-----------------------|----------|
| BHS | People | BHS Vacancy Rate | ↓ | 5.8 - 7.8% | 15.1% |
| | | BHS Retention Rate | ↑ | 80 - 82% | 80.3% |
| | Service | BHS Patient Experience | ↑ | 88.3 - 90.5 | 84.0 |
| | Quality | BHS Readmission Rate | ↓ | 8 - 10% | 9.8% |
| | | BHS Adverse Event Rate | ↓ | PAT: 0.71 - 0.73 | 4.93 |
| | | | | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | | Hospital Days | ↓ | <= 735 / month | 792 |
| | Community | BHS Access | ↑ | 90 - 95% | N/A |
| | Finance | BHS Budgeted Direct Expense/Gross Patient Revenue | ↓ | 64 - 69% | 80.2% |
| | | BHS Write-Offs | ↓ | 0.69% | 0.83% |

| 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% | 85.9% |
| | Service | Community Living Patient Experience | ↑ | 88.3 - 90.5 | 95.1 |
| | Quality | Community Living Adverse Event Rate | ↓ | PAT: 0.73 - 0.75 | 0.83 |
| | | | | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Community | Community Living Access Rate | ↑ | 90 - 95% | 37.9% |
| | Finance | Community Living Direct Expense/Gross Patient Revenue | ↓ | 56 - 61% | 54.6% |
| 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% | 6.4% |
| | | OP/CT/Clubhouse Retention Rate | ↑ | 80 - 82% | 85.8% |
| | Service | OP/CT/Clubhouse Patient Experience | ↑ | 88.3 - 90.5 | 89.4 |
| | Quality | OP/CT/Clubhouse Adverse Event Rate | ↓ | PAT: 0.71 - 0.73 | 0.05 |
| | | | | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Community | OP/CT/Clubhouse Access Rate | ↑ | 90 - 95% | 76.0% |
| | Finance | OP/CT/Clubhouse Direct Expense/Gross Patient Revenue | ↓ | 73 - 78% | 87.1% |
| OP/CT/Clubhouse Write-Offs | | ↓ | 0.45% | 0.25% | |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|----------------|------------------|--|----|-----------------------|----------|
| AQUATIC | People | Aquatic Vacancy Rate | ↓ | 3.7 - 5.7% | 10.6% |
| | | Aquatic Retention Rate | ↑ | 80 - 82% | 68.8% |
| | Service | Aquatic Patient Experience | ↑ | 88.3 - 90.5 | 95.8 |
| | Quality | Support Programs Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Community | Aquatic Access | ↑ | 90 - 95% | 96.0% |
| | Finance | Aquatic Direct Expense/Gross Patient Revenue | ↓ | 51 - 56% | 65.0% |
| | | Aquatic Write-Offs | ↓ | 0.45% | 3.47% |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|------------------------|-----------|---|----|--------------|----------|
| MOUNT VIEW CARE CENTER | People | MVCC Vacancy Rate | ↓ | 6.4 - 8.4% | 13.2% |
| | | MVCC Retention Rate | ↑ | 80 - 82% | 82.9% |
| | Service | MVCC Patient Experience | ↑ | 88.3 - 90.5 | 90.1 |
| | Quality | MVCC Readmission Rate | ↓ | 8 - 10% | 11.9% |
| | | MVCC Nursing Home 5-Star Rating | ↑ | 4+ Stars | ★★★★ |
| | | MVCC Adverse Event Rate | ↓ | 2.43 - 2.55 | 2.60 |
| | Community | MVCC Access Rate | ↑ | 90 - 95% | 80.9% |
| | Finance | MVCC Direct Expense/Gross Patient Revenue | ↓ | 46 - 51% | 60.0% |
| | | MVCC Write-Offs | ↓ | 0.16% | 0.08% |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|------------|---------|---|----|-------------------------------|----------|
| APS | People | APS Vacancy Rate | ↓ | 3.7 - 5.7% | 10.5% |
| | | APS Retention Rate | ↑ | 80 - 82% | 78.6% |
| | Service | APS Patient Experience | ↑ | 88.3 - 90.5 | 87.5 |
| | Quality | Support Programs Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | APS Direct Expense Budget | ↓ | \$45,491 - \$47,765 per month | \$43,849 |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Business Operations Direct Expense Budget | ↓ | \$57,205 - \$60,065 per month | \$53,262 |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|------------|---------|--|----|-------------------------------|----------|
| HIM | People | HIM Vacancy Rate | ↓ | 3.3 - 5.3% | 10.0% |
| | | HIM Retention Rate | ↑ | 80 - 82% | 100.0% |
| | Service | NCHC Overall Patient Experience | ↑ | 88.3 - 90.5 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | HIM Direct Expense Budget | ↓ | \$34,970 - \$36,719 per month | \$38,248 |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|------------------------|----------------|--|----|-------------------------------|----------|
| HUMAN RESOURCES | People | Human Resources Vacancy Rate | ↓ | 3.6 - 5.6% | 0.0% |
| | | Human Resources Retention Rate | ↑ | 80 - 82% | 100.0% |
| | Service | NCHC Overall Patient Experience | ↑ | 88.3 - 90.5 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Human Resources Direct Expense Budget | ↓ | \$74,859 - \$78,602 per month | \$58,780 |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|------------|----------------|--|----|---------------------------------|-----------|
| IMS | People | IMS Vacancy Rate | ↓ | 3.1 - 5.1% | 2.9% |
| | | IMS Retention Rate | ↑ | 80 - 82% | 75.5% |
| | Service | NCHC Overall Patient Experience | ↑ | 88.3 - 90.5 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | IMS Direct Expense Budget | ↓ | \$191,668 - \$201,251 per month | \$176,760 |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | MARCOM Direct Expense Budget | ↓ | \$30,931 - \$32,477 per month | \$32,594 |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Org Dev Direct Expense Budget | ↓ | \$44,077 - \$46,280 per month | \$33,632 |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|--------------------------------|----------------|---|----|-------------------------------|----------|
| PATIENT ACCESS SERVICES | People | Patient Access Services Vacancy Rate | ↓ | 2.1 - 4.1% | 1.9% |
| | | Patient Access Services Retention Rate | ↑ | 80 - 82% | 100.0% |
| | Service | NCHC Overall Patient Experience | ↑ | 88.3 - 90.5 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Patient Access Services Direct Expense Budget | ↓ | \$50,225 - \$52,737 per month | \$48,271 |

| Department | Domain | Outcome Measure | ↑↓ | Target Level | 2019 YTD |
|-----------------------------------|----------------|--|----|-------------------------------|----------|
| PATIENT FINANCIAL SERVICES | People | Patient Financial Services Vacancy Rate | ↓ | 1.9 - 3.9% | 0.0% |
| | | Patient Financial Services Retention Rate | ↑ | 80 - 82% | 100.0% |
| | Service | NCHC Overall Patient Experience | ↑ | 88.3 - 90.5 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Patient Financial Services Direct Expense Budget | ↓ | \$66,088 - \$69,393 per month | \$69,855 |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Pharmacy Budgeted Direct Expense/Gross Patient Revenue | ↓ | 37 - 41% | 42.0% |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Purchasing Direct Expense Budget | ↓ | \$18,643 - \$19,575 per month | \$19,215 |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | | Access: On-Time Arrivals | ↑ | 90 - 95% | 98.0% |
| | Finance | Transportation Direct Expense Budget | ↓ | \$32,062 - \$33,665 per month | \$32,182 |

| 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 | 88.4 |
| | Quality | Support Program Overall Adverse Event Rate | ↓ | NCHC EMP: 3.31 - 3.51 | 4.48 |
| | Finance | Volunteer Services Direct Expense Budget | ↓ | \$9,453 - \$9,926 per month | \$9,804 |

MEMORANDUM

DATE: August 23, 2019
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: Monthly 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 July shows a loss of (\$465,122) compared to the targeted gain of \$9,099 resulting in a negative variance of (\$474,221). Year to date, the organization shows a loss of (\$1,649,984). 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 184/day, down from the target of 185/day.
 - The nursing home includes a rate adjustment to the Medicaid rates of 5%. Notification of the actual rate adjustment for July should come out in October. It is anticipated that the adjustments can be in the range of 5% to 7%. Once the rates are received, there will be reconciliation to the actual rate.
 - The hospital census averaged just below 14/day with the target being 14/day.
- 3) **Expense Key Points:**
 - Overall expenses for the month are over budget target by \$744,625.
 - The major drivers of the increased expenses continue to be health insurance, diversions, and contract physician services.
 - There was a holiday in July, which will generally increase wages by approximately \$70,000.
 - Drugs were over target by \$85,000 due to an additional invoice day in July.
 - Legal was over target by \$65,000.
 - The support programs continue to overall remain below budget targets. This continues to help with some of the overages in the direct programs.
 - There are targets established among the service lines to bring most programs back to target by year end. The three drivers indicated above will continue to be the focus.
- 4) **2020 Budget:** The 2020 proposed budget is being presented.

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

| | <u>Human Services</u> | <u>Nursing Home</u> | <u>Total</u> | <u>Prior Year Combined</u> |
|--|--------------------------|--------------------------|--------------------------|--------------------------------|
| Current Assets: | | | | |
| Cash and cash equivalents | 871,997 | 2,649,907 | 3,521,904 | 6,358,300 |
| Accounts receivable: | | | | |
| Patient - Net | 3,350,532 | 1,725,860 | 5,076,392 | 4,557,394 |
| Outpatient - WIMCR & CCS | 3,410,333 | 0 | 3,410,333 | 2,341,250 |
| Nursing home - Supplemental payment program | 0 | 875,000 | 875,000 | 1,430,210 |
| Marathon County | (0) | 0 | (0) | 635,053 |
| Appropriations receivable | 59,368 | 0 | 59,368 | 59,368 |
| Net state receivable | 754,566 | 0 | 754,566 | 871,694 |
| Other | 475,338 | 0 | 475,338 | 308,457 |
| Inventory | 398,393 | 29,294 | 427,687 | 342,220 |
| Other | <u>510,446</u> | <u>341,433</u> | <u>851,878</u> | <u>1,018,366</u> |
| Total current assets | <u>9,830,973</u> | <u>5,621,494</u> | <u>15,452,467</u> | <u>17,922,312</u> |
| Noncurrent Assets: | | | | |
| Investments | 13,646,000 | 0 | 13,646,000 | 12,200,000 |
| Assets limited as to use | 281,085 | 106,183 | 387,268 | 1,058,704 |
| Contingency funds | 500,000 | 500,000 | 1,000,000 | 500,000 |
| Restricted assets - Patient trust funds | 15,842 | 26,120 | 41,962 | 39,821 |
| 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 | 959,857 | 39,457 | 999,315 | 1,094,425 |
| Depreciable capital assets - Net | <u>7,081,506</u> | <u>3,217,043</u> | <u>10,298,549</u> | <u>10,286,405</u> |
| Total noncurrent assets | <u>29,028,983</u> | <u>6,117,170</u> | <u>35,146,154</u> | <u>25,179,355</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>45,014,148</u> | <u>15,855,153</u> | <u>60,869,301</u> | <u>55,172,504</u> |

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JULY 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 | 383,126 | 256,270 | 639,395 | 2,297,561 |
| Appropriations advances | 682,236 | 250,000 | 932,236 | 49,747 |
| Accrued liabilities: | | | | |
| Salaries and retirement | 1,318,352 | 881,835 | 2,200,187 | 1,832,101 |
| Compensated absences | 1,019,940 | 682,229 | 1,702,169 | 1,493,590 |
| Health and dental insurance | 507,522 | 339,478 | 847,000 | 622,000 |
| Other Payables | 126,510 | 84,622 | 211,132 | 239,000 |
| Amounts payable to third-party reimbursement programs | 220,000 | 0 | 220,000 | 313,112 |
| Unearned revenue | <u>41,111</u> | <u>0</u> | <u>41,111</u> | <u>76,815</u> |
| Total current liabilities | <u>4,321,257</u> | <u>2,501,222</u> | <u>6,822,479</u> | <u>6,923,926</u> |
| Noncurrent Liabilities: | | | | |
| Net pension liability | 565,969 | 378,572 | 944,541 | 1,582,088 |
| Long-term portion of capital lease liability | 65,537 | 19,809 | 85,346 | 0 |
| Related-party liability - Master Facility Plan | 263,719 | 79,710 | 343,429 | 0 |
| Patient trust funds | <u>15,842</u> | <u>26,120</u> | <u>41,962</u> | <u>39,821</u> |
| Total noncurrent liabilities | <u>911,067</u> | <u>504,211</u> | <u>1,415,278</u> | <u>1,621,909</u> |
| Total liabilities | <u>5,232,325</u> | <u>3,005,432</u> | <u>8,237,757</u> | <u>8,545,835</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 | 7,668,686 | 3,256,500 | 10,925,186 | 11,380,830 |
| 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 | 281,085 | 106,183 | 387,268 | 1,058,704 |
| Undesignated | 23,328,442 | 4,434,267 | 27,762,708 | 28,144,607 |
| Operating Income / (Loss) | <u>(1,796,718)</u> | <u>146,734</u> | <u>(1,649,985)</u> | <u>520,824</u> |
| Total net position | <u>33,194,756</u> | <u>8,443,684</u> | <u>41,638,439</u> | <u>41,604,965</u> |
| TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION | <u>45,014,148</u> | <u>15,855,153</u> | <u>60,869,301</u> | <u>55,172,504</u> |

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

| TOTAL | <u>CURRENT MONTH ACTUAL</u> | <u>CURRENT MONTH BUDGET</u> | <u>CURRENT MONTH VARIANCE</u> | <u>YTD ACTUAL</u> | <u>YTD BUDGET</u> | <u>YTD VARIANCE</u> |
|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-----------------------|-----------------------|-------------------------|
| Revenue: | | | | | | |
| Net Patient Service Revenue | \$4,702,583 | \$4,415,970 | \$286,613 | \$30,644,210 | \$30,257,127 | \$387,082 |
| Other Revenue: | | | | | | |
| State Match / Addendum | 418,151 | 418,151 | 0 | 2,927,054 | 2,927,054 | 0 |
| Grant Revenue | 225,251 | 210,375 | 14,876 | 1,545,184 | 1,472,625 | 72,559 |
| County Appropriations - Net | 525,486 | 525,486 | (0) | 3,678,401 | 3,678,401 | (1) |
| Departmental and Other Revenue | <u>313,033</u> | <u>349,219</u> | <u>(36,185)</u> | <u>2,325,368</u> | <u>2,444,530</u> | <u>(119,162)</u> |
| Total Other Revenue | <u>1,481,920</u> | <u>1,503,230</u> | <u>(21,310)</u> | <u>10,476,006</u> | <u>10,522,610</u> | <u>(46,604)</u> |
| Total Revenue | 6,184,503 | 5,919,200 | 265,304 | 41,120,216 | 40,779,737 | 340,479 |
| Expenses: | | | | | | |
| Direct Expenses | 5,277,272 | 4,422,619 | 854,653 | 33,466,546 | 30,272,111 | 3,194,436 |
| Indirect Expenses | <u>1,398,288</u> | <u>1,508,315</u> | <u>(110,027)</u> | <u>9,686,443</u> | <u>10,451,784</u> | <u>(765,341)</u> |
| Total Expenses | <u>6,675,559</u> | <u>5,930,934</u> | <u>744,625</u> | <u>43,152,989</u> | <u>40,723,895</u> | <u>2,429,095</u> |
| Operating Income (Loss) | <u>(491,056)</u> | <u>(11,734)</u> | <u>(479,322)</u> | <u>(2,032,773)</u> | 55,843 | <u>(2,088,616)</u> |
| Nonoperating Gains (Losses): | | | | | | |
| Interest Income | 25,428 | 20,833 | 4,594 | 213,961 | 145,833 | 68,128 |
| Donations and Gifts | 507 | 0 | 507 | 34,138 | 0 | 34,138 |
| Gain / (Loss) on Disposal of Assets | <u>0</u> | <u>0</u> | <u>0</u> | <u>134,690</u> | <u>0</u> | <u>134,690</u> |
| Total Nonoperating Gains / (Losses) | <u>25,934</u> | <u>20,833</u> | <u>5,101</u> | <u>382,790</u> | <u>145,833</u> | <u>236,956</u> |
| Income / (Loss) | <u>(\$465,122)</u> | <u>\$9,099</u> | <u>(\$474,221)</u> | <u>(\$1,649,984)</u> | <u>\$201,676</u> | <u>(\$1,851,660)</u> |

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

| 51.42/.437 PROGRAMS | <u>CURRENT MONTH ACTUAL</u> | <u>CURRENT MONTH BUDGET</u> | <u>CURRENT MONTH VARIANCE</u> | <u>YTD ACTUAL</u> | <u>YTD BUDGET</u> | <u>YTD VARIANCE</u> |
|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-----------------------|-----------------------|-------------------------|
| Revenue: | | | | | | |
| Net Patient Service Revenue | <u>\$2,946,469</u> | <u>\$2,734,477</u> | <u>\$211,992</u> | <u>\$18,568,493</u> | <u>\$18,698,041</u> | <u>(\$129,548)</u> |
| Other Revenue: | | | | | | |
| State Match / Addendum | 418,151 | 418,151 | 0 | 2,927,054 | 2,927,054 | 0 |
| Grant Revenue | 225,251 | 210,375 | 14,876 | 1,545,184 | 1,472,625 | 72,559 |
| County Appropriations - Net | 400,486 | 400,486 | (0) | 2,803,401 | 2,803,401 | (1) |
| Departmental and Other Revenue | <u>182,358</u> | <u>238,277</u> | <u>(55,919)</u> | <u>1,450,554</u> | <u>1,667,939</u> | <u>(217,385)</u> |
| Total Other Revenue | <u>1,226,245</u> | <u>1,267,288</u> | <u>(41,043)</u> | <u>8,726,192</u> | <u>8,871,019</u> | <u>(144,827)</u> |
| Total Revenue | 4,172,714 | 4,001,766 | 170,949 | 27,294,686 | 27,569,060 | (274,374) |
| Expenses: | | | | | | |
| Direct Expenses | 3,931,278 | 3,169,938 | 761,340 | 24,066,318 | 21,721,168 | 2,345,150 |
| Indirect Expenses | <u>799,453</u> | <u>839,181</u> | <u>(39,728)</u> | <u>5,397,725</u> | <u>5,815,059</u> | <u>(417,333)</u> |
| Total Expenses | <u>4,730,731</u> | <u>4,009,119</u> | <u>721,611</u> | <u>29,464,043</u> | <u>27,536,227</u> | <u>1,927,817</u> |
| Operating Income (Loss) | <u>(558,016)</u> | <u>(7,353)</u> | <u>(550,663)</u> | <u>(2,169,358)</u> | <u>32,833</u> | <u>(2,202,191)</u> |
| Nonoperating Gains (Losses): | | | | | | |
| Interest Income | 25,428 | 20,833 | 4,594 | 213,961 | 145,833 | 68,128 |
| Donations and Gifts | 287 | 0 | 287 | 23,989 | 0 | 23,989 |
| Gain / (Loss) on Disposal of Assets | <u>0</u> | <u>0</u> | <u>0</u> | <u>134,690</u> | <u>0</u> | <u>134,690</u> |
| Total Nonoperating Gains / (Losses) | <u>25,715</u> | <u>20,833</u> | <u>4,881</u> | <u>372,640</u> | <u>145,833</u> | <u>226,807</u> |
| Income / (Loss) | <u>(\$532,302)</u> | <u>\$13,480</u> | <u>(\$545,782)</u> | <u>(\$1,796,718)</u> | <u>\$178,667</u> | <u>(\$1,975,384)</u> |

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

| NURSING HOME | <u>CURRENT MONTH ACTUAL</u> | <u>CURRENT MONTH BUDGET</u> | <u>CURRENT MONTH VARIANCE</u> | <u>YTD ACTUAL</u> | <u>YTD BUDGET</u> | <u>YTD VARIANCE</u> |
|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|-----------------------|-----------------------|-------------------------|
| Revenue: | | | | | | |
| Net Patient Service Revenue | <u>\$1,756,114</u> | <u>\$1,681,492</u> | <u>\$74,622</u> | <u>\$12,075,716</u> | <u>\$11,559,086</u> | <u>\$516,630</u> |
| Other Revenue: | | | | | | |
| County Appropriations - Net | 125,000 | 125,000 | 0 | 875,000 | 875,000 | 0 |
| Departmental and Other Revenue | <u>130,675</u> | <u>110,942</u> | <u>19,733</u> | <u>874,814</u> | <u>776,591</u> | <u>98,223</u> |
| Total Other Revenue | <u>255,675</u> | <u>235,942</u> | <u>19,733</u> | <u>1,749,814</u> | <u>1,651,591</u> | <u>98,223</u> |
| Total Revenue | 2,011,789 | 1,917,434 | 94,355 | 13,825,531 | 13,210,677 | 614,853 |
| Expenses: | | | | | | |
| Direct Expenses | 1,345,994 | 1,252,681 | 93,313 | 9,400,228 | 8,550,943 | 849,285 |
| Indirect Expenses | <u>598,835</u> | <u>669,134</u> | <u>(70,299)</u> | <u>4,288,718</u> | <u>4,636,725</u> | <u>(348,007)</u> |
| Total Expenses | <u>1,944,829</u> | <u>1,921,815</u> | <u>23,014</u> | <u>13,688,946</u> | <u>13,187,668</u> | <u>501,278</u> |
| Operating Income (Loss) | <u>66,960</u> | <u>(4,381)</u> | <u>71,341</u> | <u>136,584</u> | <u>23,010</u> | <u>113,575</u> |
| Nonoperating Gains (Losses): | | | | | | |
| Interest Income | 0 | 0 | 0 | 0 | 0 | 0 |
| Donations and Gifts | 220 | 0 | 220 | 10,150 | 0 | 10,150 |
| 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>220</u> | <u>0</u> | <u>220</u> | <u>10,150</u> | <u>0</u> | <u>10,150</u> |
| Income / (Loss) | <u>\$67,180</u> | <u>(\$4,381)</u> | <u>\$71,561</u> | <u>\$146,734</u> | <u>\$23,010</u> | <u>\$123,725</u> |

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
 July 31, 2019

| BANK | LENGTH | MATURITY DATE | INTEREST RATE | AMOUNT | Insured/ Collateralized |
|------------------------|----------|---------------|-----------------|--------------|----------------------------|
| 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 |
| PFM Investments | 365 Days | 7/8/2020 | 2.27% | \$487,000 | 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 |
| Abby Bank | 730 Days | 7/19/2021 | 2.45% | \$500,000 | X |
| TOTAL FUNDS AVAILABLE | | | | \$13,646,000 | |
| WEIGHTED AVERAGE | | 556.18 Days | 2.353% INTEREST | | |

NCHC-DONATED FUNDS

Balance Sheet

As of July 31, 2019

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

| | |
|---------------------------------|-----------|
| Adult Day Services | 6,151.18 |
| Adventure Camp | 3,534.67 |
| Birth to 3 Program | 2,035.00 |
| Clubhouse | 3,966.98 |
| Community Treatment - Adult | 673.03 |
| Community Treatment - Youth | 7,294.37 |
| Fishing Without Boundries | 6,657.28 |
| General Donated Funds | 58,670.40 |
| Hope House | 3,857.09 |
| 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 | 2,328.73 |
| Total Legacies by the Lake | 4,286.98 |
| Marathon Cty Suicide Prev Task | 26,309.51 |
| National Suicide Lifeline Stipe | 3,176.37 |
| Northern Valley West | 6,377.82 |
| Nursing Home - General Fund | 5,011.15 |
| Outpatient Services - Marathon | 401.08 |
| Pool | 30,392.29 |
| Prevent Suicide Langlade Co. | 2,444.55 |
| Recovery Coach | 20,000.00 |
| Resident Council | 521.05 |
| United Way | 1,730.44 |
| Voyages for Growth | 33,442.72 |

Total CHECKING ACCOUNT 232,315.40

Total Checking/Savings 232,315.40

Total Current Assets 232,315.40

TOTAL ASSETS 232,315.40

LIABILITIES & EQUITY

Equity

| | |
|--------------------|------------|
| Opening Bal Equity | 123,523.75 |
| Retained Earnings | 86,757.12 |
| Net Income | 22,034.53 |

Total Equity 232,315.40

TOTAL LIABILITIES & EQUITY 232,315.40

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

Month Ending July 31, 2019

| ACCOUNT DESCRIPTION | CURRENT MONTH ACTUAL | CURRENT MONTH BUDGET | YTD ACTUAL | YTD BUDGET | DIFFERENCE |
|-----------------------------------|----------------------------|----------------------------|---------------------------|-----------------------|---------------------------|
| <u>REVENUE:</u> | | | | | |
| Total Operating Revenue | <u>6,184,503</u> | <u>5,919,200</u> | <u>41,120,216</u> | <u>40,779,737</u> | <u>340,479</u> |
| <u>EXPENSES:</u> | | | | | |
| Salaries and Wages | 2,763,044 | 2,939,119 | 18,825,290 | 19,960,858 | (1,135,568) |
| Fringe Benefits | 1,059,033 | 1,090,818 | 7,883,718 | 7,408,413 | 475,305 |
| Departments Supplies | 707,270 | 666,986 | 4,658,198 | 4,668,902 | (10,704) |
| Purchased Services | 971,794 | 501,254 | 5,283,223 | 3,556,779 | 1,726,444 |
| Utilitites/Maintenance Agreements | 423,514 | 259,704 | 2,394,611 | 1,817,930 | 576,682 |
| Personal Development/Travel | 44,010 | 44,663 | 269,576 | 312,638 | (43,062) |
| Other Operating Expenses | 113,296 | 177,224 | 790,970 | 1,240,209 | (449,239) |
| Insurance | 36,890 | 39,250 | 256,487 | 274,750 | (18,263) |
| Depreciation & Amortization | 158,026 | 145,250 | 1,130,484 | 1,016,750 | 113,734 |
| Client Purchased Services | <u>398,682</u> | <u>66,667</u> | <u>1,660,432</u> | <u>466,667</u> | <u>1,193,766</u> |
| TOTAL EXPENSES | 6,675,559 | 5,930,934 | 43,152,989 | 40,723,895 | 2,429,095 |
| Nonoperating Income | <u>25,934</u> | <u>20,833</u> | <u>382,790</u> | <u>145,833</u> | <u>236,956</u> |
| EXCESS REVENUE (EXPENSE) | <u>(465,122)</u> | <u>9,099</u> | <u>(1,649,984)</u> | <u>201,676</u> | <u>(1,851,660)</u> |

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

| | <u>Current Month</u> | <u>Current Year To Date</u> | <u>Prior Year To Date</u> |
|---|--------------------------|---------------------------------|-------------------------------|
| <i>Inpatient:</i> | | | |
| Administrative Write-Off | \$3,617 | \$38,940 | \$78,932 |
| Bad Debt | \$177 | \$599 | \$8,769 |
| <i>Outpatient:</i> | | | |
| Administrative Write-Off | \$10,721 | \$59,833 | \$78,519 |
| Bad Debt | \$206 | \$2,529 | \$2,534 |
| <i>Nursing Home:</i> | | | |
| Daily Services: | | | |
| Administrative Write-Off | \$1,734 | \$8,560 | \$30,921 |
| Bad Debt | \$0 | \$1,437 | \$11,160 |
| Ancillary Services: | | | |
| Administrative Write-Off | \$0 | \$1,858 | \$4,216 |
| Bad Debt | \$0 | \$0 | \$574 |
| Pharmacy: | | | |
| Administrative Write-Off | \$20 | \$845 | \$2,892 |
| Bad Debt | \$0 | \$14 | \$0 |
| Total - Administrative Write-Off | \$16,091.83 | \$110,036 | \$195,481 |
| Total - Bad Debt | \$383.25 | \$4,579 | \$23,036 |

**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 | 5,735 | 5,717 | (18) | 92.50% | 92.21% |
| | Hospital | 434 | 428 | (6) | 87.50% | 86.29% |
| 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 | 39,220 | 38,474 | (746) | 92.50% | 90.74% |
| | Hospital | 2,968 | 2,899 | (69) | 87.50% | 85.47% |

North Central Health Care
Review of 2019 Services
Langlade County

| | 2019 July Actual Rev | 2019 July Budg Rev | Variance | 2019 July Actual Exp | 2019 July Budg Exp | Variance | Variance by Program |
|---------------------------------|----------------------------|--------------------------|-----------------|----------------------------|--------------------------|--------------------|------------------------|
| Direct Services: | | | | | | | |
| Outpatient Services | \$299,573 | \$395,494 | (\$95,921) | \$378,648 | \$465,624 | \$86,976 | (\$8,945) |
| Community Treatment-Adult | \$395,858 | \$348,421 | \$47,437 | \$329,068 | \$353,671 | \$24,603 | \$72,040 |
| Community Treatment-Youth | \$850,955 | \$745,210 | \$105,745 | \$755,448 | \$745,210 | (\$10,238) | \$95,507 |
| Day Services | \$172,962 | \$190,167 | (\$17,205) | \$198,797 | \$190,167 | (\$8,630) | (\$25,835) |
| | \$1,719,348 | \$1,679,291 | \$40,057 | \$1,661,961 | \$1,754,671 | \$92,710 | \$132,767 |
| Shared Services: | | | | | | | |
| Inpatient | \$269,614 | \$271,398 | (\$1,784) | \$324,889 | \$317,651 | (\$7,238) | (\$9,021) |
| Hospital Psychiatry | \$23,131 | \$54,147 | (\$31,016) | \$145,087 | \$110,083 | (\$35,004) | (\$66,020) |
| CBRF | \$83,555 | \$55,690 | \$27,865 | \$58,849 | \$55,690 | (\$3,159) | \$24,706 |
| Crisis | \$42,613 | \$36,290 | \$6,323 | \$195,949 | \$172,381 | (\$23,568) | (\$17,245) |
| MMT (Lakeside Recovery) | \$28,780 | \$32,416 | (\$3,636) | \$60,955 | \$51,330 | (\$9,625) | (\$13,262) |
| Outpatient Psychiatry | \$56,559 | \$80,607 | (\$24,048) | \$261,456 | \$253,269 | (\$8,187) | (\$32,234) |
| Protective Services | \$15,539 | \$15,061 | \$479 | \$44,242 | \$49,658 | \$5,416 | \$5,895 |
| Birth To Three | \$56,094 | \$61,114 | (\$5,020) | \$98,376 | \$112,620 | \$14,244 | \$9,225 |
| Group Homes | \$167,823 | \$113,569 | \$54,254 | \$157,724 | \$113,569 | (\$44,155) | \$10,099 |
| Supported Apartments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Contract Services | \$0 | \$0 | \$0 | \$202,680 | \$57,585 | (\$145,095) | (\$145,095) |
| | \$743,708 | \$720,290 | \$23,418 | \$1,550,207 | \$1,293,835 | (\$256,372) | (\$232,953) |
| Totals | \$2,463,056 | \$2,399,581 | \$63,475 | \$3,212,168 | \$3,048,506 | (\$163,662) | (\$100,186) |
| Base County Allocation | \$465,810 | \$465,810 | \$0 | | | | \$0 |
| Nonoperating Revenue | \$13,831 | \$9,001 | \$4,830 | | | | \$4,830 |
| County Appropriation | \$174,115 | \$174,115 | (\$0) | | | | (\$0) |
| Excess Revenue/(Expense) | \$3,116,812 | \$3,048,506 | \$68,306 | \$3,212,168 | \$3,048,506 | (\$163,662) | (\$95,356) |

North Central Health Care
Review of 2019 Services
Lincoln County

| | 2019 July Actual Rev | 2019 July Budget Rev | Variance | 2019 July Actual Exp | 2019 July Budg Exp | Variance | Variance By Program |
|---------------------------|-------------------------------------|-------------------------------------|-----------------|-------------------------------------|-----------------------------------|-----------------|--------------------------------|
| Direct Services: | | | | | | | |
| Outpatient Services | \$182,489 | \$250,050 | (\$67,561) | \$213,148 | \$379,885 | \$166,737 | \$99,176 |
| Community Treatment-Adult | \$451,281 | \$407,913 | \$43,368 | \$397,008 | \$413,163 | \$16,155 | \$59,523 |
| Community Treatment-Youth | \$1,001,055 | \$969,980 | \$31,075 | \$1,071,733 | \$969,980 | (\$101,753) | (\$70,678) |
| | \$1,634,825 | \$1,627,943 | \$6,882 | \$1,681,889 | \$1,763,028 | \$81,139 | \$88,021 |
| Shared Services: | | | | | | | |
| Inpatient | \$367,654 | \$370,087 | (\$2,433) | \$443,030 | \$433,162 | (\$9,868) | (\$12,301) |
| Inpatient Psychiatry | \$31,542 | \$73,836 | (\$42,294) | \$197,847 | \$150,113 | (\$47,734) | (\$90,028) |
| CBRF | \$113,938 | \$75,941 | \$37,997 | \$80,249 | \$75,941 | (\$4,308) | \$33,689 |
| Crisis | \$58,116 | \$49,487 | \$8,630 | \$267,206 | \$235,065 | (\$32,141) | (\$23,512) |
| Outpatient Psychiatry | \$77,126 | \$109,919 | (\$32,793) | \$356,531 | \$345,367 | (\$11,164) | (\$43,957) |
| MMT (Lakeside Recovery) | \$39,245 | \$44,204 | (\$4,959) | \$83,121 | \$69,995 | (\$13,126) | (\$18,086) |
| Protective Services | \$21,191 | \$20,537 | \$654 | \$60,330 | \$67,715 | \$7,385 | \$8,039 |
| Birth To Three | \$71,821 | \$77,781 | (\$5,960) | \$125,958 | \$143,335 | \$17,377 | \$11,417 |
| Apartments | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Contract Services | \$0 | \$0 | \$0 | \$276,381 | \$78,525 | (\$197,856) | (\$197,856) |
| | \$780,633 | \$821,791 | (\$41,158) | \$1,890,653 | \$1,599,217 | (\$291,437) | (\$332,595) |
| Totals | \$2,415,458 | \$2,449,734 | (\$34,276) | \$3,572,542 | \$3,362,244 | (\$210,298) | (\$244,574) |
| Base County Allocation | \$484,153 | \$484,153 | (\$0) | | | | (\$0) |
| Nonoperating Revenue | \$19,305 | \$12,781 | \$6,524 | | | | \$6,524 |
| County Appropriation | \$415,576 | \$415,576 | \$0 | | | | \$0 |
| Excess Revenue (Expense) | \$3,334,492 | \$3,362,244 | (\$27,752) | \$3,572,542 | \$3,362,244 | (\$210,298) | (\$238,050) |

North Central Health Care
Review of 2019 Services
Marathon County

| Direct Services: | 2019 | 2019 | Variance | 2019 | 2019 | Variance | Variance by Program |
|---------------------------|--------------|--------------|-------------|--------------|--------------|---------------|---------------------|
| | July | July | | July | July | | |
| | Actual Rev | Budget Rev | | Actual Exp | Budget Exp | | |
| Outpatient Services | \$854,551 | \$1,108,836 | (\$254,285) | \$1,234,669 | \$1,312,082 | \$77,413 | (\$176,871) |
| Community Treatment-Adult | \$2,188,718 | \$2,281,450 | (\$92,732) | \$2,206,405 | \$2,328,117 | \$121,712 | \$28,980 |
| Community Treatment-Youth | \$2,471,092 | \$2,184,988 | \$286,104 | \$2,210,341 | \$2,184,988 | (\$25,353) | \$260,751 |
| Day Services | \$856,945 | \$869,314 | (\$12,369) | \$850,006 | \$869,314 | \$19,308 | \$6,939 |
| Clubhouse | \$184,327 | \$294,058 | (\$109,731) | \$285,025 | \$347,724 | \$62,699 | (\$47,031) |
| Demand Transportation | \$254,380 | \$255,637 | (\$1,257) | \$241,192 | \$255,637 | \$14,445 | \$13,188 |
| Aquatic Services | \$374,843 | \$467,520 | (\$92,677) | \$613,795 | \$667,221 | \$53,426 | (\$39,251) |
| Pharmacy | \$3,232,742 | \$2,991,267 | \$241,475 | \$3,261,482 | \$2,991,267 | (\$270,215) | (\$28,740) |
| | \$10,417,598 | \$10,453,070 | (\$35,472) | \$10,902,915 | \$10,956,352 | \$53,437 | \$17,964 |
| Shared Services: | | | | | | | |
| Inpatient | \$1,813,761 | \$1,825,766 | (\$12,005) | \$2,185,617 | \$2,136,927 | (\$48,690) | (\$60,694) |
| Inpatient Psychiatry | \$155,609 | \$364,258 | (\$208,649) | \$976,043 | \$740,557 | (\$235,486) | (\$444,135) |
| CBRF | \$562,094 | \$374,641 | \$187,453 | \$395,894 | \$374,641 | (\$21,253) | \$166,200 |
| Crisis Services | \$286,672 | \$244,133 | \$42,539 | \$1,318,200 | \$1,159,653 | (\$158,547) | (\$116,009) |
| MMT (Lakeside Recovery) | \$193,609 | \$218,075 | (\$24,466) | \$410,063 | \$345,309 | (\$64,754) | (\$89,220) |
| Outpatient Psychiatry | \$380,490 | \$542,264 | (\$161,774) | \$1,758,885 | \$1,703,811 | (\$55,074) | (\$216,848) |
| Protective Services | \$104,539 | \$101,316 | \$3,223 | \$297,629 | \$334,061 | \$36,432 | \$39,655 |
| Birth To Three | \$413,366 | \$355,570 | \$57,796 | \$724,946 | \$655,246 | (\$69,701) | (\$11,905) |
| Group Homes | \$1,029,006 | \$1,053,098 | (\$24,092) | \$967,085 | \$1,053,098 | \$86,013 | \$61,921 |
| Supported Apartments | \$1,497,809 | \$1,390,667 | \$107,142 | \$1,388,731 | \$1,390,667 | \$1,936 | \$109,078 |
| Contracted Services | \$0 | \$0 | \$0 | \$1,363,481 | \$387,389 | (\$976,092) | (\$976,092) |
| | \$6,436,955 | \$6,469,787 | (\$32,832) | \$11,786,574 | \$10,281,359 | (\$1,505,216) | (\$1,538,048) |
| Totals | \$16,854,553 | \$16,922,858 | (\$68,305) | \$22,689,489 | \$21,237,710 | (\$1,451,779) | (\$1,520,084) |
| Base County Allocation | \$1,977,091 | \$1,977,091 | \$1 | | | | \$1 |
| Nonoperating Revenue | \$180,824 | \$124,052 | \$56,772 | | | | \$56,772 |
| County Appropriation | \$2,213,710 | \$2,213,710 | (\$0) | | | | (\$0) |
| Excess Revenue/(Expense) | \$21,226,178 | \$21,237,710 | (\$11,532) | \$22,689,489 | \$21,237,710 | (\$1,451,779) | (\$1,463,311) |



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: August 23, 2019
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Service Operations Executive
RE: Monthly HSO Report

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

- Youth Crisis In-Home Stabilization Grant:** The Department of Health Services determined that the grant funding that was previously available for this grant will be rolled into the Mental Health Block grants for all Wisconsin counties. In 2019 NCHC will receive \$34,324, and in 2020 will receive \$68,648. This is a significant reduction from our original grant proposal of \$250,000. NCHC continues to work to determine how this program could be implemented and remain sustainable by billing CCS or Chapter 34 crisis services. The existing block grant funds will be used to subsidize a software system that can share crisis plans with appropriate partners.
- Zero Suicide:** The NCHC Zero Suicide project group continues to implement Zero Suicide programming for staff and patients. NCHC recently updated the electronic health record with updated Columbia Suicide risk assessment tools. Also, the team developed care cards to be sent to patients after they discharge or do not show for an appointment. The artwork on the cards highlights the work of individuals from the Medically Monitored Treatment program through the Rise Up art and recovery initiative.
- Marathon County Exploration of Jail Medically Assisted Treatment Program:** Daniel Shine has been hired to coordinate MAT activities for Marathon County. Daniel is a Certified Substance Abuse Counselor, has done extensive outreach on behalf of our treatment programs, and continues to be the primary handler of Alvin the therapy dog. Coordination meetings on this project are beginning this month. Daniel will also participate on the Marathon County Overdose Fatality Taskforce and has begun work with a variety of county-based substance use initiatives.
- Langlade County Sober Living:** While work on the acquisition of the building is being completed by Langlade County, a group of NCHC staff and a NCHC Board member visited Apricity to learn more about the model of care. The group toured the facilities and asked questions about sober living implementation and best practice. NCHC staff are very motivated to start implementation on this exciting new project.
- 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. **Lincoln Industries:** NCHC staff have been meeting with Lincoln Industries staff to begin discussions about the transition. The official start date for staff under NCHC is Jan. 1, 2020.

7. **Crisis Process Improvement Steering Committee:** Approximately four years ago, a group of community partners convened in order to address urgent needs surrounding crisis services in our area. A work plan was established and several key changes to NCHC systems were implemented including: educational requirements for crisis professionals, CART, NCHC's transportation program, simplified medical clearance procedures, planned improvements to enhance capacity for the CBRF and inpatient hospital, changes in policy that improve patient's experience such as not being handcuffed in law enforcement transport, incorporation of advanced-practice clinicians in the crisis unit, and more. The group recently met and reviewed the work plan. Though there are a few items that need to be addressed, the group discussed that these items are being focused on by the NCHC Board, RCA, or by other key stakeholder groups. Items that are currently being worked on include a project to share crisis plans with agencies in the area, piloting a CART-like model at Everest Metro, and a number of facility enhancements to NCHC through the campus renovation. The group is currently gathering feedback from all active members to determine if they wish to remain meeting on a quarterly basis, or if the group has served its function.



North Central Health Care

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MEMORANDUM

DATE: August 23, 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 July we are clinically and financially operating in Matrix. From the financial optimization review there are a couple areas that Matrix is working on behind the scenes with the billing team. In August the clinical optimization will be reviewed and the meal tracker will be active as well.
- 2) **PDPM Training:** Ongoing training is going on and meetings have been held with our current therapy contracts to determine new pricing structure for Medicare residents. Both facilities are working to ensure a smooth transition October 1, 2019.
- 3) **Employee Engagement:** July we celebrated our aquatic pool staff. This small group of dedicated staff offers a wonderful therapeutic service and builds lifelong followers and users of the pool after their therapy is done.
- 4) **Renovation Plans and Moves:** Mount View Transition team has been meeting weekly in preparation for the August 28, 2019 move. We will be relocating approximately 45 residents to prepare for the building of the new Nursing Home Tower. If you are interested in volunteering, please reach out to Lindsey King at 715-848-4578.
- 5) **Pine Crest Updates:** During July the main focus of my time at Pine Crest was in budget building for Pine Crest and working with the staff to understand their processes. Also during this time we did initial and final interviews for a Nursing Home Administrator. I am happy to announce that Zach Ziesemer was appointed on August 20, 2019 by the Lincoln County Board of Supervisors. Zach comes to Pine Crest with a fairly extensive background in long term care. He has been an administrator in the private sector, and currently works for a local nonprofit operated by an appointment board. His current campus is 50 beds of skilled nursing and 32 beds of assisted living along with assistance in home services. We anticipate Zach to start at the end of September. I will remain involved on a day to day basis during the transition through part of October at this time.



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Edward J. Krall, M.D. Appoint/Reappoint 08-29-2019 to 06-30-2021
Time Period

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

Medical Staff Status Courtesy Active

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

MEC PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
(MEC Committee or Designee Signature)

8-15-19
(Signature Date)

MEC ACTION

MEC recommends that:

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

[Signature]
(MEC Committee or Designee Signature)

8-15-19
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Tiffany A. Pluger, APNP Appoint/Reappoint 08-29-2019 to 08-31-2020
Time Period

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

Medical Staff Status Courtesy Active

Provider Type Employee Locum Contract
Locum Agency: _____
Contract Name: _____

MEC PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
(MEC Committee or Designee Signature)

8-15-19
(Signature Date)

MEC ACTION

MEC recommends that:

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

[Signature]
(MEC Committee or Designee Signature)

8-15-19
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



North Central Health Care
Person centered. Outcome focused.

20/20
VISION



2020 PROPOSED BUDGET

2020 PROPOSED BUDGET

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North Central Community Services Program Board of Directors,

A Budget is a blueprint. It takes vision to design and execution to bring the blueprint to life. Our vision for the future continues to come into focus. The horizon of the 5 to 50 Vision is practically on our doorstep, and it will be a new day, a new door step, by March 2022. These are the days that will define us as we operationalize all the necessary elements to organizational viability, to get NCHC to our 50th Anniversary and to set ourselves up for the next 50 years. To create an organization that lives on long past our lives. We remain in service to bring this organization closer to its fullest potential by making big moves to get us there.

Each year, our budget starts with a re-commitment to our long-term financial strategy for viability. Three years ago we committed to a plan for *Viability and Choice* as our overarching financial objectives. Financial viability and choice for North Central Health Care are encompassed in the following commitments:

1. 3-5% compound annual growth rate
2. Reduce the ratio of % indirect to direct expenses
3. Reduce the ratio of % direct expense to gross patient revenue
4. Annual contingency funding is 1.5% of the annual operations budget
5. Attain 90 days cash on hand
6. Reduce tax levy fund as a % of budget
7. Capital expense of greater than 5% of budget
8. Service campus renovation debt
9. Achieve a 2-3% annual net income

The projections for the first three financial goals were laid out in 2016 and our progress as we enter the 2020 Budget is outlined below:

| | 2017 Baseline | 2018 Target | 2018 Budget | 2019 Target | 2019 Budget | 2020 Target | 2020 Budget | 2021 Target | 2022 Target |
|-----|------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| (1) | \$60M | \$62M | \$66.7M | \$63.7M | \$70.1M | \$65.5M | \$90M | \$67.7M | \$70M |
| (2) | 42.5% | 41% | 38.3% | 40% | 39.4% | 39% | 41.3% | 38% | 37% |
| (3) | 64% | 63.5% | 66% | 63% | 64.7% | 62% | 62.3% | 61% | 60% |

From 2017 to 2020, our growth is now slated to be approximately \$30M or 50% over 2017 and approximately \$25M ahead of target for 2020. We completely rewrote ourselves in the process. This growth has occurred even as we have moved some programs out of the North Central Health Care umbrella. Given the success over the past few years, we now must completely re-imagine where we go from here. Growth must continue to be a priority, but smart growth requires a disciplined approach. We have sharpened our Mission and our scope to be the regionally unequaled provider of mental illness, addiction and skilled nursing services but just because we can do something, doesn't mean we should. We haven't arrived yet but we're getting closer. As we look forward to the next two years, our focus has to shift to improving our operating margins to hit our indirect to direct expense and direct expense to gross patient revenue targets. Namely, we need to operate more efficiently across the organization. We have made key investments and moved faster than expected but it is time to have those investments start to materialize. These efforts will be key to our targets for building contingency, cash on hand, funding capital investment, servicing our campus master plan debt and achieving our net income targets.

Contingency Funding

The 2020 Budget is realistic but will demand our very best. With all the programs having some part of their operations in flux, we are sharpening our pencils more than ever. While our 2020 Budget will continue to have \$1M in Board Designated Contingency, an operational budget contingency was not possible to include. Our target for Contingency Funding is 1.5% of the annual operating budget. For 2020, the \$1M Board Designated Contingency only represents a 1.1% contingency. This is down from a 2.68% (\$1,882,000) contingency in 2019. There is little margin for error on an operational basis in 2020.

...continued

Tax Levy Funding

Our ability to leverage tax levy funding and grow programs at the same time is something NCHC is willing to benchmark against any County in the State of Wisconsin. Of the \$90M in funding for the 2020 Budget, only 6.10% of our funding is tax levy dollars, down from 8.99% in 2019, and 11.44% in 2018. On page 14 of this budget document you will find the detail for 2020 County Appropriations. Of the total \$5.5M in tax levy funding, Pine Crest and Mount View Care Center account for approximately \$2M of the total tax levy. In Marathon County, the aquatic therapy pool accounts for approximately \$350K and the Community Corner Clubhouse another \$92K. The remaining approximately \$3M in tax levy is split between our three counties for all of our mental health and recovery programs we provide. We deliver a tremendous level of value given our Mission.

Capital Funding

We are well on our way with the first phases of our \$73M campus renovations as we move into 2020. In 2020, we will have the first installments of debt issuance and payment start to come into play. As we go into 2021 and certainly in 2022, our operational budget will have to start to accommodate the repayment of debt. Additionally, with the new Management Agreement for Pine Crest, we will have to ensure the operations at Pine Crest will continue to support the repayment of Lincoln County's debt related to their recent renovations.

Our targeted annual capital expense target (combination of new capital spending and depreciation) is set at 5% of the annual operation budget. The 2019 budget was approved with capital expense set at 3.82% (\$2,675,647 total; \$1,743,000 in depreciation expense and \$932,647 in new capital spending). For 2020, the capital funding will be at 3.4% of the annual operating budget (\$3,090,700 total; \$2,662,000 in depreciation expense and \$428,700 in new capital spending). We are clearing room for our campus renovations to come into the fold by checking off some key investments in technology capital funding in 2020. With the renovations we will be targeting much less in annual capital funding from around \$1.5M historically to around \$500K, but the needs are not anticipated to be as great.

Key Priorities for 2020

Each year in May, the Retained County Authority Committee and the North Central Community Services Program Board meets to review progress on current priorities. Given the abundance of activities in the past two years and the campus renovations slated for 2020, there are no new priorities other than the commitments we have already made. We hope to let some of the dust settle in 2020, follow through on our promises, and operationally sharpen ourselves. We have some key new additions in talent and programming that we have to get off and running in 2020. We still have a full plate of initiatives for 2020.

As I say each year, this budget is yet another impressive representation of our management team's abilities to accomplish big things for our community. Brenda Glodowski, our Chief Financial Officer's expertise and commitment is invaluable and much appreciated. She personally pours her heart into the effort and puts in many hours to deliver each year's budget. Our entire Management Team also puts in great effort in supporting the process and more importantly executing the plan the budget presents. Our budget document itself is impressive. It is a guide to our organization, a guide that is organized and made easy to read by Jessica Meadows, our Communications Director. Her efforts are always appreciated.

Collectively we all care a great deal for our community. The 2020 Budget is something we bring forward together from here. Each year we seek to have the support of many other parties and this document is compelling to achieve the support we need. The blueprint for our 2020 Budget is detailed, bold, and something we look forward to implementing. As a Board, you can be proud of our efforts here and in the commitment that each of our employees has every day. North Central Health Care is who we are because of the commitment and decisions each of our employees make every day. Next year we will expand to have over 1,000 employees making a difference in the lives of over 10,000 people directly. We can do this because the Board and our Counties empower our staff through the annual allocation of resources we have in each year's budget. It is a privilege to serve on your behalf as stewards of these very important community resources.

Thank you for supporting this exciting journey.



Michael Loy, CEO
North Central Health Care

EXECUTIVE SUMMARY

Brenda Glodowski
Chief Financial Officer

The 2020 budget reflects another year of significant growth. The increase from 2019 to 2020 is \$19,385,732, which reflects a 27.65% increase. This level of growth is being achieved due to new opportunities that came to North Central Health Care during 2019 and will be implemented in 2020. These opportunities include the management of two additional Lincoln County Programs, Pine Crest Nursing Home and Lincoln Industries. Growth also continues with the anticipated completion and opening of the new Youth Hospital in the second quarter of 2020. An overview of these program changes as well as other service line highlights and general budget assumptions are provided in this summary.

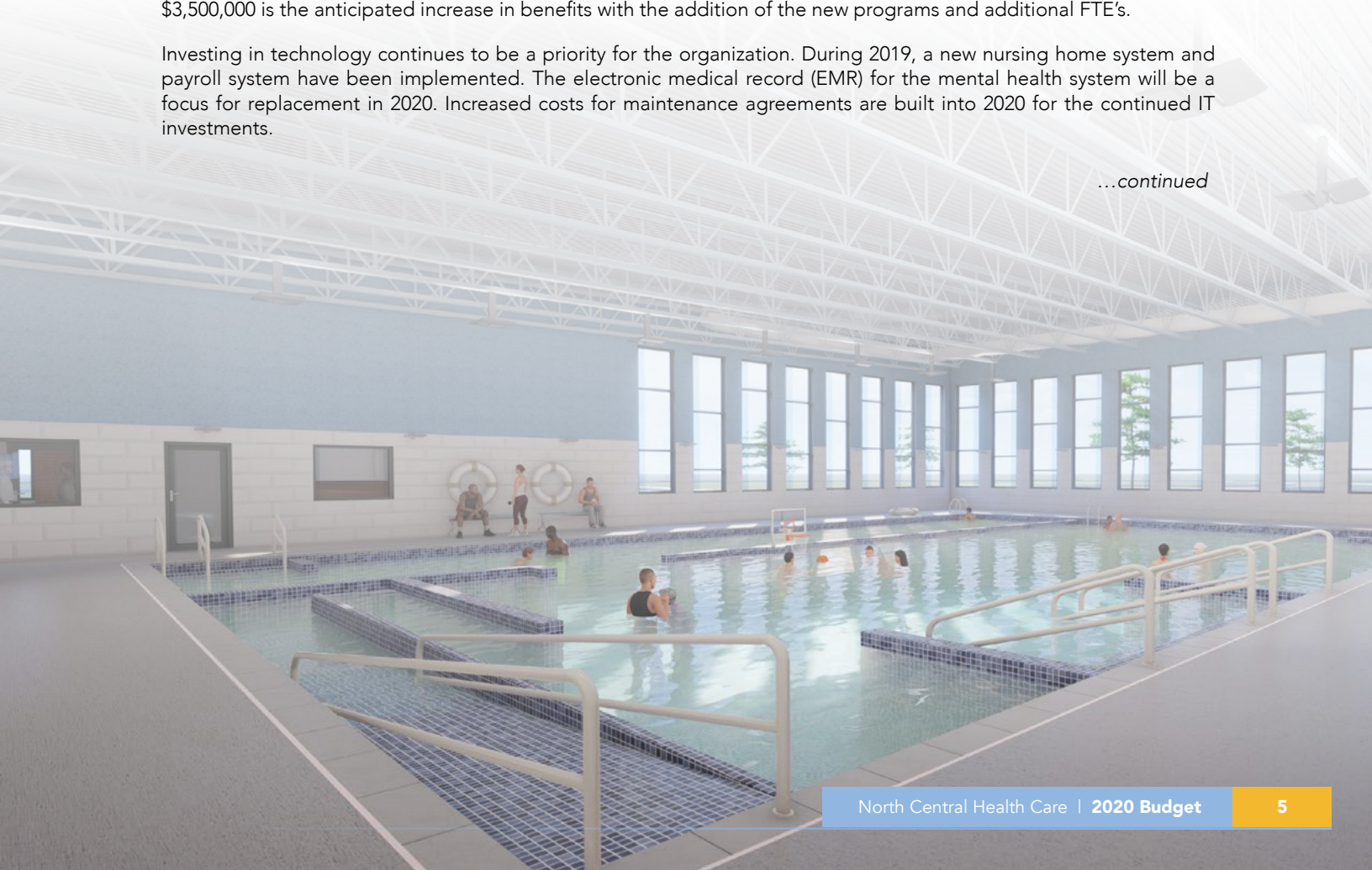
GENERAL BUDGET ASSUMPTIONS

The salary budget for 2020 is anticipated to increase by over \$8,676,000 or 25.18% compared to the 2019 budget. Included in the increase is a 2.0% increase for merit increases, which equates to \$609,000. In addition, there are market adjustments for case managers, drivers, and food service and housekeeping staff. These adjustments will bring the positions back in line with the market. The additional cost for these adjustments is \$182,000. The overall FTE's (full time equivalents) for the organization increases from 714 in 2019 to 910 in 2020, or an overall increase of 196 FTE's. Included in this increase is 187 FTE's for Pine Crest and Lincoln Industries. The salaries included for these FTE's is \$7,641,000. The Youth Hospital will bring 14 additional FTE's and \$719,000 of salaries. The Birth to Three and Adult Protective Service Programs are being relocated to other organizations. This reflects a transfer of 20 FTEs and \$1,224,000 of salaries. There are 15 additional FTE's that have been added between 2019 and 2020, with additional salary expense of \$749,000. A 5% salary vacancy is included again in this budget for those programs that have over 20 FTE's and \$1,000,000 of salaries. There are 9 programs that fall into these criteria, with a combined dollar impact of \$828,000.

Employee benefits increase \$5,175,000 or 40.43% compared to the 2019 budget. The majority of the increase is in health insurance, which increases \$1,500,000 before the addition of benefits with the new programs. This is an area that continues to see increased expenses due to additional members in the plan and increased health insurance costs. The organization does have a new insurance agent, and their projections include this increase. The WI Retirement System is increasing the rates from 6.55% in 2019 to 6.75% in 2020. The employer and employee share in the increase. This increase has an impact of \$86,000. There is an increase in dental insurance of \$65,000 due to increases in costs. Just over \$3,500,000 is the anticipated increase in benefits with the addition of the new programs and additional FTE's.

Investing in technology continues to be a priority for the organization. During 2019, a new nursing home system and payroll system have been implemented. The electronic medical record (EMR) for the mental health system will be a focus for replacement in 2020. Increased costs for maintenance agreements are built into 2020 for the continued IT investments.

...continued



EXECUTIVE SUMMARY

SERVICE LINE HIGHLIGHTS

The Program Service Lines include Behavioral Health Services, Community Services, Community Living Services, Other Services, Nursing Home and Pharmacy.

Behavioral Health Services includes the Hospital, other institutions, Crisis CBRF, Crisis Services, Medically Monitored Treatment (MMT) Program, and the Youth Hospital. The targeted census for the hospital in 2020 is 15. The CBRF will be expanding capacity from 12 to 16 by July of 2020, and it is anticipated that the new 8 bed Youth Hospital will open in the second quarter of 2020. The expense for diversions is increased by \$100,000. The diversions have been an area of significant expense over the past several years. It is anticipated with the addition of the Youth Hospital and the stabilization of staff physicians that the number of diversions will decline. The MMT program has been enhanced. With the enhancements to this program, there should be increased revenue to offset added costs. As indicated, it is anticipated that the Youth Hospital will open second quarter of 2020. This is a new program, so it is anticipated the program will require additional funding needs beyond the revenue that will be generated of \$500,000. The additional funding will come from each partner county's fund balance since this is a shared service.

Community Services include Outpatient, Psychiatry Services, Community Treatment and Clubhouse. It is anticipated that Community Treatment will continue to grow. As this program grows, so does the funding. This is a program that funds itself.

Community Living Services include Day Services and Residential. The residential programs are pretty consistent with the 2019 budget. The Day Service program is seeing significant growth due to the addition of Lincoln Industries. North Central Health Care will assume the management of this program January 1, 2020.

Other Services include Demand Transportation and Aquatic Services. Birth to Three and Adult Protective Services had been part of this Service Line. Those programs are being relocated to other organizations. Birth to Three joined Marathon County Special Education in July of 2019 and it is anticipated that Adult Protective Services will join the Aging and Disability Resource Center (ADRC) January of 2020. Demand Transportation remains consistent with 2019. Aquatic Services will move into their new location in 2020, and it is anticipated the demand for services will grow. To accommodate the increased demand, the hours of service will be expanded into the evening Monday through Thursday. Additional staff time will be added to accommodate the expanded hours, and additional revenue should offset the costs.

The Nursing Home Service Line includes Mount View Care Center (MVCC) and the addition of Pine Crest. The anticipated census for MVCC for 2020 is 183 residents per day and for Pine Crest is 155 residents per day. There are anticipated larger rate increases for the Medicaid program of between 5% and 6% effective July 1, 2019, which have been included in the 2020 rates. Pharmacy also sees growth with the addition of Pine Crest as this facility will also utilize the pharmacy for its needs for both residents and employees.

SUMMARY

The 2020 budget includes a number of significant changes which enhances the growth of the organization. The facility renovation will also be well underway throughout 2020. The year will be very busy, but very exciting as the changes are incorporated. The growth will contribute towards the continued financial viability of the organization.



MISSION, VISION & CORE VALUES

Our purpose and beliefs aren't simply words on a page or aspirations we are unwilling to achieve.

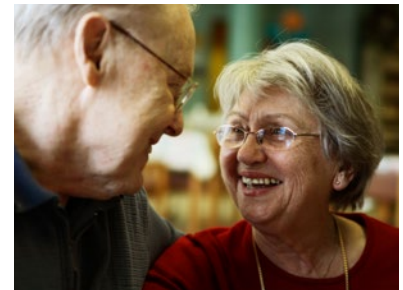
As the dawn of a new day began in 2017, it was time for a reboot on our Mission, Vision and Core Values. Our prior work in this regard was not fundamentally flawed as to require us to start over, but rather an externally focused perspective needed to be incorporated. As we listened to our community more closely in 2016, our Mission, Vision and Core Values became simpler, they more clearly define who we are, what we stand for, how we interact with people, and why every one of us works at North Central Health Care – because we can make a difference in the lives of individuals in our community.

Our 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.**

North Central Health Care has a deep history and relationship with our Central Wisconsin community. We are committed to our partnership with our three counties as we continually seek to provide the highest levels of accessible and specialized care for those we serve. Our person-centered service approach to the complex needs of those we serve and those we partner with are identical – we will meet you where you are at and walk with you on the journey together. Our programs and services provide compassionate and specialized care that is designed around each individual's abilities and challenges – creating a path to move forward together.

Our Vision: **Lives Enriched and Fulfilled.**

Each interaction we have with those we serve, our community partners and each other will lead to lives that are more enriched and fulfilled. We face the world with undeterred optimism and hope of possibility. Every day is a new chance to make people's lives better. The vast potential to make a difference in each individual's life is our greatest inspiration and measure of success.



Our Core Values

The Core Values we share at NCHC guide us in each interaction we have and allow us to carry out our Mission and Vision. Embodying our Core Values will allow North Central Health Care to:

- ...become the very best place for residents and clients to receive care,
- ...become the very best place for employees to work...*A Career of Opportunity*,
- ...continue to grow in our contributions to the communities we serve.

DIGNITY

We are dedicated to providing excellent service with acceptance and respect to every individual, every day.

INTEGRITY

We keep our promises and act in a way where doing the right things for the right reasons is standard.

ACCOUNTABILITY

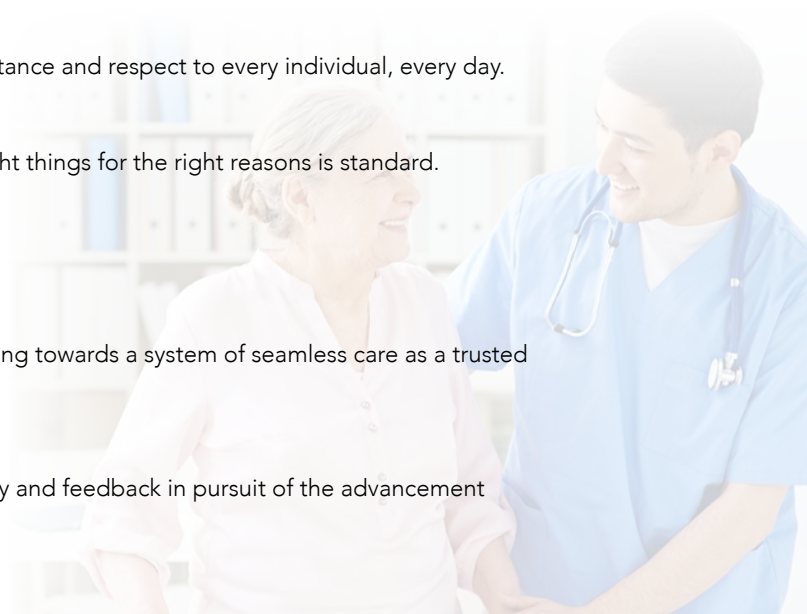
We commit to positive outcomes and each other's success.

PARTNERSHIP

We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.

CONTINUOUS IMPROVEMENT

We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.



There is a lot of talk about culture out there. Culture is about creating the right environment and structures for success. Culture at NCHC starts with the foundation of our Mission, Vision and Core Values. Culture at North Central Health Care focuses on three key elements for success:

Do the right thing, work to the best of your ability and care about people.

We experience the presence of our culture each day, good or bad. We want to create a culture to influence people in a positive way, a culture where if people are willing to violate the statement above they will feel very uncomfortable. In late 2016, a team from North Central Health Care was charged with developing our approach to building our culture around Person Centered Service. The development of the model allowed NCHC to create a customer service approach distinctly our own.



Person-Centered Service is about serving others through effective communication, listening to understand and building meaningful relationships. The Person-Centered Service model provides a framework and common language for everyone across NCHC, regardless of where they work. The model helps make NCHC a great place to work, an organization we are all proud of, that has a great reputation.

A few key points of emphasis in the Person-Centered Service model:

- ★ The model is surrounded by a ring of communication – a lack of communication is the first thing that breaks down between people and teams. We have to ensure we are excellent communicators.
- ★ The Service Excellence Star connects with our service excellence vision of quality and connects Person-Centered Service with our dashboard results.
- ★ The graphic of the four individuals represents that we are family and we are serving people as if they are *our* family.
- ★ Our Core Values hold together our Person-Centered Service approach and we serve others based on the following service-focused concepts:
 - Proactive Approach & Caring Attitude
 - Culture of Trust & Safety
 - Values & Respect Based
 - Choice, Input & Involvement

Our NCHC team has been using the Person-Centered Service model as the support structure to continue to develop our culture. So far there has been some amazing momentum created to carry us into the future.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD OF DIRECTORS

The North Central Community Services Program is a governmental organization established by the counties of Langlade, Lincoln, and Marathon, and is governed by a Board of Directors under Wisconsin State Statutes 51.42/.437 to provide services for individuals with mental illness, alcohol or drug dependency, and developmental disabilities. The Program operates North Central Health Care, with its main campus in Wausau, and centers and offices located in Merrill, Tomahawk, and Antigo.



Jeff Zriny, Board Chair

- Marathon County
- Joined April 2014
- Retired President/CEO, Wausau Region Chamber of Commerce
- Retired, Health Insurance Executive
- Marathon County Board Supervisor



Norbert Ashbeck

- Lincoln County
- Joined April 2018
- Retired Director of Radiology for Good Samaritan Hospital, Merrill
- Lincoln County Board Supervisor



Ben Bliven

- Marathon County
- Joined February 2016
- Chief, Wausau Police Department



Randy Balk

- Marathon County
- Joined February 2016
- President/CEO Intercity State Bank



Dr. Steve Benson

- Marathon County
- Joined May 2016
- Clinical and Consulting Psychologist



John Breske

- Langlade County
- Joined April 2018
- Construction
- Langlade County Board Supervisor



Meghan Mattek

- Langlade County
- Joined January 2018
- Community Health Improvement Specialist/Executive Assistant to CEO
- Aspirus Langlade Hospital



William Metter

- Marathon County
- Joined October 2010
- Retired, Information Technology
- Retired, Clergy



Dr. Corrie Norrbom

- Marathon County
- Joined October 2016
- Primary Care Physician
- WIPPS Health Policy Fellow
- Medical College of WI Faculty Navigator



Rick Seefeldt

- Marathon County
- Joined March 2017
- Marathon County Board Supervisor
- Former Dairy Farmer (42 years) and current Cash Crop Farmer



Romey Wagner

- Marathon County
- Joined April 2018
- Manager, Entrepreneurial & Education Center
- Marathon County Board Supervisor



Robert Weaver

- Lincoln County
- Joined April 2012
- Retired Plumbing Contractor
- Lincoln County Board Supervisor



Theresa Wetzsteon

- Marathon County
- Joined February 2017
- Marathon County District Attorney



NORTH CENTRAL HEALTH CARE EXECUTIVE MANAGEMENT TEAM



Michael Loy
Chief Executive Officer



Kim Gochanour
Nursing Home
Operations



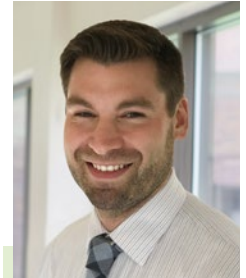
Laura Scudiere
Human Services
Operations



Brenda Glodowski
Chief Financial Officer



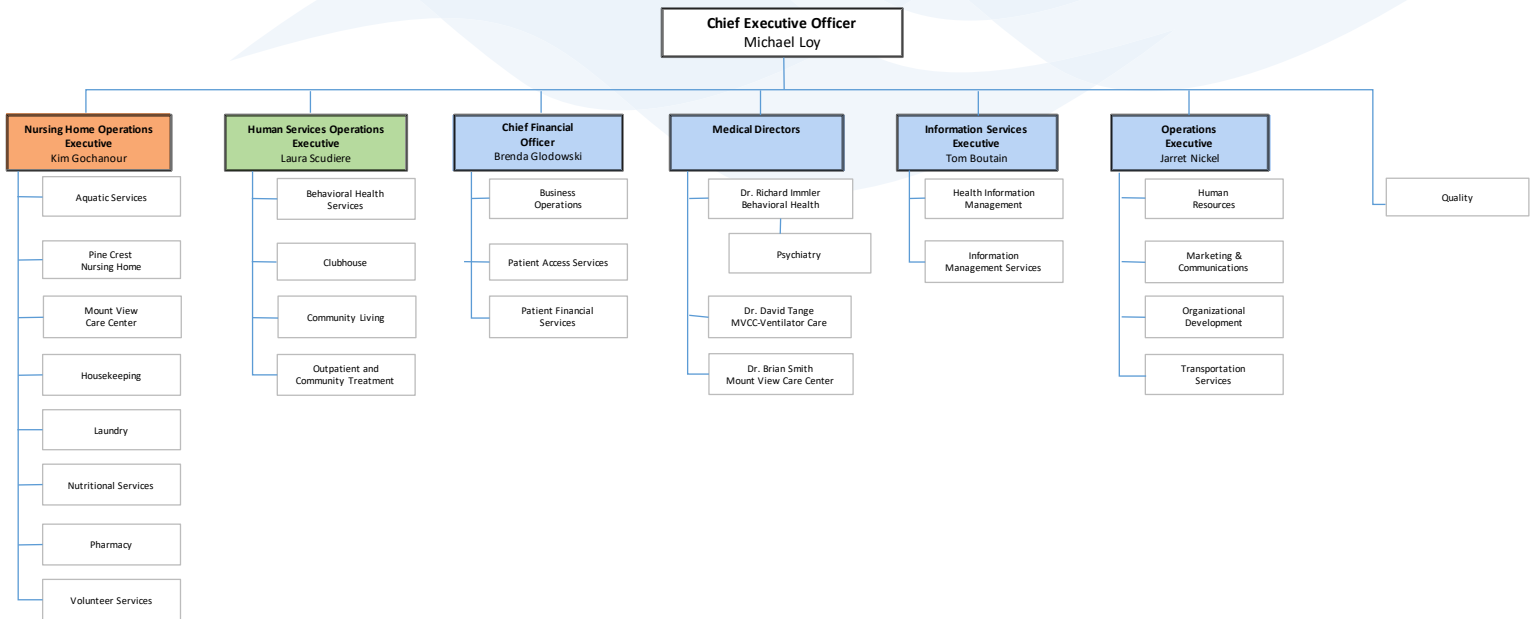
Tom Boutain
Information
Technology



Jarret Nickel
Operations
Executive

ORGANIZATIONAL CHART

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD



LOOKING BACK – 2018 INDIVIDUALS SERVED BY COUNTY

| SERVICES | MARATHON | LINCOLN | LANGLADE | 2017 TOTAL* | 2018 TOTAL* |
|--|----------|---------|----------|-------------|--|
| Inpatient Psychiatric Care | 669 | 97 | 61 | 739 | 903 people |
| Community Treatment | 606 | 138 | 135 | 764 | 907 people |
| Community Corner Clubhouse | 191 | 4 | 3 | 208 | 204 people |
| Outpatient Services Counseling | 1,049 | 389 | 641 | 1,926 | 2,163 people |
| Outpatient Psychiatric Care | 1,242 | 244 | 200 | 1,631 | 1,760 people |
| Outpatient Services Substance Abuse | 1,539 | 390 | 331 | 2,291 | 2,312 people |
| Residential Supported Apartments and CBRF | 134 | 1 | / | 102 | 140 people |
| Substance Abuse Day Treatment | 63 | 3 | 24 | 85 | 91 people |
| Medically Monitored Treatment for Drug & Alcohol Addiction | 134 | 16 | 27 | 123 | 189 people |
| OWI Assessments | 644 | 114 | 77 | 804 | 853 assessments |
| Driving with Care | 20 | / | / | 16 | 20 people |
| Inpatient Detoxification | 49 | 10 | 6 | 100 | 70 people |
| Crisis Stabilization | 135 | 18 | 11 | 123 | 186 people |
| Mobile Crisis Care (Adult/Youth) | 2,478 | 370 | 418 | 2,765 | 3,647 assessments |
| Adult | 1,230 | 206 | 184 | 1,426 | 1,827 adults |
| Youth | 384 | 53 | 75 | 442 | 548 youth |
| Adult Day Services | 65 | / | 35 | 107 | 105 people |
| Birth to Three | 298 | 47 | 37 | 400 | 385 people |
| Children's Long Term Support | 7 | 36 | 20 | 65 | 63 people |
| Prevocational Services | 94 | 1 | 24 | 147 | 121 people |
| Demand Transportation | 412 | 8 | 5 | 657 | 564 people |
| Adult Protective Services | 385 | 52 | 75 | 436 | 512 people |
| | 366 | 87 | 69 | 578 | 530 Adult/Elder At-Risk Investigations |
| Aquatic Services | 430 | 22 | 7 | 490 | 484 people |
| Post-Acute Rehabilitation | 164 | 6 | 3 | 229 | 202 people |
| Dementia Care | 286 | 10 | 8 | 155 | 336 people |
| Long Term Care | 57 | / | / | 54 | 65 people |

*The Annual Total columns on far right reflect the total number of people served for the program including residents from other counties.



BUDGET PRIORITIES & GUIDELINES

The Agreement for the Joint Sponsorship of Community Programs between Langlade, Lincoln and Marathon Counties requires the Retained County Authority (RCA) Committee to provide budget guidelines and priorities to the NCCSP Board prior to the development of each year's budget by June 1st.

The information for Budget Priorities & Guidelines will be presented for the final version of this 2020 budget document.



ORGANIZATION DASHBOARD

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

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

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

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

2020 APPROVED ORGANIZATION DASHBOARD

The 2020 NCHC Organizational Dashboard will be presented for the final version of this 2020 budget document.



DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

The information for 2020 NCHC Organizational Dashboard Measurements will be presented for the final version of this 2020 budget document.



2020 COUNTY APPROPRIATIONS (LEVY) REQUESTS

A key Budget Guideline is to itemize levy requests versus having one bundled levy request per County. The detailed itemization will also now be reflected in each County budget to ensure transparency of taxpayer support. The following is the levy request detail for each program by county for 2020.

DIRECT SERVICES

Direct Services programs have specific locations in each County therefore the revenues and expenses can be directly reported to these programs. There is no tax levy support for Direct Services.

SHARED SERVICES

Shared Services programs requiring levy are detailed below. Shared Services programs are based in Marathon County but each County has equal access to their use. All revenues and expenses for these programs are proportionately allocated based on population. Allocations based on population are reviewed every five years per the Agreement between the counties. Most recently this was reviewed in 2015. Currently this equates to an allocation of 11% for Langlade County, 15% for Lincoln and 74% for Marathon County. Levy numbers below may not represent these percentages precisely as the grants and base county allocations from the State vary by County.

| SHARED SERVICES | LANGLADE | LINCOLN | MARATHON | TOTAL |
|---------------------|------------------|------------------|--------------------|--------------------|
| Hospital Psychiatry | \$ – | \$101,952 | \$389,630 | \$491,582 |
| Crisis | \$47,697 | \$276,511 | \$1,364,121 | \$1,688,329 |
| Contract Services | \$103,179 | \$140,699 | \$694,116 | \$937,994 |
| TOTAL | \$150,876 | \$519,162 | \$2,447,867 | \$3,117,905 |

MARATHON COUNTY ONLY PROGRAMS

North Central Health Care operates a number of programs directly for Marathon County that require tax levy support to operations. The largest program is Mount View Care Center (MVCC).

| | |
|-------------------------------|--------------------|
| Community Corner Clubhouse | \$92,000 |
| Aquatic Therapy Pool | \$342,345 |
| MVCC - Long Term Care | \$428,000 |
| MVCC - Legacies Dementia Care | \$1,072,000 |
| TOTAL | \$1,934,345 |

LINCOLN COUNTY ONLY PROGRAMS

North Central Health Care will be incorporating the management of Pine Crest Nursing home. This is a program that does require tax levy support for operations.

| | |
|-------------------------|------------------|
| Pine Crest Nursing Home | \$440,815 |
| TOTAL | \$440,815 |

TOTAL TAX LEVY REQUEST FOR 2020

| | LANGLADE | LINCOLN | MARATHON | TOTAL |
|------------------------|------------------|------------------|--------------------|--------------------|
| TOTAL 2020 LEVY | \$150,876 | \$959,977 | \$4,382,212 | \$5,493,065 |



2020

BUDGET & FINANCIAL STATEMENTS

| | |
|---|-------|
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DEFINITION OF TERMS

Self-Pay: Funding received from the patient.

Medicare: Medicare is a federal governmental program, providing funding for the elderly and qualified disabilities.

Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care, such as Family Care.

Insurance: Funding from commercial insurance.

WIMCR (WI Medicaid Cost Reporting)/CCS

Reconciliations: Additional Medicaid funding available for specific programs intended to offset some of the Medicaid deficits in governmental organizations. This funding is available for certified programs in governmental organizations.

Supplemental Payment: Additional funding available for nursing homes intended to offset some of the Medicaid deficit. This funding is only available to governmental nursing homes.

AODA Block Grant (Alcohol and Other Drug Abuse):

Funding used for alcohol and substance abusers, prevention and intervention programs, and programs and services for women and youth; 20% of funds must be used for prevention programming and at least 10% must be expended on programs and services designed for women. It is also known as SAPTG (Substance Abuse Prevention and Treatment Block Grant).

MH Block Grant (Mental Health Block Grant): Funding used in mental health priority program areas, which may include Community Support Programs, Supported Housing, Jail Diversion, Crisis Intervention, Family and Consumer Peer Support and Self-Help, Programs for Persons with Mental Illness and Substance Abuse Problems, and Community Mental Health Data Set Development.

IDP Funds (Intoxicated Driver Program):

Funding used to cover costs resulting in unanticipated deficits in the county's IDP funding.

CST Expansion (Coordinated Service Teams):

Funding used to expand mental health services to youth and families.

Certified MH Program (Certified Mental Health):

Funding used for the purpose of matching funds to federal financial participation for Medicaid-covered services provided by a program that is certified by the department under DHS 34, Subpart III (Crisis Intervention); DHS 36 (Comprehensive Community Services); or DHS 63 (Community Support Services).

85.21 Transportation Grant: Funding used to provide transportation to elderly and disabled residents of Marathon County.

Children's LTS (Children's Long Term Support): Funding used to provide a range of different services for children who are living at home or in the community and have substantial limitations in multiple daily activities as the result of developmental disabilities, severe emotional disturbances, and/or physical disabilities.

Family Support (Family Support for Families Who Have a Child with Severe Disabilities-FSP):

Funding used for families of a child with severe disabilities to purchase goods or services not funded through other sources that will enable the child to reside with his/her parent(s), reduce stress in the family, and avoid out-of-home placement. This is limited to \$3,000 per family annually.

OWI Surcharges (Operating While Intoxicated): Funding received for providing court-ordered assessments to OWI offenders.

COP (Community Option Program): Funding of last resort to conduct assessments, develop care plans, and to provide community-based services to individuals who otherwise would be at risk of institutional care.

DVR (Division of Vocational Rehabilitation): Funding used to coordinate supported employment services for individuals with mental illness.

Contracted Services: Funding provided through a contract. This could be a contract with an organization, another county, a provider, etc.

Other: Other sources of funding included in direct service programs related to their programs. This could include such items as donations, reimbursement for meals provided in programs such as Day Services, or other funding related to a specific program.

Allocated Revenue: Revenue received in overhead programs and allocated to revenue generating programs. This includes such items as medical record sales, rebates, purchasing discounts, cafeteria sales, interest income, etc.

Base County Allocation: This is also referred to as Community Aids. This is funding from the State as additional funding for programs providing services to those funded by Medicaid. This may be used as required Medicaid Match and/or to help offset Medicaid deficits.

County Appropriations (Tax Levy): Funding received directly from the sponsoring counties.



2020 COMBINING STATEMENT OF REVENUE & EXPENSES

| | 2020 BUDGET: | | | 2019 BUDGET: | | |
|--|---------------------|---------------------------|---------------------|---------------------|---------------------------|---------------------|
| | TOTAL | HUMAN SERVICES OPERATIONS | NURSING HOME | TOTAL | HUMAN SERVICES OPERATIONS | NURSING HOME |
| REVENUE | | | | | | |
| Net Patient Service Revenue | \$71,073,700 | \$36,812,700 | \$34,261,000 | \$51,821,900 | \$31,939,900 | \$19,882,000 |
| Other Revenue | | | | | | |
| State Match/Addendum | \$1,904,700 | \$1,904,700 | \$0 | \$2,242,500 | \$2,242,500 | \$0 |
| State Grant-in-Aid | \$5,017,805 | \$5,017,805 | \$0 | \$5,017,805 | \$5,017,805 | \$0 |
| Department and Other Revenue | \$5,637,122 | \$3,707,534 | \$1,929,588 | \$4,472,623 | \$3,141,324 | \$1,331,299 |
| Counties' Appropriations | \$5,493,065 | \$3,552,250 | \$1,940,815 | \$6,305,832 | \$4,805,832 | \$1,500,000 |
| Total Other Revenue | \$18,052,692 | \$14,182,289 | \$3,870,403 | \$18,038,760 | \$15,207,461 | \$2,831,299 |
| TOTAL REVENUE | \$89,126,392 | \$50,994,989 | \$38,131,403 | \$69,860,660 | \$47,147,361 | \$22,713,299 |
| EXPENSES | | | | | | |
| Direct Expenses | \$63,651,681 | \$39,828,090 | \$23,823,591 | \$50,287,727 | \$36,961,585 | \$13,326,142 |
| Indirect Expenses | \$26,344,711 | \$12,036,899 | \$14,307,812 | \$19,822,933 | \$10,435,776 | \$9,387,157 |
| TOTAL EXPENSES | \$89,996,392 | \$51,864,989 | \$38,131,403 | \$70,110,660 | \$47,397,361 | \$22,713,299 |
| Operating Income (Loss) | (\$870,000) | (\$870,000) | \$0 | (\$250,000) | (\$250,000) | \$0 |
| Non-operating Gains/(Losses) | | | | | | |
| Interest Income | \$370,000 | \$370,000 | \$0 | \$250,000 | \$250,000 | \$0 |
| Gain/(loss) Disposal of Assets | | | | | | |
| Total Nonoperating Gains (Loss) | \$370,000 | \$370,000 | \$0 | \$250,000 | \$250,000 | \$0 |
| Income (Loss) | (\$500,000) | (\$500,000) | \$0 | \$0 | \$0 | \$0 |

2020 BUDGET TO BUDGET COMPARISON

| | 2020 BUDGET REVENUE | 2020 BUDGET EXPENSE | VARIANCE FUNDED BY STATE BCA/ APPROPRIATION | 2019 BUDGET REVENUE | 2019 BUDGET EXPENSE | VARIANCE FUNDED BY STATE BCA/ APPROPRIATION |
|--|---------------------------|---------------------------|--|---------------------------|---------------------------|--|
| BEHAVIORAL HEALTH SERVICES | | | | | | |
| Hospital | \$5,069,376 | \$6,488,873 | (\$1,419,497) | \$5,073,412 | \$6,665,985 | (\$1,592,573) |
| Contract Services (State Institutes) | \$0 | \$937,995 | (\$937,995) | \$0 | \$897,427 | (\$897,427) |
| CBRF | \$1,215,550 | \$1,215,550 | \$0 | \$867,893 | \$867,893 | \$0 |
| Crisis Services | \$595,498 | \$2,438,905 | (\$1,843,407) | \$565,559 | \$2,686,454 | (\$2,120,895) |
| Lakeside Recovery (MMT) | \$963,181 | \$1,556,658 | (\$593,477) | \$505,192 | \$799,943 | (\$294,751) |
| Youth Hospital | \$1,006,773 | \$1,506,773 | (\$500,000) | | | |
| Subtotal-Behavioral Health Services | \$8,850,378 | \$14,144,754 | (\$5,294,376) | \$7,012,056 | \$11,917,702 | (\$4,905,646) |
| COMMUNITY SERVICES | | | | | | |
| Outpatient Services | \$3,983,790 | \$7,695,125 | (\$3,711,335) | \$4,263,717 | \$7,645,780 | (\$3,382,063) |
| Community Treatment | \$13,081,374 | \$13,081,374 | \$0 | \$11,893,649 | \$11,991,650 | (\$98,001) |
| Clubhouse | \$299,017 | \$391,017 | (\$92,000) | \$504,099 | \$596,099 | (\$92,000) |
| Subtotal-Community Services | \$16,661,465 | \$20,233,529 | (\$3,572,064) | \$14,770,799 | \$18,069,263 | (\$3,298,464) |
| COMMUNITY LIVING SERVICES | | | | | | |
| Day Services | \$3,888,385 | \$3,888,385 | \$0 | \$1,816,254 | \$1,816,254 | \$0 |
| Residential Services-Group Homes | \$2,078,000 | \$2,078,000 | \$0 | \$2,000,000 | \$2,000,000 | \$0 |
| Residential Services-Apartments | \$2,307,000 | \$2,307,000 | \$0 | \$2,384,000 | \$2,384,000 | \$0 |
| Subtotal-Community Living | \$8,273,385 | \$8,273,385 | \$0 | \$6,200,254 | \$6,200,254 | \$0 |
| OTHER SERVICES | | | | | | |
| Birth To Three | \$0 | \$0 | \$0 | \$847,654 | \$1,562,058 | (\$714,404) |
| Protective Services | \$0 | \$0 | \$0 | \$234,710 | \$773,887 | (\$539,177) |
| Demand Transportation | \$431,904 | \$431,904 | \$0 | \$438,235 | \$438,235 | \$0 |
| Aquatic Services | \$1,022,691 | \$1,365,036 | (\$342,345) | \$801,463 | \$1,143,809 | (\$342,346) |
| Subtotal-Other Services | \$1,454,595 | \$1,796,940 | (\$342,345) | \$2,322,062 | \$3,917,989 | (\$1,595,927) |
| NURSING HOME | | | | | | |
| Daily Services | \$34,079,853 | \$36,777,351 | (\$2,697,498) | \$18,793,781 | \$21,361,335 | (\$2,567,554) |
| Rehab and Ancillary Services | \$2,110,735 | \$1,354,052 | \$756,683 | \$2,419,518 | \$1,351,964 | \$1,067,554 |
| Subtotal-Nursing Home | \$36,190,588 | \$38,131,403 | (\$1,940,815) | \$21,213,299 | \$22,713,299 | (\$1,500,000) |
| Pharmacy | \$6,482,394 | \$6,482,394 | \$0 | \$5,127,887 | \$5,127,887 | \$0 |
| Totals | \$78,615,521 | \$89,996,392 | (\$11,380,871) | \$58,537,024 | \$70,110,660 | (\$11,573,637) |
| Base County Allocation | \$5,017,805 | | \$5,017,805 | \$5,017,805 | | \$5,017,805 |
| County Appropriation | \$5,493,065 | | \$5,493,065 | \$6,305,831 | | \$6,305,831 |
| Nonoperating Revenue | \$370,000 | | \$370,000 | \$250,000 | | \$250,000 |
| Total Revenue/Expense | \$89,496,392 | \$89,996,392 | (\$500,000) | \$70,110,660 | \$70,110,660 | \$0 |



2020 BUDGET BY COUNTY

| | LANGLADE | LINCOLN | MARATHON | TOTAL |
|---|--------------------|---------------------|---------------------|---------------------|
| HUMAN SERVICES OPERATIONS | | | | |
| PROGRAM REVENUE | | | | |
| Direct Services | \$3,293,900 | \$4,905,000 | \$12,305,097 | \$20,503,997 |
| Shared Services | \$1,305,675 | \$1,504,628 | \$11,605,548 | \$14,415,851 |
| Base County Allocation | \$798,531 | \$829,977 | \$3,389,298 | \$5,017,806 |
| TOTAL PROGRAM REVENUE | \$5,398,106 | \$7,239,605 | \$27,299,943 | \$39,937,654 |
| PROGRAM EXPENSES | | | | |
| Direct Services | \$3,423,123 | \$5,136,574 | \$12,825,523 | \$21,385,220 |
| Shared Services | \$2,209,489 | \$2,737,101 | \$17,685,749 | \$22,632,339 |
| TOTAL COST OF SERVICES | \$5,632,612 | \$7,873,675 | \$30,511,272 | \$44,017,559 |
| Excess Revenue/(Expenses) | (\$234,506) | (\$634,070) | (\$3,211,329) | (\$4,079,905) |
| Non-Operating Revenue | \$28,630 | \$39,908 | \$301,462 | \$370,000 |
| County Appropriations | \$150,876 | \$519,162 | \$2,539,867 | \$3,209,905 |
| Excess Revenue/(Expenses) After County Appropriation | (\$55,000) | (\$75,000) | (\$370,000) | (\$500,000) |
| NURSING HOME | | | | |
| PROGRAM REVENUE | | | | |
| Nursing Home Revenue | | \$14,460,500 | \$19,619,353 | \$34,079,853 |
| Nursing Home Ancillary Revenue | | | \$2,110,735 | \$2,110,735 |
| TOTAL PROGRAM REVENUE | | \$14,460,500 | \$21,730,088 | \$36,190,588 |
| PROGRAM EXPENSES | | | | |
| Nursing Home Expenses | | \$14,901,315 | \$21,876,036 | \$36,777,351 |
| Nursing Home Ancillary Expense | | | \$1,354,052 | \$1,354,052 |
| TOTAL PROGRAM EXPENSES | | \$14,901,315 | \$23,230,088 | \$38,131,403 |
| Excess Revenue/(Expenses) | | (\$440,815) | (\$1,500,000) | (\$1,940,815) |
| Non-Operating Revenue | | | | |
| County Appropriation | | \$440,815 | \$1,500,000 | \$1,940,815 |
| Excess Revenue/(Expenses) After County Appropriation | | \$0 | \$0 | \$0 |
| AQUATIC | | | | |
| Direct Services Revenue | | | \$1,022,691 | \$1,022,691 |
| Direct Services Expense | | | \$1,365,036 | \$1,365,036 |
| Excess Revenue/(Expenses) | | | (\$342,345) | (\$342,345) |
| County Appropriation | | | \$342,345 | \$342,345 |
| Excess Revenue/(Expenses) After County Appropriation | | | \$0 | \$0 |
| PHARMACY | | | | |
| PROGRAM REVENUE | | | | |
| Direct Services Revenue | | | \$6,482,394 | \$6,482,394 |
| Direct Services Expense | | | \$6,482,394 | \$6,482,394 |
| Excess Revenue/(Expenses) | | | \$0 | \$0 |

2020 BUDGET WITH COUNTY APPROPRIATION (TAX LEVY)

| | 2020 BUDGET EXPENSES | NET BILLED REVENUE | GRANT FUNDING | SUPPL. PAY/ CCS/ WIMCR | OTHER FUNDING | MARATHON CO MATCH | BASE CO ALLOCATION | COUNTY LEVY | 2020 BUDGET REVENUE | % OF PROGRAM FUNDED BY LEVY |
|--|----------------------------|-----------------------|--------------------|------------------------------|--------------------|----------------------|-----------------------|--------------------|---------------------------|--------------------------------------|
| BEHAVIORAL HEALTH SERVICES | | | | | | | | | | |
| Hospital | \$4,360,110 | \$4,115,000 | | | \$103,000 | \$108,424 | \$33,686 | \$0 | \$4,360,110 | 0.00% |
| Hospital Psychiatry | \$1,676,143 | \$406,000 | | | \$11,482 | \$10,471 | \$756,607 | \$491,583 | \$1,676,143 | 29.33% |
| Psychiatry Residency | \$452,619 | \$0 | | | \$315,000 | | \$137,619 | | \$452,619 | 0.00% |
| Contract Services (State Institutes) | \$937,995 | \$0 | | | \$0 | | \$0 | \$937,995 | \$937,995 | 100.00% |
| CBRF | \$1,215,550 | \$1,100,000 | | \$100,000 | \$8,000 | \$7,550 | \$0 | \$0 | \$1,215,550 | 0.00% |
| Crisis Services | \$2,438,905 | \$196,000 | | \$300,000 | \$78,000 | \$21,498 | \$155,082 | \$1,688,325 | \$2,438,905 | 69.22% |
| Lakeside Recovery (MMT) | \$1,556,658 | \$765,000 | \$107,000 | \$40,000 | \$42,500 | \$8,681 | \$593,477 | \$0 | \$1,556,658 | 0.00% |
| Youth Hospital | \$1,506,773 | \$918,000 | | | \$5,000 | \$83,773 | | | \$1,006,773 | 0.00% |
| Subtotal-Behavioral Health Services | \$14,144,753 | \$7,500,000 | \$107,000 | \$440,000 | \$562,982 | \$240,397 | \$1,676,471 | \$3,117,903 | \$13,644,753 | 22.04% |
| COMMUNITY SERVICES | | | | | | | | | | |
| Outpatient Services | \$3,592,539 | \$1,524,000 | \$637,500 | \$25,000 | \$554,000 | \$62,819 | \$789,220 | \$0 | \$3,592,539 | 0.00% |
| Outpatient Psychiatry | \$4,102,586 | \$1,068,000 | \$0 | \$65,000 | \$407,000 | \$10,471 | \$2,552,115 | \$0 | \$4,102,586 | 0.00% |
| Community Treatment-Adult | \$5,954,892 | \$4,315,000 | \$335,300 | \$1,224,000 | \$61,000 | \$19,592 | \$0 | \$0 | \$5,954,892 | 0.00% |
| Community Treatment-Youth | \$7,126,482 | \$5,980,000 | \$544,900 | \$571,000 | \$11,000 | \$19,582 | \$0 | \$0 | \$7,126,482 | 0.00% |
| Clubhouse | \$391,017 | \$196,000 | | | \$103,017 | | | \$92,000 | \$391,017 | 23.53% |
| Subtotal-Community Services | \$21,167,516 | \$13,083,000 | \$1,517,700 | \$1,885,000 | \$1,136,017 | \$112,464 | \$3,341,335 | \$92,000 | \$21,167,516 | 0.43% |
| COMMUNITY LIVING SERVICES | | | | | | | | | | |
| Day Services | \$3,888,385 | \$2,622,000 | | | \$1,193,000 | \$73,385 | | | \$3,888,385 | 0.00% |
| Residential Services-Group Homes | \$2,078,000 | \$2,078,000 | | | | | | | \$2,078,000 | 0.00% |
| Residential Services-Apartments | \$2,307,000 | \$2,307,000 | | | | | | | \$2,307,000 | 0.00% |
| Subtotal-Community Living | \$8,273,385 | \$7,007,000 | \$0 | \$0 | \$1,193,000 | \$73,385 | \$0 | \$0 | \$8,273,385 | 0.00% |
| OTHER SERVICES | | | | | | | | | | |
| Demand Transportation | \$431,904 | \$50,700 | \$280,000 | | \$100,000 | \$1,204 | | | \$431,904 | 0.00% |
| Aquatic Services | \$1,365,036 | \$767,000 | | | \$120,000 | \$135,691 | | \$342,345 | \$1,365,036 | 25.08% |
| Subtotal-Other Services | \$1,796,940 | \$817,700 | \$280,000 | \$0 | \$220,000 | \$136,895 | \$0 | \$342,345 | \$1,796,940 | 19.05% |
| NURSING HOME | | | | | | | | | | |
| Long Term Care | \$4,017,497 | \$2,559,000 | | \$550,000 | \$78,000 | \$402,497 | | \$428,000 | \$4,017,497 | 10.65% |
| Legacies Dementia Care | \$10,094,926 | \$7,406,000 | | \$1,139,000 | \$77,000 | \$400,926 | | \$1,072,000 | \$10,094,926 | 10.62% |
| Post Acute Care | \$2,992,920 | \$2,039,000 | | \$220,000 | \$75,000 | \$134,465 | | | \$2,468,465 | 0.00% |
| Ventilator Care | \$4,770,694 | \$3,792,000 | | \$456,000 | \$156,000 | \$134,465 | | | \$4,538,465 | 0.00% |
| Rehab and Ancillary Services | \$1,354,052 | \$2,080,000 | | | \$0 | \$30,735 | | | \$2,110,735 | 0.00% |
| Pine Crest | \$14,901,315 | \$11,870,000 | | \$2,150,000 | \$440,500 | | | \$440,815 | \$14,901,315 | 2.96% |
| Subtotal-Nursing Home | \$38,131,404 | \$29,746,000 | \$0 | \$4,515,000 | \$826,500 | \$1,103,088 | \$0 | \$1,940,815 | \$38,131,403 | 5.09% |
| Pharmacy | \$6,482,394 | \$6,080,000 | \$0 | \$0 | \$383,000 | \$19,394 | \$0 | \$0 | \$6,482,394 | 0.00% |
| TOTALS | \$89,996,392 | \$64,233,700 | \$1,904,700 | \$6,840,000 | \$4,321,499 | \$1,685,623 | \$5,017,805 | \$5,493,065 | \$89,496,392 | 6.10% |
| PERCENT OF TOTAL FUNDING | | 71.37% | 2.12% | 7.60% | 4.80% | 1.87% | 5.58% | 6.10% | 99.44% | |



2020 BUDGET BY FUNDING

| | GROSS CHARGES | % | EXPENSES | FUNDING BY PAYER | % | FUNDED BY OTHER SOURCES | % |
|--------------|----------------------|-------------|---------------------|-------------------------|------------|--------------------------------|------------|
| PAYER | | | | | | | |
| SELF PAY | \$8,755,000 | 9% | \$7,199,711 | \$5,000,000 | 69% | (\$2,199,711) | 58% |
| MEDICARE | \$23,319,000 | 23% | \$20,699,170 | \$13,235,000 | 64% | (\$7,464,170) | 41% |
| MEDICAID | \$65,954,000 | 65% | \$58,497,655 | \$50,445,000 | 86% ** | (\$8,052,655) | 16% |
| INSURANCE | \$4,213,000 | 4% | \$3,599,856 | \$2,393,700 | 66% | (\$1,206,156) | 27% |
| TOTAL | \$102,241,000 | 100% | \$89,996,392 | \$71,073,700 | 79% | (\$18,922,692) | 26% |

| FUNDING | AMOUNT | % | |
|----------------------|---------------------|---------------|---------------------|
| SELF PAY | \$5,000,000 | 5.6% | |
| MEDICARE | \$13,235,000 | 14.8% | |
| MEDICAID | \$43,605,000 | 48.7% ** | |
| INSURANCE | \$2,393,700 | 2.7% | |
| SUPPLEMENTAL PAY. | \$4,515,000 | 5.0% ** | |
| WIMCR | \$525,000 | 0.6% ** | |
| CCS RECONCILIATION | \$1,800,000 | 2.0% | \$71,073,700 |
| STATE ADDENDUMS | \$1,904,700 | 2.1% | |
| COMMUNITY AIDS | \$5,017,805 | 5.6% | |
| COUNTY APPROPRIATION | \$5,493,065 | 6.1% | |
| ALL OTHER | \$6,007,122 | 6.7% | \$18,422,692 |
| | \$89,496,392 | 100.0% | \$89,496,392 |

AMOUNT UNFUNDED (\$500,000)
(DEFICIT)

2020 REVENUE BUDGET COMPARISONS

| DESCRIPTION | 2017 BUDGET | 2018 BUDGET | 2019 BUDGET | 2020 BUDGET | 2019-2020 % OF CHANGE |
|---------------------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| Nursing Home Gross Revenue | \$25,808,000 | \$24,342,000 | \$25,859,000 | \$43,791,000 | |
| Nursing Home Contractual Adj's | (\$7,767,000) | (\$7,343,000) | (\$8,077,000) | (\$14,045,000) | |
| Net Nursing Home Revenue | \$18,041,000 | \$16,999,000 | \$17,782,000 | \$29,746,000 | 67.28% |
| Outpatient Gross Revenue | \$26,722,000 | \$31,642,000 | \$32,405,800 | \$34,538,000 | |
| Outpatient Contractual Adj's | (\$10,474,200) | (\$11,696,200) | (\$11,377,900) | (\$11,569,300) | |
| Net Outpatient Revenue | \$16,247,800 | \$19,945,800 | \$21,027,900 | \$22,968,700 | 9.23% |
| Inpatient Gross Revenue | \$7,653,000 | \$8,050,000 | \$8,600,000 | \$10,512,000 | |
| Inpatient Contractual Adj's | (\$3,753,000) | (\$3,675,000) | (\$4,348,000) | (\$5,073,000) | |
| Net Inpatient Revenue | \$3,900,000 | \$4,375,000 | \$4,252,000 | \$5,439,000 | 27.92% |
| Pharmacy Gross Revenue | \$8,996,000 | \$8,847,000 | \$10,860,000 | \$13,400,000 | |
| Pharmacy Contractual Adj's | (\$4,948,000) | (\$4,747,000) | (\$6,160,000) | (\$7,320,000) | |
| Net Pharmacy Revenue | \$4,048,000 | \$4,100,000 | \$4,700,000 | \$6,080,000 | 29.36% |
| Net Patient Revenue | \$42,236,800 | \$45,419,800 | \$47,761,900 | \$64,233,700 | 34.49% |
| State Addendums | \$2,132,700 | \$2,130,700 | \$2,242,500 | \$1,904,700 | -15.06% |
| State Grant-In-Aid | \$3,901,436 | \$3,901,436 | \$5,017,805 | \$5,017,805 | 0.00% |
| County Appropriations | \$7,671,118 | \$7,631,118 | \$6,305,831 | \$5,493,065 | -12.89% |
| Other Income | \$5,928,723 | \$7,615,924 | \$8,782,624 | \$12,847,122 | 46.28% |
| TOTAL REVENUE | \$61,870,777 | \$66,698,978 | \$70,110,660 | \$89,496,392 | 27.65% |

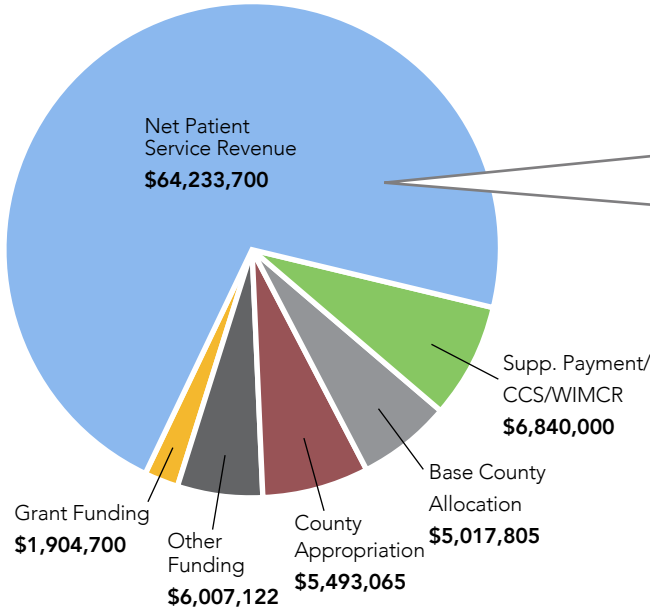
2020 EXPENSE BUDGET COMPARISONS

| DESCRIPTION | 2017 BUDGET | 2018 BUDGET | 2019 BUDGET | 2020 BUDGET | 2019-2020 % OF CHANGE |
|-----------------------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|
| Salaries and Wages | \$30,474,824 | \$32,738,156 | \$34,459,665 | \$43,136,380 | 25.18% |
| Employee Benefits | \$11,626,000 | \$11,938,000 | \$12,800,000 | \$17,975,000 | 40.43% |
| Program Supplies and Expense | \$8,781,340 | \$9,212,902 | \$11,029,065 | \$14,966,097 | 35.70% |
| Purchased and Contracted Services | \$6,907,349 | \$8,795,473 | \$7,744,683 | \$9,317,668 | 20.31% |
| Utilities | \$611,447 | \$611,447 | \$611,447 | \$853,447 | 39.58% |
| Education and Travel | \$351,817 | \$428,000 | \$467,800 | \$458,800 | -1.92% |
| Depreciation and Insurance | \$2,118,000 | \$2,175,000 | \$2,198,000 | \$2,389,000 | 8.69% |
| State Institutes | \$1,000,000 | \$800,000 | \$800,000 | \$900,000 | 12.50% |
| TOTAL EXPENSES | \$61,870,777 | \$66,698,978 | \$70,110,660 | \$89,996,392 | 28.36% |

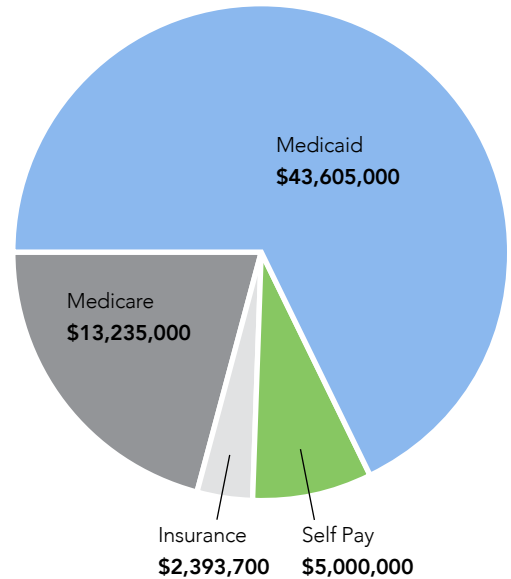


2020 REVENUE & EXPENSE OVERVIEW

2020 Total Revenue: **\$89,496,392**



2020 Net Patient Service Revenue by Payer Source
\$64,233,700



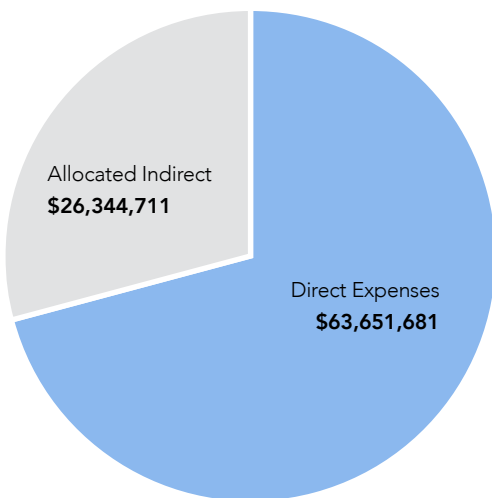
Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include care services and also managed care such as Family Care.

Medicare: Medicare is a federal governmental program providing funding for the elderly and qualified disabilities.

Self-Pay: Funding received from the patient.

Insurance: Funding received from commercial insurance.

2020 Total Expense: **\$89,996,392**



2020 REVENUE & EXPENSE DETAIL

| | REVENUE: | | | | EXPENSE: | | |
|--|----------------------------|---------------------|---------------------|---------------------|---------------------|---------------------------|---------------------|
| | NET PATIENT SERVICE REV | GRANT FUNDING | OTHER FUNDING | TOTAL REVENUE | DIRECT EXPENSES | ALLOCATED INDIRECT EXP | TOTAL EXPENSES |
| MARATHON COUNTY DIRECT SERVICES | | | | | | | |
| Outpatient Services | \$889,000 | \$838,423 | \$268,819 | \$1,996,242 | \$1,261,822 | \$734,420 | \$1,996,242 |
| Community Treatment-Adult | \$3,429,000 | \$259,400 | \$799,492 | \$4,487,892 | \$3,391,632 | \$1,096,260 | \$4,487,892 |
| Community Treatment-Youth | \$3,499,000 | \$219,500 | \$192,582 | \$3,911,082 | \$3,174,200 | \$736,882 | \$3,911,082 |
| Day Services | \$1,325,000 | \$0 | \$282,385 | \$1,607,385 | \$1,046,582 | \$560,803 | \$1,607,385 |
| Clubhouse | \$196,000 | \$92,000 | \$103,017 | \$391,017 | \$298,773 | \$92,244 | \$391,017 |
| Aquatic Services | \$767,000 | \$342,345 | \$255,691 | \$1,365,036 | \$732,075 | \$632,961 | \$1,365,036 |
| Demand Transportation | \$50,700 | \$280,000 | \$101,204 | \$431,904 | \$371,279 | \$60,625 | \$431,904 |
| Subtotals | \$10,155,700 | \$2,031,668 | \$2,003,190 | \$14,190,558 | \$10,276,363 | \$3,914,195 | \$14,190,558 |
| LANGLADE COUNTY DIRECT SERVICES | | | | | | | |
| Outpatient Services | \$385,000 | \$245,523 | \$315,000 | \$945,523 | \$694,304 | \$251,219 | \$945,523 |
| Community Treatment-Adult | \$384,000 | \$30,400 | \$284,200 | \$698,600 | \$498,109 | \$200,491 | \$698,600 |
| Community Treatment-Youth | \$1,035,000 | \$115,000 | \$251,000 | \$1,401,000 | \$992,897 | \$408,103 | \$1,401,000 |
| Day Services | \$308,000 | \$0 | \$70,000 | \$378,000 | \$289,811 | \$88,189 | \$378,000 |
| Subtotals | \$2,112,000 | \$390,923 | \$920,200 | \$3,423,123 | \$2,475,121 | \$948,002 | \$3,423,123 |
| LINCOLN COUNTY DIRECT SERVICES | | | | | | | |
| Outpatient Services | \$250,000 | \$342,774 | \$58,000 | \$650,774 | \$370,514 | \$280,260 | \$650,774 |
| Community Treatment-Adult | \$502,000 | \$45,500 | \$220,900 | \$768,400 | \$585,059 | \$183,341 | \$768,400 |
| Community Treatment-Youth | \$1,446,000 | \$210,400 | \$158,000 | \$1,814,400 | \$1,371,445 | \$442,955 | \$1,814,400 |
| Lincoln Industries | \$989,000 | \$0 | \$914,000 | \$1,903,000 | \$1,452,785 | \$450,215 | \$1,903,000 |
| Subtotals | \$3,187,000 | \$598,674 | \$1,350,900 | \$5,136,574 | \$3,779,803 | \$1,356,771 | \$5,136,574 |
| SHARED SERVICES | | | | | | | |
| Hospital | \$4,115,000 | \$33,686 | \$211,424 | \$4,360,110 | \$3,182,616 | \$1,177,494 | \$4,360,110 |
| Hospital Psychiatry | \$406,000 | \$1,248,189 | \$21,954 | \$1,676,143 | \$1,384,437 | \$291,706 | \$1,676,143 |
| Psychiatry Residency | | \$137,619 | \$315,000 | \$452,619 | \$368,736 | \$83,883 | \$452,619 |
| Youth Hospital | \$918,000 | | \$88,773 | \$1,006,773 | \$1,114,677 | \$392,096 | \$1,506,773 |
| Contract Services (| | | | | | | |
| State Institute) | \$937,995 | \$0 | \$937,995 | | \$900,000 | \$37,995 | \$937,995 |
| CBRF | \$1,100,000 | \$0 | \$115,550 | \$1,215,550 | \$554,049 | \$661,501 | \$1,215,550 |
| Crisis Services | \$196,000 | \$1,843,407 | \$399,498 | \$2,438,905 | \$1,824,674 | \$614,231 | \$2,438,905 |
| Lakeside Recovery (MMT) | \$765,000 | \$700,477 | \$91,181 | \$1,556,658 | \$1,160,692 | \$395,966 | \$1,556,658 |
| Outpatient Psychiatry | \$1,068,000 | \$2,552,115 | \$482,471 | \$4,102,586 | \$3,514,411 | \$588,175 | \$4,102,586 |
| Residential-Group Homes | \$2,078,000 | \$0 | \$0 | \$2,078,000 | \$1,590,507 | \$487,493 | \$2,078,000 |
| Residential-Apartments | \$2,307,000 | \$0 | \$0 | \$2,307,000 | \$1,985,793 | \$321,207 | \$2,307,000 |
| Subtotals | \$12,953,000 | \$7,453,488 | \$1,725,851 | \$22,132,339 | \$17,580,592 | \$5,051,747 | \$22,632,339 |
| NURSING HOME SERVICES | | | | | | | |
| Long Term Care | \$2,559,000 | \$428,000 | \$1,030,497 | \$4,017,497 | \$2,073,102 | \$1,944,395 | \$4,017,497 |
| Legacies Dementia Care | \$7,406,000 | \$1,072,000 | \$1,616,926 | \$10,094,926 | \$5,603,992 | \$4,490,934 | \$10,094,926 |
| Post Acute Care | \$2,039,000 | \$0 | \$429,466 | \$2,468,466 | \$1,861,100 | \$1,131,820 | \$2,992,920 |
| Ventilator Care | \$3,792,000 | \$0 | \$746,465 | \$4,538,465 | \$3,368,961 | \$1,401,733 | \$4,770,694 |
| Rehab and Ancillary Services | \$2,080,000 | \$0 | \$30,735 | \$2,110,735 | \$1,046,000 | \$308,052 | \$1,354,052 |
| Pine Crest | \$11,870,000 | \$440,815 | \$2,590,500 | \$14,901,315 | \$9,870,437 | \$5,030,878 | \$14,901,315 |
| Subtotals | \$29,746,000 | \$1,940,815 | \$6,444,589 | \$38,131,404 | \$23,823,592 | \$14,307,812 | \$38,131,404 |
| Pharmacy | \$6,080,000 | \$0 | \$402,394 | \$6,482,394 | \$5,716,210 | \$766,184 | \$6,482,394 |
| Total NCHC | \$64,233,700 | \$12,415,568 | \$12,847,124 | \$89,496,392 | \$63,651,681 | \$26,344,711 | \$89,996,392 |



2020 GRANT FUNDING

| | AODA BLOCK GRANT | AODA TX SERVICES | AODA TX WOMEN | IDP FUNDS | SUPPL. AWARD | MH BLOCK GRANT | CST EXPAN. | MAT | MH COMM. AIDS | 85.21 GRANT | CHILDREN'S CLTS/COP | BASE COUNTY ALLOCATION | COUNTY APPROP. | TOTAL GRANT/ BCA/LEVY FUNDING |
|--|------------------------|------------------------|---------------------|------------------|------------------|----------------------|------------------|------------------|------------------|------------------|------------------------|------------------------------|--------------------|-------------------------------------|
| MARATHON COUNTY DIRECT | | | | | | | | | | | | | | |
| Outpatient Services | \$50,200 | \$119,800 | \$23,000 | \$122,100 | \$94,900 | | | | | | | \$428,423 | | \$838,423 |
| Community Trt.-Adult | | | | | \$48,700 | \$51,200 | | | \$159,500 | | | | | \$259,400 |
| Community Trt.-Youth | | | | | | | | \$60,000 | \$0 | \$159,500 | | | | \$219,500 |
| Day Services | | | | | | | | | | | | | | \$0 |
| Clubhouse | | | | | | | | | | | | | \$92,000 | \$92,000 |
| Aquatic Services | | | | | | | | | | | | | \$342,345 | \$342,345 |
| Demand Transportation | | | | | | | | | | \$280,000 | | | \$280,000 | |
| Subtotals | \$50,200 | \$119,800 | \$23,000 | \$122,100 | \$143,600 | \$51,200 | \$60,000 | \$0 | \$319,000 | \$280,000 | \$0 | \$428,423 | \$434,345 | \$2,031,668 |
| LANGLADE COUNTY DIRECT | | | | | | | | | | | | | | |
| Outpatient Services | \$35,000 | \$27,600 | \$5,600 | \$20,600 | \$27,500 | \$0 | | | | | | \$129,223 | | \$245,523 |
| Community Trt.-Adult | | | | | | \$8,600 | | | \$13,600 | | \$8,200 | | | \$30,400 |
| Community Trt.-Youth | | | | | | | | \$60,000 | \$0 | \$13,600 | \$41,400 | | | \$115,000 |
| Day Services | | | | | | | | | | | | | | \$0 |
| Subtotals | \$35,000 | \$27,600 | \$5,600 | \$20,600 | \$27,500 | \$8,600 | \$60,000 | \$0 | \$27,200 | \$0 | \$49,600 | \$129,223 | \$0 | \$390,923 |
| LINCOLN COUNTY DIRECT | | | | | | | | | | | | | | |
| Outpatient Services | \$15,500 | \$36,800 | \$7,000 | \$29,200 | \$22,700 | | | | | | | \$231,574 | | \$342,774 |
| Community Trt.-Adult | | | \$11,600 | \$11,900 | | | | \$22,000 | | | | \$45,500 | | |
| Community Trt.-Youth | | | | | | | | \$60,000 | \$0 | \$21,000 | \$129,400 | | | \$210,400 |
| Lincoln Industries | | | | | | | | | | | | | | |
| Subtotals | \$15,500 | \$36,800 | \$7,000 | \$29,200 | \$34,300 | \$11,900 | \$60,000 | \$0 | \$43,000 | \$0 | \$129,400 | \$231,574 | \$0 | \$598,674 |
| SHARED SERVICES | | | | | | | | | | | | | | |
| Hospital | | | | | | | | | | | | \$33,686 | | \$33,686 |
| Hospital Psychiatry | | | | | | | | | | | | \$756,606 | \$491,585 | \$1,248,191 |
| Psychiatry Residency | | | | | | | | | | | | \$137,619 | | \$137,619 |
| Youth Hospital | | | | | | | | | | | | | | \$0 |
| Contract Services (State Institute) | | | | | | | | | | | | \$937,995 | \$937,995 | |
| CBRF | | | | | | | | | | | | | | \$0 |
| Crisis Services | | | | | | | | | | | | \$155,082 | \$1,688,325 | \$1,843,407 |
| Lakeside Recovery (MMT) | | | | | | | | \$107,000 | | | | \$593,477 | | \$700,477 |
| Outpatient Psychiatry | | | | | | | | | | | | \$2,552,115 | | \$2,552,115 |
| Residential-Group Homes | | | | | | | | | | | | | | \$0 |
| Residential-Apartments | | | | | | | | | | | | | | \$0 |
| Subtotals | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$107,000 | \$0 | \$0 | \$0 | \$4,228,585 | \$3,117,905 | \$7,453,488 |
| NURSING HOME SERVICES | | | | | | | | | | | | | | |
| Long Term Care | | | | | | | | | | | | | | \$428,000 |
| Legacies Dementia Care | | | | | | | | | | | | | | \$1,072,000 |
| Post Acute Care | | | | | | | | | | | | | | \$0 |
| Ventilator Care | | | | | | | | | | | | | | \$0 |
| Rehab and Ancillary Services | | | | | | | | | | | | | | \$0 |
| Pine Crest | | | | | | | | | | | | | | \$440,815 |
| Subtotals | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$1,940,815 |
| Pharmacy: | | | | | | | | | | | | | | \$0 |
| Total NCHC | \$100,700 | \$184,200 | \$35,600 | \$171,900 | \$205,400 | \$71,700 | \$180,000 | \$107,000 | \$389,200 | \$280,000 | \$179,000 | \$5,017,805 | \$5,493,065 | \$12,415,568 |

2020 FUNDING BY OTHER SOURCES

| | OWI SURCHARGES | PROD. REVENUE | DVR | CONTRACT SERVICES | WIMCR | CCS RECONCILE | SUPPL. PAYMENT | OTHER | ALLOCATED REVENUE | MARATHON CO. MATCH (MAINT.) | TOTAL OTHER FUNDING |
|--|------------------|------------------|------------------|-------------------|------------------|--------------------|--------------------|--------------------|-------------------|-----------------------------|---------------------|
| MARATHON COUNTY DIRECT SERVICES | | | | | | | | | | | |
| Outpatient Services | \$110,000 | | | \$10,000 | \$5,000 | | | | \$81,000 | \$62,819 | \$268,819 |
| Community Treatment-Adult | | | \$28,900 | | \$45,000 | \$701,000 | | | \$5,000 | \$19,592 | \$799,492 |
| Community Treatment-Youth | | | | | | \$169,000 | | | \$4,000 | \$19,582 | \$192,582 |
| Day Services/Prevocational | | | \$50,000 | \$18,000 | | | | \$141,000 | | \$73,385 | \$282,385 |
| Clubhouse | | | \$35,000 | | | | | \$64,500 | \$3,517 | | \$103,017 |
| Aquatic Services | | | | \$5,000 | | | | \$90,000 | \$25,000 | \$135,691 | \$255,691 |
| Demand Transportation | | | | \$100,000 | | | | | | \$1,204 | \$101,204 |
| Subtotals | \$110,000 | \$0 | \$113,900 | \$133,000 | \$50,000 | \$870,000 | \$0 | \$295,500 | \$118,517 | \$312,273 | \$2,003,190 |
| LANGLADE COUNTY DIRECT SERVICES | | | | | | | | | | | |
| Outpatient Services | \$20,000 | | | \$128,000 | \$10,000 | | | | \$157,000 | | \$315,000 |
| Community Treatment-Adult | | | \$10,200 | | \$15,000 | \$257,000 | | | \$2,000 | | \$284,200 |
| Community Treatment-Youth | | | | | | \$248,000 | | | \$3,000 | | \$251,000 |
| Day Services | | | \$55,000 | | | | | \$15,000 | | | \$70,000 |
| Subtotals | \$20,000 | \$0 | \$65,200 | \$128,000 | \$25,000 | \$505,000 | \$0 | \$15,000 | \$162,000 | \$0 | \$920,200 |
| LINCOLN COUNTY DIRECT SERVICES: | | | | | | | | | | | |
| Outpatient Services | \$24,000 | | | | \$10,000 | | | \$20,000 | \$4,000 | | \$58,000 |
| Community Treatment-Adult | | | \$11,900 | | \$15,000 | \$191,000 | | | \$3,000 | | \$220,900 |
| Community Treatment-Youth | | | | | | \$154,000 | | | \$4,000 | | \$158,000 |
| Lincoln Industries | | \$710,000 | | \$156,000 | | | | \$45,000 | \$3,000 | | \$914,000 |
| Subtotals | \$24,000 | \$710,000 | \$11,900 | \$156,000 | \$25,000 | \$345,000 | \$0 | \$65,000 | \$14,000 | \$0 | \$1,350,900 |
| SHARED SERVICES | | | | | | | | | | | |
| Hospital | | | | | | | | \$5,000 | \$98,000 | \$108,424 | \$211,424 |
| Hospital Psychiatry | | | | | | | | | \$11,483 | \$10,471 | \$21,954 |
| Psychiatry Residency | | | | \$140,000 | | | | \$175,000 | | | \$315,000 |
| Youth Hospital | | | | | | | | | \$5,000 | \$83,773 | \$88,773 |
| Contract Services (State Institute) | | | | | | | | | | | \$0 |
| CBRF | | | | | \$100,000 | | | | \$8,000 | \$7,550 | \$115,550 |
| Crisis Services | | | \$50,000 | | \$300,000 | | | | \$28,000 | \$21,498 | \$399,498 |
| Lakeside Recovery (MMT) | | | | | | \$40,000 | | \$40,500 | \$2,000 | \$8,681 | \$91,181 |
| Outpatient Psychiatry | | | | | \$25,000 | \$40,000 | | \$370,000 | \$37,000 | \$10,471 | \$482,471 |
| AODA Day Treatment | | | | | | | | | | | \$0 |
| Residential-Group Homes | | | | | | | | | | | \$0 |
| Residential-Apartments | | | | | | | | | | | \$0 |
| Subtotals | \$0 | \$0 | \$0 | \$190,000 | \$425,000 | \$80,000 | \$0 | \$590,500 | \$189,483 | \$250,868 | \$1,725,851 |
| NURSING HOME SERVICES | | | | | | | | | | | |
| Long Term Care | | | | | | | \$550,000 | | \$78,000 | \$402,497 | \$1,030,497 |
| Legacies Dementia Care | | | | | | | \$1,139,000 | | \$77,000 | \$400,926 | \$1,616,926 |
| Post Acute Care | | | | | | | \$220,000 | | \$75,000 | \$134,465 | \$429,465 |
| Ventilator Care | | | | | | | \$456,000 | | \$156,000 | \$134,465 | \$746,465 |
| Rehab and Ancillary Services | | | | | | | | | | \$30,735 | \$30,735 |
| Pine Crest | | | | | | | \$2,150,000 | \$440,500 | | | \$2,590,500 |
| Subtotals | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,515,000 | \$440,500 | \$386,000 | \$1,103,088 | \$6,444,589 |
| Pharmacy: | | | | \$375,000 | | \$0 | | | \$8,000 | \$19,394 | \$402,394 |
| Total NCHC | \$154,000 | \$710,000 | \$191,000 | \$982,000 | \$525,000 | \$1,800,000 | \$4,515,000 | \$1,406,500 | \$878,000 | \$1,685,623 | \$12,847,124 |



2021 – 2022 FORECAST

The 2021 and 2022 Budget Forecasts are continuations of the 2020 budget. Some revenue growth can be projected within some programs due to rate increases. These forecasts also anticipate tax levy and base county allocation funding to remain level. To maintain service levels at the 2020 level, other revenue growth and expense management opportunities will need to continue to be explored in order to close the gaps.

| 2021 BUDGET FORECAST | TOTAL REVENUE | TOTAL EXPENSE | EXCESS REVENUE (EXPENSE) | BASE COUNTY ALLOCATION | COUNTY LEVY | EXCESS REVENUE (EXPENSE) |
|--------------------------------------|---------------------|---------------------|--------------------------|------------------------|--------------------|--------------------------|
| BEHAVIORAL HEALTH SERVICES | | | | | | |
| Hospital | \$4,326,424 | \$4,448,329 | (\$121,905) | \$33,686 | \$ - | (\$88,219) |
| Hospital Psychiatry | \$427,954 | \$1,700,697 | (\$1,272,743) | \$756,607 | \$491,582 | (\$24,554) |
| Psychiatry Residency | \$315,000 | \$457,059 | (\$142,059) | \$137,619 | \$ - | (\$4,440) |
| Contract Services (State Institutes) | \$ - | \$938,773 | (\$938,773) | \$ - | \$937,995 | (\$778) |
| MMT | \$993,623 | \$1,587,100 | (\$593,477) | \$593,477 | \$ - | \$0 |
| Crisis | \$595,498 | \$2,490,197 | (\$1,894,699) | \$155,082 | \$1,688,325 | (\$51,292) |
| CBRF | \$1,240,184 | \$1,240,184 | \$0 | \$ - | \$ - | \$0 |
| Youth Hospital | \$1,467,773 | \$1,536,227 | (\$68,454) | \$ - | \$ - | (\$68,454) |
| Subtotal-Behavioral Health | \$9,366,456 | \$14,398,566 | (\$5,032,110) | \$1,676,471 | \$3,117,902 | (\$237,737) |
| COMMUNITY SERVICES | | | | | | |
| Outpatient | \$2,803,319 | \$3,663,614 | (\$860,295) | \$789,220 | \$ - | (\$71,075) |
| Day Treatment | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Psychiatry | \$1,180,471 | \$4,173,133 | (\$2,992,662) | \$2,552,115 | \$ - | (\$440,547) |
| Community Treatment-Adult | \$6,065,736 | \$6,065,736 | \$0 | \$ - | \$ - | \$0 |
| Community Treatment-Youth | \$7,221,458 | \$7,221,458 | \$0 | \$ - | \$ - | \$0 |
| Clubhouse | \$299,017 | \$398,097 | (\$99,080) | \$ - | \$92,000 | (\$7,080) |
| Subtotal-Community Services | \$17,570,001 | \$21,522,038 | (\$3,952,037) | \$3,341,335 | \$92,000 | (\$518,702) |
| COMMUNITY LIVING | | | | | | |
| Day Services | \$1,985,385 | \$2,021,479 | (\$36,094) | \$ - | \$ - | (\$36,094) |
| Lincoln Industries | \$1,924,985 | \$1,924,985 | \$0 | \$ - | \$ - | \$0 |
| Residential Services-Apartment | \$2,389,432 | \$2,352,200 | \$37,232 | \$ - | \$ - | \$37,232 |
| Residential Services-Group Homes | \$2,078,000 | \$2,115,232 | (\$37,232) | \$ - | \$ - | (\$37,232) |
| Subtotal-Community Living | \$8,377,802 | \$8,413,895 | (\$36,093) | \$ - | \$ - | (\$36,093) |
| MOUNT VIEW CARE CENTER | | | | | | |
| Daily Services | \$19,842,353 | \$22,295,174 | (\$2,452,821) | \$ - | \$1,500,000 | (\$952,821) |
| Rehab and Ancillary Services | \$2,110,735 | \$1,360,358 | \$750,377 | \$ - | \$ - | \$750,377 |
| Subtotal-MVCC | \$21,953,088 | \$23,655,532 | (\$1,702,444) | \$ - | \$1,500,000 | (\$202,444) |
| Pine Crest | \$14,755,500 | \$15,196,315 | (\$440,815) | \$ - | \$440,815 | \$0 |
| Pharmacy | \$6,523,394 | \$6,523,394 | \$0 | \$ - | \$ - | \$0 |
| OTHER | | | | | | |
| Birth To Three | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Protective Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Demand Transportation | \$437,521 | \$437,521 | \$0 | \$ - | \$ - | \$0 |
| Aquatic | \$1,022,691 | \$1,393,146 | (\$370,455) | \$ - | \$342,345 | (\$28,110) |
| Subtotal-Other | \$1,460,212 | \$1,830,667 | (\$370,455) | \$ - | \$342,345 | (\$28,110) |
| TOTALS | \$80,006,453 | \$91,540,408 | (\$11,533,954) | \$5,017,806 | \$5,493,065 | (\$1,023,086) |
| Interest Income | | | | | | \$375,000 |
| Excess Revenue (Expense) | | | | | | (\$648,086) |

2021 – 2022 FORECAST

| 2022 BUDGET FORECAST | TOTAL REVENUE | TOTAL EXPENSE | EXCESS REVENUE (EXPENSE) | BASE COUNTY ALLOCATION | COUNTY LEVY | EXCESS REVENUE (EXPENSE) |
|--------------------------------------|---------------------|---------------------|--------------------------|------------------------|--------------------|--------------------------|
| BEHAVIORAL HEALTH SERVICES | | | | | | |
| Hospital | \$4,371,424 | \$4,552,924 | (\$181,500) | \$33,686 | \$ - | (\$147,814) |
| Hospital Psychiatry | \$427,954 | \$1,728,850 | (\$1,300,896) | \$756,607 | \$491,582 | (\$52,707) |
| Psychiatry Residency | \$315,000 | \$462,979 | (\$147,979) | \$137,619 | \$ - | (\$10,360) |
| Contract Services (State Institutes) | \$ - | \$940,431 | (\$940,431) | \$ - | \$937,995 | (\$2,436) |
| MMT | \$1,029,440 | \$1,622,917 | (\$593,477) | \$593,477 | \$ - | \$0 |
| Crisis | \$595,498 | \$2,549,135 | (\$1,953,637) | \$155,082 | \$1,688,325 | (\$110,230) |
| CBRF | \$1,278,264 | \$1,278,264 | \$0 | \$ - | \$ - | \$0 |
| Youth Hospital | \$1,467,773 | \$1,571,121 | (\$103,348) | \$ - | \$ - | (\$103,348) |
| Subtotal-Behavioral Health | \$9,485,353 | \$14,706,622 | (\$5,221,269) | \$1,676,471 | \$3,117,902 | (\$426,896) |
| COMMUNITY SERVICES | | | | | | |
| Outpatient | \$2,803,319 | \$3,756,343 | (\$953,024) | \$789,220 | \$ - | (\$163,804) |
| Day Treatment | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Psychiatry | \$1,180,471 | \$4,247,352 | (\$3,066,881) | \$2,552,115 | \$ - | (\$514,766) |
| Community Treatment-Adult | \$6,197,175 | \$6,197,175 | \$0 | \$ - | \$ - | \$0 |
| Community Treatment-Youth | \$7,342,606 | \$7,342,606 | \$0 | \$ - | \$ - | \$0 |
| Clubhouse | \$299,017 | \$406,432 | (\$107,415) | \$ - | \$92,000 | (\$15,415) |
| Subtotal-Community Services | \$17,822,588 | \$21,949,909 | (\$4,127,321) | \$3,341,335 | \$92,000 | (\$693,986) |
| COMMUNITY LIVING | | | | | | |
| Day Services | \$1,985,385 | \$2,068,735 | (\$83,350) | \$ - | \$ - | (\$83,350) |
| Lincoln Industries | \$1,955,233 | \$1,955,233 | \$0 | \$ - | \$ - | \$0 |
| Residential Services-Apartment | \$2,479,394 | \$2,398,269 | \$81,125 | \$ - | \$ - | \$81,125 |
| Residential Services-Group Homes | \$2,078,000 | \$2,159,125 | (\$81,125) | \$ - | \$ - | (\$81,125) |
| Subtotal-Community Living | \$8,498,012 | \$8,581,361 | (\$83,349) | \$ - | \$ - | (\$83,349) |
| MOUNT VIEW CARE CENTER | | | | | | |
| Daily Services | \$20,037,353 | \$22,892,479 | (\$2,855,126) | \$ - | \$1,500,000 | (\$1,355,126) |
| Rehab and Ancillary Services | \$2,130,735 | \$1,373,804 | \$756,931 | \$ - | \$ - | \$756,931 |
| Subtotal-MVCC | \$22,168,088 | \$24,266,284 | (\$2,098,196) | \$ - | \$1,500,000 | (\$598,196) |
| Pine Crest | \$15,118,500 | \$15,559,315 | (\$440,815) | \$ - | \$440,815 | \$0 |
| Pharmacy | \$6,583,394 | \$6,583,394 | \$0 | \$ - | \$ - | \$0 |
| OTHER | | | | | | |
| Birth To Three | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Protective Services | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Demand Transportation | \$443,799 | \$443,799 | \$0 | \$ - | \$ - | \$0 |
| Aquatic | \$1,022,691 | \$1,433,349 | (\$410,658) | \$ - | \$342,345 | (\$68,313) |
| Subtotal-Other | \$1,466,490 | \$1,877,148 | (\$410,658) | \$ - | \$342,345 | (\$68,313) |
| TOTALS | \$81,142,425 | \$93,524,032 | (\$12,381,606) | \$5,017,806 | \$5,493,065 | (\$1,870,738) |
| Interest Income | | | | | | \$380,000 |
| Excess Revenue (Expense) | | | | | | (\$1,490,738) |



2020 UNIT COSTS

The following is additional information showing the total cost per unit for each program, which is direct cost and overhead. In the event that a program is not included, the total unit cost for all other programs would increase as overhead would be reallocated.

| | TOTAL EXPENSES | BILLABLE UNIT | UNIT HOURS/DAYS | UNIT TOTAL EXP | COUNTY (LEVY) APPROPRIATION | APPROPRIATION (LEVY) PER UNIT |
|-------------------------------------|----------------|---------------|-----------------|----------------|-----------------------------|-------------------------------|
| BEHAVIORAL HEALTH SERVICES | | | | | | |
| Hospital | \$4,360,110 | 5,490 | Days | \$794.19 | \$0 | \$0.00 |
| Hospital Psychiatry | \$1,676,143 | 7,920 | RVU | \$211.63 | \$491,582 | \$62.07 |
| CBRF | \$1,215,550 | 41,667 | Hours | \$29.17 | \$0 | \$0.00 |
| Crisis Services | \$2,438,905 | 7,500 | Hours | \$325.19 | \$1,688,325 | \$225.11 |
| Medically Monitored Treatment (MMT) | \$1,556,658 | 33,215 | Hours | \$46.87 | \$0 | \$0.00 |
| Youth Hospital | \$1,506,773 | 1470 | Days | \$1,025.02 | \$0 | \$0.00 |
| COMMUNITY SERVICES | | | | | | |
| Wausau Outpatient | \$1,996,242 | 12,720 | Hours | \$156.94 | \$0 | \$0.00 |
| Merrill Outpatient | \$650,774 | 3,600 | Hours | \$180.77 | \$0 | \$0.00 |
| Antigo Outpatient | \$945,523 | 6,000 | Hours | \$157.59 | \$0 | \$0.00 |
| Psychiatry Services | \$4,102,586 | 23,700 | RVU | \$173.10 | \$0 | \$0.00 |
| Wausau Community Treatment-Adult | \$4,487,892 | 46,755 | Hours | \$95.99 | \$0 | \$0.00 |
| Wausau Community Treatment-Youth | \$3,911,082 | 38,748 | Hours | \$100.94 | \$0 | \$0.00 |
| Merrill Community Treatment-Adult | \$768,400 | 7,031 | Hours | \$109.29 | \$0 | \$0.00 |
| Merrill Community Treatment-Youth | \$1,814,400 | 15,693 | Hours | \$115.62 | \$0 | \$0.00 |
| Antigo Community Treatment-Adult | \$698,600 | 5,568 | Hours | \$125.47 | \$0 | \$0.00 |
| Antigo Community Treatment-Youth | \$1,401,000 | 11,638 | Hours | \$120.38 | \$0 | \$0.00 |
| Clubhouse | \$391,017 | 2,360 | Hours | \$165.69 | \$92,000 | \$38.98 |
| COMMUNITY LIVING SERVICES | | | | | | |
| Wausau ADS | \$727,515 | 61,100 | Hours | \$11.91 | \$0 | \$0.00 |
| Wausau PreVoc | \$879,870 | 61,400 | Hours | \$14.33 | \$0 | \$0.00 |
| Antigo ADS | \$378,000 | 25,400 | Hours | \$14.88 | \$0 | \$0.00 |
| Lincoln Industries | \$1,903,000 | 98,288 | Hours | \$19.36 | \$0 | \$0.00 |
| Residential-Andrea | \$502,302 | 2,899 | Days | \$173.27 | \$0 | \$0.00 |
| Residential-Chadwick | \$518,755 | 2,899 | Days | \$178.94 | \$0 | \$0.00 |
| Residential-Bissell | \$545,013 | 2,899 | Days | \$188.00 | \$0 | \$0.00 |
| Residential-Heather | \$511,931 | 2,536 | Days | \$201.87 | \$0 | \$0.00 |
| Residential-Riverview | \$621,316 | 11,957 | Days | \$51.96 | \$0 | \$0.00 |
| Residential-Jelinek | \$736,072 | 8,696 | Days | \$84.64 | \$0 | \$0.00 |
| Residential-Forest St | \$586,777 | 5,797 | Days | \$101.22 | \$0 | \$0.00 |
| Residential-Fulton | \$362,835 | 2,899 | Days | \$125.16 | \$0 | \$0.00 |
| Pharmacy | \$6,482,394 | 152,000 | Prescriptions | \$42.65 | \$0 | \$0.00 |
| OTHER SERVICES | | | | | | |
| Demand Transportation | \$431,904 | 13,700 | Trips | \$31.53 | \$0 | \$0.00 |
| Aquatic Services | \$1,365,036 | 6,040 | Hours | \$226.00 | \$342,345 | \$56.68 |
| NURSING HOME SERVICES | | | | | | |
| Long Term Care | \$4,017,497 | 13,176 | Days | \$304.91 | \$428,000 | \$32.48 |
| Legacies | \$10,094,926 | 36,234 | Days | \$278.60 | \$1,072,000 | \$29.59 |
| Post Acute Care | \$2,992,920 | 8,418 | Days | \$355.54 | \$0 | \$0.00 |
| Ventilator Services | \$4,770,694 | 9,150 | Days | \$521.39 | \$0 | \$0.00 |
| Pine Crest | \$14,901,315 | 56,730 | Days | \$262.67 | \$440,815 | \$7.77 |



HUMAN SERVICES OPERATIONS

2020 BUDGET BY PROGRAM



North Central Health Care’s Human Services Operations include shared and direct community services programs. These services are the core services for which North Central Health Care was created. The State of Wisconsin offers direction on programming on varying levels in discharging the counties’ delegated primary responsibility for the prevention or amelioration of mental disabilities, including but not limited to mental illness, developmental disabilities, alcoholism and drug abuse. There are a number of programs contained within the Human Services Operations grouped into broad departments to deliver community services programs.

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HUMAN SERVICES OPERATIONS

MANAGEMENT TEAM All photos to come.



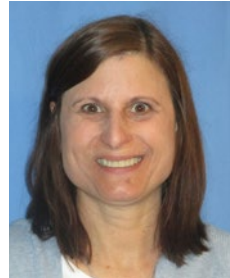
Laura Scudiere
Human Services
Operations Executive



Trisha Stefonek
Behavioral Health
Services Director



Kim Moore
Crisis Clinical
Manager



Kathleen Buckli
Crisis and CBRF
Business Manager



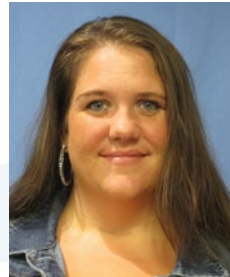
Janelle Hintz
Outpatient and
Community Treatment
Director



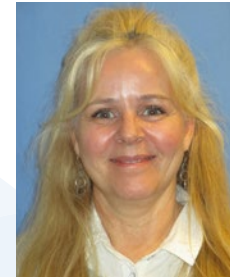
Michelle Carr
Community
Treatment Manager -
Marathon County



Gina Lenz
Community
Treatment Manager -
Youth Services



Karissa Nelson
Community
Treatment ACT Manager



Linda Handrick
Community
Treatment RN Manager



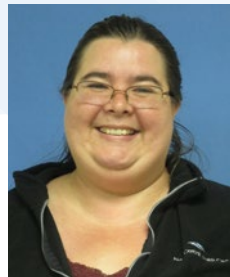
Christine Seidler
Community Treatment
Employment Supervisor



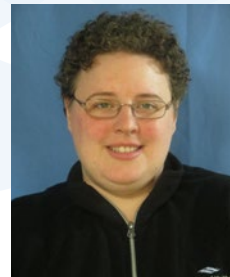
Melissa McCarthy
Outpatient Clinical
Operations Manager



Toni Kellner
Director of
Community Living



Jessica Pyke
Adult Day Services/
Prevocational Services
Coordinator -
Langlade County



Jennifer Rothmeyer
Adult Day Services/
Prevocational Services
Coordinator -
Marathon County



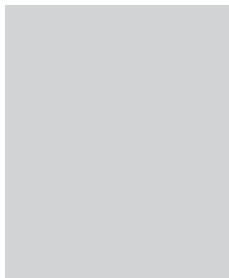
Cheryl Zeinert
Group Homes
Manager



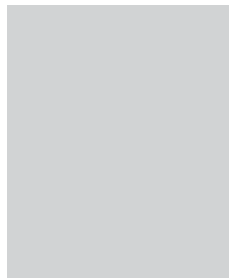
Jennifer McKenzie
Transportation
Manager



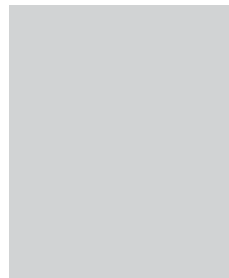
Kim Van Ermen
Outpatient Clinical
Operations Manager



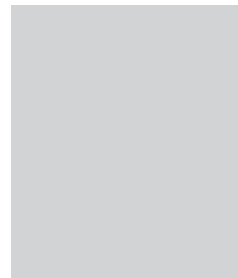
Wanda Kleinschmidt
Lincoln Industries
Marketing/General
Operations Manager



Michelle Sczygelski
Lincoln Industries
Office Manager



Holly Boehm
Lincoln Industries
Program/Production
Manager



Barbara Irmischer
Lincoln Industries
Program/Production
Assistant Manager

HUMAN SERVICES OPERATIONS

HUMAN SERVICES OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight for all Human Services Operations is consolidated into a separate program and is allocated out to each program based on direct expenses. Human Service Operations oversight includes all developmental disability, mental health, and aquatic programming.

2020 INITIATIVES & GOALS

- Participate in renovation activities with as little direct impact to patients/families as possible
- Continue to work with partners to anticipate programmatic gaps and needs for the future

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|---------------------------|------------|------------|------------|
| Human Services Operations | | | |
| Executive | 1.0 | 1.0 | 1.0 |
| Quality Director | 1.0 | 0.0 | 0.0 |
| TOTAL | 2.0 | 1.0 | 1.0 |

BUDGET HIGHLIGHTS

Staffing remains consistent with 2019. There is an increase in IT maintenance due to the continued enhancements with technology.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Other Revenue | - | - | - |
| State Addendum Grants | - | - | - |
| TOTAL REVENUE | - | - | - |
| Salaries | 253,540 | 153,957 | 157,825 |
| Benefits | 92,454 | 57,187 | 64,527 |
| Other Direct Expenses | 371,800 | 258,323 | 286,461 |
| TOTAL DIRECT EXPENSES | \$717,794 | \$469,467 | \$508,813 |



HUMAN SERVICES OPERATIONS

■ MEDICAL SERVICES ADMINISTRATION

DESCRIPTION

Provide medical and nursing administrative oversight and support for the mental health programs.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|---|------------|------------|------------|
| Chief Medical Officer (Administration & Psychiatry Residency) | 0.0 | 0.0 | .80 |
| Chief Nursing Officer | 0.0 | 0.0 | 1.0 |
| Medical Staff Relations Director | 0.0 | 0.0 | 1.0 |
| TOTAL | 0.0 | 0.0 | 2.8 |

2020 INITIATIVES & GOALS

- Onboarding of Chief Medical Officer and Chief Nursing Officer.
- Continue with physician onboarding.

BUDGET HIGHLIGHTS

Program is new for 2020. The Chief Medical Officer and the Chief Nursing Officer are new positions added during 2019. The Medical Staff Relations Director is being moved from other programs to this program.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|-------------|------------------|
| Other Revenue | - | - | - |
| State Addendum Grants | - | - | - |
| TOTAL REVENUE | - | - | - |
| Salaries | - | - | 407,980 |
| Benefits | - | - | 166,804 |
| Other Direct Expenses | - | - | 17,000 |
| TOTAL DIRECT EXPENSES | \$0 | \$0 | \$591,784 |

BEHAVIORAL HEALTH SERVICES

Behavioral Health Services includes Emergency and Crisis Services, Inpatient Psychiatric Hospital, Contract Services (Diversion), Psychiatry Residency Program, Community Based Residential Facility (CBRF) and Lakeside Recovery Medically Monitored Treatment (MMT). These programs are some of the most important and needed services in our community. Demand for these services has grown considerably and has created many financial and system pressures.

BEHAVIORAL HEALTH SERVICES

■ *Emergency and Crisis Services*

DESCRIPTION

North Central Health Care Emergency & Crisis Services is a state certified program offering services to residents of Marathon, Langlade and Lincoln Counties. Services include a 24-hour Crisis Center, a 24-hour Hotline, Mobile Crisis response team and Youth Crisis Stabilization. Individualized services are provided in the least restrictive manner utilizing natural and peer supports whenever possible. The focus of the program is to prevent and de-escalate crisis situations, while also offering community-based treatment and support options. The program is equipped with resources to assess clients and determine their needs, which ranges from community supports and outpatient counselor to inpatient hospitalization.

Crisis Center: 24-hour specialized assistance with urgent mental health, developmental disability or substance abuse needs and may also act as an in-house, short-term Crisis Stabilization Unit. Support will be provided to stabilize the conditions of acute mental health symptoms. Acting as a triage center, much of what the Crisis Center does is get the individual to the location or access to services that they need to alleviate their crisis.

Crisis & Suicide Prevention Hotline: The Crisis & Suicide Prevention Hotline is confidential and anonymous. Specially trained staff provide emergency and crisis counseling over the phone, including intervention. Assistance is provided 24 hours a day, 7 days a week for emotional, mental health, suicide prevention or substance abuse situations.

Mobile Crisis: The staff of Crisis Services are trained as a state certified Mobile Crisis Unit that travels to avert crises and de-escalate situations. Assessments and interventions by the Crisis Team are available on-site at the North Central Health Care offices in Wausau, Antigo and Merrill, or out in the community. The Crisis teams are made up of trained personnel in the area of crisis intervention and utilize physicians, nurses, law enforcement personnel, psychiatrists, mental health technicians, and other specially trained

staff. The team offers an assessment and assists with the disposition of the crisis situation. Disposition may include, but is not limited to, the following: home, inpatient psychiatric treatment, crisis bed placement, youth crisis bed, and other community placements. The team can also provide linkage and follow-up services with other community providers and agencies to ensure continuity of care. The goal is to expand this program to one law enforcement partner in 2020.

Youth Crisis Stabilization: The Youth Crisis Services serves children and adolescents under the age of 18. Support is provided to stabilize the conditions of acute mental health symptoms, as well as short-term respite and one-on-one counseling. Monitoring and support is provided in a separate area designated for youth on the Wausau Campus.

Crisis Assessment Response Team (CART): This program teams North Central Health Care crisis workers with law enforcement partners to respond to community needs of mental health concern. Two teams serve Marathon County through this innovative partnership model.

Linkage and Follow-up: Individuals who are on commitments or settlement agreements are case monitored by Linkage Coordinators to ensure that they receive the best supportive care and are able to meet the terms of their legal agreements. This program also works closely with Comprehensive Community Services to assign case managers to eligible participants.

POPULATION SERVED

All ages and legal status are served by the Crisis Center Services. Anyone and everyone who is having a crisis related to mental illness, substance abuse or suicide may be served in some capacity. Elderly, developmentally disabled individuals, families, children, and adults may all be served in the Crisis Center. The Crisis Center also provides referrals to other organizations when needs are related to situations such as job loss, spousal abuse, housing and other life issues.



BEHAVIORAL HEALTH SERVICES

■ Emergency and Crisis Services

REGULATIONS

Crisis Services are certified by the Department of Health Services, Chapter DHS 34.

HOURS/DAYS OF SERVICE

Mobile Crisis Services are available for residents in: Lincoln, Langlade and Marathon Counties: 24 hours/day, 7 days/week, 365 days/year

2020 INITIATIVES & GOALS

- Expand CART to one additional law enforcement agency
- Ensure 24/7 Master's-Level coverage in Crisis
- Incorporate security presence into the daily operations of all BHS programs
- In-home Youth Stabilization

BUDGET HIGHLIGHTS

FTEs include reclassifying positions from Youth Crisis Worker to Crisis Service Professionals to better fit the staffing needs. Increase in County Appropriation due to revenue decreases.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------------------|--------------|-------------|-------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Court Liaison | 1.0 | 1.0 | 1.0 |
| Crisis Service Professionals | 17.6 | 20.0 | 22.0 |
| RN Case Manager | 1.0 | 1.0 | 0 |
| Law Enforcement Liaison | 0.5 | 0.5 | .50 |
| Transportation Staff | 1.0 | 1.0 | 1.0 |
| Youth Crisis Workers | 4.2 | 4.2 | 0 |
| Security Officer | 0.8 | - | 0 |
| Administrative Assistant | - | - | .8 |
| TOTAL | 27.10 | 28.7 | 26.3 |

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 128,000 | 156,000 | 196,000 |
| WIMCR | 120,000 | 320,000 | 300,000 |
| Base County Allocation | 946,476 | 165,710 | - |
| County Appropriation | 1,225,461 | 1,705,185 | 1,843,407 |
| Allocated Revenue | 28,000 | 27,512 | 28,000 |
| Contract Services | 51,000 | 40,000 | 50,000 |
| Other Revenue | 150,000 | 250,000 | - |
| Marathon County Match (Maintenance) | 22,046 | 22,046 | 21,498 |
| TOTAL REVENUE | \$2,670,983 | \$2,686,454 | \$2,438,905 |
| Salaries | 1,262,254 | 1,303,787 | 1,234,432 |
| Benefits | 460,282 | 484,290 | 531,278 |
| Other Direct Expenses | 85,130 | 81,318 | 58,964 |
| TOTAL DIRECT EXPENSES | \$1,807,666 | \$1,869,395 | \$1,824,674 |

BEHAVIORAL HEALTH SERVICES

■ *Inpatient Psychiatric Hospital*

DESCRIPTION

North Central Health Care provides inpatient behavioral health services through our **Inpatient Psychiatric Hospital** for individuals who have complex psychiatric and detoxification needs. The Inpatient Psychiatric Hospital is an adult unit that provides assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of an acute mental health crisis. The Inpatient Psychiatric Hospital offers psychiatric and alcohol detoxification services on both a voluntary and involuntary basis in a 16-bed unit located on the Wausau Campus.

Within the umbrella of inpatient service offerings, NCHC also has **Contracted Services**. Contracted Services includes the expenses related to inpatient hospitalization in other institutes for several reasons including but not limited to: unit capacity limits, age and stability of patients.

Psychiatric Residency Program: North Central Health Care continues its educational partnership with the Medical College of Wisconsin to provide an inpatient and crisis experience for the psychiatric residency program. North Central Health Care is one partner out of various site rotations located in central Wisconsin, which is charged with providing experiences attached to certain programs or patient populations. In 2019, three new residents began their residency with Inpatient and Emergency rotations within the Behavioral Health Services Department. Rotations are four months long and give each participating resident the ability to experience the service under the supervision of an attending physician. Residents are chosen from hundreds of applicants during a challenging interview process with Medical College of Wisconsin Faculty and supervising physicians. After the interview, residents are "matched" with the sites that will provide them the best educational opportunity. The third class began their psychiatry residency July 1, 2019. In 2020, the fourth class will begin which means North Central Health Care will have 12 residents who have received psychiatry training since the inception of the program. Medical students from the Medical College of Wisconsin work with third year psychiatry residents to receive training on psychiatric evaluations.

POPULATION SERVED

All individuals in Marathon, Lincoln and Langlade Counties with severe psychiatric and detoxification needs are served. The Inpatient Psychiatric Hospital provides care for those 18 and older. For those under the age of 18, or other individuals we are unable to serve locally, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services. In the third quarter of 2020 a youth hospital will open which positions North Central Health Care to provide inpatient psychiatric care to youth under the age of 18 locally.

NCHC's Ambulatory Detoxification Program provides care for individuals age 18 and older from Marathon, Lincoln and Langlade Counties in need of detoxification for alcohol and opiate withdrawal in an ambulatory outpatient setting, and who do not require general hospital services for alcohol poisoning or who are not severely medically compromised.

REGULATIONS

The hospital is licensed by the State of Wisconsin. Additionally, the hospital is certified by the Department of Health Services, Chapter DHS 124 & Chapter DHS 75 (medical detoxification). Compliance with the Center for Medicare/Medicaid Services Conditions of Participation is also required.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



BEHAVIORAL HEALTH SERVICES

■ Inpatient Psychiatric Hospital

2020 INITIATIVES & GOALS

- Consistent Psychiatry Coverage by minimizing the use of locum staffing
- Reduce readmissions and total length-of-stay of high utilizer clients
- Reduce the totally hospital days for patients in our care
- Reduce the billing denials for medical necessity
- Analyze and monitor requests for medical clearance
- Open Youth Hospital
- Implement Team Based Care
- Implement Care Coordination Team to
- Develop a communication pathway to optimize coordination of care

Residency Program:

- Implement PGY4
- Develop a residency recruitment plan
- Optimize scheduling
- Develop and implement Psychotherapy education for residents at NCHC

BUDGET HIGHLIGHTS

Additional Behavioral Health Techs have been added to enhance the needs of the program. The APNP position has moved to MMT. The Medical Staff Relations Director has moved to an administration program. The census target increases from 14 to 15 per day.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|----------------------------------|--------------|--------------|--------------|
| Director | 1.0 | 1.0 | 1.0 |
| Master Social Worker | 1.0 | 1.0 | 1.0 |
| Bachelor Social Worker | 1.0 | 1.0 | 1.0 |
| Nurse Practitioner/APNP | 1.4 | 2.4 | 1.4 |
| Psychiatrist | 2.0 | 2.0 | 2.0 |
| Occupational Therapist | | | |
| Assistant | 1.4 | 1.0 | 1.0 |
| Nurse Manager | 1.0 | 1.0 | 1.0 |
| RN | 9.77 | 13.37 | 13.37 |
| LPN | 1.0 | 1.0 | 1.0 |
| Behavioral Health Tech | 6.3 | 6.3 | 8.4 |
| Medical Scribe | 1.0 | 1.0 | 1.4 |
| Substance Abuse Counselor | 1.0 | 1.0 | .40 |
| Psychologist | .80 | .80 | .80 |
| Administrative Support | - | 1.0 | 1.0 |
| Medical Staff Relations Director | - | 0.5 | 0 |
| Therapist | - | - | 1.0 |
| RN Case Manager | - | - | 1.0 |
| TOTAL | 28.67 | 34.37 | 36.77 |

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 4,375,000 | 4,252,000 | 4,521,000 |
| Base County Allocation | 1,097,236 | 1,295,398 | 1,082,994 |
| County Appropriation | 278,552 | 297,175 | 336,500 |
| Allocated Revenue | 31,904 | 79,488 | 109,483 |
| Other Revenue | 125,000 | 620,000 | 320,000 |
| Marathon County Match (Maintenance) | 121,924 | 121,924 | 118,895 |
| TOTAL REVENUE | \$6,029,616 | \$6,665,985 | \$6,488,872 |
| Salaries | 2,494,360 | 2,784,384 | 2,855,467 |
| Benefits | 909,571 | 1,034,256 | 1,211,625 |
| Other Direct Expenses | 1,064,645 | 1,410,018 | 1,007,304 |
| TOTAL DIRECT EXPENSES | \$4,468,576 | \$5,228,658 | \$5,074,396 |

HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ *Inpatient Youth Hospital*

DESCRIPTION

North Central Health Care provides inpatient behavioral health services for youth under age 18 who have complex psychiatric and detoxification needs. In the third quarter of 2020 the Youth Hospital will open. The Inpatient Youth Hospital is a youth unit that provides assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of an acute mental health crisis. The Inpatient Youth Hospital offers psychiatric and alcohol detoxification services on both a voluntary and involuntary basis in a 8-bed unit located on the Wausau Campus.

POPULATION SERVED

All individuals in Marathon, Lincoln and Langlade Counties under the age of 18 with severe psychiatric and detoxification needs are served. For those under the age of 18, or other individuals we are unable to serve locally, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

REGULATIONS

The hospital is licensed by the State of Wisconsin. Additionally, the hospital is certified by the Department of Health Services, Chapter DHS 124 & Chapter DHS 75 (medical detoxification). Compliance with the Center for Medicare/Medicaid Services Conditions of Participation is also required.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|-------------|-------------|--------------------|
| Net Patient Services Revenue | - | - | 918,000 |
| Allocated Revenue | - | - | 5,000 |
| Marathon County Match (Maintenance) | - | - | 83,773 |
| TOTAL REVENUE | - | - | \$1,006,773 |
| Salaries | - | - | 719,121 |
| Benefits | - | - | 294,015 |
| Other Direct Expenses | - | - | 101,541 |
| TOTAL DIRECT EXPENSES | - | - | \$1,114,677 |

2020 INITIATIVES & GOALS

- Opening of new Youth Hospital by 2nd quarter of 2020.

BUDGET HIGHLIGHTS

This is a new program that is anticipated to open in the second quarter of 2020.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|------------|------------|--------------|
| Director | - | - | 1.0 |
| Master Social Worker | - | - | 1.4 |
| Psychologist | - | - | .20 |
| RN | - | - | 5.62 |
| Mental Health Tech | - | - | 4.21 |
| OTA | - | - | .50 |
| Psychiatrist | - | - | .50 |
| Utilization Review Nurse | - | - | .40 |
| TOTAL | - | - | 13.83 |



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Contracted Services

DESCRIPTION

For all individuals in Marathon, Lincoln and Langlade Counties under the age of 18, or other individuals NCHC is unable to serve locally for inpatient care, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed using Contracted Services.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

BUDGET HIGHLIGHTS

The budget increases in 2020 due to the increasing number of diversions.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | - | - | - |
| Base County Allocation | 99,651 | - | - |
| County Appropriation | 806,268 | 897,427 | 937,995 |
| TOTAL REVENUE | \$905,919 | \$897,427 | \$937,995 |
| Other Direct Expenses | 800,000 | 800,000 | 900,000 |
| TOTAL DIRECT EXPENSES | \$800,000 | \$800,000 | \$900,000 |

HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Crisis Community Based Residential Facility (CBRF)

DESCRIPTION

Crisis CBRF is a therapeutic mental health and substance abuse stabilization program operated 24-hours a day in a voluntary setting. This 12-bed program provides observation, medication monitoring, basic case management and planned activities under the supervision of specially trained CBRF staff.

POPULATION SERVED

This program serves the needs of individuals with mental health or substance abuse disorders as an alternative for those who do not meet criteria for emergency inpatient admission or as a step down from emergency inpatient services.

REGULATIONS

The Crisis CBRF is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

2020 INITIATIVES & GOALS

- Decrease extended length of stay related to housing/placement limitations.
- Team collaboration with Community Treatment and BHS.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------------|------------|-------------|-------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Crisis Tech | 4.0 | 5.75 | 5.75 |
| Behavioral Health Tech | .80 | .80 | .80 |
| Master Social Worker | 2.0 | 1.0 | 1.0 |
| RN | .80 | .80 | .50 |
| TOTAL | 8.6 | 9.35 | 9.05 |

BUDGET HIGHLIGHTS

The program will expand from 12 to 16 beds in July 2020.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|------------------|--------------------|
| Net Patient Services Revenue | 860,000 | 653,000 | 1,100,000 |
| WIMCR | 140,000 | 200,000 | 100,000 |
| County Appropriation | - | - | - |
| Allocated Revenue | 3,841 | 7,151 | 8,000 |
| Marathon County Match (Maintenance) | 7,742 | 7,742 | 7,550 |
| TOTAL REVENUE | \$1,011,583 | \$867,893 | \$1,215,550 |
| Salaries | 399,659 | 408,406 | 372,297 |
| Benefits | 145,736 | 151,702 | 152,215 |
| Other Direct Expenses | 40,875 | 46,746 | 29,537 |
| TOTAL DIRECT EXPENSES | \$586,270 | \$606,854 | \$554,049 |



HUMAN SERVICES OPERATIONS

BEHAVIORAL HEALTH SERVICES

■ Lakeside Recovery Medically Monitored Treatment (MMT)

DESCRIPTION

Lakeside Recovery Medically Monitored Treatment is a 21-day substance abuse recovery program operated 24-hours a day in a community-based setting. This 14 bed program provides observation, medication monitoring, and treatment by a multi-disciplinary team under the supervision of a physician. Lakeside Recovery has changed its care model to include specific programming for clients with both substance abuse and mental health. The change was necessary to meet the change in the complexity of the clients served.

POPULATION SERVED

This program serves the needs of clients that meet a high level criteria for substance abuse and dependence under Wisconsin Chapter 75.11 regulations for Medically Monitored Treatment.

REGULATIONS

The MMT program is licensed under Wisconsin Chapter 83 CBRF Regulations with a Class C Semi-ambulatory Status. A Class C Semi-ambulatory CBRF may serve only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to an electronic fire alarm and exiting the facility without help or verbal or physical prompting.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

2020 INITIATIVES & GOALS

- Implement MAT (Medication-Assisted Treatment) in the Marathon County Jail
- Improve the referral process between programs and partners and the MMT service line
- Establish a collaborative relationship with the Hazelton Program
- Move MMT into a new temporary space during construction without disruption to patient care.
- Continue Program redesign focused on dual disorder treatment
- Ambulatory Detox

BEHAVIORAL HEALTH SERVICES

■ Lakeside Recovery Medically Monitored Treatment (MMT)

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|---------------------------|------------|------------|-------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Counselor | 1.0 | 1.0 | 0.0 |
| Registered Nurse | 0.2 | 0.2 | .50 |
| Behavioral Health Tech | .80 | .80 | 0.0 |
| Crisis Tech | 4.8 | 4.8 | 0.0 |
| Referral Coordinator | 1.0 | 1.0 | 1.0 |
| MAT Coordinator | - | - | 1.0 |
| Therapist | - | - | 1.4 |
| Psych NP | - | - | 1.0 |
| Master Social Worker | - | - | .80 |
| Nursing Assistant | - | - | 1.4 |
| Substance Abuse Counselor | - | - | 3.6 |
| Psychologist | - | - | 1.0 |
| TOTAL | 8.8 | 8.8 | 12.7 |

BUDGET HIGHLIGHTS

The 2020 budget includes the staffing requirements needed to support the care model change described above. The revenue does increase which offsets increases in the expenses.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|------------------|------------------|--------------------|
| Base County Allocation | 54,124 | 76,635 | 593,477 |
| Net Patient Services Revenue | 486,000 | 395,000 | 765,000 |
| Grant Funding | - | - | 107,000 |
| County Appropriation | 437,919 | 218,116 | - |
| Allocated Revenue | 1,743 | 1,290 | 2,000 |
| Other Revenue | - | - | 40,500 |
| Marathon County Match (Maintenance) | 8,902 | 8,902 | 8,681 |
| CCS Reconciliation | 10,000 | 10,000 | 40,000 |
| TOTAL REVENUE | \$998,688 | \$799,943 | \$1,556,658 |
| Salaries | 428,007 | 356,004 | 749,601 |
| Benefits | 156,073 | 132,237 | 306,477 |
| Other Direct Expenses | 132,125 | 35,821 | 104,614 |
| TOTAL DIRECT EXPENSES | \$716,205 | \$524,062 | \$1,160,692 |



HUMAN SERVICES OPERATIONS

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Behavioral Health Services includes Community Corner Clubhouse, Community Treatment-Adult (CCS, CSP, IPS), Community Treatment Youth (CCS, CLTS, CCOP), Day Treatment and Outpatient Mental Health & Substance Abuse Services.

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ *Community Corner Clubhouse*

DESCRIPTION

Community Corner Clubhouse assists adults with persistent mental illness and substance abuse challenges to realize their potential by providing them with a Clubhouse where they can meet friends, build self-confidence, learn valuable life skills and discover untapped talents. Community Corner Clubhouse is an internationally certified, psychosocial rehabilitation community that provides accessible, low cost services in a supportive environment. Clubhouse membership is voluntary and without time limits — offering members to choose the services they need when they need them.

The Clubhouse helps empower members by offering:

- Vocational support helping members' return to competitive employment by offering a variety of opportunities.
- Transitional Employment: Competitive, part-time employment that lasts 6-9 months.
- Supported Employment: Job development, job coaching, and long term support for members.
- Independent Employment: Assistance in sustaining long term employment.
- Educational opportunities: We partner with community adult educators to offer a variety of classes for members.
- Housing assistance: We help members find safe, affordable housing.
- Hope House is a local recovery residence that is a social, not medical, model for recovery living. This is different from a traditional transitional or halfway house. Hope House is a voluntary, time limited-term, residential program for Community Corner Clubhouse members experiencing psychiatric illness and/or psychological distress not requiring hospitalization who also have recovery needs. The end goal is to help develop life-long strategies to support recovery that will lead to independent living.

POPULATION SERVED

Marathon County Adults 18 and older with severe or persistent mental illness or a history of substance abuse.

REGULATIONS

The Clubhouse is accredited by Clubhouse International. Accredited Clubhouses are recognized as operating with a high level of compliance with the International Standards for Clubhouse Programs.

HOURS OF SERVICE

Monday – Thursday: 8:00 am – 4:00 pm

Tuesday: 8:00 – 6:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

Monthly Evening Hours

2020 INITIATIVES & GOALS

- Design and implement a new family-friendly fundraising opportunity
- Incorporate new services and groups for members

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Community Corner Clubhouse

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------|------------|------------|------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Employment Specialist | 1.0 | 1.0 | 0.0 |
| Clubhouse Generalist | 3.0 | 3.0 | 3.0 |
| Recovery Coach | .5 | 1.0 | 0 |
| Case Manager | - | 1.0 | 0 |
| TOTAL | 5.5 | 7.0 | 4.0 |

BUDGET HIGHLIGHTS

The staffing has changed to be more in line with the Clubhouse model.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 284,000 | 381,000 | 196,000 |
| DVR | 20,000 | 37,000 | 35,000 |
| County Appropriation | 92,000 | 92,000 | 92,000 |
| Allocated Revenue | 751 | 1,099 | 3,517 |
| Other Revenue | 94,500 | 85,000 | 64,500 |
| Marathon County Match (Maintenance) | - | - | - |
| TOTAL REVENUE | 491,251 | \$596,099 | \$391,017 |
| Salaries | 246,203 | 309,892 | 174,250 |
| Benefits | 89,778 | 115,109 | 71,243 |
| Other Direct Expenses | 62,543 | 67,665 | 53,280 |
| TOTAL DIRECT EXPENSES | \$398,524 | \$492,666 | \$298,773 |



HUMAN SERVICES OPERATIONS

COMMUNITY BEHAVIORAL HEALTH PROGRAMS

■ *Community Treatment Adult (CCS, CSP, IPS)*

The descriptions on pages 46-47 include information for Community Treatment Adult Services. Community Treatment Youth Services are described separately on page 48. The Budget Highlights, Staffing and Budget Summary information shown on page 49 contains data that is combined back into one overall Community Treatment program. In future years, the budget information will be separated to reflect the separate programs.

COMPREHENSIVE COMMUNITY SERVICES ADULT DESCRIPTION

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person's lifestyle, are recovery-oriented, flexible and empowering.

POPULATION SERVED

Comprehensive Community Services Adult serves adults, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

Comprehensive Community Services is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

COMMUNITY SUPPORT PROGRAM (CSP) DESCRIPTION

Community Support Program (CSP) helps individuals with mental health issues build a path to recovery that is accessible, unique to the individual and flexible – one that provides support, treatment and rehabilitation in settings that best suit the individual – be it a community, home or work setting. We also provide a Supported Apartment Program that offers individuals the opportunity to reside in their own apartment while receiving 24/7 access to our Community Support services.

POPULATION SERVED

The Community Support Program serves individuals 18 years and older, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

CSP is a certified program and operates under the Wisconsin Department of Health Services, Chapter

DHS 63, Community Support Programs for Chronically Mentally Ill Persons.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ *Community Treatment Adult (CCS, CSP, IPS)*

INDIVIDUAL PLACEMENT & SUPPORT (IPS)

DESCRIPTION

Individual Placement & Support (IPS) or Supported Employment was developed to help promote the recovery of people who have a mental illness by helping them find and keep jobs that allow them to utilize their skills. Employment is a primary goal of most people with serious mental illness. It has been proven that finding suitable work can help people with mental illness feel empowered, value themselves more, and drastically reduce mental health symptoms. IPS employment specialists offer long-term, ongoing support to employers and their new employee, either on- or off-site. On-site job coaching for orientation, training, or job tasks can be utilized until the employee and employer are both comfortable.

POPULATION SERVED

Individual Placement & Support serves adults 18 and older in Marathon, Lincoln and Lantana Counties with mental illness.

REGULATIONS

Individual Placement & Support does not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

STAFFING, BUDGET HIGHLIGHTS & SUMMARY

See page 49.



COMMUNITY BEHAVIORAL HEALTH PROGRAMS

■ Community Treatment Youth (CCS, CLTS, CCOP)

COMPREHENSIVE COMMUNITY SERVICES YOUTH DESCRIPTION

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person's lifestyle, are recovery-oriented, flexible and empowering.

POPULATION SERVED

Comprehensive Community Services Youth serves individuals under 18 years of age who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for youth and individuals with high-intensity needs or co-occurring disorders.

REGULATIONS

Comprehensive Community Services is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

HOURS OF SERVICE

Monday – Friday, 8:00 am – 4:30 pm

CHILDREN'S LONG TERM SUPPORT (CLTS) AND CHILDREN'S COMMUNITY OPTIONS PROGRAM (CCOP) DESCRIPTION

North Central Health Care Children's Long Term Support (CLTS) and Children's Community Options Program provide case management and funding for children who have severe developmental, physical or emotional disabilities. Funding through CLTS provides skilled professionals who work with families to provide adaptive aids, day services, teach daily living skills and offer in-home treatment therapies that help each child realize their greatest potential. CLTS provides support in identifying services and maximizing resources, assistance in securing supplies, and help in building natural supports by connecting with other families with similar life experiences. These services are only provided in Langlade and Lincoln Counties.

POPULATION SERVED

To participate in CLTS and CCOP Programs children must be under 22 years of age and MA eligible along with various other additional requirements to qualify for certain types of funding. Eligibility is established on an annual basis. These services are only provided in Langlade and Lincoln Counties.

REGULATIONS

The Children's Long Support Waiver is overseen through Administrative Rule making by the Department of Health Services in Wisconsin.

HOURS OF SERVICE

Monday – Friday: 8:00 am – 4:30 pm

STAFFING, BUDGET HIGHLIGHTS & SUMMARY

See page 49.

HUMAN SERVICES OPERATIONS

COMMUNITY BEHAVIORAL HEALTH SERVICES

Community Treatment Adult (CCS, CSP, IPS) & Youth (CCS, CLTS, CCOP)

2020 INITIATIVES & GOALS

- Increase training and utilize evidence based practices.
- Improve access through efficiency in the referral process and triage to the appropriate level of care
- Reduce CLTS waitlist in Lincoln and Langlade Counties.
- Initiate IOP/Day Treatment services in Lincoln County.
- Continue with Motivational Interviewing implementation project by providing training, ongoing coaching, monitoring fidelity of practice. Initiate data collection of the impact of Motivation Interviewing on consumer outcomes.
- Develop fidelity model for CST.
- Maintain exemplary status for IPS fidelity.

BUDGET HIGHLIGHTS

Budget includes the addition of an assistant director to oversee more of the daily operations. Additional case managers are added due to demand in services. Revenue grows as the program grows.

COMMUNITY TREATMENT STAFFING (ADULT & YOUTH PROGRAMS)

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------|--------------|-------------|--------------|
| Director | 1.0 | .5 | .5 |
| Assistant Director | - | - | .5 |
| Clinical Coordinator | 3.0 | 4.0 | 4.0 |
| Manager | 3.8 | 4.0 | 4.0 |
| Referral Coordinator | 3.0 | 3.0 | 3.0 |
| Case Manager | 54.2 | 51.8 | 57.0 |
| Clerical | 2.0 | 1.0 | 0.0 |
| RN Manager | 1.0 | .75 | .75 |
| Register Nurse | 4.0 | 4.5 | 3.5 |
| Occupational Therapy | | | |
| Assistant | 2.8 | 3.0 | 1.0 |
| Community Treatment | | | |
| Tech | 6.8 | 6.8 | 8.0 |
| Employment Supervisor | 1.0 | 1.0 | 1.0 |
| Employment Specialist | 3.6 | 6.0 | 7.8 |
| Peer Specialist | 1.0 | 1.0 | 2.0 |
| Psychiatrist | .80 | - | - |
| Medical Assistant | .80 | - | - |
| AODA Counselor | 1.0 | - | - |
| Lead | 5.5 | 4.0 | 4.0 |
| QA Spec | 1.0 | 1.0 | 1.0 |
| Compliance Auditor | - | - | 1.0 |
| TOTAL | 59.35 | 96.3 | 99.05 |

BUDGET SUMMARY (COMMUNITY TREATMENT ADULT & YOUTH PROGRAMS)

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|---------------------|---------------------|---------------------|
| Net Patient Services Revenue | 9,352,000 | 9,879,000 | 10,295,000 |
| Grant Funding | 747,000 | 746,000 | 814,400 |
| COP | 45,000 | 45,000 | 65,800 |
| DVR | 34,000 | 23,000 | 51,000 |
| WIMCR | 100,000 | 40,000 | 75,000 |
| Allocated Revenue | 206,451 | 20,477 | 21,000 |
| Base County Allocation | 102,000 | 98,000 | - |
| County Appropriation | 64,739 | - | - |
| Other Revenue | - | - | - |
| Marathon County Match (Maintenance) | 40,172 | 40,172 | 39,174 |
| CCS Reconciliation | 1,100,000 | 1,100,000 | 1,720,000 |
| TOTAL REVENUE | \$11,791,362 | \$11,991,649 | \$13,081,374 |
| Salaries | 4,806,063 | 4,526,437 | 4,910,275 |
| Benefits | 1,752,535 | 1,681,339 | 2,073,819 |
| Other Direct Expenses | 3,192,267 | 3,195,249 | 3,416,173 |
| TOTAL DIRECT EXPENSES | \$9,750,865 | \$9,403,025 | \$10,400,267 |



COMMUNITY BEHAVIORAL HEALTH SERVICES

■ *Outpatient Services*

DESCRIPTION

Outpatient Mental Health Services offers outpatient treatment, counseling and assessment for mental, emotional and substance abuse challenges to residents in Marathon, Lincoln and Langlade Counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient Services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Services include individual counseling and intervention and may include group therapy and referral to substance abuse services that may occur over an extended period.

Treatment options are available for individuals, couples, families, and groups and provided in varying locations including the Wausau Campus, Antigo Center, Merrill Center, Tomahawk Office and in participating school districts through a Counseling in the Schools Program.

Intensive Outpatient (IOP) provides a group setting for clients who need more intensive substance abuse treatment than typical outpatient services, but do not meet the level of care for Day Treatment. The Matrix Model curriculum focuses on skills needed to be successful in recovery, whether the individual is new to recovery or has a knowledge base but experienced a relapse. IOP can be part of a step-down program involving Lakeside Recovery, Day Treatment, and Relapse Prevention groups.

Outpatient Substance Abuse & Addiction Services offers outpatient treatment, counseling and assessment for substance abuse and addictions to residents in Marathon, Lincoln and Langlade Counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient services are non-residential treatment services totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services.

Treatment may incorporate counseling, training and educational services with a variety of treatment approaches and techniques. The length of each person's treatment is flexible and based on their need and rate of progress. North Central Health Care has developed several levels of programming to best meet the individual needs of persons in treatment.

Driving with Care Program offers an educational and therapeutic Driving with Care Program for people who have had four or more OWI convictions or OWI convictions involving serious accident or injury. Our objectives are to reduce the frequency of drinking and driving, and to assist individuals to break their chemical dependence.

Driving with Care consists of 33 group sessions held twice a week over four months. Each two-hour group meeting is facilitated by two substance abuse counselors who teach clients to examine and confront their own patterns of thinking and drinking. Once an individual has completed Driving with Care, it is expected they will continue individual counseling for an additional five to eight months to ensure what they have learned is applied to daily living.

Outpatient Psychiatry serves patients from all of our Outpatient locations including Wausau, Antigo, Merrill, and Tomahawk. Patients meet with physicians who are skilled in psychiatric care, and the physicians provide treatment and medication management.

Substance Abuse Day Treatment provides a more structured and intensive recovery program and requires a significant amount of support while individuals are obtaining treatment. Substance Abuse Day Treatment utilizes a multi-disciplinary approach in treating chemically dependent individuals. Techniques and interventions aiding recovery include group and individual therapies as well as education directed by a team of skilled individuals trained in multiple disciplines.

This team works together to review and assess the individual's progress and to adjust the individual care plan as needed. Each client is set up with appropriate aftercare treatment with a substance abuse counselor as well as an introduction to the recovery community.

POPULATION SERVED

Outpatient Mental Health Services provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade Counties for a multitude of diverse situations including, but not limited to:

- Anxiety
- Abuse/Trauma
- Depression & Mood Disorders
- Stress
- Addiction
- Relationship Challenges
- Schizophrenia
- Grief & Loss
- Personality Disorders
- Major Life Changes

COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Outpatient Services

- Behavioral Disorders
- Conflict Resolution

Outpatient Substance Abuse & Addiction Services are available for individuals, couples, families, and groups and is provided in several locations including the Wausau Campus, Antigo Center, Merrill Center and Tomahawk Office for a multitude of diverse situations including, but not limited to:

- Alcohol Abuse
- Drug Abuse
- Gambling
- Smoking
- Behavioral Addictions

Intensive Outpatient is available on the Wausau Campus and Antigo Center to residents of Marathon, Lincoln and Langlade Counties.

Driving with Care only accepts referrals from Probation and Parole for Marathon County residents.

Substance Abuse Day Treatment is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade Counties.

Outpatient Psychiatry serves patients experiencing a need for psychiatric evaluation, medication management, or acute assistance.

REGULATIONS

Outpatient Mental Health Services: clinics are all certified by the Department of Health Services under the following regulations: Chapter DHS 35 (mental health counseling).

Intensive Outpatient is certified by the Department of Health Services, Chapter DHS 75.

Outpatient Substance Abuse & Addiction Services: The substance abuse and addiction services at all NCHC locations are certified by the Department of Health Services, Chapter DHS 75.

Driving with Care Program: NCHC works with the State of Wisconsin Department of Transportation and the Wisconsin Department of Health Services to deliver the Intoxicated Driver Program.

Substance Abuse Day Treatment is certified by the Department of Health Services, Chapter DHS 75.

Outpatient Psychiatry services are regulated by the Department of Health Services under Chapter DHS 35 and Chapter DHS 75.

HOURS OF SERVICE

Outpatient Services Monday – Friday: 8:00 am – 4:30 pm.

Intensive Outpatient Monday, Wednesday, and Friday: 10:00 am – 12:00 pm at Wausau Campus and Antigo Center.

Substance Abuse Day Treatment is a six-week structured program offered on Monday, Tuesday, Thursday and Friday from 9:00 a.m. until 12:15 p.m. Individual therapy appointments are scheduled weekly.

2020 INITIATIVES & GOALS

- Improve access through efficiency in the referral process
- Strengthen team based care
- Reduce the number of locums contracts
- Optimize provider efficiency through EMR improvements
- Reduce provider overtime

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-------------------------|-------------|--------------|--------------|
| Director | 1.0 | .50 | .50 |
| Clinical Coordinator | .5 | 1.0 | 2.0 |
| Operations Manager | 2.0 | 2.0 | 1.0 |
| RN Manger | - | .25 | .25 |
| Referral Coordinator | 1.8 | - | - |
| OWI Scheduler | 1.0 | - | - |
| Registration Specialist | 7.4 | - | - |
| Psychiatrist | 1.2 | 5.0 | 4.2 |
| RN | 2.8 | 4.5 | 6.5 |
| Medical Assistant | 3.0 | 3.8 | 3.8 |
| Psychologist | 1.2 | 2.0 | 2.0 |
| Therapist | 16.8 | 17.1 | 15.6 |
| AODA Counselor | 3.0 | 2.0 | 2.0 |
| OWI Assessor | 1.0 | 1.0 | 1.0 |
| Nurse Practitioner | - | 1.0 | 1.0 |
| Medical Staff Relations | | | |
| Director | - | 0.5 | 0.5 |
| TOTAL | 42.7 | 40.65 | 40.35 |



COMMUNITY BEHAVIORAL HEALTH SERVICES

■ Outpatient Services

BUDGET HIGHLIGHTS

The staffing includes moving some of the Psychiatry FTE to Contract Services. There is a change in therapy time to mirror actual. The Medical Staff Relations Director is moved to an Administrative program and an Assistant Director has been added.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 1,835,000 | 2,864,000 | 2,592,000 |
| Grant | 402,000 | 515,000 | 637,500 |
| OWI Surcharges | 147,000 | 152,000 | 154,000 |
| Contract Services | - | 180,000 | 138,000 |
| WIMCR | 24,000 | 50,000 | 50,000 |
| CCS Reconciliation | - | 100,000 | 40,000 |
| Base County Allocation | 1,1,601,949 | 3,382,063 | 3,341,335 |
| County Appropriation | 1,422,472 | - | - |
| Allocated Revenue | 188,416 | 122,559 | 104,000 |
| Other Revenue | 5,000 | 30,000 | 20,000 |
| Marathon County Match (Maintenance) | 71,635 | 75,158 | 73,290 |
| County Match | 175,000 | 175,000 | 175,000 |
| TOTAL REVENUE | \$5,872,472 | \$7,645,180 | \$7,325,125 |
| Salaries | 2,524,013 | 3,998,390 | 3,479,161 |
| Benefits | 920,384 | 1,485,197 | 1,422,468 |
| Other Direct Expenses | 1,158,555 | 968,857 | 939,422 |
| TOTAL DIRECT EXPENSES | \$4,602,952 | \$6,452,444 | \$5,841,051 |

HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

Community Living represents traditional adult physical, mental and developmental disability services including Adult Day Services, Prevocational Services and Residential Services. The program name reflects the transition that Adult Day and Prevocational Services are undertaking in moving to be more community based and inclusive. Adult Day and Prevocational Services are both offered in Langlade and Marathon Counties (Lincoln County administers their programs separately), and Residential Services is a shared service among the three counties.

COMMUNITY LIVING

■ Community Living Administration

DESCRIPTION

The administrative leadership and management of Residential, Prevocational Services and Adult Day Services is consolidated into a separate program and allocated out to each program based on direct expenses. The manager positions for residential are allocated only to the 9 residential sites.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|---------------------|------------|------------|------------|
| Director | 1.0 | 1.0 | 1.0 |
| Residential Manager | 1.0 | 1.0 | 1.0 |
| Registered Nurse | .8 | .8 | .8 |
| Scheduler | 1.0 | 1.0 | 1.0 |
| TOTAL | 3.8 | 3.8 | 3.8 |

2020 INITIATIVES & GOALS

- Expand Community Living Support in home services options out of Forest Street Supportive Apartment setting to improve community access to services.
- Development and implementation of a quality fall's prevention program reflective with an overall reduction in fall's/adverse events within community living services line.

BUDGET HIGHLIGHTS

The 2020 budget is consistent with 2019.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Salaries | 210,055 | 224,337 | 232,287 |
| Benefits | 76,597 | 83,330 | 94,971 |
| Other Direct Expenses | 12,590 | 17,814 | 17,950 |
| TOTAL DIRECT EXPENSES | \$299,242 | \$325,481 | \$345,208 |



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Day Services

DESCRIPTION

Community Living Day Services includes both the Adult Day Services and Prevocational Services programs in Langlade and Marathon Counties. On January 1, 2020 the programming will be expanded to Lincoln County.

Adult Day Services (ADS) helps individuals with developmental and physical disabilities, who are 18 and older; reach their greatest social, educational, cognitive, life and community potential by offering them a variety of activities that stimulate their interest and growth. Adult Day Service works with individuals through a discovery process to assist in defining their individual strengths and barriers and develop programming options that assist in overcoming barriers and move towards independence and social inclusion.

Adult Day Services programs emphasize activities designed to promote good physical and mental health through focusing on life skill development, community integration, and social skill development.

Prevocational Services at North Central Health Care offers adults 18 and older with cognitive disabilities, a wide array of service options that focus on overall health and skill development that is employment focused.

Prevocational Services include:

Sheltered Based: Provides learning opportunities and work experiences where a member can develop general strengths and skills that contribute to a members employability in an integrated-community setting. The focus is on work activities that enforce and develop soft skills, vocational orientation, and introduction to the concept of transitional employment.

Curriculum Based Learning Session: Basic Life Training Sessions offer individuals opportunities to learn and develop skills, knowledge, and motivation within a group or classroom setting. This provides participants with the knowledge to improve overall work skills required to progress to competitive employment.

Community Based Prevocational Service (Work Explorations): Participation in the work exploration program option allows individuals the experience of working in a community setting. Members gain an understanding of what true community employment looks like. They learn safety awareness, confidentiality, social appropriateness, and work place ethics.

Supportive Employment/Vocational Services: Program works with individuals including both youth and adults with varying levels of disabilities or work displacement. This service is designed to enable participants to attain skills, resources, attitudes, and expectations needed to compete in the interview process, get a job and keep job. Vocational Consultants work with members in developing resume, schedule and making contact with potential employers, developing interview skills, assist with on the job learning, building work relationships with co-workers supervisors and are a support for the employer's in training as well as developing customized employment as needed.

POPULATION SERVED

Adult Day and Prevocational Services provide services to individuals, 18 and older, with developmental and physical disabilities in Marathon and Langlade Counties.

REGULATIONS

Adult Day Services does not have any specific regulatory requirements. It follows best practice for such services. The supported employment program works with the Department of Vocational Rehabilitation and must meet requirements set forth by the State of Wisconsin Department of Workforce Development.

HOURS OF SERVICE

Wausau Campus Adult Day Services
7:45 am – 3:15 pm plus accommodation

Antigo Center Adult Day and Prevocational Services
8:00 am – 4:00 pm

Wausau Prevocational Services
8:00 am – 3:00pm

COMMUNITY LIVING

■ Day Services

2020 INITIATIVES & GOALS

- Successful merger of Lincoln Industries into NCHC Prevocational and Day Service Line.
- Development of community-based Prevocational Services options in Lincoln County.
- Continue to decrease sheltered-based hours and move to community-based model to increase hours provided in community settings from 46% to 56% in Marathon County.
- Expand and increase demand of Supportive Employment services and enhance line by adding a customized employment model.

BUDGET HIGHLIGHTS

The 2020 budget includes the addition of Lincoln Industries, which includes 13.20 FTEs. There is equal revenue for the expense of the additional program.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------|--------------|-------------|-------------|
| Coordinator | 3.0 | 2.0 | 3.0 |
| Vocational Consultant | 2.46 | 2.65 | 3.85 |
| D.D. Workers | 9.31 | 7.0 | 10.0 |
| D.D. Aides | 12.59 | 12.65 | 20.65 |
| TOTAL | 27.36 | 24.3 | 37.5 |

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 1,785,000 | 1,526,000 | 2,622,000 |
| DVR | 88,000 | 92,000 | 154,000 |
| Contract Services | 20,000 | 15,000 | 174,000 |
| Base County Allocation | - | - | - |
| Allocated Revenue | - | - | 3,000 |
| Other Revenue | 112,000 | 108,000 | 866,000 |
| Marathon County Match (Maintenance) | 75,254 | 75,254 | 73,385 |
| TOTAL REVENUE | \$2,080,254 | \$1,816,254 | \$3,888,385 |
| Salaries | 871,909 | 776,732 | 1,194,051 |
| Benefits | 317,942 | 288,515 | 488,192 |
| Other Direct Expenses | 312,854 | 262,995 | 1,106,935 |
| TOTAL DIRECT EXPENSES | \$1,502,705 | \$1,328,242 | \$2,789,178 |



HUMAN SERVICES OPERATIONS

COMMUNITY LIVING

■ Residential – Community-Based Residential Facilities (CBRFs)

DESCRIPTION

Residential Services operates four Community-Based Residential Facilities (CBRFs) that are congregate living setting, licensed by the State of Wisconsin. Four homes are licensed as a CBRF, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.

Each home simulates a natural home setting and residents participate in activities that promote development of life skills within their individual ability to assist them in reaching maximum independence and growth. Residents assist in preparing meals, helping complete their own laundry and other areas of daily living in which they show interest or ability to grow.

In addition to skill building within the home environment the residential program has an activities program that assist residents in developing social skills, relationships and connections in the community. The program runs Monday through Friday from 4PM to 8PM and Saturday and Sundays from 11AM to 7PM and is 100% community-based activities and provides transportation and staff supervision. These four homes are:

- Bissell Street serves eight residents.
- Chadwick Street has seven residents.
- Andrea Street can serve eight residents.
- Heather Street can serve seven residents.

POPULATION SERVED

Community-Based Residential Facilities provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 1,937,000 | 2,000,000 | 2,078,000 |
| Allocated Revenue | - | - | - |
| TOTAL REVENUE | \$1,937,000 | \$2,000,000 | \$2,078,000 |
| Salaries | 1,876,749 | 903,819 | 914,607 |
| Benefits | 319,708 | 335,722 | 373,940 |
| Other Direct Expenses | 277,907 | 286,646 | 301,960 |
| TOTAL DIRECT EXPENSES | \$1,474,364 | \$1,526,187 | 1,590,507 |

REGULATIONS

All group homes are certified by the Wisconsin Department of Health Services, Chapter DHS 83-Community-Based Residential Facilities.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year

2020 INITIATIVES & GOALS

- Development and implementation of a quality fall's prevention program reflective with an overall reduction in fall's/adverse events within community living services line.
- Development and implementation of a of enhanced transitional services between Community Treatment and Residential Services that prompts achievement of member outcomes and transition to less restrictive living settings.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------------|--------------|--------------|--------------|
| Care Coordinator | 4.0 | 4.0 | 4.0 |
| Residential Care Assistants | 23.62 | 23.62 | 23.62 |
| TOTAL | 27.62 | 27.62 | 27.62 |

BUDGET HIGHLIGHTS

The 2020 budget remains consistent with 2019 activity.

COMMUNITY LIVING

■ Residential – Supported Apartments

DESCRIPTION

Residential Services Supportive Apartments provides services to individual with Developmental Disabilities, Mental Health, Physical Limitations, and Elderly Frail. Currently North Central Health Care offers 4 supportive apartment settings within 5 complexes, and in home care services. Each individual Supportive Apartment setting offers an array of service options that tailors member individual supports to meet their personal needs and preference to ensure the ability to live in the least restrictive setting successfully while meeting their individual health and safety needs, and also expands the residential activity program to apartment settings. Current supportive apartment location are:

Jelinek Supported Apartments offer individual apartments for adults with developmental disabilities. Jelinek offers 12 double occupancy apartments. Six in each of the two buildings located side by side. Apartments may be rented as a single unit, or shared by two residents. Primary population served within the Jelinek is Developmental Disabilities or dual diagnosis learning disabilities with mental health. Jelinek offers both handicap and non-handicapped accessible apartment. Support staff is on-site 24 hours a day. In addition to the supervised 24 hours on site services options Jelinek also offers and in home care services within 3 miles of the main site.

Forest Street Supported Apartments has 12 units with a mix of single and double occupancies and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Forest Street is a non-handicap assessable complex. Support staff is on-site 24 hour.

Fulton Street Apartments offer individual apartments for men and women with developmental disabilities. Apartments are through the City of Wausau and low income based. The building is a security building and on the main city bus route allowing easy access to community resources independently for able members.

Riverview Towers offers multiple units based on need and serves both individuals with developmental disabilities, chronic mental illness, elderly frail and physically disabled in separate apartments. Support staff is on-site 24 hours. In addition to the supervised 24 hours on site services options Riverview also offers and in home care services within 3 miles of the main site.

Community Supportive Living is a program option that operates out of the supportive apartment settings at both Jelinek Supportive Apartments and Riverview Towers Supportive Apartments. This services offers in home based services in a non-supervised setting. Services are structured to the individual member's preferences and needs and include emergency response. The service focuses and assisting members to live in the home or location of their choice safely while remaining as independent as possible.

POPULATION SERVED

Supported Apartments provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

REGULATIONS

Supported apartments do not have any specific regulatory requirements. It follows best practice for such services and any contractual requirements.

HOURS OF SERVICE

24 hours/day, 7 days/week, 365 days/year



COMMUNITY LIVING

■ Residential – Supported Apartments

2020 INITIATIVES & GOALS

- Expand Community Living Support in home services options out of Forest Street Supportive Apartment setting to improve community access to services.
- Development and implementation of a quality fall's prevention program reflective with an overall reduction in fall's/adverse events within community living services line.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------------|--------------|--------------|--------------|
| Care Coordinator | 6.8 | 6.8 | 6.8 |
| Residential Care Asst. | 34.48 | 34.48 | 34.48 |
| TOTAL | 41.28 | 41.28 | 41.28 |

BUDGET HIGHLIGHTS

The 2020 budget remains consistent with 2019 activity.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 2,317,000 | 2,384,000 | 2,307,000 |
| Allocated Revenue | - | - | - |
| Other Revenue | - | - | - |
| TOTAL REVENUE | \$2,317,000 | \$2,384,000 | \$2,307,000 |
| Salaries | 1,253,241 | 1,279,912 | 1,296,254 |
| Benefits | 456,995 | 475,422 | 529,978 |
| Other Direct Expenses | 147,453 | 155,174 | 159,561 |
| TOTAL DIRECT EXPENSES | \$1,857,689 | \$1,910,508 | \$1,985,793 |

HUMAN SERVICES OPERATIONS

DEMAND TRANSPORTATION

DESCRIPTION

The North Central Health Care Demand Transportation Program offers transportation for Marathon County residents who are 60 years of age and older, or individuals of any age who are non-ambulatory (unable to walk). Transportation is for medical, employment, or nutritional needs (including grocery shopping) only. Co-payments vary depending on distance. A personal care attendant or service animal may accompany a rider at no additional charge.

The North Central Health Care Demand Transportation Program also coordinates volunteer drivers for the Disabled American Veterans (DAV) van, to transport veterans to Tomah or Madison on an on-call basis. Rides are at no charge and veterans using this service are ineligible for VA travel reimbursement.

POPULATION SERVED

The North Central Health Care Demand transportation Program serves Marathon County residents of any age who are non-ambulatory, or any individual ages 60 and over.

REGULATIONS

85.21 WI DOT requirements

HOURS OF SERVICE

Service Hours: Monday – Friday, 8:00 am – 4:30 pm
Office Hours: Monday through Friday, 7:00 am – 5:00 pm

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|------------------|------------------|------------------|
| Net Patient Services Revenue | 24,300 | 29,500 | 50,700 |
| Grant | 237,700 | 237,500 | 280,000 |
| DVR | - | - | - |
| Contracted Services | 168,000 | 170,000 | 100,000 |
| Allocated Revenue | - | - | - |
| Other Revenue | - | - | - |
| Marathon County Match (Maintenance) | 1,235 | 1,235 | 1,204 |
| TOTAL REVENUE | \$431,235 | \$438,235 | \$431,904 |
| Salaries | 137,760 | 139,961 | 146,869 |
| Benefits | 50,234 | 51,988 | 60,048 |
| Other Direct Expenses | 187,747 | 187,307 | 164,362 |
| TOTAL DIRECT EXPENSES | \$375,741 | \$379,256 | \$371,271 |

2020 INITIATIVES & GOALS

- Provide 1,200 rides a month
- Recruit 10 new volunteers

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|-------------|-------------|-------------|
| Manager | .75 | .75 | .75 |
| Logistics Worker | 2.3 | 2.3 | 2.3 |
| Administrative Assistant | 1.0 | 1.0 | 1.0 |
| TOTAL | 4.05 | 4.05 | 4.05 |

BUDGET HIGHLIGHTS

The 2020 budget remains comparable to the 2019 budget.





NURSING HOME OPERATIONS

2020 BUDGET BY PROGRAM

North Central Health Care’s Nursing Home Operations include Mount View Care Center, a skilled nursing facility located on the main campus in Wausau and Pine Crest nursing Home in Merrill. With a licensed capacity of 200 residents, Mount View Care Center’s neighborhoods serve individuals in need of short term rehabilitation, post acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, and those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavioral needs. Pine Crest has a licensed capacity of 180 residents and specializes in four distinct programs: a skilled rehabilitative program for short-term stays, a special care unit focusing on dementia, long-term care services and a hospice unit for end of life needs. The following programs are the consolidated service areas for NCHC’s Nursing Home Operations.

Nursing Home Management 61-62

Mount View Care Center

Nursing Home Administration 63

Ancillary 64

Reflections Long-Term Care 65

Legacies by the Lake Memory Care 66-67

Southshore Post-Acute Care and Northwinds Ventilator Care 68-69

Rehab 70

Aquatic Therapy 71

Pine Crest Nursing Home

Nursing Home Administration 72

Nursing Home Operations 73

NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER MANAGEMENT TEAM



Kim Gochanour
Nursing Home
Operations



Kristin Woller
Nursing Home
Administrator



Connie Gliniecki
Director of Nursing



Cheryl Rye
Post Acute and
Long Term Care
Nurse Manager



Natasha Sayles
Legacies by the Lake
Nurse Manager



Deanne Johnson
PM Supervisor



Steven Schuessler
Respiratory Therapy
Manager



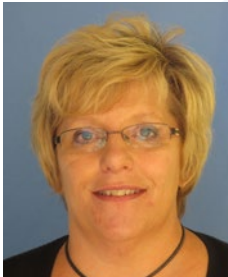
Julie Lucko
Social Work Supervisor



Melissa Stockwell
Life Enrichment
Supervisor



Cagney Martin
Staff Educator



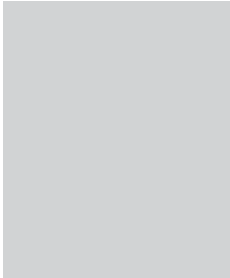
Brenda Budnik
Aquatic Services
Director



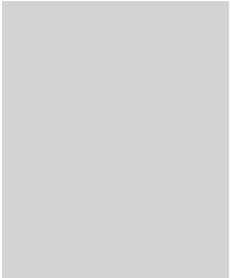
NURSING HOME OPERATIONS

■ PINE CREST MANAGEMENT TEAM

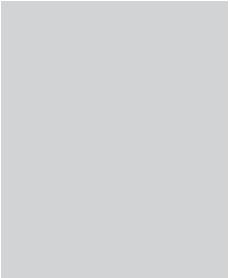
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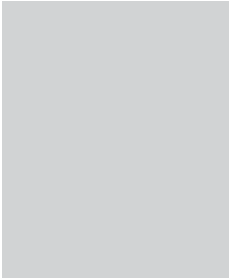
Zach Ziesemer
Nursing Home
Administrator



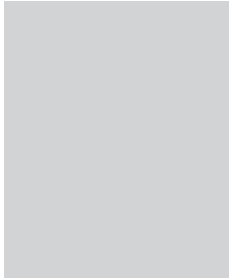
Ryan Hanson
Director of Nursing



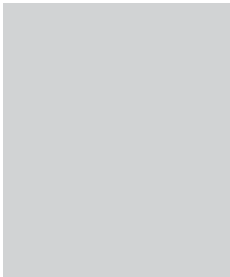
Sara Carlson
Assistant Director
of Nursing



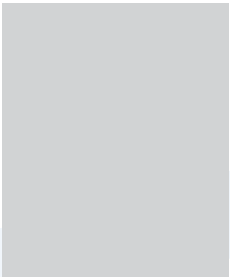
Jill Moore
Assistant Director
of Nursing



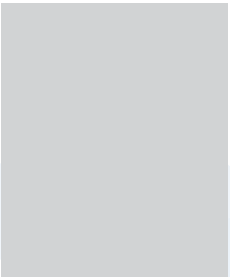
Jenny Smith
PM Supervisor



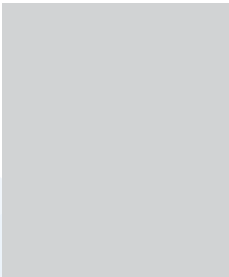
Ginger Oseness
Admissions/
Transition Nurse



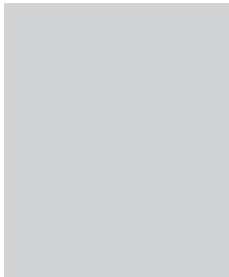
Gayle Preu
Business Office
Manager



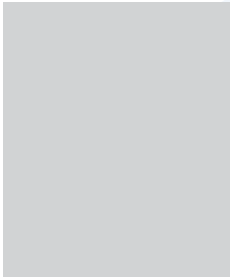
**Brianna
Vaden-Huevel**
Life Enrichment
Coordinator



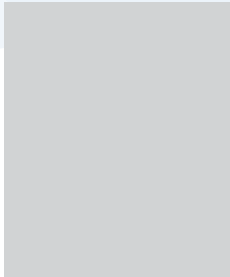
Bruce Slaminski
Environmental
Services Director



Sara Sedo
Social Services
Director



Samantha Jaeger
Restorative Nursing
Manager



Jessica Steinagel
Infection Control/Staff
Development

NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER NURSING HOME OPERATIONS ADMINISTRATION

DESCRIPTION

The overall administrative oversight functions for all Nursing Home Operations are consolidated into a separate program and are allocated out to each program based on direct expenses.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------------|-------------|-------------|-------------|
| Nursing Home Operations | | | |
| Executive | 1.0 | 1.0 | 1.0 |
| Director of Nursing | 1.0 | 1.0 | 1.0 |
| Assistant Administrator | 1.0 | 1.0 | 1.0 |
| Central Scheduler | 1.0 | 1.5 | 1.5 |
| Executive Assistant | 1.0 | 1.0 | 1.0 |
| Social Services Supervisor | 1.0 | 1.0 | 1.0 |
| Restorative RN | 0.0 | 0.8 | 0.8 |
| Logistics Worker | 1.0 | 1.0 | 1.0 |
| Staff Education Specialist | 1.0 | 1.0 | 1.0 |
| Asst. Administrative Coord. | 0.5 | 0.5 | 0.5 |
| Performance Imp. Specialist | 1.0 | 1.0 | 1.0 |
| Enrollment Specialist | 1.0 | 1.0 | - |
| Billing Specialist | 1.0 | 1.0 | - |
| TOTAL | 11.5 | 12.8 | 10.8 |

2020 INITIATIVES & GOALS

- Implement final phase of Mega Rule, a CMS requirement for Long-Term Care Facilities.
- Implement a nurse onboarding program and create nurse specific competencies.
- To be fiscally responsible by reducing unnecessary overtime and missed punches and reduce rental costs.
- Implement best practices for PDPM.
- Assist with transition of regionalization for Lincoln and Marathon County nursing homes.
- Successful incorporation of RCAC program into NCHC.

BUDGET HIGHLIGHTS

The overall census for Mount View Care Center will remain at 183 for 2020. 2.0 FTEs have been moved to Patient Access.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|--------------------|--------------------|--------------------|
| Other Revenue | 10,000 | 14,000 | 10,000 |
| Donations | - | - | - |
| TOTAL REVENUE | \$10,000 | \$14,000 | \$10,000 |
| Salaries | 799,534 | 812,969 | 756,806 |
| Benefits | 291,551 | 301,976 | 309,423 |
| Other Direct Expenses | 367,749 | 423,293 | 386,855 |
| TOTAL DIRECT EXPENSES | \$1,458,834 | \$1,538,238 | \$1,453,084 |



NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER ANCILLARY

DESCRIPTION

Ancillary services are services or items that are not included in our daily rates. Some examples of these items are transportation, durable medical equipment, oxygen, laboratory test and vaccinations that are required to be administered through our Federal and State Regulations.

BUDGET HIGHLIGHTS

We continue to explore options for better pricing on ancillary services. Revenue for 2020 will remain consistent. The revenue has been increasing some over the past few years.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|------------------|-----------------|------------------|
| Net Patient Services Revenue | 86,000 | 88,000 | 100,000 |
| Allocated Revenue | 82 | - | - |
| Marathon County Match (Maintenance) | - | - | - |
| TOTAL REVENUE | \$86,082 | \$88,000 | \$100,000 |
| Other Direct Expenses | 153,000 | 78,000 | 78,000 |
| TOTAL DIRECT EXPENSES | \$153,000 | \$78,000 | \$78,000 |

NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER REFLECTIONS LONG-TERM CARE

DESCRIPTION

Mount View Care Center's Long Term Care units were consolidated in early 2017 into one unit, Northern Reflections totaling 40 licensed beds. Northern Reflections provides 24 hour skilled nursing services that are adapted to helping residents, assisting with the tasks of daily living, physical therapy, transitioning to dementia care, comfort/hospice care, or the management of chronic illness. Each individual care plan is structured around the resident's life pattern.

POPULATION SERVED

Reflections Long Term Care provides services to adults of all ages in need of skilled nursing care for assistance with daily living, physical therapy, transitioning to dementia care, comfort/hospice care or for management of a chronic illness.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year. To access our admissions phone is available 24 hours/7 days a week. The number to get more information is 715.581.3422.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 2,344,000 | 2,662,000 | 2,559,000 |
| Supplemental Payment | 713,000 | 503,000 | 550,000 |
| Other Revenue | - | - | - |
| County Appropriation | 483,000 | 428,000 | 428,000 |
| Allocated Revenue | 54,472 | 43,705 | 78,000 |
| Marathon County Match (Maintenance) | 412,750 | 412,750 | 402,497 |
| TOTAL REVENUE | \$4,007,222 | \$4,049,455 | \$4,017,497 |
| Salaries | 1,276,774 | 1,276,442 | 1,325,195 |
| Benefits | 465,577 | 474,133 | 570,431 |
| Other Direct Expenses | 192,980 | 188,593 | 177,476 |
| TOTAL DIRECT EXPENSES | \$1,935,331 | \$1,939,168 | \$2,073,102 |

2020 INITIATIVES & GOALS

- Successfully relocate long term residents that don't meet a skilled nursing level of care back into the community.
- Establish resident code of conduct for MVCC.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------------|--------------|--------------|--------------|
| Nurse Manager | 0.3 | 0.3 | 0.3 |
| MDS Coordinator | 1.0 | 0.5 | 0.5 |
| Registered Nurse | 5.0 | 7.3 | 7.45 |
| Certified Nursing Assistant | 14.0 | 14.0 | 14.0 |
| Unit Clerk | 0.5 | 0.5 | 0.5 |
| Social Worker | 0.5 | 0.5 | 0.5 |
| Life Enrichment Coordinator | 2.0 | 2.0 | 2.0 |
| Medical Technician | 2.15 | - | - |
| Hospitality Aide | - | - | 1.4 |
| TOTAL | 25.45 | 25.10 | 26.65 |

BUDGET HIGHLIGHTS

The census for 2020 decreased from 40 to 36 beds. Expenses are not really impacted, but revenue will decrease. Revenue does include Medicaid rate increase and an increase to supplemental payment.



NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER LEGACIES BY THE LAKE MEMORY CARE

DESCRIPTION

Mount View Care Center's innovative dementia care program, Legacies by the Lake, consists of three units with 107 licensed beds. Units include Gardenside Crossing, Evergreen Place, and Lakeview Heights.

These units specialize in caring for people in varying stages of dementia, neurological, psychiatric and behavior disabilities. Gardenside Crossing accommodates residents with moderate memory loss who need assistance with their daily routines. Lakeview Heights is designed specifically for residents with mild memory loss who still function somewhat independently. Evergreen Place cares for residents with severe memory loss and a high level of dependency.

POPULATION SERVED

Legacies by the Lake Dementia Care specializes in caring for adults of all ages in varying stages of dementia, neurological, psychiatric and behavior disabilities.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year. To access our admissions phone is available 24 hours/7 days a week. The number to get more information is 715.581.3422.

2020 INITIATIVES & GOALS

- Continue *Stop, Starting It!* education through State of WI CMP grant.
- To create a safe transition plan through the master facility remodel.
- To educate employees on trauma informed care and mental health.

■ MOUNT VIEW CARE CENTER LEGACIES BY THE LAKE MEMORY CARE

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------------|-------------|-------------|--------------|
| Nurse Manager | 1.0 | 1.0 | 1.0 |
| MDS Coordinator | 1.0 | 1.5 | 1.5 |
| Registered Nurse | 10.9 | 13.8 | 13.75 |
| Certified Nursing Assistant | 55.0 | 56.3 | 52.7 |
| Unit Clerk | 1.0 | 1.0 | 1.0 |
| Social Worker | 1.5 | 1.5 | 1.5 |
| Life Enrichment Coordinator | 2.0 | 1.0 | 1.0 |
| Medical Technician | 8.4 | 0.0 | 3.6 |
| Hospitality Aide | - | 3.4 | 3.4 |
| TOTAL | 80.8 | 79.5 | 79.45 |

BUDGET HIGHLIGHTS

The census for 2020 will move to 99 from 97 in 2019. There has been some restructuring in staffing to better meet the needs of the program. There is a Medicaid rate increase and increase in supplemental payment reflected in the revenue.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|---------------------|
| Net Patient Services Revenue | 6,616,000 | 6,918,000 | 7,406,000 |
| Supplemental Payment | 809,000 | 1,039,000 | 1,139,000 |
| Contract Services | - | - | - |
| Other Revenue | - | - | - |
| County Appropriation | 1,217,000 | 1,072,000 | 1,072,000 |
| Allocated Revenue | 89,652 | 42,318 | 77,000 |
| Marathon County Match (Maintenance) | 411,140 | 411,140 | 400,926 |
| TOTAL REVENUE | \$9,142,792 | \$9,482,458 | \$10,094,926 |
| Salaries | 3,808,487 | 3,594,584 | 3,623,490 |
| Benefits | 1,388,769 | 1,335,204 | 1,559,568 |
| Other Direct Expenses | 447,846 | 424,850 | 420,934 |
| TOTAL DIRECT EXPENSES | \$5,645,102 | \$5,354,638 | \$5,603,992 |



NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER SOUTHSHORE POST ACUTE CARE & NORTHWINDS VENTILATOR CARE

DESCRIPTION

Southshore Short-Term Rehabilitation offers post-acute care for short term rehabilitation in Southshore, a 25-bed skilled nursing community. Southshore specializes in complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

The most extensive rehabilitative care opportunities available in Central Wisconsin are provided, even for the most medically complex situations – all delivered on-site. Numerous rehabilitation techniques, from warm water physical therapy to complex respiratory care only found at Mount View Care Center, give our teams the ability to uniquely approach each resident's recovery.

Northwinds Vent Community is a 27-bed unit within the Post-Acute Care area that specializes in care for adults with a ventilator dependency. Our team provides 24/7 on-site respiratory therapy and nursing services with reliable, personal care for each individual. Northwinds focuses on ventilator dependent rehabilitation, recovery and liberation. Northwinds is 1 of only 5 care facilities in Wisconsin with approved dedicated units for the care of ventilator-dependent residents. Our highly trained team help residents adjust to ventilator-dependent lifestyles.

POPULATION SERVED

Southshore Short-Term Rehabilitation serves adults of all ages with complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

Northwinds Vent serves adults of all ages with ventilator dependency needs.

REGULATIONS

Both programs are subject to the State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

Both programs operate 24 hours/day, 7 days/week, 365 days/year.

2020 INITIATIVES & GOALS

- Strengthen relationship with Heart and Lung Institute by improving communication, collaborating with Physicians and providing ongoing nurse education.
- Safely reduce rehospitalizations by identifying high risk residents with thorough screening process, enhancing clinical rounding and completing comprehensive assessments for first 30 days of admission.
- Liberate residents from the ventilator and discharge them back to their home setting.
- Increase collaboration with Aspirus for ongoing respiratory therapy education.
- Explore opportunity to be a clinical preceptor site for respiratory therapy students.

■ MOUNT VIEW CARE CENTER SOUTHSHORE POST ACUTE CARE & NORTHWINDS VENTILATOR CARE

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------------|-------------|--------------|--------------|
| Nurse Manager | 0.7 | 0.7 | 0.7 |
| MDS Coordinator | 1.0 | 1.0 | 0.8 |
| Registered Nurse | 14.5 | 16.4 | 16.3 |
| Respiratory Therapist | 8.8 | 9.4 | 9.4 |
| Certified Nursing Assistant | 30.3 | 25.65 | 25.65 |
| Unit Clerk | 1.5 | 2.0 | 1.5 |
| Social Worker | 1.5 | 1.5 | 1.5 |
| Music Therapist | 1.0 | 1.0 | 1.0 |
| Life Enrichment Coord. | 0.9 | 1.0 | 1.0 |
| Hospitality Aide | - | 1.4 | 1.0 |
| TOTAL | 60.2 | 60.05 | 57.85 |

BUDGET HIGHLIGHTS

The census for Southshore Post Acute Care is targeted for 23 and the census for Northwinds Vent Community is targeted for 25. These are comparable to 2019 targets. The revenue reflects a Medicaid rate increase and an increase in supplemental payment.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 6,053,000 | 5,814,000 | 5,831,000 |
| Supplemental Payment | 462,000 | 558,000 | 676,000 |
| Other Revenue | - | - | - |
| County Appropriation | - | - | - |
| Allocated Revenue | 73,270 | 114,085 | 231,000 |
| Marathon County Match (Maintenance) | 275,783 | 275,783 | 268,930 |
| TOTAL REVENUE | \$6,864,053 | \$6,761,868 | \$7,006,930 |
| Salaries | 3,284,812 | 3,272,279 | 3,233,533 |
| Benefits | 1,197,810 | 1,215,484 | 1,391,548 |
| Other Direct Expenses | 538,554 | 512,573 | 604,980 |
| TOTAL DIRECT EXPENSES | \$5,021,176 | \$5,000,336 | \$5,230,061 |



NURSING HOME OPERATIONS

■ MOUNT VIEW CARE CENTER REHAB

DESCRIPTION

Rehab services are a contract provider of physical, occupational and speech therapy for residents and patients of Mount View Care Center to enhance them to their highest possible activities of daily living.

POPULATION SERVED

Residents and patients of Mount View Care Center. Some outpatient services provided for the Inpatient Hospital and Outpatient therapy for recently discharged residents.

REGULATIONS

Both programs are subject to the State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

Monday – Friday: 8:00 – 4:30, with 7-day coverage as needed. To access our admissions phone is available 24 hours/7 days a week. The number to get more information is 715.581.3422.

BUDGET HIGHLIGHTS

Revenue and expenses are based on the nursing home census and the program payer mix.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 1,900,000 | 2,300,000 | 1,980,000 |
| Allocated Revenue | 6,613 | - | - |
| Marathon County Match (Maintenance) | 31,518 | 31,518 | 30,735 |
| TOTAL REVENUE | \$1,938,131 | \$2,331,518 | \$2,010,735 |
| Salaries | - | - | - |
| Benefits | - | - | - |
| Other Direct Expenses | 823,000 | 954,000 | 968,000 |
| TOTAL DIRECT EXPENSES | \$823,000 | \$954,000 | \$968,000 |

NURSING HOME OPERATIONS

AQUATIC SERVICES

DESCRIPTION

North Central Health Care Aquatic Services offers warm water aquatic physical therapy, water exercise programs and community and family swim programs that help individuals manage pain and maintain or reclaim their independence. The therapy pool is maintained at a 90 degree temperature. Under the direction of a physician, North Central Health Care’s licensed physical therapist devises a treatment plan using water as both a supporting, gravity-reducing environment and a conditioning medium. Upon discharge, the therapist provides each patient with a self-directed exercise program for pool and home use. Warm water therapy can bring relief from pain, spur recovery and improve range of motion, balance, strength and coordination.

POPULATION SERVED

Aquatic Services serves those who have physical disabilities, are recovering from surgeries, or have musculoskeletal conditions such as fibromyalgia, arthritis and lower back pain. All those served are under the referral of a physician.

REGULATIONS

The operation of the pool is regulated by the Department of Health Services, Chapter DHS 172: Safety, Maintenance and Operation of Public Pools and Water Attractions.

HOURS OF SERVICE

Monday: 6:30 am – 6:00 pm
 Tuesday: 7:30 am – 7:00 pm
 Wednesday: 6:30 am – 6:00 pm
 Thursday: 7:30 am – 6:00 pm
 Friday: 6:30 am – 4:00 pm
 Saturday: 9:00 am – 12:00 pm

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Services Revenue | 550,000 | 527,000 | 767,000 |
| Contract Services | - | 10,000 | 5,000 |
| Other Revenue | 100,000 | 100,000 | 90,000 |
| Allocated Revenue | 2,952 | 25,315 | 25,000 |
| Marathon County Match (Maintenance) | 139,148 | 139,148 | 135,691 |
| County Appropriation | 214,115 | 342,345 | 342,345 |
| TOTAL REVENUE | \$1,006,215 | \$1,143,808 | \$1,365,036 |
| Salaries | 342,338 | 438,874 | 508,547 |
| Benefits | 124,834 | 163,019 | 207,921 |
| Other Direct Expenses | 37,824 | 22,059 | 15,607 |
| TOTAL DIRECT EXPENSES | \$504,996 | \$623,952 | \$732,075 |

2020 INITIATIVES & GOALS

- Continue with transition to Nursing Home Operations.
- Assist with new pool construction.
- Implement new processes to support new pool facility.
- Onboard new Aquatic Physical Therapist to help lower wait list for Physical Therapy and help with revenue generation.
- Increase physician outreach to educate on benefits of aquatic therapy.
- Continue working closely with Warm Water Works Advisory Board to gain input as well as promote programming.
- Warm Water Works and Aquatic Services will work together on fundraising for memberships for individuals that can’t afford membership fees.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|----------------------------|------------|------------|------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Physical Therapy Assistant | 1.4 | 1.0 | 1.5 |
| Physical Therapist | 1.2 | 2.2 | 2.6 |
| Lifeguard / PT Aide | 2.6 | 2.6 | 2.6 |
| TOTAL | 6.2 | 6.8 | 7.7 |

BUDGET HIGHLIGHTS

The 2020 budget reflects the addition of therapy time due to increased demand for services. The new aquatic center will open in 2020. To meet the increase in demand, evening hours of service will be offered.



NURSING HOME OPERATIONS

■ PINE CREST ADMINISTRATION

DESCRIPTION

The overall administrative oversight functions for Pine Crest Nursing Home Operations are consolidated into a separate program and are allocated out to each program based on direct expenses.

BUDGET HIGHLIGHTS

The program joins NCHC in 2020. The target daily census is 155 per day. The budget is based on the census.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-------------------------|------------|------------|------------|
| Administrator | - | - | 1.0 |
| Scheduler | - | - | 1.0 |
| Clerical | - | - | 3.0 |
| Inservice/HR Specialist | - | - | 1.0 |
| Medical Records Tech | - | - | 1.0 |
| TOTAL | - | - | 7.0 |

2020 INITIATIVES & GOALS

- Create a smooth transition from Lincoln County to NCHC management without disruption of services, high quality care that Pine Crest has delivered.
- Successful transition to PDPM for no delay in payments
- Engage employee through the management change with an Employee Advisory Committee.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|-------------|--------------------|
| Salaries | - | - | 379,872 |
| Benefits | - | - | 155,312 |
| Other Direct Expenses | - | - | 1,211,150 |
| TOTAL DIRECT EXPENSES | - | - | \$1,746,334 |

NURSING HOME OPERATIONS

■ PINE CREST NURSING HOME

DESCRIPTION

Pine Crest is a 180-bed skilled nursing facility located in Lincoln County. Pine Crest specializes in four distinct programs: a skilled rehabilitative program for short-term stays, a special care unit focusing on dementia, long-term care services and a hospice unit for end of life needs. Pine Crest is located in Merrill Wisconsin and is dedicated to enriching life experiences through building trusting relationships with residents, families and our community.

POPULATION SERVED

Pine Crest serves older adults needing skilled nursing care who reside in Lincoln County. Services are provided for those needing short-term rehabilitation, memory care and hospice for end of life care.

REGULATIONS

State of Wisconsin Dept. Of Health Services - DHS 132; Center for Medicare/Medicaid Services - Conditions of Participation; and Federal Regulations for Skilled Nursing Facilities.

HOURS/DAYS OF SERVICE

24 hours/day, 7 days/week, 365 days/year. To access our admissions phone is available 24 hours/7 days a week. The number to get more information is 715.218.4385.

2020 INITIATIVES & GOALS

- Successful transition to NCHC.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|-------------|---------------------|
| Net Patient Service Revenue | - | - | 11,870,000 |
| Supplemental Payment | - | - | 2,150,000 |
| County Appropriation | - | - | 440,815 |
| County Levy Match | - | - | 177,000 |
| Other | - | - | 263,500- |
| TOTAL REVENUE | - | - | \$14,901,315 |
| Salaries | - | - | 5,764,571 |
| Benefits | - | - | 2,356,866 |
| Other Direct Expenses | - | - | 1,749,000 |
| TOTAL DIRECT EXPENSES | - | - | \$9,870,437 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|---|------------|------------|---------------|
| Director of Nursing | - | - | 1.0 |
| Assistant Director of Nursing- | - | - | 2.0 |
| PM Supervisor | - | - | 0.9 |
| MDS Coordinator | - | - | 2.0 |
| Admission/Transition Nurse | - | - | 1.0 |
| RN | - | - | 19.3 |
| LPN | - | - | 3.0 |
| Certified Nursing Asst. | - | - | 69.0 |
| Med Tech | - | - | 5.6 |
| Hospitality Aide | - | - | 3.4 |
| Unit Clerk | - | - | 2.5 |
| Central Supply Desk | - | - | 1.25 |
| Infection Prevention/ Quality Specialist | - | - | 1.0 |
| Social Services Director | - | - | 1.0 |
| Social Workers | - | - | 1.6 |
| Activities Director | - | - | 1.0 |
| Activity Professional | - | - | 1.0 |
| Activity Assistant | - | - | 3.4 |
| Restorative Therapy Nurse | - | - | 1.0 |
| Restorative Therapy Aide | - | - | 2.0 |
| TOTAL | - | - | 122.95 |

BUDGET HIGHLIGHTS

The program joins NCHC in 2020. The targeted census for 2020 is 155 per day.





SUPPORT SERVICES

2020 BUDGET BY PROGRAM

Support Services has many different operations to support the people, financial, clinical and service success of North Central Health Care operations. Operational efficiencies and changing the way Support Services operates adds value to NCHC programs and is always top of mind.

| | |
|--|----|
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SUPPORT SERVICES

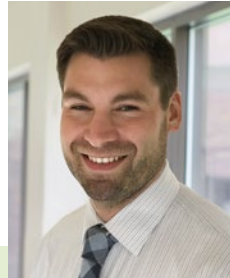
MANAGEMENT TEAM



Brenda Glodowski
Chief Financial Officer



Tom Boutain
Information
Technology



Jarret Nickel
Operations
Executive



Kim Wieloch
Business Operations
Director



Ashley Downing
Information Services/
Health Information
Management Director



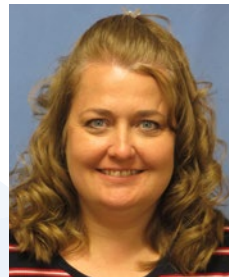
Chad Adams
Environmental Services
Leader - Laundry



Jessica Meadows
Communications &
Marketing Director



Jen Gorman
Dietary Services
Director



Tammy Buchberger
Patient Financial
Services Director



Scott Van Ermen
Pharmacy Director



Kelly Henke-Kaiser
Purchasing Manager



Jennifer Peaslee
Quality & Clinical
Transformation
Director



Chris Bleck
Human Resources
Director



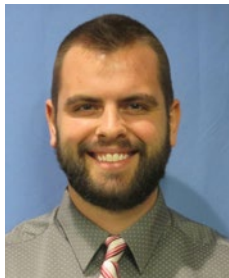
Judy Rannow
Organizational
Development
Director



Laural Harder
Volunteer Services
Coordinator



Pam Weinfurter
Patient Access Director



Timothy Holzem
Infection Preventionist



Cherie Mattson
Environmental Services
Leader - Housekeeping



Jenny McKenzie
Transportation
Manager



■ BUSINESS OPERATIONS

DESCRIPTION

Business Operations is responsible for providing financial information, reporting, and analysis to assist North Central Health Care leaders, board members, and community partners (including state and federal regulatory agencies) in making operational and strategic decisions. We are committed to ensuring that the information we provide is accurate, timely, and useful.

2020 INITIATIVES & GOALS

- To utilize tools and processes to move toward a paperless environment: streamlining workflows, allowing ease of accessibility of documentation, and saving money
- To create a “Grant Toolkit” in collaboration with grantors, to ensure that the use of grant funding is aligned with organizational and community goals, and that funds are being used to achieve ideal outcomes in compliance with grant requirements
- To strengthen financial education for NCHC leaders, allowing them to be confident in making financial decisions about their respective programs

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|-------------|-------------|-------------|
| Business Operations | | | |
| Director | 1.0 | 1.0 | 1.0 |
| Accounting Assistant | 1.0 | 0.9 | 0.9 |
| Accountant | 1.0 | 1.0 | 2.0 |
| Accounts Payable Rep. | 0.8 | 0.8 | 0.8 |
| Administrative Assistant | 3.35 | 1.95 | 1.95 |
| Payroll Specialist | 1.0 | 1.0 | 1.0 |
| TOTAL | 8.15 | 6.65 | 7.65 |

BUDGET HIGHLIGHTS

The 2020 budget reflects an additional FTE due to Pine Crest joining NCHC. The FTE will be shared by both nursing homes.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Contracted Services Revenue | - | - | - |
| Other Revenue | 10,000 | 12,000 | 10,000 |
| TOTAL REVENUE | \$10,000 | \$12,000 | \$10,000 |
| Salaries | 376,794 | 332,977 | 396,538 |
| Benefits | 137,398 | 123,684 | 162,126 |
| Other Direct Expenses | 263,098 | 264,118 | 195,591 |
| TOTAL DIRECT EXPENSES | \$777,290 | \$720,779 | \$754,255 |

CORPORATE ADMINISTRATION

DESCRIPTION

Corporate Administration provides overall administrative leadership for the organization and is home to both Executive support and contracting functions. This program is allocated based on program direct expense.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|---------------------------------------|------------|------------|------------|
| Chief Executive Officer | 1.0 | 1.0 | 1.0 |
| Chief Financial Officer | 1.0 | 1.0 | 1.0 |
| Contract and Credentialing Specialist | 1.0 | 1.0 | 1.0 |
| Executive Assistant | 2.0 | 2.0 | 2.0 |
| Corporate Counsel | - | 1.0 | - |
| Senior Executive - IT | - | - | 1.0 |
| Senior Executive - Operations | - | - | 1.0 |
| Development Officer | - | - | 1.0 |
| Safety & Environmental Coordinator | - | - | 1.0 |
| TOTAL | 5.0 | 6.0 | 9.0 |

BUDGET HIGHLIGHTS

The Executive for IT has moved to this budget. The previous HR Executive is now the Operations Executive and is part of this budget. The Development Officer is a new position that will be funded by the NCHC Foundation.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|--------------------|--------------------|
| Salaries | 513,793 | 654,664 | 922,338 |
| Benefits | 187,355 | 243,174 | 377,101 |
| Other Direct Expenses | 244,469 | 184,321 | 119,867 |
| TOTAL DIRECT EXPENSES | \$945,617 | \$1,082,159 | \$1,419,306 |



■ EMPLOYEE BENEFITS

DESCRIPTION

The Employee Benefits program consolidates all of the employee benefit programs and costs to be allocated out to programs based on FTEs. Included in the Employee Benefits consolidation are employee health, disability, life, dental and vision insurance along with FICA, unemployment, workers compensation and retirement expenses. These expenses are allocated in the program budgets and are reported again solely for informational purposes.

BUDGET HIGHLIGHTS

Benefits increase significantly from 2019. \$1,500,000 is an increase in health insurance. \$3,500,000 is due to the new programs joining NCHC. They include Pine Crest, Lincoln Industries and the new Youth Hospital.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|---------------------|---------------------|---------------------|
| Salaries- | - | - | - |
| Benefits | 11,938,000 | 12,800,000 | 17,975,000 |
| Other Direct Expenses- | - | - | - |
| TOTAL DIRECT EXPENSES | \$11,938,000 | \$12,800,000 | \$17,975,000 |

■ ENVIRONMENTAL SERVICES

DESCRIPTION

Environmental Services has traditionally included Maintenance, Systems Maintenance, Housekeeping, Nursing Home Housekeeping, Laundry and Grounds. In 2017, Maintenance, Systems Maintenance and Grounds employees have been transferred to Marathon County. Housekeeping, Nursing Home Housekeeping and Laundry remain stand-alone programs with NCHC staff but now report to the Assistant Nursing Home Administrator.

BUDGET HIGHLIGHTS

North Central Health Care contracts for Environmental Services from Marathon County. There is no change in this line item for 2020. The cost of these support services is listed in each program as an in-kind, non-cash based revenue under "Marathon County Match (Maintenance) and is included in their indirect allocation expense. Within each program these costs are allocated based on square footage occupied by the program. The reporting mechanism allows reimbursement of these costs to occur.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|--------------------|--------------------|--------------------|
| Other Revenue | - | - | - |
| TOTAL REVENUE | | | |
| Salaries | - | - | - |
| Benefits | - | - | - |
| Other Direct Expenses | 1,685,623 | 1,685,623 | 1,685,623 |
| TOTAL DIRECT EXPENSES | \$1,685,623 | \$1,685,623 | \$1,685,623 |



HEALTH INFORMATION

DESCRIPTION

Health Information Management (HIM) is responsible for acquiring, analyzing, coding, scanning, and releasing information within the medical record. We are committed to ensuring that the record is complete, accurate, and protected.

2020 INITIATIVES & GOALS

- Our Clinical Documentation Improvement (CDI) program will be creating educational materials to standardize and streamline our documentation practices.
- Build productivity measures for each core function and benchmark that information.
- Cross-train staff to increase our agility in our processes in the department.
- Create an electronic release process with our new electronic medical record software.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------------------|------------|------------|------------|
| Director | - | - | 0.5 |
| Manager | 1.0 | 1.0 | - |
| Coding & Documentation Specialist | 0.0 | 1.0 | 2.0 |
| Specialists | 5.6 | 5.6 | 4.6 |
| TOTAL | 6.6 | 7.6 | 7.1 |

BUDGET HIGHLIGHTS

The prior manager position has been converted to a director and is split between Health Information and Information Technology. Contract services increase due to having a risk assessment completed in 2020.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Other Revenue | 20,000 | 20,000 | 18,000 |
| TOTAL REVENUE | \$20,000 | \$20,000 | \$18,000 |
| Salaries | 260,234 | 308,936 | 326,661 |
| Benefits | 94,895 | 114,750 | 133,557 |
| Other Direct Expenses | 15,489 | 16,933 | 49,712 |
| TOTAL DIRECT EXPENSES | \$370,618 | \$440,623 | \$509,930 |

SUPPORT SERVICES

HOUSEKEEPING

DESCRIPTION

Housekeeping has two programs in Support Services. The Housekeeping program provides services to all non-nursing home areas while the Nursing Home Housekeeping program provides housekeeping services to Mount View Care Center. These two programs are separated for cost reporting purposes but are under the same management structure. This program is allocated based on square footage.

2020 INITIATIVES & GOALS

- Maintaining cleanliness and integrity of facility during the renovation process.
- Continue with expense management.
- Develop new training and orientation to maintain recruitment.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------|------------|------------|------------|
| Supervisor | 0.5 | 0.5 | 0.5 |
| Lead Housekeeper | 0.5 | 0.5 | 0.5 |
| Housekeeping Aides | 6.6 | 7.1 | 7.1 |
| TOTAL | 7.6 | 8.1 | 8.1 |

BUDGET HIGHLIGHTS

The 2020 Housekeeping budget again includes \$90,000 of contract revenue from payments related to services provided to the organizations leasing space on the NCHC campus as part of their rental costs. Marathon County receives the full rent payment for these spaces and reimburses NCHC on an actual cost basis for these services. Contract services increase due to increased pricing with some of the vendors.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Contracted Services | 90,000 | 90,000 | 90,000 |
| TOTAL REVENUE | \$90,000 | \$90,000 | \$90,000 |
| Salaries | 238,506 | 257,465 | 268,373 |
| Benefits | 86,971 | 95,635 | 109,725 |
| Other Direct Expenses | 105,055 | 78,954 | 88,982 |
| TOTAL DIRECT EXPENSES | \$430,532 | \$432,054 | \$467,080 |



SUPPORT SERVICES

HUMAN RESOURCES

DESCRIPTION

The Human Resource department provides knowledge, administrative support, advice and talent management oversight to ensure organizational success. Human Resource staff partner with and support employees from recruitment to retirement in the following areas:

- Recruitment
- Hiring
- Employee Relations
- Performance Management
- Benefits and Insurance Administration
- Compensation
- Retirement Contributions
- Paid Leave Time (PLT)
- Employee Health

2020 INITIATIVES & GOALS

- Optimization of new Human Capital System
- Transition of Family Medical Leave to integration with short term disability carrier for seamless application of leave and benefits
- Build out of Wellness Program
- Full organizational compensation study and marketing of positions

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Salaries | 596,885 | 494,073 | 366,755 |
| Benefits | 217,655 | 183,523 | 149,949 |
| Other Direct Expenses | 322,050 | 265,628 | 321,704 |
| TOTAL DIRECT EXPENSES | 1,136,589 | \$943,224 | \$838,408 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------------|------------|------------|------------|
| Human Resources | | | |
| Executive | 1.0 | 1.0 | - |
| HR Manager | 1.0 | 1.0 | 1.0 |
| HR Generalist | 2.0 | 1.0 | 1.0 |
| HRIS Analyst | 1.0 | 0.0 | 0.0 |
| Human Resources | | | |
| Assistant | 1.0 | 1.0 | 1.0 |
| Employee Health | | | |
| Specialist | 1.0 | 1.0 | 1.0 |
| Recruiter | - | 1.0 | 1.0 |
| Compensation & | | | |
| Benefit Analyst | - | 1.0 | 1.0 |
| Organizational | | | |
| Development Manager | 1.0 | 1.0 | - |
| Development Specialist | 1.0 | 1.0 | - |
| Instructional Designer | - | 1.0 | - |
| TOTAL | 9.0 | 7.0 | 6.0 |

BUDGET HIGHLIGHTS

The Human Resources Executive has been changed to an Operations Executive and is in the Administration budget.

■ INFECTION PREVENTION

DESCRIPTION

Infection Prevention at NCHC strives for low or no infection rates across the entire system by education, tracking infection data, infection prevention rounding in all departments, collaboration with NCHC as a whole.

2020 INITIATIVES & GOALS

- Keep infection rates low across the entire NCHC system through education and auditing.
- Re-establish this department to be a consistent resource for any infection prevention matters.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|-------------|------------------|
| Salaries | - | - | 80,378 |
| Benefits | - | - | 32,863 |
| Other Direct Expenses | - | - | 5,550 |
| TOTAL DIRECT EXPENSES | - | - | \$118,791 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-------------------------|------------|------------|------------|
| Infection Preventionist | - | 1.0 | 1.0 |
| Phlebotomist | - | 0.5 | 0.5 |
| TOTAL | - | 1.5 | 1.5 |

BUDGET HIGHLIGHTS

This program was new in 2019. 2020 salaries better reflect the rate at which positions were filled.



SUPPORT SERVICES

■ INFORMATION MANAGEMENT SERVICES

DESCRIPTION

Information Management Services (IMS) is responsible for NCHC's application portfolio array with the help from City County Information Technology Commission. IMS focuses on implementing new software solutions, maintaining systems, and end user support.

2020 INITIATIVES & GOALS

- Replace NCHC's current electronic health record.
- Create an application support model for the different systems and services we provide.
- Build a Project Management Portfolio including tools and processes.
- Implement a data warehouse to automate our analytics and create standards.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-------------------------|------------|------------|------------|
| Director | - | - | 0.5 |
| Senior Executive | 1.0 | 1.0 | - |
| Project Manager | 0.0 | 1.0 | 1.0 |
| Information Services | | | |
| Manager | 0.0 | - | - |
| Business Analyst Lead | 1.0 | 1.0 | - |
| Programming Systems | | | |
| Assistant | 3.0 | 2.0 | - |
| Clinical System Analyst | 1.0 | 1.0 | - |
| Business Analyst | 0.0 | 1.0 | - |
| Quality Data Specialist | 1.0 | 1.0 | - |
| Information Analyst | - | - | 6.0 |
| TOTAL | 7.0 | 8.0 | 7.5 |

BUDGET HIGHLIGHTS

The Senior Executive position has moved to Administration. The prior Health Information manager was changed to a director and now also has oversight of this program. Half of that position is allocated here.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|--------------------|--------------------|--------------------|
| Other Revenue | - | - | - |
| TOTAL REVENUE | - | - | - |
| Salaries | 491,807 | 566,969 | 519,377 |
| Benefits | 179,338 | 210,600 | 212,349 |
| Other Direct Expenses | 1,548,783 | 1,637,439 | 1,695,379 |
| TOTAL DIRECT EXPENSES | \$2,219,928 | \$2,415,008 | \$2,427,105 |

■ IN-HOUSE TRANSPORTATION

DESCRIPTION

In-House Transportation maintains the NCHC fleet, which includes cars, buses and vans used for client transportation. This program also provides courier services, which may include trips to the Antigo and Merrill Centers, bank, lab and hospitals.

POPULATION SERVED

Employees and clients of NCHC.

HOURS OF SERVICE

Monday – Friday, 7:00 am – 5:00 pm

2020 INITIATIVES & GOALS

- Recruit 10 new volunteers.
- Successful implementation of laundry delivery to Pine Crest.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-----------------|-----------------|-----------------|
| Salaries | 105,608 | 107,185 | 143,806 |
| Benefits | 38,510 | 39,814 | 58,796 |
| Other Direct Expenses | (108,450) | (122,266) | (109,844) |
| TOTAL DIRECT EXPENSES | \$35,668 | \$24,733 | \$92,758 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------|-------------|-------------|-------------|
| Manager | .25 | .25 | .25 |
| Coordinator | 1.0 | 1.0 | 1.0 |
| Logistics Worker | 1.5 | 1.5 | 2.5 |
| TOTAL | 2.75 | 2.75 | 3.75 |

BUDGET HIGHLIGHTS

The 2020 budget has an additional FTE added due to the addition of Pine Crest. Laundry services will be done at NCHC so another driver is being added for daily delivery to Pine Crest.



SUPPORT SERVICES

■ LAUNDRY

DESCRIPTION

Laundry provides laundry services for the nursing home, hospital, CBRF and MMT programs. The service includes linen as well as personal laundry. Laundry is also done for housekeeping and food service. This program is allocated based on pounds of laundry processed.

2020 INITIATIVES & GOALS

- Successful transition and planning of laundry services for Pine Crest.
- Continue high patient experience scores through acquisition and transition of new programs

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------|------------|------------|------------|
| Team Coordinator | 1.0 | 1.0 | 1.0 |
| Laundry Worker | 5.0 | 5.0 | 6.0 |
| TOTAL | 6.0 | 6.0 | 7.0 |

BUDGET HIGHLIGHTS

The 2020 budget includes an additional position and an increase in supplies due to adding laundry services for Pine Crest.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Other Revenue | - | - | - |
| TOTAL REVENUE | - | - | - |
| Salaries | 193,361 | 190,179 | 220,350 |
| Benefits | 70,509 | 70,642 | 90,091 |
| Other Direct Expenses | 83,600 | 68,930 | 88,977 |
| TOTAL DIRECT EXPENSES | \$347,470 | \$329,751 | \$399,418 |

MARKETING & COMMUNICATIONS

DESCRIPTION

Marketing and Communications is the central communication area for NCHC's internal and external communications. This includes working with staff communications internally, and media communications externally. The marketing of services is also provided through this program. This program is allocated based on direct expense.

2020 INITIATIVES & GOALS

- Manage communication efforts with key stakeholders regarding renovations on Wausau Campus.
- Implement use of video Realistic Job Previews to supplement recruiting efforts in both paid and organic advertising.
- Redesign of weekly employee newsletter.
- Increase referrals in key revenue generating programs.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Salaries | 117,839 | 186,976 | 179,506 |
| Benefits | 42,970 | 69,452 | 73,392 |
| Other Direct Expenses | 111,312 | 133,307 | 137,316 |
| TOTAL DIRECT EXPENSES | \$272,121 | \$389,735 | \$390,214 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|----------------------|------------|-------------|-------------|
| Coordinator | 1.0 | 1.0 | 1.0 |
| Specialist | 1.0 | 1.0 | 1.0 |
| Switchboard Operator | - | 1.95 | 1.95 |
| TOTAL | 2.0 | 3.95 | 3.95 |

BUDGET HIGHLIGHTS

The 2020 budget is consistent with 2019 with additional expense tied to renovation communication website enhancement.



SUPPORT SERVICES

■ NURSING HOME HOUSEKEEPING

DESCRIPTION

Housekeeping has two programs in Support Services. The Housekeeping program provides services to all non-nursing home areas while the Nursing Home Housekeeping program provides housekeeping services to Mount View Care Center. These two programs are separated for cost reporting purposes but are under the same management structure. This program is allocated based on square footage.

2020 INITIATIVES & GOALS

- Practice patient direct care and improve training.
- Maintain a safe and infection-free environment without environmental citations.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------|--------------|--------------|--------------|
| Supervisor | 1.0 | 0.5 | 0.5 |
| Housekeeping Aides | 10.5 | 14.65 | 14.65 |
| Lead Housekeeper | 0.0 | 0.5 | 0.5 |
| Homemaker | 3.85 | - | - |
| TOTAL | 15.35 | 15.65 | 15.65 |

BUDGET HIGHLIGHTS

The 2020 budget is consistent with the 2019 budget.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Salaries | 471,492 | 477,901 | 497,724 |
| Benefits | 171,930 | 177,516 | 203,496 |
| Other Direct Expenses | 102,177 | 73,663 | 70,286 |
| TOTAL DIRECT EXPENSES | \$745,599 | \$729,080 | \$771,506 |

NUTRITION SERVICES

DESCRIPTION

Nutrition Services provides meal service for the Nursing Home, Inpatient Hospital, CBRF, MMT and Adult Day Programs. Required Dietitian consulting is also provided to these locations based on regulatory requirements. This area provides service for the cafeteria, which is also a revenue generating function. This program is allocated based on number of meals served.

2020 INITIATIVES & GOALS

- Meal tracker was implemented in August 2019. By 2020 our goal is to decrease food costs and waste using this program to keep us in budget.
- Successful transition all programs in the renovation plans and serve our resident "restaurant style dining"
- Collaborate with Pine Crest Nutritional Services to achieve better outcomes, including cross training key role staff.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|-------------|--------------|--------------|
| Director | 1.0 | 1.0 | 1.0 |
| Dieticians | 1.6 | 1.6 | 1.6 |
| Supervisor | 1.0 | 1.0 | 1.0 |
| Administrative Assistant | 1.0 | 1.0 | 1.0 |
| Cooks | 8.8 | 8.0 | 8.0 |
| Dietary Aides | 20.0 | 20.95 | 20.95 |
| TOTAL | 33.4 | 33.55 | 33.55 |

BUDGET HIGHLIGHTS

The 2020 budget is consistent with the 2019 budget for staffing. Food cost increases due to increases in pricing. Cafeteria revenue is increasing due to more people utilizing the cafeteria.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|--------------------|--------------------|--------------------|
| Other Revenue | 150,000 | 180,000 | 204,000 |
| TOTAL REVENUE | \$150,000 | \$180,000 | \$204,000 |
| Salaries | 1,182,845 | 1,151,341 | 1,178,956 |
| Benefits | 431,326 | 427,664 | 507,369 |
| Other Direct Expenses | 725,303 | 741,745 | 753,900 |
| TOTAL DIRECT EXPENSES | \$2,339,474 | \$2,320,750 | \$2,440,225 |



■ ORGANIZATIONAL DEVELOPMENT

DESCRIPTION

Organizational Development increases collaboration, efficiency and effectiveness across the organization by providing support, standards, processes, expectations, and professional development. Organizational Development staff partner with and support employees through talent development initiatives including:

- Orientation & Onboarding
- Competency & Skill Development
- Education & Training
- Internal & External Professional Development
- Management & Leadership Development
- Interpersonal Skill Development
- Team Building
- Process Improvement
- Change Management
- Employee Engagement

2020 INITIATIVES & GOALS

- Maximize learning management system, technologies and content libraries.
- Lead and support organization wide training initiatives including Just Culture, Zero Suicide, Trauma-Informed Care and leadership development.
- Strategically increase options for internal and external professional development for staff and managers.
- Create a framework to support sustainable career and talent development.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|----------------|------------------|
| Salaries | - | 161,063 | 168,306 |
| Benefits | - | 59,827 | 68,813 |
| Other Direct Expenses | - | 334,474 | 371,896 |
| TOTAL DIRECT EXPENSES | - | 555,364 | \$609,015 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|------------------------|------------|------------|------------|
| Organizational | | | |
| Development Director | - | 1.0 | 1.0 |
| Development Specialist | - | 1.0 | 1.0 |
| Instructional Designer | - | 1.0 | 1.0 |
| TOTAL | - | 3.0 | 3.0 |

BUDGET HIGHLIGHTS

For 2020 is consistent with 2019. Contract services increase due to additional development items being purchased.

■ PATIENT ACCESS

DESCRIPTION

Patient Access processes outpatient referrals and the clerical portion of the community treatment referrals, scheduling, and enrollment of all new and follow up clients that come to NCHC at all locations as well as hospital discharges from diversions and NCHC clients within the Marathon, Lincoln and Langlade counties.

2020 INITIATIVES & GOALS

- Patient Access will be working toward implementing an automated reminder system for patient appointments which will be a part of the new electronic medical record.
- Having a fully implemented call center at the Wausau location to answer all calls from the locations of Wausau, Merrill and Antigo offices by later in 2019 and create benchmarks for productivity for staff for 2020.
- Creating a reference guide that provides the processes and tools for each Patient Access position for cross coverage.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|------------|-------------|-------------|
| Director | - | 1.0 | 1.0 |
| Team Lead | - | 1.0 | 1.0 |
| Enrollment Specialist | - | 2.0 | 2.0 |
| NH Enrollment Specialist | - | 1.0 | 1.0 |
| Registration Specialist | - | 9.6 | 9.6 |
| Referral Coordinator | - | 1.8 | 1.8 |
| Clerical | - | 1.0 | 1.0 |
| OWI Scheduler | - | 1.0 | 1.0 |
| TOTAL | - | 18.4 | 18.4 |

BUDGET HIGHLIGHTS

Functions of this program were centralized in 2019 for all locations and brought under one budget. During 2019 the OWI scheduler was also move to this program.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|--------------------|--------------------|
| Salaries | - | 651,620 | 680,360 |
| Benefits | - | 242,049 | 278,167 |
| Other Direct Expenses | - | 311,942 | 308,318 |
| TOTAL DIRECT EXPENSES | - | \$1,205,611 | \$1,266,845 |



SUPPORT SERVICES

PATIENT FINANCIAL SERVICES

DESCRIPTION

Patient Financial Services obtains prior authorizations and processes billing of services for all revenue programs of NCHC, which equates to approximately 10,000 bills per month. This program is allocated based on the number of clients in NCHC programs.

2020 INITIATIVES & GOALS

- A Denial Management Committee has been formed to improve facility write-offs. This will continue into 2020.
- Patient Accounts Receivable will be working toward keeping our days in accounts receivable between 29-34 days.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------------|-------------|-------------|-------------|
| Director | 1.0 | 1.0 | 1.0 |
| Billing Analyst | 1.0 | 1.0 | 1.0 |
| Patient Account Rep. | 4.0 | 4.0 | 4.0 |
| Administrative Assistant | 1.3 | 1.3 | 1.3 |
| Provider Credentialing | 1.0 | 1.0 | 1.0 |
| Information Systems Analyst | 1.0 | 1.0 | 1.0 |
| Benefits Specialist | 1.0 | 1.0 | 1.0 |
| Enrollment Specialist | 4.0 | 1.0 | 1.0 |
| Prior Authorization Rep. | 1.9 | 0.9 | 0.9 |
| NH Billing Specialist | - | 1.0 | 1.0 |
| TOTAL | 16.2 | 13.2 | 13.2 |

BUDGET HIGHLIGHTS

Staffing remains consistent for 2020. Revenue and expense increases for collection recoveries and expense.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Other Revenue | 90,000 | 70,000 | 120,000 |
| TOTAL REVENUE | \$90,000 | \$70,000 | \$120,000 |
| Salaries | 645,290 | 548,229 | 559,898 |
| Benefits | 235,305 | 203,639 | 228,916 |
| Other Direct Expenses | 119,120 | 80,845 | 102,725 |
| TOTAL DIRECT EXPENSES | \$999,715 | \$823,713 | \$891,539 |

■ PHARMACY

DESCRIPTION

Pharmacy fills prescriptions for the nursing home, hospital, some of the residential locations, Community Treatment and employees who are enrolled in NCHC's employee health insurance plan.

2020 INITIATIVES & GOALS

- Continued expansion of clinical services related to the programs that we serve.
- Continuous refinement and improvement in the quality and efficiency by which we provide medication management for programs supported.
- Development and progression of a culture of zero medication errors.
- Enhancement of audit services related to medication management to ensure quality regulatory compliance.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------|-------------|------------|-------------|
| Director | 1.0 | 1.0 | 1.0 |
| Pharmacist | 2.25 | 2.4 | 3.0 |
| Pharmacy Tech. | 5.0 | 5.0 | 6.0 |
| Billing Specialist | 0.0 | 1.0 | 1.0 |
| TOTAL | 9.25 | 9.4 | 11.0 |

BUDGET HIGHLIGHTS

The 2020 budget includes additional staffing due to the addition of Pine crest nursing home. Prescriptions for Pine Crest residents and employees will be filled at the Pharmacy. Revenue also increases with the increase of prescriptions filled.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|-------------------------------------|--------------------|--------------------|--------------------|
| Net Patient Revenue | 4,100,000 | 4,700,000 | 6,080,000 |
| Contracted Services Revenue | 500,000 | 400,000 | 375,000 |
| Allocated Revenue | 16,762 | 8,000 | 8,000 |
| Cash Discounts and Rebates | - | - | - |
| County Appropriation | - | - | - |
| Marathon County Match (Maintenance) | 19,887 | 19,887 | 19,394 |
| TOTAL REVENUE | \$4,636,649 | \$5,127,887 | \$6,482,394 |
| Salaries | 668,662 | 694,994 | 820,959 |
| Benefits | 243,828 | 258,155 | 335,632 |
| Drugs | 2,975,000 | 3,547,589 | 4,559,599 |
| Other Direct Expenses | 213,347 | - | - |
| TOTAL DIRECT EXPENSES | \$4,100,837 | \$4,500,738 | \$5,716,210 |



SUPPORT SERVICES

■ PINE CREST ENVIRONMENTAL SUPPORT SERVICES

DESCRIPTION

Pine Crest Environmental Support Services includes the support services area of housekeeping, dietary, laundry and transportation for Pine Crest.

2020 INITIATIVES & GOALS

- Transition to NCHC.

DIETARY STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-------------|------------|------------|------------|
| Director | - | - | 1.0 |
| Supervisor | - | - | 1.0 |
| Dietitian | - | - | 1.0 |
| Cooks/Aides | - | - | 16.5 |

ENVIRONMENTAL SERVICES STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-----------------------|------------|------------|--------------|
| Director | - | - | 1.0 |
| Housekeeping Aide | - | - | 11.25 |
| Laundry Aide | - | - | 1.5 |
| Transportation Driver | - | - | 0.5 |
| TOTAL | - | - | 33.75 |

BUDGET HIGHLIGHTS

This program is part of Pine Crest. This is new to NCHC in 2020.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|-------------|-------------|--------------------|
| Salaries | - | - | 1,068,454 |
| Benefits | - | - | 436,841 |
| Other Direct Expenses | - | - | 1,319,000 |
| TOTAL DIRECT EXPENSES | - | - | \$2,824,295 |

■ PURCHASING

DESCRIPTION

Purchasing is the central purchasing service for all of NCHC. This area orders and delivers purchases to all programs. This area is also responsible for monitoring proper purchasing based on the contract with the buying group that NCHC belongs to. This program is allocated based on number of requisitions.

2020 INITIATIVES & GOALS

- Continue to monitor prices and quality of supplies to be assured we are purchasing quality items at the best price available.
- Remain steadfast on delivering all packages as soon as possible to ensure all programs have what they need when they need it.
- Work with nursing home to achieve clean and dirty storage areas for supplies to minimize possible contamination on delivery packaging from outside NCHC.
- We will be available to assist programs/departments throughout the new building and renovation project.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|------------|------------|------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Administrative Assistant | 0.2 | 0.2 | 0.2 |
| Storekeeper | 2.0 | 2.0 | 2.0 |
| TOTAL | 3.2 | 3.2 | 3.2 |

BUDGET HIGHLIGHTS

The 2020 Purchasing budget reflects a status quo in operations.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Other Revenue | 50,000 | 55,000 | 60,000 |
| TOTAL REVENUE | \$50,000 | \$55,000 | \$60,000 |
| Salaries | 134,937 | 137,746 | 139,989 |
| Benefits | 49,205 | 51,166 | 57,235 |
| Other Direct Expenses | 48,437 | 45,989 | 44,553 |
| TOTAL DIRECT EXPENSES | \$232,579 | \$234,901 | \$241,777 |



SUPPORT SERVICES

■ QUALITY & COMPLIANCE

DESCRIPTION

Quality & Compliance at North Central Health Care is responsible for providing care and services that are: safe, effective, person-centered, timely, efficient, equitable and ethical. Employees, medical staff and the North Central Community Services Program (NCCSP) Board and contracted resources are required to carry out their duties in an ethical and legal manner.

2020 INITIATIVES & GOALS

- Execution of Corporate Compliance Work Plan and Program Effectiveness Evaluation
- Enhanced Risk Assessment and auditing and monitoring function
- Commit to a goal of Zero Harm: Zero Suicide Implementation
- Patient Experience as a strategic goal
- Just Culture implementation

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Salaries | 117,819 | 264,194 | 91,884 |
| Benefits | 42,963 | 98,134 | 37,565 |
| Other Direct Expenses | 127,115 | 54,178 | 106,127 |
| TOTAL DIRECT EXPENSES | \$287,897 | \$416,506 | \$235,578 |

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|-------------------------|------------|------------|------------|
| Quality & Clinical | | | |
| Transformation Director | 1.0 | 1.0 | 1.0 |
| Quality Data Analyst | 0.0 | 0.0 | - |
| Safety & Environmental | | | |
| Coordinator | 1.0 | 1.0 | - |
| Infection & Prevention | | | |
| Specialist | 0.0 | 1.0 | - |
| Phlebotomist | 1.0 | 0.5 | - |
| TOTAL | 2.0 | 3.5 | 1.0 |

BUDGET HIGHLIGHTS

Safety and Environmental Coordinator is moving to Administration and will work with the Operations Executive. The Infection Prevention Specialist and Phlebotomist moved to their own program.

VOLUNTEER SERVICES

DESCRIPTION

Volunteers play a very important role at North Central Health Care as part of our team. They offer clients, patients, residents, families and staff members their compassion, skills, talent and time. In so doing, North Central's professionals are able to devote more time to direct patient care and recovery.

2020 INITIATIVES & GOALS

- Volunteers are trained and meeting all requirements for the Mega Rule implemented in Nov 2019.
- Continue to provide excellent volunteers to assist with Life Enrichment programming.
- Expand the Cycling Without Age program to our Residential Living program.
- Help to establish a Wausau area Volunteer Coordinators support group.
- Fully utilize the Volunteer database to capture data and use as a daily tool.
- Continue to work with community partners to provide a Holiday gift to each resident of Mount View and for those we serve that would not receive a gift during this time of year.

STAFFING

| Position | 2018 FTE's | 2019 FTE's | 2020 FTE's |
|--------------------------|-------------|-------------|-------------|
| Manager | 1.0 | 1.0 | 1.0 |
| Administrative Assistant | 0.55 | 0.55 | .55 |
| TOTAL | 1.55 | 1.55 | 1.55 |

BUDGET HIGHLIGHTS

2020 budget remains consistent with 2019.

BUDGET SUMMARY

| | 2018 Budget | 2019 Budget | 2020 Budget |
|------------------------------|------------------|------------------|------------------|
| Gift Shop | 22,000 | 25,000 | 24,000 |
| TOTAL REVENUE | \$22,000 | \$25,000 | \$24,000 |
| Salaries | 66,329 | 67,750 | 69,277 |
| Benefits | 24,187 | 25,166 | 28,324 |
| Other Direct Expenses | 27,966 | 26,193 | 25,685 |
| TOTAL DIRECT EXPENSES | \$118,482 | \$119,109 | \$123,286 |



CAPITAL BUDGET

North Central Health Care has a multi-faceted process for capital budgeting and funding with each of our county partners. Capital budgeting is a process that involves the identification of potentially desirable projects for capital expenditures, the subsequent evaluation of capital expenditure proposals, and the selection of certain proposals that meet certain criteria. North Central Health Care's threshold to capitalize an asset and depreciate its use requires the purchase to be \$2,500 or more and have a useful life of two or more years. Straight-line depreciation methods are used and funding for capital assets are available for the approved year and two consecutive years. Equipment with a value of less than \$2,500 are budgeted separately and expensed within a program's budget. Movable equipment of any cost is considered an operational expense and is budgeted for and approved as either an expense or when eligible a capitalized asset.

Generally, the use of capital can be summarized in the following categories:

- 1) Replacement: needed to continue current operations
- 2) Replacement: cost reduction
- 3) Expansion of current services
- 4) Expansion into new services
- 5) Safety and/or environmental projects
- 6) Other projects

CAPITAL BUDGETING PROCESSES

Marathon County CIP

All anticipated building renovation projects, regardless of price, must be submitted to Marathon County Facilities & Capital Maintenance by May 1st of each year so the projects can be designed, scoped and priced for the following year. Any building alteration of more than \$30,000 must be submitted by June of each year to be considered for funding by the Marathon County for the following year. There is a detailed ranking and funding process for all projects submitted.

NCHC Capital Budget

If a project is ranked (approved) but does not get funded, NCHC can budget for and pay for these projects using NCHC's available capital funding, even if the project exceeds \$30,000. Building projects under \$30,000 are considered operational projects and are exclusively funded by NCHC through the NCHC capital budgeting process. These projects still must be approved by the County in advance.

All asset acquisition which can be capitalized must be submitted and approved as part of NCHC's capital budget regardless of funding source.

Rolling Stock

Rolling stock includes vehicles, buses, and small equipment intended for NCHC programs. Rolling stock purchase for use in programs serving Marathon County fall under Marathon County's policy and procedures on rolling stock in determining need and replacement schedule. Rolling stock intended for Marathon County programs that are more than \$5,000 must be approved by Marathon County. Purchases under \$5,000 are considered operational expenses and are funded by NCHC.

Any rolling stock request that is requested for funding but does not receive funding approval by Marathon County may be funded by NCHC if it receives approval by the NCHC Board. All rolling stock purchases for use in Langlade and Lincoln County, regardless of price, are included in NCHC's budget.

CAPITAL IMPROVEMENT REQUESTS SUBMITTED TO MARATHON COUNTY

For the 2020 Budget, NCHC only submitted eligible Rolling Stock replacement requests to Marathon County in anticipation of the \$73 Million NCHC Main Campus renovation approved under the Master Facility Plan adopted by the Marathon County Board in June 2018.

| 2020 CAPITAL REQUEST | DESCRIPTION OF REQUEST | ESTIMATED COST |
|----------------------|----------------------------------|----------------|
| Rolling Stock - New | Mini Van for Community Treatment | \$28,000 |

CAPITAL IMPROVEMENT FORECAST 2021–2025

| YEAR | CAPITAL REQUEST | DESCRIPTION OF REQUEST | ESTIMATED COST |
|------|-----------------------------|------------------------------|----------------|
| 2021 | Rolling Stock - Replacement | Small Bus to Replace #2 | \$60,000 |
| 2021 | Rolling Stock - Replacement | Small Bus to Replace #50 | \$60,000 |
| 2021 | Rolling Stock - Replacement | Mini Van to Replace #74 | \$28,000 |
| 2022 | Rolling Stock - Replacement | Small Bus to Replace #76 | \$62,000 |
| 2022 | Rolling Stock - Replacement | Passenger Car to Replace #77 | \$28,000 |
| 2022 | Rolling Stock - Replacement | Passenger Car to Replace #78 | \$28,000 |
| 2022 | Rolling Stock - Replacement | Small Bus to Replace #95 | \$62,000 |
| 2023 | Rolling Stock - Replacement | Large Bus to Replace #64 | \$90,000 |
| 2023 | Rolling Stock - Replacement | Passenger Car to Replace #79 | \$29,000 |
| 2024 | Rolling Stock - Replacement | Large Bus to Replace #65 | \$90,000 |
| 2024 | Rolling Stock - Replacement | Large Bus to Replace #66 | \$90,000 |
| 2024 | Rolling Stock - Replacement | Large Bus to Replace #67 | \$90,000 |
| 2025 | Rolling Stock - Replacement | Small Bus to Replace #1 | \$64,000 |
| 2025 | Rolling Stock - Replacement | Large Bus to Replace #60 | \$90,000 |



CAPITAL FUNDED IN NCHC 2020 BUDGET

| PROGRAM NUMBER | DESCRIPTION OF PROGRAM | COST OF REQUEST | REQUEST | REASON FOR REQUEST |
|----------------|--------------------------------|---|------------------|--------------------|
| 10-100-0400 | PURCHASING | FORKLIFT | \$10,000 | REPLACEMENT |
| 10-100-0605 | PATIENT ACCESS SERVICES | SIT TO STAND DESKS (2) | \$1,300 | NEW*** |
| 10-100-0720 | LAUNDRY | SMALL PIECE FOLDER | \$45,000 | REPLACEMENT |
| 10-100-0740 | HOUSEKEEPING | ARMADA SWIVEL HEAD CARPET EXTRACTOR | \$4,300 | REPLACEMENT |
| 10-100-0745 | NH HOUSEKEEPING | ARMADA SWIVEL HEAD CARPET EXTRACTOR | \$4,300 | REPLACEMENT |
| 20-100-1000 | HOSPITAL | VITAL SIGN MACHINE | \$2,200 | REPLACEMENT** |
| 20-100-1100 | YOUTH HOSPITAL | VITAL SIGN MACHINE (2) | \$4,400 | NEW |
| 20-100-2100 | PSYCHIATRY SERVICES-OUTPATIENT | WHEELCHAIR SCALE | \$2,000 | REPLACEMENT* |
| 20-100-2100 | PSYCHIATRY SERVICES-OUTPATIENT | VITAL SIGN MACHINE (2) | \$4,400 | REPLACEMENT** |
| 20-100-2600 | AQUATIC SERVICES | 24 INCH WATER WHEELCHAIR WITH REPLACEMENT SEAT AND WHEELS | \$3,500 | REPLACEMENT |
| 20-100-2750 | DEMAND TRANSPORTATION | SIT TO STAND DESKS (2) | \$1,300 | NEW*** |
| 20-115-1400 | JELINEK APT | DINING ROOM SET (2) | \$3,000 | REPLACEMENT |
| 20-130-1400 | ANDREA STREET | WHEELCHAIR SCALE | \$2,000 | ADDITIONAL ITEM * |
| 20-130-1400 | ANDREA STREET | HIGH TEMP LOGGING DISHWASHER | \$5,700 | REPLACEMENT |
| 20-135-1400 | CHADWICK STREET | HIGH TEMP LOGGING DISHWASHER | \$5,700 | REPLACEMENT |
| 20-135-1400 | CHADWICK STREET | ADDITIONAL BEDROOM IN LOWER LEVEL | \$25,000 | RENOVATION |
| 20-145-1400 | BISSELL STREET | HIGH TEMP LOGGING DISHWASHER | \$5,700 | REPLACEMENT |
| 20-150-1400 | HEATHER STREET | HIGH TEMP LOGGING DISHWASHER | \$5,700 | REPLACEMENT |
| 20-150-1400 | HEATHER STREET | HANDICAP ACCESS TO BATHROOM FROM HALLWAY | \$5,800 | RENOVATION |
| 25-100-0900 | NURSING HOME ADMINISTRATION | SIT TO STAND DESKS (4) | \$2,600 | NEW*** |
| 25-100-3000 | POST ACUTE CARE | RECLINERS (7) | \$21,000 | ADDITIONAL ITEM |
| 25-100-3000 | POST ACUTE CARE | BARIATRIC BEDS (2) | \$10,000 | REPLACEMENT |
| 25-100-3000 | POST ACUTE CARE | AIR MATTRESSES (3) | \$4,500 | REPLACEMENT |
| 25-100-3000 | POST ACUTE CARE | ONE ARM DRIVE WHEELCHAIR (3) | \$3,000 | ADDITIONAL ITEM |
| 25-100-3100 | LONG TERM CARE | HORER TRANSFER SYSTEM | \$5,000 | ADDITIONAL ITEM |
| 25-100-3100 | LONG TERM CARE | BARIATRIC BED | \$5,000 | ADDITIONAL ITEM |
| 25-100-3100 | LONG TERM CARE | AIR MATTRESSES (3) | \$4,500 | REPLACEMENT |
| 25-100-3100 | LONG TERM CARE | E TAC LIFTING DEVICE (8) | \$2,800 | ADDITIONAL ITEM |
| 25-100-3100 | LONG TERM CARE | WHEELCHAIR SCALE | \$2,000 | REPLACEMENT* |
| 25-100-3200 | LEGACIES | BARIATRIC FULL BODY LIFT | \$9,000 | REPLACEMENT |
| 25-100-3200 | LEGACIES | AIR MATTRESSES (4) | \$6,000 | REPLACEMENT |
| 25-100-3200 | LEGACIES | SIT TO STAND LIFT (2) | \$16,000 | REPLACEMENT |
| 25-100-3800 | VENT SERVICES | POWER WHEELCHAIR ASSIST | \$6,500 | ADDITIONAL ITEM |
| 25-100-3800 | VENT SERVICES | FULL BODY BARIATRIC LIFT | \$9,000 | ADDITIONAL ITEM |
| | PINE CREST | CARGO VAN FOR LAUNDRY TRANSPORT | \$65,000 | NEW |
| | PINE CREST | PASSENGER VAN/ OR SMALL BUS | \$65,000 | NEW |
| | PINE CREST | MED CARTS (9) | \$18,000 | NEW |
| | PINE CREST | VITAL SIGNS MACHINES | \$4,500 | REPLACEMENT |
| | PINE CREST | WHEELCHAIRS | \$10,000 | REPLACEMENT |
| | PINE CREST | PRESSURE MATTRESSES (6) | \$12,000 | ADDITIONAL ITEM |
| | PINE CREST | PATIENT LIFT | \$6,000 | REPLACEMENT |
| TOTALS | | | \$428,700 | |

* PURCHASE TOGETHER
 ** PURCHASE TOGETHER
 *** PURCHASE TOGETHER

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North Central Health Care

Person centered. Outcome focused.

Wausau Campus

1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center

607 N. Sales Street, Suite 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center

2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center

1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

Pine Crest Nursing Home

2100 E 6th Street
Merrill, WI 54452
715.536.0355

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.

www.norcen.org



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Finalized electronic copy is available on www.norcen.org/Budget

NURSING HOME MANAGEMENT AGREEMENT

This Management Agreement, herein referenced to as the “Agreement” is effective the 1st day of January, 2020, by and between Lincoln County, a political subdivision of the State of Wisconsin and doing business as a quasi-municipal corporation, pursuant to §59.01, Wis. Stats. (“County”) and the North Central Community Services Program (NCCSP), d/b/a and herein referenced to as “North Central Health Care” or “NCHC”, a multi-county department of community programs carrying out its responsibilities as a board constituted by the Joint County Agreement between Langlade, Lincoln and Marathon Counties pursuant to section §51.42 and §66.0301 Wis. Stats as a quasi-political subdivision. The parties agree and follows:

1. Prior Agreements Terminated. This agreement terminates all prior agreements between the parties for nursing home management, except that it shall not be construed as affecting the Joint County Agreement establishing the North Central Community Services Program.

2. County Nursing Home Facility. The County owns land and a nursing home building known as Pine Crest Nursing Home (“Pine Crest”) located at 2100 E. Sixth Street, Merrill, Wisconsin, containing 180 licensed skilled nursing home beds (collectively, the “Facility”) . This agreement does not transfer ownership of the Facility. The County will enter into a separate Agreement with NCHC regarding the Facility’s Use and Maintenance.

3. Designation of Administrator/Manager. The County, pursuant to §51.42(3)(b) of the Wisconsin Statutes may designate its 51.42 board as the administrator of any county health program or institution in addition to the board’s responsibilities for the county community mental health, addiction and disabilities programs. The County has designated NCHC as administrator and manager of its county nursing home program provided through the Facility. NCHC accepts that designation and agrees to manage the entire operation of the County’s nursing home Facility. The County shall not unreasonably interfere with NCHC’s management of the day-to-day operations of the Facility and shall refrain from interference with and from participation in any management functions which are delegated to NCHC under this Agreement. County grants to NCHC the sole and exclusive authority to formulate and implement necessary policies, programs and operations necessary with respect to the Facilities.

4. Term and Termination. The term of this Agreement shall commence at 12:01 a.m. on January 1, 2020, and end at 11:59 p.m. on December 31, 2024. This Agreement shall automatically be extended for an additional one-year period, and, in turn, for subsequent one-year terms unless either of the parties provides written notice to the other of the notifying party’s intent not to renew prior to one hundred and eight (180) days prior to the end of the term after which termination will be effective. Notwithstanding anything to the contrary in this section or this Agreement, the Agreement shall terminate on the effective date of any dissolution of the multicounty department of community programs, now known as the North Central Community Services Program. In addition, if the County fails to approve in substance NCHC’s budget

request, then negotiation on continuation of the Agreement shall commence forthwith. NCHC may terminate this Agreement by written notice to the County within sixty (60) days following the County's action on the budget request if negotiations are unsuccessful, in which case termination shall be effective at the start of the year to which the budget request applies.

5. Services Provided. During the term of this Agreement, NCHC shall provide the County with all necessary and appropriate services for the management of the Facility so that the Facility will be operated in a manner consistent with industry standards. Wherever in this Agreement NCHC is required to obtain the consent or approval of the County, such consent or approval may be given by the County Administrative Coordinator or his/her designated appointee, as the representative of the County. In furtherance of, and without limiting the foregoing general responsibility, NCHC shall provide the Facility with the services set forth in Exhibit A, attached hereto, and those services set forth below, all for the compensation set forth in Exhibit B, attached hereto, and within the performance expectations for those services set forth in Exhibit C, attached hereto; any additional services provided by NCHC shall be provided only with County's prior written permission and at County's agreement as to cost.

6. Provider Qualifications. NCHC shall at all times during the term of this Agreement: (a) be fully qualified, adequately experienced and trained before being assigned to perform services; (b) have current and unrestricted license to provide services; and (c) be a participating provider in applicable healthcare programs maintained by governmental payers.

7. Licenses and Certifications. NCHC shall apply for and obtain and maintain all licenses and certifications required of NCHC in connection with its management of the Facility on behalf of the County.

8. Contracts, Leases and Agreements. NCHC shall enter into all contracts, leases and/or use agreements and other agreements required in the ordinary course of business for the operation, maintenance and service of the Facility in the name of the County.

9. County Obligation. Everything done by NCHC under Exhibit A, shall be done on behalf of the County and all related obligations incurred shall be at the ultimate expense of the County.

10. Accounting. NCHC shall account for all income and expenses relating to the operation of the Facility separately from all other operations of NCHC and in accordance with accounting principles generally accepted in the United States of America and government auditing standards. On or before April 30th of each year, NCHC shall provide the County an annual combining Financial Statements of all income received and expenditures incurred in connection with the operation of the Facility. Unless NCHC is notified to the contrary by the County, the annual combining Financial Statements shall be deemed accepted by the County ninety (90) days after its receipt by the County. The County will adhere to the Fund Balance Policy of NCHC.

11. Allocation Between Programs. Through use of County's property, NCHC provides services both to the County's nursing home program and to programs administered by NCHC for Langlade, Lincoln, and Marathon Counties. NCHC shall allocate services provided between these programs and shall allocate items of income and expense accordingly.

12. Damage by Fire or Other Casualty. If during the term of this Agreement, property on the listing for the Facility is destroyed or otherwise damaged by fire, the elements or any other cause, the County shall have the option to replace, rebuild, reconstruct or repair (collectively, "restore") the property to, as closely as reasonably possible, the original condition. The County's option to restore shall be elected by giving written notice to NCHC within thirty days of notice by NCHC of the damage or destruction. If the County elects to exercise its option, the replacement, rebuilding, reconstruction or repairing shall commence immediately after proper adjustment is made by the insurance carrier and in any event, within ninety (90) days after the damage, and shall be completed as expeditiously as possible. If the County elects not to restore after damage this Agreement shall be deemed to have terminated as to the property lost. If NCHC determines that the loss materially affects operations, then the entire Agreement may be subject to termination at NCHC's election, after consultation with the County.

13. Insurance Coverage. On all policies purchased or maintained by NCHC and by the County in accordance with this section, each party shall add the other party as an additional insured and shall provide certificates of insurance showing the coverage called for upon request.

- A. Property and Casualty. The County shall maintain property and casualty insurance with extended coverage endorsement and with such full insurance clauses as the County may determine to be necessary covering the property in an amount equal to the reasonable replacement value. The County will maintain coverage for the building and equipment. NCHC shall maintain property and casualty insurance for all contents in the Facility.
- B. Workers Compensation. NCHC shall maintain Workers Compensation Insurance as required by Wisconsin Statutes, for all NCHC employees. County shall maintain Workers Compensation Insurance as required by Wisconsin Statutes, for all County employees working in the Facility. In case any work is subcontracted, the contracting party shall require the subcontract or similarly to provide statutory Workers Compensation for all of the subcontractor's employees, unless such employees are covered by the protection afforded by either party's policies.
- C. Insurance. NCHC shall secure and maintain in force throughout the duration of this agreement Comprehensive General Liability, Professional Liability, Automobile Liability, Business Interruption, Excess Liability Insurance covering its officers, agents, and employees, and including all buildings, parking lots, sidewalks and other common areas subject to this Agreement, and their use. Said insurance shall cover NCHC, and any subcontractor, regarding claims for damages for personal injuries,

including accidental death, as well as from claims for property damage, which may arise from operations under this agreement. The minimum amount of such insurance shall be as follows:

- i. General Liability: \$1,000,000 per occurrence and \$3,000,000 in aggregate for bodily injury and Property Damage.
- ii. Professional Liability Coverage: \$3,000,000 per occurrence and \$3,000,000 in aggregate.
- iii. Automobile Liability: \$3,000,000 per occurrence and \$3,000,000 in aggregate for bodily injury and property damage.
- iv. Business Interruption: \$5,000,000 per each occurrence.
- v. Excess Liability Coverage: \$3,000,000 over the General Liability and Automobile Liability Coverage.

D. Builders Risk. During the course of construction of any improvements, additions or alterations to the property, NCHC shall obtain and keep in force a policy of builder's risk insurance in an amount sufficient to cover the cost of repair or replacement of the improvement, addition or alteration.

14. Mutual Indemnification and Hold Harmless. NCHC hereby agrees to release, indemnify, defend and hold harmless the County, its officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, which is determined to be caused by the negligent or intentional acts or omissions of its officers, officials, employees, agent or assigns. NCHC does not waive, and specifically reserves, its rights to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

The County hereby agrees to release, indemnify, defend and hold harmless NCHC, its officials, officers, employees and agents from and against all judgments, damages, penalties, or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, which is determined to be caused by the negligent or intentional acts or omissions of its officers, officials, employees, agent or assigns. The County does not waive, and specifically reserves, its rights to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

15. Compliance with Law. Using its reasonable best efforts to assist County in maintaining the Facility' compliance with the federal, state, local and municipal laws, rules, regulations, ordinances, orders and requirements governing the establishment, operation and maintenance of the Facility (collectively, the "Laws"), including, but not limited to laws relating to the federal Health Insurance Portability and Accountability Act ("HIPAA"), the Medicare and Medicaid programs, licensure of the Facilities, zoning, the so-called federal Stark law, and the federal and state anti-kickback laws. Without limiting the generality of the foregoing, NCHC will (i) prior to hiring a new employee of a Facility or engaging an independent contractor or agent of a Facility, and regularly thereafter, review the U.S. Department of Health and Human Services ("HHS") Office of Inspector General internet data base for the List of Excluded Individuals/Entities (currently www.exclusions.oig.hhs.gov/) and Excluded Parties Listing System (currently www.epls.gov) and other appropriate sources to insure that none of the employees, contractors or agents of the Facilities have been excluded from or sanctioned by Medicare, Medicaid or any other federal health care program and are not otherwise excluded from participation in the business and services conducted or provided by the Facilities, and (ii) insure that each contractor providing services to a Facility has entered into a written agreement with such Facility to protect patient information in accordance with HIPAA, if required by HIPAA. In furtherance of and not in any way limiting the foregoing, NCHC, at the expense of the Facility, will obtain, renew and keep current and in force all licenses, permits, authorizations and approvals required for operation of the Facility as required by the Laws.

16. Title XVIII Requirements. In accordance with Title XVIII provisions, until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, NCHC will make available, upon written request of the Secretary, United States Department of Health and Human Services, or upon request of the Controller General, or any of their duly authorized representatives, the contract and books, documents, and records of NCHC necessary to certify the nature and extent of such services.

17. Nondiscrimination. NCHC will not discriminate against any consumer of services provided under this Agreement because of age, race, creed, color, sex or handicap. To the extent required by federal or state law, NCHC agrees that in performing work under this Agreement, NCHC will not discriminate against any employee or applicant for employment because of their age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, membership in the National Guard, state defense force or any other reserve component of the military forces of the United States or the State of Wisconsin, or use or nonuse of lawful products off the employer's premises during nonworking hours. This prohibition shall include, but not be limited to, discrimination in employment promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training including apprenticeship. NCHC agrees to take affirmative action to ensure equal employment opportunities, and to post in a conspicuous place available for employees and applicants for employment notices setting forth these nondiscrimination provisions.

18. Corporate Compliance. The County acknowledges the commitment of NCHC to carry out the provision of health care and all related activities consistent with the highest ethical, moral and legal standards, as well as the adoption by NCHC of a corporate compliance plan to do so. The County will make its employees, agents, directors and officers aware of this commitment and ensure their compliance with it in all respects.

19. Health Insurance Portability and Accountability Act (HIPAA) Compliance. NCHC agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to the extent those regulations apply to the services NCHC provides or purchases with funds provided under this Agreement. NCHC shall comply with all requirements of HIPAA as it applies to NCHC’s services under this Agreement and shall execute a Business Associate Agreement with the County.

20. Confidentiality. Both parties agree to maintain the confidentiality of all reports, documents and recommendations provided to them and not to disclose or share such report with any other consultant or any other party not directly employed by them. Additionally, each part will comply with all laws and regulations relating to confidentiality of patient information.

21. Exclusion from Federal Health Care Programs. NCHC hereby represents and warrants that it is not and at no time has been excluded from participation in any federally funded health care programs, including Medicare and Medicaid. NCHC agrees to immediately notify the County of any threatened, proposed or actual exclusion from any federally funded health care program, including Medicare and Medicaid, with respect to it or any of its employees or contractors. In the event that NCHC is excluded from participation in any federally funded health care program during the term of this Agreement, or if at any time after the effective date of this Agreement it is determined that NCHC is in breach of this requirements, this Agreement shall, as of the effective date of such exclusion or breach, automatically terminate.

22. Non-Debarment Clause. NCHC certifies that neither it nor any of its principal officers or officials have ever been suspended or debarred, for any reason whatsoever, from doing business or entering into contractual relationships with any governmental entity. North Central Health Care further agrees and certifies that this clause shall be included in any subcontract of this Agreement.

23. Non-Appropriation of Funds. Notwithstanding anything contained in this Agreement to the contrary, no event of default shall be deemed to have occurred under this Agreement if adequate funds are not appropriated during a subsequent fiscal period during the term of this Agreement to enable the County to meet its obligations hereunder, and at least thirty (30) days’ written notice of the non-appropriation.

24. Assignment. NCHC shall not assign this Agreement without the County’s written consent.

25. Notices. Any notice required or permitted under this Agreement shall be deemed sufficiently given or served if sent by registered mail to the following applicable party at the following address:

To NCHC, by addressing to:

NCHC Board
Attention: Chief Executive Officer
North Central Health Care
1100 Lake View Dr.
Wausau, WI, 54403-6799

To County, by addressing to:

Lincoln County
Attention: Administrative Coordinator
Administration Department
801 N. Sales Street, Suite 205
Merrill, WI 54452

Either party may by notice designate a different address to which notices shall be sent. Notices given in this manner shall be deemed received when mailed.

26. Inspection. The County and its authorized representatives shall have the right, upon giving reasonable notice and at reasonable times, to enter the Facility or any part thereof and inspect the same for the purpose of determining NCHC's compliance with the terms of this Agreement.

27. Records. NCHC will provide records as required by state and federal laws, rules and regulations, and will allow inspection, to the extent permitted by law, by representatives of the County or governmental agencies to the extent necessary to confirm NCHC's compliance with this Agreement. All records will be maintained and will be in the possession of NCHC. NCHC will disclose no client-identifying information relating to eligible clients who receive services under this Agreement except with the client's informed written consent or that of the client's legal guardian or agent as authorized under a valid Health Care Power of Attorney, and except to the extent permitted by applicable state and federal confidentiality laws.

If either party carries out any of the duties of the Agreement through a subcontract, with a value or cost of \$10,000 or more over a twelve-month period, with a related organization, such subcontract shall contain a clause to the effect that until the expiration of four years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of Health and Human Services, or upon request by the Comptroller General of the United States, or any of their duly authorized representatives, the subcontract, and books, documents and records of such organization that are necessary to verify the nature and extent of such costs.

If either party is required to disclose any books, documents and records relevant to this Agreement for the purpose of an audit or investigation, they shall notify the other party of the nature and scope of the request.

28. Waiver and Modification. This Agreement, and its terms may be waived, altered, amended, modified, cancelled or discharged by the parties upon specific written agreement, or as otherwise specifically provided in this Agreement.

29. Automatic Modification. If any law is enacted by the State of Wisconsin or by the United States of America which affects, modifies, or changes the duties and obligations of the parties hereunder, the NCHC shall notify the County of the needed modifications or changes and this Agreement shall be modified or terminated in a manner consistent with law and mutually agreeable to the parties.

30. No Joint Venture or Partnership. Nothing contained in this Agreement shall constitute the relationship of principal and agent or of partnership or of joint venture, or of any association between NCHC and the County other than that created by the Joint County Agreement referenced herein above.

31. Employment. None of the provisions of this Agreement are intended to create nor shall be deemed or construed to create, an employment relationship between the County and NCHC, NCHC staff or to allow the County to exercise control or direction over the manner or method by which they perform the services called for under this Agreement, which services will be provided in a manner consistent with a professional standard care and the provisions of this Agreement. In performing services under this Agreement, NCHC and NCHC staff shall clearly identify themselves as employees of North Central Health Care.

32. Dispute Resolution. If a dispute related to this Agreement arises, all parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the parties, and if all parties agree, it may be submitted to either mediation or arbitration. If the matter is arbitrated, the procedures of Chapter 788 of the Wisconsin Statutes or any successor statute shall be followed. If the parties cannot agree to either mediation or arbitration, any party may commence an action in any court of competent jurisdiction. If a lawful suit is commenced, the parties agree that the dispute shall be submitted to alternate dispute resolution pursuant to §802.12, Wis. Stats., or any successor statute.

Unless otherwise provided in this Agreement, the parties shall continue to perform according to the terms and conditions of the Agreement during the pendency of any litigation or other dispute resolution proceeding.

The parties further agree that all parties necessary to the resolution of a dispute (as the concept of necessary parties is contained in Chapter 803, Wisconsin Statutes, or its successor chapter) shall be joined in the same litigation or other dispute resolution proceeding. This language relating to

dispute resolution shall be included in all Agreements pertaining to this project so as to provide expedient dispute resolution.

33. Force Majeure. Neither party shall be responsible for the non-performance of its obligations under this Agreement if such non-performance is caused directly or indirectly by acts of God, acts of civil or military authority, civil disturbance, war, terrorism, fires, or strikes. The party so affected shall give notice to the other party and shall do everything reasonably possible to resume performance.

34. Captions. Captions are used throughout this Agreement for convenience or reference only and shall not be considered in any manner in the construction or interpretation of this Agreement.

35. Severability. If any of the terms of this Agreement are declared to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions, or the application of such to persons or circumstances other than those to which it is declared invalid and unenforceable, shall not be affected, and shall remain effective, valid and enforceable to the fullest extent permitted by law.

36. Construction. This Agreement shall be construed according to the laws of the State of Wisconsin. This Agreement shall be interpreted and construed in a fair and impartial manner without regard to such factors as which party prepared the instrument or the parties' relative bargaining powers.

37. Other Documents. Each of the parties agrees to sign any other documents as may be appropriate to carry out the intentions expressed in this Agreement.

38. Entire Agreement. This Agreement, and any other instruments or agreements it refers to, constitute the entire agreement between the parties with respect to the subject matter, and there are no other representations, warranties, or agreements except as provided in this Agreement.

39. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original.

40. Parties Bound. Each provision of this Agreement shall extend to and shall, as the case might require, bind and inure to the benefit of the County and NCHC and their respective legal representatives, successors and assigns.

NORTH CENTRAL COMMUNITY
SERVICES PROGRAM BOARD:

By: _____
Jeff Zriny, Chair

By: _____
Michael Loy, CEO

LINCOLN COUNTY BOARD
OF SUPERVISORS:

By: _____
Bob Lee, Chair

By: _____
Jason Hake, Administrative Coordinator

EXHIBIT A.
SERVICES PROVIDED

North Central Community Services Program (NCHC) will provide management and operating services for the Facility as follows:

1. Care and Services. Residential habilitative and rehabilitative services, together with medical, food, laundry and other services appropriate for a nursing care facility for Facility residents. Based on the projected community needs, Pine Crest services will include:

- a. Long-term care, including long-term care for the protectively placed and vulnerable with complex medical or behavioral health needs who are difficult to care for and are likely not to have access to other nursing homes in Lincoln County.
- b. Dementia care services for the protectively placed and vulnerable.
- c. Short-term rehabilitation for the medically complex or individuals with a behavioral health diagnosis.
- d. Hospice care.

2. Rates and Collections. County authorizes and directs NCHC to set all rates charged for its services to Facility residents or patients, and to collect and receive any and all charges, rents, or payments which may at any time be made or become due for those services. NCHC shall also evict residents or take legal action against residents delinquent in charges for services provided at Facility. NCHC shall negotiate the terms of and execute, third-party payor contracts on behalf of the County. NCHC will manage and administer the Facility's participation in and performance of services under, third-party payor contracts. NCHC will not disclose any information relating to any third party contract.

3. Contracts. On behalf of the County, negotiating, entering into and administering all leases, contracts and agreements for the purchase, lease, maintenance, and repair of all equipment, supplies, materials and services necessary and appropriate for the operation of the Facilities.

4. Inventories. Ordering and maintaining appropriate inventories of supplies.

5. Personnel. Hire, pay, supervise, and discharge personnel employed at the Facility as it deems necessary to operate the Facility. All employees, including the Administrator, shall be hired as employees of NCHC and compensation and personnel policies shall be the responsibility of NCHC. NCHC will manage the payroll for the employees of the Facility, taxes, and other obligations arising out of services performed by the Facility or personnel.

NCHC will administer systems for the development, preparation and custody of records and books of account, including financial and employee records, relating to the business and affairs of the Facility.

6. Equipment and Supplies. Make all contracts, place all orders for supplies and all other necessary services as well as appliances, equipment, materials and supplies necessary to properly operate the Facility.

7. Regulatory Compliance. Take all action necessary to comply with all applicable laws and any orders, penalties, or requirements affecting the Facility issued by any federal, state or municipal authority.

EXHIBIT B.
COMPENSATION

NCHC shall receive an annual tax levy contribution to operations of \$440,815. This amount may be amended by the County during the annual budget process or upon request by NCHC.

NCHC shall be designated to receive and use all funding designated by other agencies on behalf of the County designated solely for the operation of the County's skilled nursing facility. This includes but is not limited to funding from other agencies such as the State of Wisconsin's Supplemental Payment and Certified Public Expenditures Funds as available.

EXHIBIT C.
PERFORMANCE EXPECTATIONS

The County shall have the following performance expectations of NCHC in the management of Pine Crest and NCHC shall report to the County's Administrative & Legislative Committee at reasonable intervals in regards to:

1. Scope of Services Provided and Corresponding Admissions Criteria
 - a. The County shall be notified of any proposed changes in licensed beds, services provided and/or any substantive changes to admissions criteria that would materially impact the Mission or services of Pine Crest.
2. Employee Retention, Engagement and Competency
 - a. Staff retention rates for Pine Crest, Employee Engagement Surveys, and Competency (Training) reports will be produced annually.
3. Regulatory Compliance and Quality of Care
 - a. All announced and unannounced State Survey results will be reported to the County as soon as they have been finalized. NCHC shall measure and regularly report on a number of relevant quality of care indicators. The County's expectation of Pine Crest is that it remains a four (4) star facility or better as determined by the Center for Medicare and Medicaid Services (CMS).
4. Financial Performance, Rates and Collections
 - a. An annual reporting of Financial Performance, Rates and Collections will be delivered to the County in the annual audit in addition to detailed information produced annually in the development of the proposed budget.
5. Tax Levy and Operating Performance Targets
 - a. Pine Crest's census will be managed with an appropriate payer mix to achieve financial viability given the County's annual tax levy appropriation. Reporting on defined operating performance targets will be made available to the County Board semi-annually along with other quality of care and financial performance information.

EXHIBIT D.
AGREEMENTS STIPULATED TO IN THE INITIAL TRANSFER OF
MANAGEMENT RESPONSIBILITIES OF PINE CREST
FROM LINCOLN COUNTY TO NORTH CENTRAL HEALTH CARE

The County and NCHC agree to the following items as conditions of the transfer as follows:

1. Assets. County agrees to the transfer of Pine Crest Assets as follows:
 - a. Lincoln County will retain all cash and cash equivalents related to operations of Pine Crest prior to January 1, 2020 as determined at the close of the 2019 fiscal reporting year.
 - b. Lincoln County will provide the necessary operational start-up cash as agreed to by Lincoln County's Finance Director and NCHC's Chief Financial Officer, and as approved by Lincoln County's Finance Committee.
 - c. County agrees to transfer all assets of the Facility, excluding building and maintenance related equipment, to NCHC whereby these assets would be reported on the financial statement of NCHC as assets of Pine Crest in the same manner as established and stipulated within the Joint County Agreement.
 - d. Lincoln County will transfer and NCHC will accept all GASB 68 & 75 related assets related to employees of Pine Crest Nursing Home at the time of the transfer as of January 1, 2020.

2. Accrued Liabilities. County agrees to transfer the necessary funding to fully fund any outstanding liabilities related to current operations and employees of Pine Crest as follows:
 - a. Lincoln County will pay all accounts payable related to the operations of Pine Crest prior to January 1, 2020 as determined at the close of the 2019 fiscal reporting year.
 - b. Lincoln County employees will have eligible leave balances calculated as of December 31, 2019, paid out by Lincoln County as:
 - i. A conversion of current and accrued vacation and payment to NCHC to fund a paid leave balance
 - c. Lincoln County will transfer and NCHC will accept all GASB 68 & 75 related liabilities related to employees of Pine Crest Nursing Home at the time of the transfer as of January 1, 2020.
 - d. Lincoln County will pay for all Incurred But Not Reported (IBNR) for all employee benefits plans, workers compensation programs and insurance programs related to the operation of Pine Crest prior to January 1, 2020.

3. Long-Term Liabilities. NCHC agrees to assume the long-term liabilities balances as of January 1, 2020 on behalf of the County. Lincoln County will continue to service all debt related to Pine Crest long-term liabilities, with reimbursement from NCHC, as payments come due.
4. Facility Maintenance Staff. NCHC agrees to transfer the Maintenance Staff from Pine Crest to the County. County agrees to fund these position using other tax levy funding other than the Compensation listed in Exhibit B. County further agrees to continue to provide maintenance service to Pine Crest in a similar method and effort as what was in place prior to the transfer unless amended through mutual agreement of the parties.
5. Information Technology Services. County agrees to provide all Information Technology Services currently provided to Pine Crest by Lincoln County staff until December 31, 2020. At which time, County will transfer Information Technology Services to NCHC to be managed by the City-County Information Technology Commission. NCHC will provide a reasonable cost related to the transfer of these services, to be agreed upon by NCHC and Lincoln County.
6. Employee Tenure. NCHC agrees to recognize all years of service at Pine Crest for purposes of service related benefits and recognition regardless of when Pine Crest Employees became NCHC employees.
7. Governance of Pine Crest. County agrees to dissolve the Pine Crest Board of Trustees and transfer the oversight of Pine Crest to the NCCSP Board. NCHC agrees to create a Nursing Home Operations Committee as Committee under the North Central Community Services Program Board as follows:
 - a. Purpose: The Nursing Home Operations Committee is appointed by the North Central Community Services Program Board to oversee the operations of the Lincoln County nursing home (Pine Crest), and the Marathon County nursing home (Mount View Care Center). Specifically, the Committee is charged with the successful regional operational integration of the two nursing homes while also monitoring and responding to local needs of each nursing home. The Committee works closely with the NCHC CEO, Nursing Home Operations Executive and CFO, providing expertise, establishing expectations of operations and monitoring those expectations, including quality of care. The Committee provides consultation with regards to the broad strategic direction for the Nursing Home.
 - b. Members: Minimum of seven (7) member committee consisting of representatives from the North Central Community Services Program Board (51.42 Board) and the general public who are residents of

Lincoln and Marathon County with knowledge and/or expertise in long term care, healthcare, and/or business and industry. Members will be appointed annually by the NCCSP Board Chair. Three (3) members will be Lincoln County residents with not less than one (1) of the three (3) members being a Lincoln County appointee to the NCCSP Board. Three (3) members will be Marathon County residents with not less than one (1) of the three (3) being a Marathon County appointee to the NCCSP Board. One (1) additional at-large member shall be a community member with expert knowledge and experience in the long term care industry who shall be a resident of either Lincoln or Marathon County. The Committee shall be chaired only by a member of the NCCSP Board appointed to the Committee by the NCCSP Board Chair. All current Pine Crest Board of Trustee Directors will be offered the opportunity for initial appointment to the Committee.

- c. Authority: Reports to and makes recommendations to the NCCSP Board when policy changes are needed. Certain policy decision recommendations must be forwarded by the NCCSP Board to each respective county as stipulated in the Management Agreement with each county for consideration prior to implementation. The Committee will be involved in operational consultation, strategic planning and monitoring performance expectations.

2019 NCCSP BOARD CALENDAR – Next Three Months

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. Appoint Nomination Committee.

Board Policy to Review: Policy Governance Manual

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

Thursday October 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

Thursday December 12, 2019 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Elections – Election of directors and officers consistent with applicable provisions in the bylaws. Operational Plans – Review and approve proposed Operational Plan. CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. Approve Quality and Corporate Compliance Plan for the upcoming year. Approve Organizational Dashboard. Approve Utilization Review Plan for upcoming year.

Board Policy to Review: Complaints and Grievance Policies, Purchasing Policy, and CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic: TBD