North Central Health Care
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OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Nursing Home Operations Committee of the North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

Tuesday, August 25, 2020 at 3:00 PM
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

***Phone Number:** 1-408-418-9388 **Access Code 146 790 5561** **Meeting Password**: 1234*

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.

AGENDA

1. CALL TO ORDER

2. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
   (Limited to 15 Minutes)

3. ACTION: APPROVAL OF JULY 28, 2020 NURSING HOME OPERATIONS COMMITTEE MINUTES

4. FINANCIAL REPORT – J. Meschke

5. NURSING HOME OPERATIONS REPORTS
   A. Mount View Care Center – K. Woller and C. Gliniecki
   B. Pine Crest Nursing Home – Z. Ziesemer and R. Hanson

6. CENSUS MANAGEMENT AND CAPITAL PLANNING FOR MVCC AND PINE CREST NURSING HOMES POST-COVID-19 – M. Loy

7. NURSING HOME INDUSTRY UPDATES – K. Gochanour

8. FUTURE AGENDA ITEMS

9. ADJOURN

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

Presiding Officer or Designee

DATE: 08/19/2020 TIME: 4:30 PM BY: D. Osowski

North Central Health Care
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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
NURSING HOME OPERATIONS COMMITTEE

July 28, 2020 **3:00 PM** **Conference Call**

Present:	X	Jeff Zriny	X	Paul Gilk	X	Bob Weaver
	X	Cindy Rider	X	Pat Voermans	X	Romey Wagner
	X	Kurt Gibbs				

Staff: Michael Loy, Jarret Nickel, Kim Gochanour, Jill Meschke, Connie Gliniecki, Zach Ziesemer, Ryan Hanson, Kristin Woller

Call to Order

- Meeting was called to order at 3:01 p.m.

Public Comment for Matters Appearing on the Agenda

- None

ACTION: Approval of June 23, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Gilk/Rider, to approve the June 23, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – J. Meschke

- Mount View Care Center showed a loss for the month of June compared to target; YTD is showing a gain of $636,000 compared to a close break even position. We did not receive Cares Act funding during the month of June. Without receiving Cares Act funding in the previous two months we would be at a $371,000 loss. Census average was 160 compared to target of 183 and Medicare census average was 12 compared to a target of 20. Overall expenses are currently favorable to plan. Salaries are favorable to budget.
- Pine Crest Nursing Home summary for June showed a gain for the month of $19,000 compared to a break even position. It is also showing a favorable YTD position of $280,000. During June Pine Crest received a stimulus payment of $125,000. Census averaged at 120 compared to budge of 155. Second quarter average census was 126 with the Medicare census average at 10. Losses were strictly related to volume census. Salary expenses were favorable in June as well as indirect expenses.
- The 2021 budget process was discussed as it relates to the declining census in both nursing homes and the importance of moving forward with adjusted targets. Consideration must also be given to the Covid pandemic which has negatively impacted the decisions for placing individuals in nursing homes. Lincoln County will be making decisions on significant capital improvements and refinancing debt of Pine Crest so they will be looking to have accurate projections to assist in their decision-making.

Nursing Home Operations Reports

- Mount View Care Center – K. Woller
  - The monthly report was reviewed. Additional comments included:
    - Committee was very impressed by all of the activities being provided residents especially during times when visitation and family contact are limited.
    - Adding long term care beds would not be advantageous as it is driven by the market and the current shift is for specialty care such as dementia, vent, etc.
  - Covid Update – C. Gliniecki
    - 7 residents and 2 employees tested Covid positive on one of the nursing home units, South Shore. South Shore has been placed on enhanced precautions which relates to implementing maximum protection for residents and staff.
    - A meeting was held with local and state public health offices as well as the Dept. of Health Services. We provided them with a detailed timeline of events that resulted in limited questions and we've implement all recommended CDC guidelines.
    - All employees (60) and residents (25) of South Shore have been tested for Covid and testing will continue regularly until no additional positive results are found.
    - Continual auditing of our personal protective equipment (PPE) keeps our employees with the supplies they need.
    - Staff, medical personnel, and families have been wonderfully supportive.
    - M. Loy and the staff commended Connie for her outstanding leadership; she has and continues to do a tremendous job.
    - M. Loy also provided an update that the plan we have in place to open a Covid positive unit was designed to take on overflow from the hospital only should the hospital reach surge capacity. We are currently managing all of the residents safely on South Shore.
    - Designated staff are assigned to the unit to provide all of the care and activities for the residents.
  - K. Gibbs asked for clarification on the budget, long term sustainability and strategy of the nursing home noting the declining census and as it relates to the facility renovation plans and ability to service the debt.
    - The renovation plans were designed with an average census of 176. The new nursing tower will have 96 beds and the second floor of Mount View has plans for 80 beds. Mount View Care Center renovations begin late in 2021 which allows time to modify the scope of the renovation and the potential to reduce bed capacity.
    - We continue to work with Aspirus in an effort to make sure we are offering higher acuity post-acute care options. We also see the steady increase in the need for dementia care.
    - We anticipate substantial regulatory changes will occur from the Covid pandemic in the necessity for private rooms, air handling systems, infection prevention guidelines, etc.

- Pine Crest Nursing Home – Z. Ziesemer
    - The monthly report was reviewed. Additional comments included:
        - Two staff tested positive for Covid. One employee did not work during time of transmissibility. The second employee was working during time of potential transmissibility on the Rehab Unit. Another housekeeper is currently on leave due to potential exposure. Testing of residents is nearing completion with results expected in a few days.

Admission Policy for Mount View Care Center and Pine Crest Nursing Home – K. Gochanour

- Policy was review. No questions or discussion
- **Motion**/second, Voermans/Weaver, to approve the Admission Policy as presented. Motion carried.

Nursing Home Industry Updates – K. Gochanour

- LeadingAge has been following potential changes in the next State Biennial Budget:
    - Looks bleak for additional funding but the Association is looking for creative ways to increase funding options i.e. bed tax from $170/month to $250/month, 1-2% direct care increase, investigate Minnesota's Medicaid reimbursement program, and federal match dollars.
    - Looking at a dementia care tier system certification which is based on what level of care is performed.
    - During Covid pandemic most waivers are being continued. However, the Payroll Based Journal (PBJ) waiver is not.
    - High risk areas will be able to do on-site testing; we anticipate the ability to test within the next 6 months.
    - Additional Cares Act funding is expected.
    - Also anticipate receiving a payment from the supplemental payment program for Pine Crest and Mount View.

Future Agenda Items

- None

Adjourn

- **Motion**/second, Gibbs/Rider, to adjourn the Nursing Home Operations Committee meeting at 4:00 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

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MEMORANDUM

DATE: August 19, 2020
TO: Nursing Home Operations Committee
FROM: Jill Meschke, Chief Financial Officer
RE: Nursing Home Financial Highlights

The following items are financial highlights for July, 2020.

Mount View Care Center:

- MVCC shows a gain for the month of $418,976 compared to a targeted loss of ($3,748) resulting in a favorable variance of $422,724. ❶
- Year-to-date MVCC shows a gain of $1,054,839 compared to the budgeted gain of $19,036 resulting in a favorable variance of $1,035,802. ❶
- During the month of July, MVCC did not receive any additional CARES Act stimulus funding. Without the receipt of $1,007,027 ❷ CARES Act funding year-to-date MVCC would be at a gain of $47,811 year-to-date.
- In July, MVCC received Certified Public Expenditures funding in July of $561,153. ❸
- Overall census in July averaged 162 per day compared to target of 183 per day. Second quarter averaged a census of 160 per day.
- The Medicare census averaged 18 per day compared to a target of 20. The Medicaid Vent census reduced from 10 to 9 the third week of July, which is below the target of 13. Self-Pay remains better than target, which does help with the payer mix shifts. The rate variance for July is an unfavorable ($47,128) for the month and ($326,507) year-to-date.
- Overall expenses are below plan. ❹ Favorability in employee benefits continues but is becoming less of a factor. In July, salaries expenses were favorable to target $12,565. Other expenses are generally favorable to plan, as in prior months.

Pine Crest:

- Pine Crest shows a loss for the month of ($223,683) compared to a targeted gain of $602, resulting in an unfavorable variance of ($224,284). ❶
- Year-to-date Pine Crest shows a gain of $56,016 compared to a budgeted loss of ($975) resulting in a favorable variance of $56,991. ❶
- During the month of July, Pine Crest did not receive any additional CARES Act stimulus funding. Without the receipt of $675,063 ❷ CARES Act funding year-to-date Pine Crest would be at a loss of ($619,047) year-to-date.
- Overall census averaged 123 per day compared to target of 155 per day. Second quarter averaged 126 per day.
- Medicare census averaged 10 per day. Self-pay residents continue to decrease. The rate variance has improved to a favorable $34,087 for July and a favorable $98,472 year-to-date.
- Direct expenses for July are unfavorable to budget with a variance of ($60,490). ❸ Year-to-date direct expenses are favorable to budget $253,490. ❸ Salaries expense is favorable to plan $37,422 ❸ in the month of July. Use of contracted providers and staff in July was unfavorable to budget by ($121,202). ❸

North Central Health Care
Mount View Care Center
Income Statement
For the Period Ending July 31, 2020

	MTD Actual	MTD Budget	$ Variance		% Variance	YTD Actual	YTD Budget	$ Variance		% Variance
REVENUE										
Net Patient Service Revenue	2,038,663	1,708,372	330,291	❸	19.3%	10,956,016	11,785,641	(829,625)		-7.0%
Grant Revenue	(998,827)	-	(998,827)		0.0%	8,200	-	8,200		0.0%
COVID-19 Relief Funding	1,007,027	-	1,007,027		0.0%	1,007,027	-	1,007,027	❷	0.0%
County Appropriations - Net	125,000	125,000	-		0.0%	875,000	875,000	-		0.0%
Departmental and Other Revenue	112,438	124,091	(11,653)		-9.4%	833,717	868,635	(34,917)		-4.0%
Total Other Revenue	245,638	249,091	(3,453)		-1.4%	2,723,945	1,743,635	980,310		56.2%
Total Revenue	2,284,301	1,957,463	326,839		16.7%	13,679,961	13,529,275	150,686		1.1%
EXPENSE										
Direct Expenses	1,273,511	1,304,681	31,170		2.4%	8,590,193	8,950,203	360,010		4.0%
Indirect Expenses	591,997	656,530	64,533		9.8%	4,036,047	4,560,036	523,988		11.5%
Total Expenses	1,865,508	1,961,211	95,702		4.9%	12,626,240	13,510,239	883,999		6.5%
Operating Income (Loss)	418,793	(3,748)	422,541	❹	-11273.8%	1,053,721	19,036	1,034,685		5435.3%
Nonoperating Gains(Losses)										
Interest Income	-	-	-		0.0%	-	-	-		0.0%
Donations and Gifts	183	-	183		0.0%	1,118	-	1,118		0.0%
Gain / (Loss) on Disposal of Assets	-	-	-		0.0%	-	-	-		0.0%
Total Nonoperating Gains / (Losses)	183	-	183		0.0%	1,118	-	1,118		0.0%
Income / (Loss)	418,976	(3,748)	422,724	❶	-11278.7%	1,054,839	19,036	1,035,802	❶	5441.2%

North Central Health Care
Pine Crest
Income Statement
For the Period Ending July 31, 2020

	MTD Actual	MTD Budget	$ Variance		% Variance	YTD Actual	YTD Budget	$ Variance		% Variance
REVENUE										
Net Patient Service Revenue	1,047,638	1,203,043	(155,404)		-12.9%	7,445,146	8,302,962	(857,815)		-10.3%
Grant Revenue	(675,063)	-	(675,063)		0.0%	-	-	-		0.0%
COVID-19 Relief Funding	675,063	-	675,063		0.0%	675,063	-	675,063	❷	0.0%
County Appropriations - Net	36,735	36,735	-		0.0%	257,142	257,142	-		0.0%
Departmental and Other Revenue	16,535	16,750	(215)		-1.3%	118,905	117,250	1,655		1.4%
Total Other Revenue	53,269	53,485	(215)		-0.4%	1,051,111	374,392	676,719		180.8%
Total Revenue	1,100,908	1,256,527	(155,620)		-12.4%	8,496,257	8,677,354	(181,097)		-2.1%
EXPENSE										
Direct Expenses	1,277,794	1,217,304	(60,490)	❸	-5.0%	8,156,586	8,410,075	253,490	❸	3.0%
Indirect Expenses	46,843	38,622	(8,221)		-21.3%	284,626	268,253	(16,373)		-6.1%
Total Expenses	1,324,637	1,255,926	(68,711)		-5.5%	8,441,212	8,678,328	237,117		2.7%
Operating Income (Loss)	(223,729)	602	(224,331)		-37283.2%	55,045	(975)	56,020		-5747.1%
Nonoperating Gains(Losses)										
Interest Income	46	-	46		0.0%	415	-	415		0.0%
Donations and Gifts	1	-	1		0.0%	556	-	556		0.0%
Gain / (Loss) on Disposal of Assets	-	-	-		0.0%	-	-	-		0.0%
Total Nonoperating Gains / (Losses)	47	-	47		0.0%	971	-	971		0.0%
Income / (Loss)	(223,683)	602	(224,284)	❶	-37275.5%	56,016	(975)	56,991	❶	-5846.7%

Mount View Care Center
Nursing Home Revenue Analysis
July, 2020

Current Month:

Location	Payer Source	Acutal: Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Budget: Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Variances: Days	Revenue	Reason for Variance: Volume Variance	Rate Variance
Long Term Care													
	Medicaid	32	996			32	992						
	MA Bedhold	0	9				0						
	Medicare	1	18			1	31						
	Self Pay	3	93			2	62						
	Insurance/VA	1	31			1	31						
	SUBTOTAL-LTC	**37**	**1147**	**$220,273**	**$192**	**36**	**1116**	**$217,171**	**$195**	31	$3,102	$6,033	($2,931)
Post Acute Care													
	Medicaid	6	198			8	248						
	MA Bedhold	1	29				0						
	Medicare	11	347			12	372						
	Self Pay	2	60			1	31						
	Insurance/VA	4	112			2	62						
	SUBTOTAL-PAC	**24**	**746**	**$169,877**	**$228**	**23**	**713**	**$173,380**	**$243**	33	($3,503)	$8,025	($11,528)
Vent Services	Medicaid	6	188			5	155						
	MA-Bedhold	0	0				0						
	Medicaid-Vent	10	303			13	403						
	MA-Vent Bedhold	0	0				0						
	Medicare	3	97			4	124						
	Self Pay	2	63			0	0						
	Insurance/VA	2	62			3	93						
	SUBTOTAL-Vent	**23**	**713**	**$281,785**	**$395**	**25**	**775**	**$321,859**	**$415**	(62)	($40,074)	($25,749)	($14,325)
Legacies													
	Medicaid	68	2111			81	2,511						
	MA Bedhold	0	12				0						
	Private	5	145			15	465						
	Medicare	4	110			3	93						
	Insurance/VA	1	31				0						
	SUBTOTAL-Legacies	**78**	**2409**	**$465,842**	**$193**	**99**	**3069**	**$627,962**	**$205**	(660)	($162,120)	($135,046)	($27,074)
	Total	**162**	**5,015**	**$1,137,777**	**$227**	**183**	**5,673**	**$1,340,372**	**$236**	**(658)**	**($202,595)**	**($155,467)**	**($47,128)**

Summary:		Per Day	%	Per Day	%
Residents per Day	Medicaid	114	70.65%	126	68.85%
	Medicaid Vent	10	6.04%	13	7.10%
	Medicare	18	11.41%	20	10.93%
	Self	12	7.20%	18	9.84%
	Insurance	8	4.71%	6	3.28%
	Total	162	100.00%	183	100.00%

Mount View Care Center
Nursing Home Revenue Analysis
July, 2020

Year To Date

Location	Payer Source	Acutal: Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Budget: Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Variances: Days	Revenue	Reason for Variance: Volume Variance	Rate Variance
Long Term Care													
	Medicaid	31	6709			32	6,816						
	MA Bedhold	0	33				0						
	Medicare	1	145			1	213						
	Self Pay	3	688			2	426						
	Insurance/VA	1	213			1	213						
	SUBTOTAL-LTC	**37**	**7788**	**$1,496,499**	**$192**	**36**	**7668**	**$1,492,169**	**$195**	120	$4,330	$23,352	($19,022)
Post Acute Care													
	Medicaid	9	1914			8	1,704						
	MA Bedhold	0	54				0						
	Medicare	9	1892			12	2,556						
	Self Pay	1	293			1	213						
	Insurance/VA	3	699			2	426						
	SUBTOTAL-PAC	**23**	**4852**	**$1,083,780**	**$223**	**23**	**4899**	**$1,191,289**	**$243**	(47)	($107,509)	($11,429)	($96,080)
Vent Services	Medicaid	5	993			5	1,065						
	MA-Bedhold	0	41				0						
	Medicaid-Vent	10	2112			13	2,769						
	MA-Vent Bedhold	0	0				0						
	Medicare	4	812			4	852						
	Self Pay	2	386			0	0						
	Insurance/VA	2	468			3	639						
	SUBTOTAL-Vent	**23**	**4812**	**$1,940,559**	**$403**	**25**	**5325**	**$2,211,479**	**$415**	(513)	($270,920)	($213,050)	($57,870)
Legacies													
	Medicaid	71	15075			81	17,253						
	MA Bedhold	0	27				0						
	Private	8	1748			15	3,195						
	Medicare	2	395			3	639						
	Insurance/VA	1	264				0						
	SUBTOTAL-Legacies	**82**	**17509**	**$3,412,956**	**$195**	**99**	**21087**	**$4,314,704**	**$205**	(3578)	($901,748)	($732,110)	($169,638)
	Total	**164**	**34,961**	**$7,933,794**	**$227**	**183**	**38,979**	**$9,209,641**	**$236**	**(4,018)**	**($1,275,847)**	**($949,340)**	**($326,507)**

Summary:		Per Day	%	Per Day	%
Residents per Day	Medicaid	117	71.07%	126	68.85%
	Medicaid Vent	10	6.04%	13	7.10%
	Medicare	15	9.28%	20	10.93%
	Self	15	8.91%	18	9.84%
	Insurance	8	4.70%	6	3.28%
	Total	164	100.00%	183	100.00%

Pine Crest
Nursing Home Revenue Analysis
July, 2020

Current Month:

Location	Payer Source	Acutal: Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Budget: Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Variances: Days	Revenue	Reason for Variance: Volume Variance	Rate Variance
Long Term Care													
	Medicaid	81	2510			91	2,821						
	MA Bedhold	0	9			0	0						
	Medicare	2	59			1	31						
	Self Pay	8	256			16	496						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	**91**	**2834**	**$530,581**	**$187**	**108**	**3348**	**$625,081**	**$187**	(514)	($94,500)	($95,965)	$1,465
Post Acute Care													
	Medicaid	1	43			7	217						
	MA Bedhold	0	0			0	0						
	Medicare	6	200			12	372						
	Self Pay	2	66			0	0						
	Insurance/VA	1	28			0	0						
	SUBTOTAL-PAC	**11**	**337**	**$101,001**	**$300**	**19**	**589**	**$142,465**	**$242**	(252)	($41,464)	($60,953)	$19,489
Special Care	Medicaid	18	555			19	589						
	MA-Bedhold	0	0				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0				0						
	Medicare	0	0			0	0						
	Self Pay	2	62			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	**20**	**617**	**$115,484**	**$187**	**19**	**589**	**$99,014**	**$168**	28	$16,470	$4,707	$11,763
Hospice	Medicaid	1	37			8	248						
	MA Bedhold	0	0			0	0						
	Private	0	7			1	31						
	Medicare	0	0			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-Hospice	**1**	**44**	**$8,431**	**$192**	**9**	**279**	**$50,566**	**$181**	(235)	($42,135)	($42,591)	$456
	Total	**124**	**3,832**	**$755,497**	**$197**	**155**	**4,805**	**$917,126**	**$191**	**(973)**	**($161,629)**	**($185,716)**	**$24,087**

Summary:		Per Day	%	Per Day	%
Residents per Day	Medicaid	102	82.31%	125	80.65%
	Medicaid Vent	0	0.00%	0	0.00%
	Medicare	8	6.76%	13	8.39%
	Self	13	10.20%	17	10.97%
	Insurance	1	0.73%	0	0.00%
	Total	124	100.00%	155	100.00%

Pine Crest
Nursing Home Revenue Analysis
July, 2020

Year To Date:		Acutal:				Budget:				Variances:		Reason for Variance:	
Location	Payer Source	Residents Per Day	Actual Patient Days	Actual Net Revenue	Average Actual Rate	Residents Per Day	Budgeted Patient Days	Budgeted Net Revenue	Average Budget Rate	Days	Revenue	Volume Variance	Rate Variance
Long Term Care													
	Medicaid	79	16868			91	19,383						
	MA Bedhold	1	129				0						
	Medicare	3	538			1	213						
	Self Pay	9	2003			16	3,408						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-LTC	**92**	**19538**	**$3,642,383**	**$186**	**108**	**23004**	**$4,294,917**	**$187**	(3466)	($652,534)	($647,113)	($5,421)
Post Acute Care													
	Medicaid	2	354			7	1,491						
	MA Bedhold	0	3				0						
	Medicare	10	2176			12	2,556						
	Self Pay	1	137			0	0						
	Insurance/VA	0	89			0	0						
	SUBTOTAL-PAC	**13**	**2759**	**$749,853**	**$272**	**19**	**4047**	**$978,871**	**$242**	(1288)	($229,018)	($311,536)	$82,518
Special Care	Medicaid	18	3768			19	4,047						
	MA-Bedhold	0	6				0						
	Medicaid-Vent	0	0			0	0						
	MA-Vent Bedhold	0	0				0						
	Medicare	0	48			0	0						
	Self Pay	1	302			0	0						
	Insurance/VA	0	0			0	0						
	SUBTOTAL-SPC	**19**	**4124**	**$751,655**	**$182**	**19**	**4047**	**$680,322**	**$168**	77	$71,333	$12,944	$58,389
Hospice	Medicaid	5	1081			8	1,704						
	MA Bedhold	0	0				0						
	Private	1	137			1	213						
	Medicare	0	46			0	0						
	Insurance/VA	0	0				0						
	SUBTOTAL-Hospice	**6**	**1264**	**$238,793**	**$189**	**9**	**1917**	**$347,435**	**$181**	(653)	($108,642)	($118,349)	$9,707
	Total	**130**	**27,685**	**$5,382,684**	**$194**	**155**	**33,015**	**$6,301,545**	**$191**	**(5,330)**	**($918,861)**	**($1,017,333)**	**$98,472**

Summary:		Per Day	%		Per Day	%
Residents per Day	Medicaid	104	80.22%		125	80.65%
	Medicaid Vent	0	0.00%		0	0.00%
	Medicare	13	10.14%		13	8.39%
	Self	12	9.32%		17	10.97%
	Insurance	0	0.32%		0	0.00%
	Total	130	100.00%		155	100.00%

Nursing Home Report - Month of July

Mount View Care Center (MVCC)

EMPLOYEE ENGAGEMENT

Department	July # of Openings	Hired in July	Discharges in July
LPN/RN	1 FTE	0	1 full time
CNA	12 FTE	4 full time	1 full time
Hospitality Assistants	2 FTE	2 part time	0
Life Enrichment	0	0	0
Social Services	0	0	0
Respiratory Therapy	1.4 FTE	0	0
Administrative	0	0	0

PATIENT EXPERIENCE

DEPARTMENT: Mount View Care Center

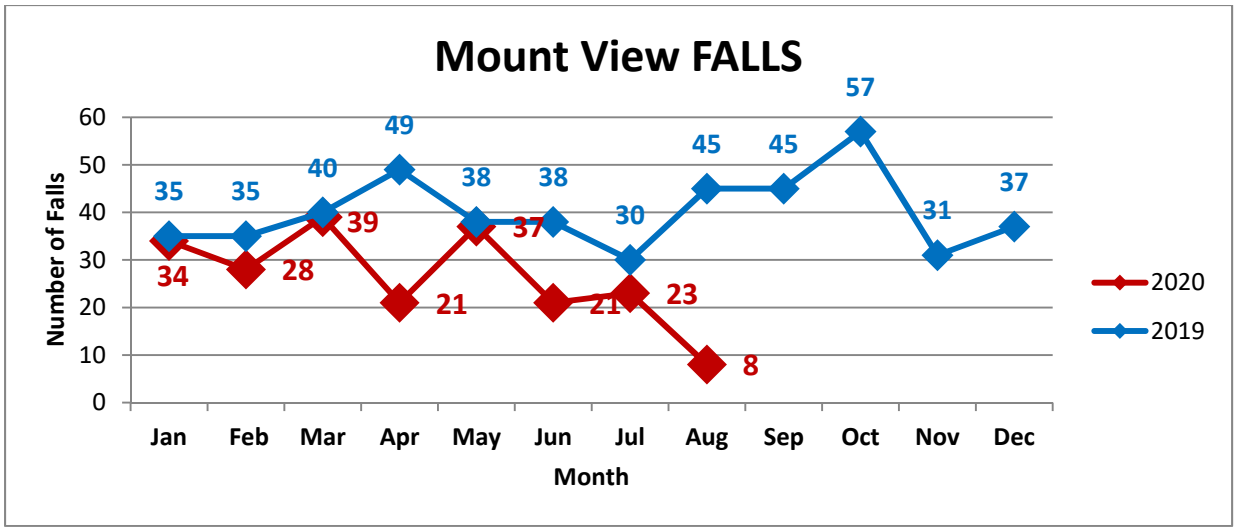
	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	YTD
PATIENT EXPERIENCE - PRESS GANEY SURVEY									
Survey Distribution Response Rate		28.9%	28.6%	51.4%	30.0%	27.5%	18.2%	33.3%	28.0%
MVCC Patient Experience:	81-83	84.6	95.8	86.8	85.4	95.5	90.63	80.0	89.2
PAC Patient Experience:	81-83	62.5	100.0	71.9	25.0	100.0	~	66.7	73.5
LTC Patient Experience:	81-83	100.0	100.0	100.0	80.0	100.0	87.5	100.0	91.7
Legacies Patient Experience:	81-83	92.9	94.4	96.9	100.0	93.8	91.67	100.0	95.4

This score reflects responses to the question “likelihood of those to recommend”.
We saw our lowest overall score in July. The comments were related to COVID and the lack of social activities, not being able to leave their neighborhood and not having a dining experience. This was somewhat anticipated and we are taking those comments and looking at ways to address their concerns.

Quality

- **Star Rating**

CURRENT OVERALL STAR RATING: 3	QUALITY: 4



Total Falls = 23	Vent= 5	South Shore= 3	LTC= 2	LBL= 13

- **Hospital Readmission**

DEPARTMENT: MVCC								FISCAL YEAR: 2020		
PRIMARY OUTCOME GOAL	⇵	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	2020 YTD
QUALITY										
MVCC Readmission Rate	↘	10-12%	12.0%	4.8%	10.0%	6.3%	11.8%	0.0%	15.4%	8.7%

Total number of residents sent out to the hospital in July = 16

- 4 within 30 days of admission
  - Confusion, pain, low blood pressure
  - Chest pain, shaking
  - Aspiration pneumonia
  - Abdominal distention, fever, emesis
- 5 inpatient, unplanned
  - Increased confusion, refusing medication
  - Aspiration pneumonia
  - Decline in respiratory status
  - Pneumonia
  - Respiratory distress (COVID + resident)
- 7 – emergency department only
  - Hip fracture
  - DVT
  - Fall with head injury
  - Fall with laceration to forehead
  - Change in condition, UTI
  - Bladder spasm, hematuria
  - Resident thought she had a stroke

REGULATORY

- **State Survey Visits:** No state survey visits for the month of July

- **Self-Reports:** No self-reports in July

REFERRAL TRENDS

- **Commentary**: In May we had 83 referrals with 21 admitted. We did not admit 61 referrals due to:

    - Acuity too high (2)
    - Expired (2)
    - No LTC Beds Available (4)
    - No PAC Beds Available (8)
    - No Payer/Poor Payer Source (2)
    - No skilled need (0)
    - Out of Network (1)
    - Out of County (17)
    - Went to Competition (17)
    - Went Home (3)
    - Patient non-compliance (2)
    - Ventilator Dialysis (1)
    - Ventilator Weaned (1)
    - Went to inpatient rehab (1)

FINANCIALS

- In July we benefited from an unexpected distribution of Certified Public Expenditure (CPE) dollars and received over $500,000. Along with the CPE payment, we saw an improvement in our case mix with higher acuity rehab residents being admitted. This has led to an overall positive month.

Nursing Home Report - Month of July

Pine Crest (PC)

EMPLOYEE ENGAGEMENT

Department	July # of Openings	Hired in July	Discharges in July
LPN/RN	9 FTE	1-Full Time	1
CNA	14 FTE	3-Full Time	1
Hospitality Assistants			0
Life Enrichment	0	0	0
Social Services	0	0	0
Respiratory Therapy	0	0	0
Administrative	0	0	0
Dietary	0.3 FTE	1-Student	1
Environmental Services			3

For the month of July Pine Crest had experienced favorable vacancy and retention rates, with both being within target YTD. Turnover for the month was slightly elevated but continues to be low. Annualized turnover is less than 20%, which is below the industry average.

PATIENT EXPERIENCE

DEPARTMENT: PINECREST NURSING HOME

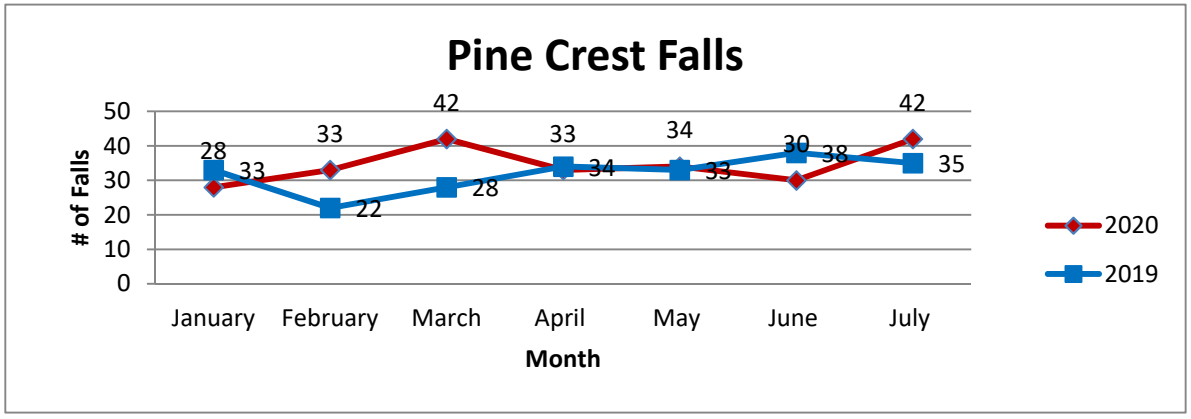
	TARGET (Rating 2)	JAN	FEB	MAR	APR	MAY	JUN	JUL	YTD
PATIENT EXPERIENCE - PRESS GANEY SURVEY									
Survey Distribution Response Rate		\	28.6%	18.4%	40.5%	22.2%		9.7%	22.7%
Pine Crest Patient Experience:	81-83%	\	81.9	86.1	85.0	90.0	83.3	33.3	83.9
Long Term Care (107)	81-83%	\	76.9	~	79.2	89.3	87.5	50.0	77.6
Special Care Patient Experience: (105)	81-83%	\	100.0	100.0	~	~	~	~	100.0
Rehab Patient Experience: (106)	81-83%	\	93.8	84.4	90.6	91.7	75.0	0.0	88.8
Hospice Patient Experience: (108)	81-83%	\	~	~	75.0	~	~	~	75.0
Housekeeping Patient Experience:		\	79.6	95.3	85.6	97.5	81.3	77.1	84.9
Activities Patient Experience:		\	85.1	95.6	79.2	85.2	80.0	80.0	86.0
Dietary Patient Experience:		\	78.3	90.5	83.1	87.8	68.1	67.4	82.6

*Only three responses were received during the month, which is attributed to a transition of the individual administering the survey. Of the three survey's completed one was identified as having a 0% rating. We are clarifying as to whether this score was an error. We too identified opportunity within our long-term-care population, given the two other surveys were returned from this area. Further visitation restrictions towards the end of the month may have contributed to the low scores and we're actively working to reinstate some form of visitation for residents to have with their loved ones.

QUALITY

- **Star Rating**

CURRENT OVERALL STAR RATING: 3	QUALITY: 4



- **Hospital Readmission**

DEPARTMENT: PINE CREST								FISCAL YEAR: 2020		
PRIMARY OUTCOME GOAL	↓↑	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	2020 YTD
QUALITY										
Pine Crest Readmission Rate	↘	10-12%	16.7%	3.7%	14.8%	28.6%	0.0%	9.1%	16.7%	12.4%

Total Acute Care Transfers = 11

- 6- ED Only
  - UTI
  - Laceration of finger
  - Difficulty breathing, CT negative
  - Fall, fx humerus
  - Fall with contusion to back
  - Low hgb, blood transfusion
- 2– 30-Day Hospitalization
  - Foul odor to wound vac
  - Altered mental status, and anasarca
- 3 Unplanned Hospitalizations
  - Vomiting and loose stools
  - Engorged scrotum, and abnormal drainage
  - Sent from dialysis for gallbladder

    - RTH Summary: Three preventable hospitalizations were identified for the month of July, which are as follows:
      - Resident diagnosed with UTI: Staff education on requesting additional testing upon initial presentation of UTI associated symptoms.
      - Unstable resident: Resident admitted and was not in stable condition upon arrival and was sent out within two days of admission.
      - Resident diagnosed with chronic fracture: Staff education on requesting an in-house upon initial signs of pain that may be the result of an associated fall.

REGULATORY

- **State Survey Visits:** No state survey visits for the month of July

- **Self-Reports:** No Self-Reports in July

REFERRAL TRENDS

- **Commentary:** During the month of July we experienced 38 referrals. Of these referrals 26 did not admit for the below reasons:

    - Home (1)
    - Medication Cost (1)
    - No dialysis bed available in Merrill (1)
    - No appropriate bed (5)
    - No Payer (2)
    - Out-Of-Network (2)
    - No Following MD (2)
    - Competitor (4)
    - Expired (3)
    - First Occurrence COVID Staff (5)

FINANCIALS

- Census continues to be down month over month, and was further exacerbated based on our inability to admit short-term referrals toward the latter portion of the month. This limitation was attributed to having our first case of a staff member being identified in having COVID. State Certified Public Expenditure (CPE) funding was received but was not allocated to Pine Crest in time to be included in July's financials. The $566,000.00 in funding will be seen in the August financials.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: August 18, 2020
TO: North Central Nursing Home Operations Committee
FROM: Kim Gochanour, NHA
RE: Nursing Home Industry Updates

The following items are general updates and communication to support the committee on Nursing Home Industry updates.

Revenue

Brief updates on revenue changes we will see in 2021:

1. Value Based Purchasing is based on your 30 day readmissions to the hospital for Medicare residents. Mount View Care Center numbers were over 1.0 which means we will receive an incentive pay of an additional 2% for Medicare residents. Pine Crest Nursing Home came in at .98 which means they will see a 2% reduction in Medicare rates.
2. CMS (Centers for Medicare and Medicaid Services) has announced a 2.2% overall increase in Medicare payments starting October 2020.
3. Medicaid - Leading Age Wisconsin formed a task group that Zach Ziesemer and I were part of to make recommendations to the overall Board of Directors. At this point, the recommendation moving forward is to adopt advocacy efforts to: Increase the Direct Care target by $10/per resident day; increase the support services target by a total of $10/per resident day, and fund a minimum labor region factor of 1.0. There was discussion around increasing the bed tax with the plan of the funding coming back directly to the nursing homes. At this time the Association is not in support of this process.
4. State Budget preparation - With the reports of Governor Evers asking for reductions in spending in the overall budget. The above ask for Medicaid is truly a long shot. As an industry concern arises that if there is not additional funding, we will likely see additional nursing home closures in the state.

Regulatory

Centers for Medicare and Medicaid Services has recently announced that the suspension of survey activities is being lifted. Normal survey activities will start once the state has entered into Phase 3 of reopening based on White House Guidance for state/regional reopening or earlier at a state's discretion. Based on this new information we are preparing for our annual survey to occur in the next couple months for Mount View as we are past the 15 month survey window date and Pine Crest will be in the survey window in November.

COVID Update

As we continue to work through the ongoing changes with COVID, both Mount View and Pine Crest continue to be creative with planning activities. Currently we are working on expanding our guidelines for outside visits and are looking forward to implementing this in both buildings soon. We make accommodations for families of residents who are actively passing so visits can occur. We also had a unique situation of a “reverse” compassionate care visit. Recently we were contacted by a family that the husband in the community was actively passing and his one wish was to spend one last time with his wife. We were able to accommodate this visit for the family and the resident and give some joy and peace to the family. We have also been fortunate with continued community support. We had a recent retirement of our central supply/restorative nurse and when the staff went to our local Dominos to order pizzas, the staff on hand took the order but would not allow them to pay. They said all of you are doing such a wonderful job with the current COVID situation, this pizza is on us.

Task Force on Caregiving
Policy Recommendations

TCare Pilot

- Brief Description: TCARE is a caregiver screening/assessment that asks questions of the family or informal caregiver to assess the caregiver's health and well-being, stress levels, challenges, skills needed to perform care, informal support system and strengths that enable them to provide care. The assessment identifies areas where the caregiver may need additional supports to keep them healthy and allow them to continue to provide care in the community setting, thus delaying the need for placement in a facility.

- Analysis: This program is established to determine the functionality and ability of the caregiver to provide care to client. Overall states that have piloted this screening tool have seen a 10% reduction in postponement of SNF placements.

- NCHC Recommendation: This program could be useful in our community treatment and residential programs to truly assess a family member's ability to care for the client in the less restricted environment and ensure the best outcomes for our clients.

Medical Leave Act Amendments

- Brief Description: Expand the coverage in the Wisconsin Family Medical Leave Act (FMLA) to include chronic conditions and caregiving responsibilities. Expand the list of people covered to include grandparents, grandchildren and siblings. Expand how FMLA can be used to include attending training and education on caregiving duties and responsibilities, discharge planning meetings, and care planning meetings.

- Analysis: This would benefit working family caregivers allowing them more flexibility to attend meetings, interact with health care providers and expand the pool of individuals available for caregiving coverage when a family is supporting someone in the community.

- NCHC Recommendation: From a SNF perspective this may assist with discharge planning for residents wishing to return to lesser care settings. From an employer perspective for NCHC – this would be potential added cost for FMLA than is currently recognized and increase the amount of staff utilizing this expanded coverage.

Wisconsin Credit for Caring

- Brief Description: This creates a non-refundable individual income tax credit for qualified expenses incurred by a family caregiver to assist a qualified family member. The claimant may claim 50 percent of qualified expenses in the year to which the claim relates. These expenses may include amounts spent to modify the claimant's primary residence, equipment to help with daily living activities, and obtaining other goods or services to help the claimant care for the family member. The maximum credit that may be claimed each year for a particular family member is $1,000 or $500 if married spouses file separately.

- Analysis: This credit would give some financial relief to family caregivers who are incurring expenses by keeping their loved ones in the community and out of institutions. The hope is that

this credit would reduce the number of people reliant on Medicaid and decrease the need for state-funded programs and would actually be lost revenue for the State. The hope is that this would lower the Medicaid application.

- NCHC Recommendation: NCHC should be in support of this recommendation as this will allow families who may have economic obstacles to continue caring for their loved ones and assist in discharge planning of residents who wish to return to a lesser care environment.

The Care Act

- Brief Description: The legislation change would ensure that a family caregiver is recorded in patient files when a loved one is admitted to the hospital. Second it would require notification of a caregiver if a loved one is transferred to another facility or discharged back home. Finally it would require facilities to provide the caregiver with an explanation and one-to-one instructions on how to perform medical tasks.

- Analysis: Anticipate better follow-up care provided by the caregiver as they are included in communication. Anticipate a reduction in hospital readmissions and reduce caregiver stress. This legislative change has no fiscal impact to the state taxpayer's.

- NCHC Recommendation: Although this legislative change sounds reasonable, it could create some confusion amongst providers on what information can be shared with whom (HIPPA), and it may have the potential to negate long-term advance care planning. For hospitals in particular it could be found to be difficult to implement and manage this system moving forward. For SNF's this could create additional confusion as a Power of Attorney and a caregiver may be different people.

Rate Band Proposal

- Brief Description: The proposal is for DHS to develop and implement by December 2021 a statewide rate band that: a. starts with worker wages, b. is transparent and consistent across programs and settings; c. has built-in increases based on the Consumer Price Index (CPI) annually, and d. is developed with provider input from the beginning.

- Analysis: Establishing a consistent, transparent statewide rate band that starts with worker wages and increases the likelihood that: the direct support professional is adequately compensated, that providers are adequately compensated, establish rates that reflect current costs, create seamless rate negotiations, create consistency across the state and providers, and Consumer Price Index (CPI) are built-in so that rates do not become stagnant. This will eliminate the current "look back" model that proves inadequate payment rates based on the past. This proposal will benefit the direct care professional with an adequate wage, the provider network by ensuring robust business models, and increases the likelihood that people needing care have an adequate network of adequately compensated providers.

- NCHC Recommendation: NCHC should support this proposal as it will positively affect the nursing homes and the residential facilities. This would create a new Medicaid Cost Report that aligns with reducing the overall Medicaid losses for providing services for this clientele. This model puts our payment in line with a 98% reimbursement rate as compared to cost versus a rate that is in line with a rate that accounts for an average loss of over $70.00 per day for SNF's.

Statewide Direct Support Professional Training

- Brief Description: Develop a statewide best practice standard for training direct support professionals. The recommendation is to pilot a training program. Some areas this would include, development of a person centered training guide, flexibility to meeting the needs of clients in both community and facility based settings, alignment with regulations and statutes for worker categories, web based e learning training option and creating a career ladder for caregivers with three tiers.

- Analysis: Create a more highly trained workforce especially for those that work in home like settings. The direct care staff will be recognized and create a mechanism to advance their career to nursing assistants, etc...

- NCHC Recommendation: As an organization we focus on being a learning organization and pride ourselves on our enhanced training and education, this aligns with our overall strategic vision. This would allow for higher paid professionals which in theory should enhance our retention in our entry level positions.

Medical Loss Ratio

- Brief Description: Include in the Family Care contract (FC, FCP, Pace) a requirement for an 85% medical loss ratio. Direct that care management service expenses cannot be included in the service cost component of the calculation.

- Analysis: This would create a method for family care and family care partnership programs to reimburse direct care at 85% or more. This would also require family care contracts to include this language for medical loss ratio.

- NCHC Recommendation: NCHC should support this as in our community living programs we take care of the higher skilled need population. This would increase our reimbursement from family care and put the expenses to the family care recipients versus the administrative overhead that MCO's currently are allowed to do.

Recognition and Recruitment of Direct Support Professionals

- Brief Description: Resources should be allocated for the Wisconsin Department of Health Services to oversee a statewide marketing campaign that focuses on increasing community awareness about the value of direct support professionals and motivate individuals to apply for positions.

- Analysis: Provide grants of $25,000 to four local provider consortia or organizations to promote careers in long term support through social media. This will create greater awareness and appreciation for the role of direct support professionals, increase number of applicants for positions. Adapt materials used in the caregiver campaign for CNA's. This campaign drew an additional 9000 applicants.

- NCHC Recommendation: NCHC should support this campaign as it will assist in residential care worker positions and entry level positions. As we saw positive outcomes from the CNA

caregiver campaign, NCHC should look to be a recipient of this grant for advertising or at least be part of the commercials to attract additional staff.

Aging and Disability Resource Center Reinvestment

- Brief Description: Support reinvestment in ADRCs to provide funding sufficient for them to provide the services they are currently responsible to provide. An Aging and Disability Resource Center (ADRC) is a one-stop source for objective, reliable information about a broad range of programs and services available to older adults and people with disabilities. The current state appropriation for ADRC funding was established over ten years ago and there is a need to adjust or update this in order to account for population growth and a resultant increase in demand for ADRC services as well as cost of living increases. Main areas to be reviewed: information and assistance, long term care options counseling, enrollment in publicly funded long term care programs, dementia care specialist services and benefits specialist services.

- Analysis: Enhanced funding to support caregivers through the ADRC would increase ADRCs' abilities to provide caregiver support programing, such as caregiver cafés, caregiver support groups, and the evidence-based program Powerful Tools for Caregivers. These types of programs are operated at some ADRCs, but increased funding would allow for this type of support to caregivers to be provided Statewide.

- NCHC Recommendation: This is a significant investment of state dollars. This may benefit our behavioral health portion of our business but could be detrimental to long term care portion as we would see more dollars being allocated for staying at a lesser care environment.

Background Check Policies

- Brief Description: To expand the Direct Support Professional pool of applicants by eliminating barriers to hiring related to background checks and creating consistent hiring criteria across all adult Long Term Care programs.

- Analysis: This recommendation is in regards to the restrictions for IRIS workers. Create consistent hiring criteria. By doing this, could increase the number of direct care workers available for IRIS funded workers. Allows individuals the opportunity who are attempting to re-enter the workforce and make a positive contribution to their community.

- NCHC Recommendation: NCHC position is neutral on this subject as we currently are not affected by IRIS workers. Consistency in background checks for all long term care services could be beneficial long term but see no major impact at our entry level positions.

Medicaid Expansion

- Brief Description: Realize full Medicaid expansion under the ACA to capture the enhanced FMAP to cover "newly eligible adults" with incomes up to 133% of the poverty rate. In 2020 the FMAP was 90% while the current FMAP in Wisconsin is approximately 59%. Newly eligible adults (non-disabled adults aged 19-64) are defined as those who were not covered by the state at the time of the passage of the ACA.

- Analysis: Statistics show that our population is aging and more people will require care services in the future. In addition, we are facing a caregiver workforce shortage where the gap between

people the number of people needing services and the number of available caregivers is widening. The main reason for the direct care workforce shortage is low wages and lack of benefits. A key benefit that caregivers need is health insurance. Providing caregivers with access to affordable, quality health insurance will assist Wisconsin in attracting, retaining and increasing the caregiver workforce pool. Would require repealing current law preventing DHS from expanding MA to capture enhanced federal matching funds.

- NCHC Recommendation: NCHC should support the Medicaid expansion as a number of our workers would be eligible and could take advantage of quality health insurance that they may not otherwise have available. This may assist our clients too within our residential and community treatment program that may qualify for this insurance benefit.

Earnings Disregard

- Brief Description: Direct Support Professionals (DSP's) are vital to the health and well-being of seniors and people with disabilities. DSP's face many challenges such as low wages and lack of benefits. While they are caring for others, many times DSP's do not receive benefits to cover their own basic needs. Lacks of benefits cause a workforce shortage and high caregiver turnover. In addition, people needing care and provider agencies are faced with recruitment challenges. This would allow DSP the ability to disregard a portion of earnings when applying for BadgerCare benefits, Wisconsin Shares childcare subsidy program are examples.

- Analysis: Lead to increased recruitment and retention of DSP's, allow additional hours to work, create a bridge to economic self-sufficient, create incentive to work. This would create greater continuity of care for people needing supports, keep people in their homes.

- NCHC Recommendation: This proposal will not necessarily aide our skilled nursing facility, but could benefit in filling personal care worker roles within our residential programs as these entry level positons are difficult to fill.

Direct Care Funding Initiative

- Brief Description: Propose that annual increases be provided to the existing Direct Care Workforce Funding program to ensure dollars are allocated directly to the long-term care providers for caregiver wages and benefits. Further, direct and support DHS' efforts to secure CMS approval allowing total Direct Care Workforce Funding to be allocated via annual payments. Provide immediate assistance to directly support the caregiver workforce until such time that a Family Care rate band is implemented (estimate January 1, 2022) This recommendation does not negate the mandate that the Family Care MCO capitation.

- Analysis: This program, which was subsequently approved by CMS, provides critically necessary funding for providers to help offset expenses for direct caregivers. The payments have been provided in quarterly installments, passed-through to providers by their respective MCO. Because payments have been provided quarterly with no assurance these dollars would be available on a continual basis in subsequent years, many providers have elected to use the money for one-time bonuses to employees rather than wage increases - thus not solving the wage issue for caregivers. Annual increases to the Direct Care Workforce Funding program would ensure that dollars are allocated directly to providers and are not retained by MCOs. By switching payments to annual ones, this initiative would be used to support immediate wage

increases (as a gap measure) to the paid caregiving workforce until such time the proposed rate band funding mechanism is established (Estimated: January 2022).

- NCHC Recommendation: NCHC should support this initiative as this will allow for consistent dollars and can be allocated for our residential workers into a wage adjustment versus a potential bonus structure.

Medicaid Nursing Home and Personal Care Reform

- Brief Description: The Wisconsin Medicaid nursing home and fee for service personal care reimbursement systems should be reformed to create payment standards that are reflective of the actual cost of care. Currently, the Medicaid program establishes payment rates for nursing homes and personal care workers according to the funding levels made available by the Governor and Legislators through the State Budget process. As proposed, budgeting for these services in the future would be more directly tied to: (1) paying for a specified percentage of the actual cost of care (for nursing homes) and (2) an estimated hourly wage to be paid to personal care workers.

- Analysis: Although the DHS Medicaid nursing home reimbursement formula is somewhat complex with multiple cost centers and detailed cost report instructions, the formula has lost much of its meaning over the past several years. The failure to maintain a nursing home payment standard has resulted in significant financial hardship on the nursing home provider community. Since 2016, forty nursing homes have closed, including twenty closures in the past 17 months. National reports indicated Wisconsin has the second worst nursing home payment system in the country (relative to covering the actual cost of care). The proposal is based on the nursing home payment system established by the State of Minnesota. The Minnesota Medicaid nursing home payment system reimburses direct care costs, including CNAs, based on the actual and projected direct care costs for facilities located in the seven metro counties (Twin Cities area) In Minnesota, no facility is paid more than their direct care cost. For support services costs. To address the financial inequities of the nursing home payment formula's labor regions, the proposal would adjust all Medicaid nursing home labor regions so that no region fell below the statewide factor of 1.0.

- NCHC Recommendation: NCHC should support this proposal. With two of the larger county facilities and having a higher proportion of Medicaid we continue to show significant losses each year even with the Supplemental Payment and tax levy, which is due to the current reimbursement formula used in the State. This program reform would assist with aligning Medicaid reimbursement based on cost of care, and put us in a better position to afford operational viability.

Regulatory Proposal for Pre- and Post-COVID-19

- Brief Description: Direct care providers support efforts to fight waste, fraud and abuse in the state's Medicaid program. However, inconsistent rules and policy interpretations used by dueling Medicaid regulatory entities--DQA and OIG-- have made it nearly impossible for providers to navigate the regulatory landscape. The Wisconsin Hospital Association, the Wisconsin Medical Society, the Wisconsin Dental Association, the Wisconsin Pharmacy Society, the Wisconsin Health Care Association, the Wisconsin Personal Services Association and LeadingAge filed a joint amicus brief with the Wisconsin Supreme Court in March 2020 asking

them to address this widespread regulatory issue. They wrote in their joint filing: “recouping payments for covered services that were actually provided does nothing to prevent such fraud. It only deters qualified health care providers from providing services to patients.

- Analysis: There needs to be consistent regulations and policies between DQA and OIG for both residential facilities and community-based agencies.

- NCHC Recommendation: NCHC position is neutral on this proposal as these audits seem to be home health related. We are unsure of the impact on our other service lines, this position may be reversed.

Home Care Provider Registry

- Brief Description: Establish a free, safe, secure statewide registry to serve as a platform to ‘connect’ people looking for care/support for children with disabilities, adults with disabilities and older adults as well as others with chronic conditions and/or family caregivers in need of Home and Community Based Services (HCBS) with Direct Support Professionals (DSP - Care Workers).

- Analysis: This would create a database for consumers to review options. It does not negate the need for the group to do their own due diligence for hiring of direct support professionals.

- NCHC Recommendation: It is unsure of the potential cost of this service but as a skilled nursing provider it could serve as a nice resource to direct families to if they are in need of private duty caregivers.