

OFFICIAL NOTICE AND AGENDA

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care**
1100 Lake View Drive, Wausau, WI 54403, Board Room at **12:00 pm** on **Thursday, May 25th, 2017**

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
3. Education: Annual Report Presentation – M. Loy
 - a. ACTION: Motion to Accept the 2016 Annual Report for Publication
4. Chairman’s Report and Announcements– J. Zriny
5. ACTION: Approval of 4/27/17 NCCSP Board Meeting Minutes
6. Committee Reports
 - a. Executive Committee Report – J. Zriny
 - i. Review Draft Minutes of the 5/18/17 Meeting
 - b. Finance, Personnel & Property Committee Report – B. Weaver
 - i. Review Draft Minutes of 4/27/17
 - ii. Overview of 5/25/17 Meeting
 - iii. April Financials – B. Glodowski
 1. CFO Report
 2. ACTION: Accept the April Financial Report and Financial Statements
 - c. Nursing Home Operations Committee Report – J. Burgener
 - i. Review Draft Minutes of the 4/26/17 Meeting
 - ii. Overview of 5/24/17 Meeting
 - iii. Update on Nursing Home Operational Assessment and Strategic Plan
 - d. Quality Committee Report – M. Loy
 - i. Organizational Outcomes
 1. ACTION: Accept the Quality Dashboard as Presented
7. ACTION: Approve 2018 Marathon County Capital Improvement Requests - M. Loy
8. ACTION: Approve County Complaint Resolution Policy – M. Loy
9. Overview of 2018 Budget Priorities – M. Loy
10. NCCSP Board Input on CEO Job Description – S. Matis
11. Retained County Authority Committee Update – M. Loy
12. CEO Work Plan Update and Report – M. Loy
13. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
14. Adjourn

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

April 27, 2017

12:00 p.m.

North Central Health Care-Wausau

Present:

X	Randy Balk	EXC	Steve Benson	EXC	Ben Bliven
X	Jean Burgener	ABS	Holly Matucheski	EXC	Bill Metter
X	Bill Miller	X	Corrie Norrbom	X	Greta Rusch
X	Rick Seefeldt	X	Robin Stowe	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Kim Gochanour, Sue Matis, Laura Scudiere, Sheila Zblewski, Lance Leonhard, John Fisher

Guests: Nancy Bergstrom, Dr. Anne Dibala

Call to Order

The meeting was called to order at 12:03 p.m. by Chair Zriny; guests welcomed.

Public Comment for Matters Appearing on the Agenda

No public comments made.

Introduction

Dr. Anne Dibala was welcomed and introduced. She joined North Central Health Care April 10, 2017 as the Medical Director for the Behavioral health Services and will be the Inpatient Physician.

Presentation on Employee Compensation Policy and Plan Administration – Sue Matis

- The Retained County Authority (RCA) Committee has asked for a policy on Employee Compensation. RCA will review the policy approximately every five years and the CEO compensation annually.
- Management brings the proposal to the Board for approval and will then be presented to the RCA.
- Comparable data was collected in the immediate market area in both governmental and private sectors. Significant wage information is also gathered from applicants.
- Performance-based pay adjustments are used for all employees including Executives.

Chairman's Report and Announcements – J. Zriny

- The Executive Committee will be meeting today in Joint Session with the RCA to discuss the CEO selection process.

Approval of 3/30/17 NCCSP Board Meeting Minutes

- **Motion**/second, Burgener/Weaver to approve the NCCSP Board Minutes of 3/30/17. Motion carried.

Executive Committee Report – J. Zriny

- Looking to schedule a Board Retreat by mid-June.

Finance, Personnel & Property Committee Report – B. Weaver

- At the 3/30/17 meeting the committee toured the pharmacy.
- Medicare census in the nursing home for March is down. Overall, performance of organization is good; first quarter is on target.
- March financials showed a gain of just over \$84,000. There was a slight dip in revenues but expenses were down overall also. Health insurance costs were high for March however, year to date we are under our overall target. Through March showing a gain of just below \$408,000. Both nursing home and hospital are ahead of targets.
- **Motion**/second, Balk/Miller, to accept the March financials. Motion carried.

Nursing Home Operations Committee Report – J. Burgener

- In the process of conducting Director of Nursing interviews.
- An overview of the operational analysis and strategic plan for the nursing home, the overall staffing issues and trends in skilled nursing programs, and a review the 2006 TMG report for the Mount View Care Center Committee meeting was provided.
- We anticipate a positive change in our Star Rating, from 3 to 4 due to the removal of a citation. Change should occur by September.

Quality Committee Report – M. Loy

- Dashboard scores are either at or above target. There has been a lot of positive movement around patient experience.
- **Motion**/second, Weaver/Miller, to accept the Quality Dashboard as presented. Motion carried.

Medical Staff Credentialing – M. Loy

- **Motion**/second, Norrbom/Rusch, to approve the appointment of Richard Immler, M.D. and Jennifer Saul, M.D. as recommended by the Medical Staff. Motion carried.

Consider Conflict Resolution Agreement for Referral to County Administrations – Policy on Compliance

Complaints Received by Counties – M. Loy

- CEO was asked to develop conflict resolution protocol for the three counties to ensure a standard process for investigation and resolution of concerns.
- Suggestion made to add definitions to the Policy from a compliance standpoint. Provide any additional feedback to M. Loy.
- Action was deferred. M. Loy will work with three counties to obtain input and return to the NCCSP Board with a final document for action.

Review Scope of Master Plan Request for Proposals and Amend the 2017 NCCSP Capital Budget for the Facility Master Plan in an Amount Not to Exceed \$175,000 – M. Loy

- Waiting for Marathon County to provide direction on the future of NCHC i.e. pool, nursing home, etc. There is no master plan for core programs at this time which makes it difficult to commit to designing the campus when you don't know what core community services will be provided. We can't meet community needs without addressing bricks and mortar restraints.

- \$250,000 has been set aside for the renovation of Behavioral Health Services. A request is being presented to use \$175,000 of that amount to develop a Master Facility Plan for the entire campus.
- **Motion**/second, Norrbom/Weaver, to approve amending the capital budget and utilize \$175,000 of the dollars set aside for BHS renovation for the development of a Master Facility Plan. Motion carried.

Consideration of Approval of the Employee Compensation Policy as a NCCSP Board Policy

- **Motion**/carried, Weaver/Rusch, to approve the Employee Compensation Policy as previously presented. Motion carried.

Retained County Authority committee Update – M. Loy

- M. Loy reviewed the upcoming agenda for the RCA and asked for any questions or overview of the items.

CEO Work Plan Update and Report – M. Loy

- An updated CEO work plan is included in the Board Packet.
- Continue to work to schedule a Board Retreat.
- May's meeting will include a review of the 2016 Annual Report.
- We are meeting weekly to prepare for the start of the Psychiatry Residency Program June 26.
- There is a change in leadership of the Senior Executive-Quality and Clinical Compliance and Board members are to see M. Loy with any questions.

CLOSED SESSION

- **Motion**/second, Burgener/Stowe, to move into Closed Session for a Report by Legal counsel – Investigation of Quality and Compliance Issues Pursuant to Wis. Stats. 146.38 for Consideration of Information Acquired to Help Improve the Quality of Health Care and to Avoid Improper Utilization of Services of Health Care Providers. Roll call taken. All indicated 'Aye'. Motion carried unanimously.
- **Motion**/second, Miller/Stowe to come out of closed session. Motion carried unanimously.

Reconvene into Open Session to Take Action o Closed Session Items, If Necessary

- No action from Closed Session needed.

Discussion of Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Seefeldt/Rusch, to adjourn the meeting at 2:07 p.m. Motion carried.

dko

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

May 18, 2017

4:00 PM

North Central Health Care – Board Room

Present: X Jeff Zriny X Jean Burgener
X via Robin Stowe EXC Bob Weaver
phone

Others present: Michael Loy

Chairman Zriny called the meeting to order at 4:07 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 4/13/17 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Burgener, to approve the 4/13/17 Executive Committee meeting minutes; motion passed 3-0.

Board Retreat

- A Board Retreat will work for June 29 from 12-5 p.m. Two board members are unavailable.
- Draft agenda for the retreat will be provided for review at the next meeting. Anticipate the following items to be on the agenda: policy governance, board structure, re-assignment of committees, etc.

CEO Selection Process

- Brad Karger and Sue Matis have been working together to define the CEO position including obtaining compensation information, job description, etc. based on the direction provided to them by the RCA Committee.
- Executive Committee discussed the new CEO selection process now with RCA involvement. Concern expressed that some members of the RCA do not feel that hiring a CEO is a priority. The Committee would like the RCA to be aware that they feel this is a priority and would like the process to move forward quickly for the benefit of the organization.
- R. Stowe will also ask for clarification from the RCA in defining the relationship with the Executive Committee in the CEO selection process.

CEO Report

- Busy with the development of the Psychiatry Residency Program. We are developing and designing the program with the assistance of the Medical College. L. Scudiere is doing an excellent job coordinating with the Medical College, physicians, and staff. We are very excited to have this program begin.

- Health & Human Services Committee voted to send the funding of the construction of a new therapy pool to the County Board with the contingency to fund raise \$3 million of the overall cost of the pool. This amount is substantially higher than anticipated, and would need to be raised in just 6 months, before the County Board votes in the fall for funding the remaining cost. A meeting regarding the pool was held with the hospital systems which went well. We feel they are supportive and appreciate the potential loss to the community if the therapy pool would not exist.
- Consultants conducting the nursing home quality study were on site again last week. They commented that our staff are exceptional and we received nothing but high marks. Have received positive indications from all consultants so far and mentioned having counselors and physicians readily available in the nursing home. Anticipate the study to be completed by July 1.
- We are actively recruiting psychiatrists. Currently in communication with a child and adolescent psychiatrist and another inpatient psychiatrist. Both are experienced physicians and currently reside in Wisconsin. Interviews to be scheduled in June.
- Our financials continue to be strong so far this year. We anticipated a \$600,000 gain with the 51.42 programs by year end but we are at that amount currently. Expenses are being managed closely especially around state institutes. We have a loss in the nursing home however, it is better than projected. If this trend continues we could cut our loss in half. Kim Gochanour has done an excellent job in managing in the uncertainty of the future of the nursing home.

Agenda for 5/25/17 Board Meeting

- Review 2016 Annual Report
- Approval of 2018 Marathon County Capital Improvement Requests
- County Complaint Resolution Policy
- Update on moves within the facility regarding master facility planning
- 2018 Budget priorities
- Updates on RCA and general updates

Discussion and Future Agenda Items for Board Consideration or Committee Assignment

- None

Adjourn

- **Motion**/second, Stowe/Burgener, to adjourn at 4:32 p.m. Motion carried.

dko

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
FINANCE, PERSONNEL & PROPERTY COMMITTEE**

April 27, 2017 11:00 AM North Central Health Care – Antigo

Present: X Randy Balk X Bill Miller X Robin Stowe
 X Bob Weaver X Jeff Zriny

Others Present: Michael Loy, Brenda Glodowski

Meeting was called to order at 11:03 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 03/30/17 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Stowe/Miller, to approve the 03/30/17 Finance, Personnel & Property Committee meeting minutes. Motion carried.

March Financials – B. Glodowski

- March showed a gain of just over \$84,000. Revenue overall was on target. Year to date shows \$407,000 ahead of target.
- Nursing home census dropped averaging 184 for the month. Medicare census was down to 15 in March compared to a target of 20. Hospital census in March dropped from February but is still above target at 15; target is 14. It is not uncommon for the census to drop in March.
- The state budget cycle is coming up and will look at the Medicaid rates for skilled nursing facilities. There is more movement on rates particularly around managed care rates. Rates may not necessarily be cut but anticipate being reallocated.
- A slight dip was seen in Community Treatment but feel it will increase again in April. There has been a significant increase in contracted providers. We are struggling with keeping up with referrals. The volume has increased significantly from \$200,000 to over \$1 million dollars in contracted services. We are exploring the addition of staff vs increasing contracted services.
- Expenses overall are under target. Diversions to state institutes were down in March. There was stability on the Inpatient Unit with Dr. Immler excelling in his approach to treatment planning; Dr. Dibala joined us in April. Health insurance increased in March. There are two large claims with one reaching the stop loss. Year to date benefit expenses are good.
- **Motion**/second, Stowe/Miller, to accept the Financial Report and March Financial Statements. Motion carried.
- No additional discussion regarding write-offs.

CFO Report and 2018 Budget Process – B. Glodowski

- Budget Development Schedule for Budget Year 2018 was distributed.
- The budget process will function differently with the Retained County Authority Committee (RCA) in place. By June 1 the RCA will provide budget guidelines and priorities to the NCCSP Board. Timeline is accelerated by two months with the presentation of the budget in August.
- CIP requests will be provided to Mr. Lotter but do not anticipate receiving funding from the County. Also working with Lincoln County on a capital project in the Merrill location for a redesign to improve the workable space modifying the existing footprint only. No capital projects anticipated in Langlade County.
- Recommendation was made to consider preparing a two-year budget which provides benchmarks for year two, anticipation of building projects, etc. Executive Team will be working on strategic planning including planning for multiple years, growth planning, priority ranking, short and long term investments, capital projects, 'pay backs' for project costs, etc. Several areas of focus will include expanding the Community Treatment Program, expansion of the CBRF from 6 to 12 beds, moving the MMT program which will allow expansion from 6 to 15 beds, eliminate billing function for certain crisis services which was requested by law enforcement, youth crisis stabilization, drug courts, fine tune the allocation of county levy to specific programs i.e. Birth to Three and Demand Transportation.

Adjourn

- **Motion**/second, Stowe/Miller, to adjourn the Finance, Personnel and Property Committee meeting at 11:52 a.m. Motion carried.

dko

MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: May 19, 2017
RE: Attached Financials

Attached please find a copy of the April Financial Statements for your review. To assist in your review, the following information is provided:

BALANCE SHEET

The nursing home supplemental payment has a larger balance compared to this time last year. This payment is to be made in three payments: April, June, and December. Starting this year the State is paying this in June and December.

Also, the State receivable is higher compared to this time last year. This is due to timing of when the State is making payment for grants and community aids. This can vary from year to year. A payment was received by the State in early May.

STATEMENT OF REVENUE AND EXPENSES

The month of April shows a gain of \$114,335 compared to the budgeted loss of (\$33,051) resulting in a positive variance of \$147,386.

Overall revenue for the month was below target by \$132,399. The hospital census increased for April with an average of 16 patients per day. The target is 14 per day. The nursing home census dropped again in April to an average of 182 per day. The target is 203. The Medicare census also dropped again in April to an average of 14 per day. The target is 20. Community Treatment revenue was also down again in April.

Overall expenses were below target for April by (\$261,184). Health insurance was back to being within target for April which contributes to overall benefits being just below target. The State institutes were significantly under budget again in April. At this point, the State Institutes are only over budget by \$64,000 which is a significant improvement over the past few years. Provider Services in Community Treatment continues to increase as the number of clients continues to increase. This expense increase will be offset by revenue. Year to date the organization is showing a gain of \$521,965 compared to the targeted loss of (\$3,507), resulting in a positive variance of \$525,472.

If you have questions, please feel free to contact me.

Thank you.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
APRIL 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	2,136,207	1,755,990	3,892,197	5,831,646
Accounts receivable:				
Patient - Net	3,029,139	2,186,828	5,215,968	7,421,323
Outpatient - WIMCR	620,000	0	620,000	495,000
Nursing home - Supplemental payment program	0	600,000	600,000	136,100
Marathon County	77,884	0	77,884	189,754
Appropriations receivable	59,951	0	59,951	58,205
Net state receivable	1,942,363	0	1,942,363	103,997
Other	823,284	0	823,284	204,149
Inventory	0	305,373	305,373	303,535
Other	<u>649,605</u>	<u>480,340</u>	<u>1,129,945</u>	<u>1,137,804</u>
Total current assets	<u>9,338,434</u>	<u>5,328,531</u>	<u>14,666,965</u>	<u>15,881,513</u>
Noncurrent Assets:				
Investments	10,800,000	0	10,800,000	9,800,000
Assets limited as to use	1,988,987	400,139	2,389,126	2,884,142
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	18,134	39,304	57,439	60,209
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	97,220	872,720	969,940	757,069
Depreciable capital assets - Net	<u>6,956,924</u>	<u>3,204,214</u>	<u>10,161,138</u>	<u>11,006,924</u>
Total noncurrent assets	<u>20,361,266</u>	<u>4,516,378</u>	<u>24,877,644</u>	<u>29,355,282</u>
Deferred outflows of resources - Related to pensions	<u>10,070,362</u>	<u>7,446,358</u>	<u>17,516,720</u>	<u>4,851,842</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>39,770,062</u>	<u>17,291,267</u>	<u>57,061,328</u>	<u>50,088,637</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
APRIL 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	154,310	0	154,310	151,257
Accounts payable - Trade	768,901	568,551	1,337,451	1,227,669
Appropriations advances	1,158,616	0	1,158,616	1,353,298
Accrued liabilities:				
Salaries and retirement	848,594	627,478	1,476,072	1,604,210
Compensated absences	800,726	592,083	1,392,809	1,671,743
Health and dental insurance	458,770	339,230	798,000	857,000
Other Payables	209,729	155,080	364,809	410,383
Amounts payable to third-party reimbursement programs	125,920	0	125,920	416,667
Unearned revenue	<u>110,348</u>	<u>0</u>	<u>110,348</u>	<u>476,903</u>
Total current liabilities	<u>4,635,913</u>	<u>2,282,422</u>	<u>6,918,335</u>	<u>8,169,130</u>
Noncurrent Liabilities:				
Net pension liability	1,797,930	1,329,449	3,127,379	0
Related-party note payable	481,871	0	481,871	636,181
Patient trust funds	<u>18,134</u>	<u>39,304</u>	<u>57,439</u>	<u>60,209</u>
Total noncurrent liabilities	<u>2,297,935</u>	<u>1,368,753</u>	<u>3,666,688</u>	<u>696,390</u>
Total liabilities	<u>6,933,848</u>	<u>3,651,175</u>	<u>10,585,024</u>	<u>8,865,520</u>
Deferred inflows of resources - Related to pensions	<u>3,821,383</u>	<u>2,825,657</u>	<u>6,647,040</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	6,417,964	4,076,934	10,494,898	11,763,992
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	1,988,987	872,720	2,861,707	0
Undesignated	19,460,454	5,990,240	25,450,694	30,154,327
Operating Income / (Loss)	<u>647,426</u>	<u>(125,461)</u>	<u>521,965</u>	<u>(780,075)</u>
Total net position	<u>29,014,830</u>	<u>10,814,434</u>	<u>39,829,264</u>	<u>41,138,244</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>39,770,062</u>	<u>17,291,267</u>	<u>57,061,328</u>	<u>50,088,637</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2017**

TOTAL	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$3,503,607</u>	<u>\$3,623,357</u>	<u>(\$119,750)</u>	<u>\$14,532,749</u>	<u>\$14,639,123</u>	<u>(\$106,374)</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	1,298,014	1,300,479	(2,464)
Grant Revenue	198,298	197,183	1,115	792,002	788,733	3,269
County Appropriations - Net	639,260	639,260	0	2,557,039	2,557,039	0
Departmental and Other Revenue	<u>272,454</u>	<u>285,602</u>	<u>(13,148)</u>	<u>1,222,859</u>	<u>1,142,408</u>	<u>80,452</u>
Total Other Revenue	<u>1,434,515</u>	<u>1,447,165</u>	<u>(12,649)</u>	<u>5,869,915</u>	<u>5,788,659</u>	<u>81,256</u>
Total Revenue	4,938,123	5,070,522	(132,399)	20,402,664	20,427,782	(25,117)
Expenses:						
Direct Expenses	3,609,803	3,801,920	(192,118)	14,971,249	15,207,679	(236,430)
Indirect Expenses	<u>1,240,919</u>	<u>1,309,985</u>	<u>(69,067)</u>	<u>4,983,124</u>	<u>5,256,942</u>	<u>(273,818)</u>
Total Expenses	<u>4,850,721</u>	<u>5,111,906</u>	<u>(261,184)</u>	<u>19,954,373</u>	<u>20,464,622</u>	<u>(510,248)</u>
Operating Income (Loss)	<u>87,401</u>	<u>(41,384)</u>	<u>128,785</u>	<u>448,291</u>	<u>(36,840)</u>	<u>485,131</u>
Nonoperating Gains (Losses):						
Interest Income	12,415	8,333	4,082	47,347	33,333	14,014
Donations and Gifts	13,519	0	13,519	21,404	0	21,404
Gain / (Loss) on Disposal of Assets	<u>1,000</u>	<u>0</u>	<u>1,000</u>	<u>4,923</u>	<u>0</u>	<u>4,923</u>
Total Nonoperating Gains / (Losses)	<u>26,934</u>	<u>8,333</u>	<u>18,601</u>	<u>73,674</u>	<u>33,333</u>	<u>40,341</u>
Income / (Loss)	<u>\$114,335</u>	<u>(\$33,051)</u>	<u>\$147,386</u>	<u>\$521,965</u>	<u>(\$3,507)</u>	<u>\$525,472</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2017**

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>\$1,866,523</u>	<u>\$1,851,087</u>	<u>\$15,436</u>	<u>\$7,817,201</u>	<u>\$7,550,045</u>	<u>\$267,156</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	1,298,014	1,300,479	(2,464)
Grant Revenue	198,298	197,183	1,115	792,002	788,733	3,269
County Appropriations - Net	497,594	497,593	1	1,990,375	1,990,373	3
Departmental and Other Revenue	<u>127,737</u>	<u>149,059</u>	<u>(21,322)</u>	<u>615,820</u>	<u>596,235</u>	<u>19,584</u>
Total Other Revenue	<u>1,148,132</u>	<u>1,168,955</u>	<u>(20,823)</u>	<u>4,696,212</u>	<u>4,675,820</u>	<u>20,392</u>
Total Revenue	3,014,655	3,020,042	(5,387)	12,513,412	12,225,865	287,547
Expenses:						
Direct Expenses	2,313,692	2,349,959	(36,267)	9,474,829	9,399,831	74,998
Indirect Expenses	<u>628,705</u>	<u>651,259</u>	<u>(22,554)</u>	<u>2,460,943</u>	<u>2,613,489</u>	<u>(152,546)</u>
Total Expenses	<u>2,942,397</u>	<u>3,001,218</u>	<u>(58,821)</u>	<u>11,935,772</u>	<u>12,013,320</u>	<u>(77,548)</u>
Operating Income (Loss)	<u>72,258</u>	<u>18,824</u>	<u>53,434</u>	<u>577,640</u>	<u>212,545</u>	<u>365,095</u>
Nonoperating Gains (Losses):						
Interest Income	12,415	8,333	4,082	47,347	33,333	14,014
Donations and Gifts	13,390	0	13,390	17,516	0	17,516
Gain / (Loss) on Disposal of Assets	<u>1,000</u>	<u>0</u>	<u>1,000</u>	<u>4,923</u>	<u>0</u>	<u>4,923</u>
Total Nonoperating Gains / (Losses)	<u>26,805</u>	<u>8,333</u>	<u>18,472</u>	<u>69,785</u>	<u>33,333</u>	<u>36,452</u>
Income / (Loss)	<u>\$99,063</u>	<u>\$27,157</u>	<u>\$71,906</u>	<u>\$647,426</u>	<u>\$245,878</u>	<u>\$401,548</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING APRIL 30, 2017**

NURSING HOME	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	\$1,637,084	\$1,772,270	(\$135,186)	\$6,715,548	\$7,089,078	(\$373,530)
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	566,664	566,667	(3)
Departmental and Other Revenue	<u>144,717</u>	<u>136,543</u>	<u>8,174</u>	<u>607,040</u>	<u>546,172</u>	<u>60,868</u>
Total Other Revenue	<u>286,383</u>	<u>278,210</u>	<u>8,173</u>	<u>1,173,704</u>	<u>1,112,839</u>	<u>60,865</u>
Total Revenue	1,923,467	2,050,480	(127,013)	7,889,252	8,201,917	(312,665)
Expenses:						
Direct Expenses	1,296,111	1,451,962	(155,851)	5,496,420	5,807,848	(311,428)
Indirect Expenses	<u>612,213</u>	<u>658,726</u>	<u>(46,513)</u>	<u>2,522,181</u>	<u>2,643,453</u>	<u>(121,273)</u>
Total Expenses	<u>1,908,325</u>	<u>2,110,688</u>	<u>(202,363)</u>	<u>8,018,601</u>	<u>8,451,302</u>	<u>(432,700)</u>
Operating Income (Loss)	<u>15,143</u>	<u>(60,208)</u>	<u>75,351</u>	<u>(129,349)</u>	<u>(249,385)</u>	<u>120,036</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	129	0	129	3,888	0	3,888
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>129</u>	<u>0</u>	<u>129</u>	<u>3,888</u>	<u>0</u>	<u>3,888</u>
Income / (Loss)	<u>\$15,272</u>	<u>(\$60,208)</u>	<u>\$75,480</u>	<u>(\$125,461)</u>	<u>(\$249,385)</u>	<u>\$123,924</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
 April 30, 2017

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
CoVantage Credit Union	578 Days	5/7/2017	1.05%	\$500,000	X
BMO Harris	365 Days	5/28/2017	0.80%	\$500,000	X
People's State Bank	395 Days	5/29/2017	0.75%	\$350,000	X
People's State Bank	395 Days	5/30/2017	0.75%	\$500,000	X
Abby Bank	365 Days	7/19/2017	0.85%	\$500,000	X
CoVantage Credit Union	578 Days	7/28/2017	0.85%	\$300,000	X
People's State Bank	365 Days	8/21/2017	0.75%	\$500,000	X
BMO Harris	365 Days	8/26/2017	0.80%	\$500,000	X
Abby Bank	365 Days	8/29/2017	0.85%	\$500,000	X
Abby Bank	365 Days	9/1/2017	0.85%	\$500,000	X
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000	X
PFM Investments	365 Days	11/29/2016	1.13%	\$500,000	X
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000	X
CoVantage Credit Union	487 Days	1/1/2018	1.10%	\$500,000	X
Abby Bank	365 Days	2/25/2018	1.10%	\$500,000	X
Abby Bank	730 Days	3/15/2018	1.20%	\$400,000	X
People's State Bank	395 Days	3/28/2018	1.05%	\$250,000	X
CoVantage Credit Union	365 Days	3/30/2018	1.10%	\$500,000	X
PFM Investments	365 Days	4/3/2018	1.16%	\$500,000	x
PFM Investments	517 Days	4/30/2018	1.12%	\$500,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$10,800,000	
WEIGHTED AVERAGE		494.53 Days	1.006% INTEREST		

NCHC-DONATED FUNDS

Accrual Basis

Balance Sheet

As of April 30, 2017

Apr 30, 17

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	4,917.65
Adventure Camp	1,425.79
Birth to 3 Program	2,035.00
Clubhouse	31,236.60
Community Treatment	9,147.27
Fishing Without Boundries	4,651.00
General Donated Funds	60,793.48
Housing - DD Services	1,370.47
Langlade HCC	3,114.90
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,832.15
Total Legacies by the Lake	5,790.40
Marathon Cty Suicide Prev Task	13,474.40
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	2,921.82
Nursing Home - General Fund	3,975.37
Outpatient Services - Marathon	101.08
Pool	8,509.99
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	355.20

Total CHECKING ACCOUNT 160,212.39

Total Checking/Savings 160,212.39

Total Current Assets 160,212.39

TOTAL ASSETS 160,212.39

LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-17,068.49

Total Equity 160,212.39

TOTAL LIABILITIES & EQUITY 160,212.39

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

Month Ending April 30, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>4,938,123</u>	<u>5,070,522</u>	<u>20,402,664</u>	<u>20,427,782</u>	<u>(25,118)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,248,543	2,506,014	9,162,983	10,024,062	(861,079)
Fringe Benefits	913,032	956,562	3,698,538	3,826,241	(127,703)
Departments Supplies	472,940	492,235	1,800,379	1,968,941	(168,562)
Purchased Services	628,581	371,450	2,037,241	1,502,799	534,442
Utilitites/Maintenance Agreements	352,116	372,653	1,597,576	1,490,610	106,966
Personal Development/Travel	42,691	37,985	116,424	151,939	(35,515)
Other Operating Expenses	114,994	108,966	454,639	435,862	18,777
Insurance	47,162	37,708	157,933	150,833	7,099
Depreciation & Amortization	135,901	139,583	545,597	558,333	(12,737)
Client Purchased Services	<u>(105,237)</u>	<u>88,750</u>	<u>383,064</u>	<u>355,000</u>	<u>28,064</u>
TOTAL EXPENSES	4,850,722	5,111,906	19,954,373	20,464,622	(510,248)
Nonoperating Income	<u>26,934</u>	<u>8,333</u>	<u>73,674</u>	<u>33,333</u>	<u>40,341</u>
EXCESS REVENUE (EXPENSE)	<u>114,335</u>	<u>(33,051)</u>	<u>521,965</u>	<u>(3,507)</u>	<u>525,472</u>

**North Central Health Care
Write-Off Summary
April 2017**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$18,269	\$27,972	\$23,962
Bad Debt	\$443	\$1,090	\$2,286
<i>Outpatient:</i>			
Administrative Write-Off	\$41,837	\$56,265	\$12,308
Bad Debt	\$754	\$1,376	\$2,712
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$1,281	\$1,125	(\$18,066)
Bad Debt	\$10,016	\$11,970	\$5,394
Ancillary Services:			
Administrative Write-Off	\$2,680	\$14,216	(\$4,869)
Bad Debt	\$0	\$321	(\$126)
Pharmacy:			
Administrative Write-Off		\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$64,067	\$99,578	\$13,335
Total - Bad Debt	\$11,213	\$14,756	\$10,266

**North Central Health Care
2017 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	6,293	5,784	(509)	84.58%	77.74%
	Hospital	434	502	68	87.50%	101.21%
February	Nursing Home	5,684	5,267	(417)	84.58%	85.50% ***
	Hospital	392	441	49	87.50%	98.44%
March	Nursing Home	6,293	5,703	(590)	84.58%	83.62%
	Hospital	434	462	28	87.50%	93.15%
April	Nursing Home	6,090	5,453	(637)	84.58%	82.62%
	Hospital	420	480	60	87.50%	100.00%
May	Nursing Home Hospital					
June	Nursing Home Hospital					
July	Nursing Home Hospital					
August	Nursing Home Hospital					
September	Nursing Home Hospital					
October	Nursing Home Hospital					
November	Nursing Home Hospital					
December	Nursing Home Hospital					
YTD	Nursing Home Hospital					

*** Licensed beds decreased from 240 to 220



NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

April 26, 2017 7:30 AM North Central Health Care – Board Room

Present: X Jean Burgener X Margaret Donnelly
 EXC Bill Metter X Bill Miller

Also Present: Michael Loy, Kim Gochanour, Brenda Glodowski, Sue Matis, Sheila Zblewski,
 Laura Scudiere

Meeting was called to order at 7:35 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

Approval of 03/24/17 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Donnelly/Miller, to approve the 03/24/17 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski

- March saw a deficit of \$55,369.
- Census averaged 184 which was slightly lower than February; target is 203. Medicare census averaged 15; target is 20.
- Expenses overall are coming down however, health insurance for the organization for March was over target by \$211,000 with \$105,000 of that relating to the nursing home. Two high cost claims were received in March; one claim exceeded the stop loss of which \$296,000 will be received back but not until May.
 - Committee expressed concern with the potential lack of understanding by those not familiar with stop loss, claims processing, being self-funded, etc. and suggested a narrative and timeline be included with financials.
 - Generally we experience one or two high cost claims per year. Monthly reviews and calculations are completed to help manage potential liability. The Committee asked if there is a way to accrue this risk on a monthly basis rather than seeing the costs drastically fluctuate during the year.
- Overview of Nursing Home Variance-Actual to Budget Comparison was distributed and reviewed. Expenses are being managed although we continue to work to reduce expenses. We are about \$48,000 ahead of target.

Senior Executive Nursing Home Operations and Quality Report – K. Gochanour

- Have had great success with staffing since implementing 'OnShift' in December. We have reduced mandated shifts considerably and have implemented asking each staff to pick up an additional 4 hours per week.
- Recruitment is in progress for DON; proactively searching statewide for qualified candidates. Receiving good qualified CNA applicants. Currently we have 2.7 open Registered Nurse positions; RN recruitment is largest challenge as wages are not where they need to be. Contacting nursing students who will be taking LPN boards this summer to recruit and fill some positions as they pursue their RN degree.
- We remain at a 4 Star Quality Rating. Improved staffing data has not taken affect yet so anticipate being back at a 5 Star Staffing Rating which will also help our overall 5 Star Rating.
- Working on Mega Rule federal regulations; many policies to review.
- Clifton Larson Allen (CLA), the consultant company, was on site last week. They interviewed 8 staff, toured the facility, and were provided with a lot of information. CLA will return for a clinical site visit. Their final report is due July 1.
- Kim G. will be at the Leading Age conference next week.
- Cagney Martin is doing a fantastic job coordinating the in-house competency training. All are welcome to participate.
- We were encouraged to apply for a Civil Money Penalties Grant through the State. We were successful and were awarded \$23,000 for our Stop Starting It dementia training. We will be presenting the training in 12 locations over the next few years.
- Kristin Woller completed the Nursing Home Administration course; waiting to complete test.
- Brenda Glodowski will be provide an education session on how to read a profit and loss report, how to manage expenses, etc. for the MVCC Leadership team.

Update on Mount View Care Center Committee Discussion

- March meeting was excellent. Brenda provided education on Medicare and payer mix.
- Next meeting is tonight where we will talk about staffing.

Discussion and Future Agenda Items

- Discussed possibility of meeting on the 24th of May at 7:30 a.m. Confirmation email will be forwarded.

Motion/second, Donnelly/Miller, to adjourn the Nursing Home Operations Committee meeting at 8:08 a.m. Motion carried.

dko



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QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%	13.1%	10.3%	10.6%									10.6%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%	93.6%	90.2%									90.2%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%	76.7%	77.2%									73.9%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%	0.0%	13.3%									10.9%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%	11.3%	10.4%									11.8%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%	11.1%	0.0%									10.0%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%	67%	72%									68%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%	62%	59%									63%	65%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NCHC OUTCOME DEFINITIONS

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	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent for patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that remain in sobriety 7 days post discharge. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
NCHC Access	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 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
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.



Quality Executive Summary
May 2017

Organizational Outcomes

People

❖ **Vacancy Rate**

The vacancy rate has remained stagnant through the month of April at 10.6% which is above the NCHC target.

❖ **Employee Retention Rate**

Employee Retention Rate is currently at 90.2% which is exceeding the NCHC target of 75-80%. Retention rate continues to decrease at the same rate of about 2.5% per month.

Service

❖ **Patient Experience**

Improvement was made in the percent of patients ranking their overall experience at a 9 or 10 (10 point scale) at 77.2 % in April which achieves NCHC's target. Individual programs achieving the target of 77-88% in April included: Lakeside Recovery (MMT), Crisis CBRF, Crisis Services, Antigo Outpatient and Telepsychiatry, Wausau Outpatient and Psychiatry, Aquatic, Birth to Three, Community Corner Clubhouse, Adult Day/Pre-Vocational/Residential Services, and Nursing Home. Programs continue to integrate specific actions based on the priority analysis data specific to the program.

Clinical

❖ **Nursing Home Readmissions**

The rate of readmissions to the hospital within 30 days in April was 13.3% bringing YTD rate to 10.9%, below target and benchmark. April had 1 resident return to the hospital within 12 hours of admit, discussions ongoing with hospital regarding unstable discharges.

❖ **Hospital Readmissions**

The rate of readmissions within 30 days is in the range for the month of April with the YTD slightly above target, however, since the month of February, the rate continues to decrease. Readmission within the 0-10 day range has decreased but will continue to be monitored as the Outpatient and Community Treatment teams continue to work on best practices for continuum of care standards and to avoid readmission to the hospital within the first ten days.

❖ **AOD Relapse Rate**

The rate of patients who complete treatment programming in either our AODA Day Treatment or Medically Monitored 21 Day program who reuse substances within 7 days in the month of April was 0% which is the best possible scenario and year-to-date is 10% which is significantly better than industry benchmark 36-40%.

Community

❖ Access Rate for Behavioral Health Services

Access rates remain below target year-to-date. Analysis indicates Outpatient and Community Treatment programs did not meet target. Both programs have initiated process improvement teams to identify specific strategies for improvement. Community Treatment filled two 1.0 FTE's in the month of March, 1 in April and 4 slated to start in May.

Finance

❖ Direct Expense/Gross Patient Revenue

Year to date expense to revenue ratio improved to exceed target in May and is within target year to date. Extreme focus this year on cost management by individual departments has been the impact.

Safety Outcomes

Patient/Resident Adverse Events

Rates for the 1st quarter of 2017 are lower than the previous year at 4.1 adverse events/1000 patient days/visits. Falls on Legacy programs are showing a downward trend. An in-depth analysis of all Legacy falls from this year had been completed. Noted staff workflow from one staff rotation to the 2nd rotation different, have ensured workflow is now the same. One day shift rotation had only 1 regularly scheduled C.N.A., fill in staff from other units often not familiar with routine. Staff have been recruited and trained and now team is working together. Residential medication administration errors are trending downward. Residential has been retraining staff 1:1 on medication administration and audits.

Employee Adverse Events

Rates for April are above 2016 at .12 adverse events/1000 employee hours. March was noted to have an increase in Direct Patient Care Injuries. Injuries were minor, several related to aggressive behaviors with maintaining resident safety, others patient repositioning. In April the number has decreased significantly.

Program-Specific Outcomes-items not addressed in analysis above

The following elements reported are highlights of focus elements at the program-specific level. They do not represent all data elements monitored by a given department/program.

Human Service Operations

❖ Outpatient Services:

Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement has decreased during the month of March which has the team meeting more frequently to find improvement opportunities to achieve this goal. Year-to-date a 60.3% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established which included both Outpatient Services and BHS Hospital Leaders.

❖ **Inpatient Behavioral Health:**

Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. This is a shared measure with Outpatient Services. This measure has slid slightly backwards from 70% which was achieved in February. Year-to-date a 62.7% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established.

❖ **Community Treatment:**

Access within best practice timeframes continues to be significantly below target. A process improvement team has been established to address this. To help reduce the wait time for entering the Community Treatment, in the month of April 1 new case manager was hired and an additional 4 started at the beginning of May. Process evaluation to identify efficiency opportunities is in progress.

❖ **Lakeside Recovery (MMT):**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 10.5%, significantly better than industry benchmark 36-40%. The month of April showed 0% relapse rate.

❖ **Aquatic:**

The presence of patients who meet pain control goals is meeting the target range of 90% or better.

❖ **Birth-3:**

A system to measure availability for early intervention was established to ensure access and positive financial productivity. April was below target at 336 out of the goal of 481-491 per month. They are continuing to look at opportunities to increase this number.

❖ **Residential and Pre-Vocational Services:**

It has been identified that employee vacancy rate in residential services is a critical opportunity. The year-to-date is above the targeted goal at 17.4% with a target of 6-9% or below. Actions being taken include improvements in recruiting strategies, onboarding and retention. Human Resources staff have met with all employees to identify specific barriers to employee engagement with action plans being developed. Leadership is temporarily controlling admissions of new residents and relocating residents to reduce the total number of facilities in response to current staffing shortages. All residents are being assessed for care requirements and staffing needs.

Nursing Home

Quality Indicators reported to CMS are now 4 stars ranking. The Quality Measures report was not updated in April by CMS related to website problems.

Support Departments

❖ **Communication and Marketing:**

Year-to-date, a 11.60% increase in the number of "hits" on the NCHC employment page has been achieved.

❖ **Health Information:**

Achieved 83.3% completion of health records within 25 days post-discharge exceeding target.

❖ **Nutritional Services:**

Continues to achieve a 95% patient/resident satisfaction rating with food temperatures year-to-date.

❖ **Pharmacy:**

Dispensing error rates are below target at .05%

❖ **Volunteers:**

Continues to progress toward target to recruit 35 or more new volunteers in 2017.

❖ **Adult Protective Services:**

The percent of at-risk investigations completed and closed within 30 days is currently at 67%. Process improvements to improve continues.

❖ **Demand Transportation:**

Double occupancy per trip did not meet target of 44-50. Continued process improvements are underway.



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SUMMARY OF CURRENT (2018) MARATHON COUNTY CAPITAL PROJECT REQUESTS

Priority	PROJECT	DESCRIPTION OF PROJECT	ESTIMATED COSTS
1	Mount View Care Center (MVCC) Window Replacement	Window replacement in the MVCC Building	\$480,000
2	Health Care Center (HCC) Roofing	Replace roofing on MVCC, HCC link and Doctor's Suite	\$98,000
3	Security Upgrades	Security and safety assessment and phase 1 of facility security upgrades	\$100,000
4	HCC Boiler Replacement	Replace the 45 year old steam boilers in the Health Care Center	\$2,000,000
5	Replace Sloped Glazing Areas	Replace leaking sloped window framing in 9 areas in the Health Care Center building	\$720,000
6	HVAC Replacements in HCC Pyramid Roofs	Replace the air handlers in the HCC units and roof work to complete the replacement	\$850,000
7	Rolling Stock - Replacements	Replace 2 small mini-buses, 2 vans	\$160,000
8	Rolling Stock – New Vehicles	Purchase two additional four door sedans for Community Treatment program	\$48,000



North Central Health Care

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MEMORANDUM

DATE: May 19, 2017
 TO: North Central Community Services Program Board (NCCSP)
 FROM: Michael Loy, Interim Chief Executive Officer
 RE: Overview of 2018 Budget Priorities

Background

The new Tri-County Agreement requires the Retained County Authority to provide budget guidelines and priorities to the NCCSP Board prior to the development of each year's budget by June 1st. The RCA is slated to approve these budget guidelines and priorities officially at their May 25, 2017 meeting following the May NCCSP Board meeting. The following is a working analysis of guidelines and priorities stated thus far. These fall in no specific prioritized order ranked by the RCA; however, the intention is the RCA will approve both the list and order of the guidelines and priorities.

Budget Guidelines

Present a formal proposed budget document in a similar format to the 2017 budget document with the following key elements included:

- 1) Clearly distinguish the definition and application of shared versus direct budgeting decisions as they are applied to each program.
- 2) Separate levy allocations per program and make itemized levy requests for each program to the three Counties versus one bundled levy request. Counties would incorporate this itemization within their own budgets to reflect this detail as well.
- 3) Develop a multi-year forecast for programs as part of the budget.

Budget Priorities

Present a Budget that includes the following priorities for community services programs in addition to a maintenance of effort in all other programs under the jurisdiction of the Retained County Authority Committee:

Program	Initiative	Description
Emergency & Crisis Services	Develop case management services within the crisis services program for individuals under commitments and settlement agreements and also include broader coordination of the court liaison function	The intended result in the development of this service expansion is that individuals not already case managed through the voluntary Comprehensive Community Services program would be assigned a case manager who would coordinate their care and the dynamics within their commitment or settlement agreement.

Emergency & Crisis Services	Open an 8-Bed Youth Crisis Stabilization Group Home	The Youth Crisis Stabilization Group Home would serve adolescents' age 13-17 who reside in Langlade, Lincoln and Marathon Counties. The objective of this service is to ensure safe and healthy healing spaces for adolescents during times of crisis, by offering longer term placements (up to 5 days, per statutory guidance, and not exceeding 15 days after an additional assessment) in a less restrictive and appropriate setting to the individual's needs. Please refer to the program application approved by the RCA for additional detail.
Behavioral Health Services	Expand the Medically Monitored Treatment (MMT) Program from 6 to 15 beds	NCHC currently operates a 6-bed MMT 21-day residential program with a significant waiting list of individuals wanting inpatient treatment for their addiction. The expansion would necessitate relocation of the program and additional staff to reach the 15-bed target. Space on the NCHC campus has been identified for this purpose.
Behavioral Health Services	Expand the Community Based Rehabilitation Facility (CBRF) Program from 6 to 12 beds	The expansion of the MMT program would allow the 6-bed CBRF program to expand to 12-beds within its current space with some additional staff required. This program would be expanded to alleviate the need for some inpatient detentions and would also serve as a step down program from the inpatient hospital.
Emergency & Crisis Services	Eliminate billing for Crisis Services	Currently Crisis assessments are billed to the patient or guardian of an individual in crisis. Community partners have expressed a desire to avoid the billing function and to provide Crisis assessment without a charge being generated as a community service to increase utilization of services.
Emergency & Crisis Services	Creation of a behavioral health team	This is an evidence based program other governmental agencies have implemented as means to avoid hospitalization and to better serve the needs of individuals out in the community. It will be initially piloted with the Wausau PD and the Marathon County Sherriff's department. Essentially, it would pair an officer and crisis worker from NCHC as partners to respond to behavioral health calls and perform follow-up and preventative work in the community.

Behavioral Health Services	Langlade County – Research the scope and potential for the creation of a local voluntary acute crisis stabilization and/or detoxification beds with the local hospital	Langlade County would like to develop more local acute treatment options as an alternative to transportation to NCHC’s main campus to better serve the community’s needs. This may include expanded face to face resources for crisis services.
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The aforementioned priorities for the 2018 Budget do not include priorities for single county programs such as the Aquatic Therapy pool or Mount View Care Center. These will be handled through direct discussion with individual County representatives as in years past.



Job Code:	TBD	Program:	Administration
Reports To:	NCHC Board of Directors	FLSA Status:	Exempt
EEO Code:	1.2	Last Revision:	May 20,2017

The following statements are intended to describe, in broad terms, the general functions and responsibility levels characteristic of positions assigned to this classification. They should not be viewed as an exhaustive list of all the specific duties and prerequisites applicable to the position.

Purpose of the Position

North Central Health Care is governed by a board of directors appointed by representatives from three Central Wisconsin counties - Langlade, Lincoln and Marathon. The board is served with a composition of elected officials, community appointees and at least one consumer of services. Programs and services offered include outpatient, day treatment, community treatment, inpatient psychiatry hospitalization, residential treatment, outpatient and detoxification services for alcohol and drug dependency; and vocational, life skill training, early intervention, housing and care management services for developmentally disabled individuals. In addition, Marathon County's Mount View Care Center offers skilled nursing facility services at the main campus in Wausau with a licensed capacity of 220 residents. Mount View serves individuals in need of short term rehabilitation or post-acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, or those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavior problems.

The CEO is a visionary who can lead a complex organization, is a strong relationship builder and has a passion for working with those less fortunate and will serve as the highest administrative position for the organization.

Key responsibilities of the CEO are administering the policies and directives of both the NCHC Board of Directors and directives of other policy governing groups. Key accountabilities for the CEO are informing these bodies of progress in the coordination of major organizational activities and in the development and maintenance of effective service delivery systems for the communities it serves. The CEO assists these groups in their policy deliberations with data, information and advice. This position serves as an influential community leader in matters of Behavioral/Mental Health initiatives interacting with other community leaders, fundraising groups and the business community. Provides Thought, People, Results, and Personal Leadership for the organization and serves a role model for carrying out organization mission, vision and values.

Education and Experience Requirements

- Required:**
- Master's Degree in Health Care or Business Administration or related field
 - Experience in Health Care Management, Behavioral Health/Mental health and/or Human Services in an Executive Role
 - Experience supporting policy-makers in their governance.
 - Experience in building collaborative relationships, affiliations, networks with other organizations and/or Community Leaders.
 - Experience in overseeing large capital projects
 - Possess and maintain a proper, driver's license along with a good driving record as per NCHC standards

Any combination of education and experience that provides equivalent knowledge, skills and abilities may be considered.

Essential Duties and Responsibilities

- Maintains direct operational authority over all North Central Health Care programs through delegation of authority as deemed appropriate to Executives, Directors, and Managers.
- Participates as a member of various teams, committees, and taskforces to create innovative solutions associated with the provision of NCHC services.
- Plans, directs and reviews services and outcomes rendered by all programs for continuous improvement in meeting business priorities and community expectations.
- Responsible for keeping the Board apprised as to how overall operations and services are meeting the Board's expectations.
- Monitors ongoing monthly performance and makes appropriate adjustments to ensure budgetary and operational success.
- Maintains regular communication with the administrative officers and county boards of Langlade, Lincoln and Marathon counties to develop effective working relationships in supporting NCHC's mission.
- Directs the preparation of monthly and annual reports to report results to the Board of Directors.
- Ensures that all applicable legislation and government regulations are enforced and in compliance.
- Develops an operational plan in conjunction with the Senior Management team that establishes clearly defined performance standards, metrics and work plans that can be monitored to evaluate the organization's performance at any time.
- Directs the preparation and submission of an annual budget showing current financial status and anticipated overall revenue for Board approval.
- Directs the development of long-range financial plans including forecasts of anticipated requirements and revenues for approval of the Board of Directors.
- Develops, for Board approval, long-range strategic plans and targeted service improvements.
- Recommends changes in Board policies for approval by the Board of Directors.
- Model and carries out the organizations Mission, Vision and Core Values as overviewed below:
 - **Vision** *Lives Enriched and Fulfilled*
 - **Mission** *Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and specialized care for people with complex behavioral and skilled nursing needs*
 - **Core Values**
 - *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.*
 - *Partnership: We are successful by building positive relationships by working across the organization and as a trusted County partner.*
 - *Accountability: We commit to positive outcomes and each other.*
 - *Continuous Improvement: We embrace change, value feedback, creativity and the advancement of excellence.*

Competencies

- Thought Leadership – Uses insightful judgement, thinks strategically, and is innovative in championing new ideas and initiatives that supports the mission of the organization.
- People Leadership: Influences others while engaging and inspiring commitment to a plan of action. Promotes collaboration and builds talent as well as relationships with the utmost integrity.
- Results Leadership: Ensures execution of business goals and drives for results. Focuses on the importance of Person Centered Service to the populations it serves.
- Personal Leadership: Inspires trust and is adaptable to learn and develop from experiences. Interacts well with others and maintains high level of integrity in all dealings.
- Demonstrated Business Acumen
- Demonstrated Financial Analysis Skills
- Knowledge of regulatory and accreditation standards along with federal, state and local codes relevant to the types of programs administered by NCHC.

- Thorough knowledge of the principles and practices of administrative organization and scientific management and their application to effective health care operation.
- Ability to inspire subordinates to maintain a high degree of morale and to lead by personal example.
- Ability to exercise good judgement in emergency situations.
- Annual competencies as required by North Central Health Care and/or various regulatory agencies based on entity and/or job title.

Core Value Standards of Behavior

It is expected that all employees will demonstrate behaviors that support excellence as defined by North Central Health Care's Core Value Standards of Behavior. It is particularly important that the organization's leader be a model of the values in action.

Physical and Working Environment

Normal mental and visual attention required. Normal office working conditions requiring continuous use of both hands. Sitting most of the time, may involve walking or standing for brief periods of time. Occasional bending, squatting, twisting, climbing stairs and may lift up to 10 pounds. Minimal exposures to workplace hazards including regular travel.

Acknowledgement

All requirements of the described position are subject to change over time where I may be required to perform other duties as requested by NCHC. Further, I acknowledge that this job description is neither an employment contract. I have received, read, and understand the expectations for the successful performance of this job.

Printed Name: _____ Signature: _____ Date: _____

In compliance with the American with Disabilities Act, NCHC will provide reasonable accommodations to qualified individuals and encourages both prospective and current employees to discuss potential accommodations with the employer. North Central Health Care is an Equal Opportunity Employer.

<u>Plan of Action Tactics</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measures of Success</u>	<u>Interim Updates</u>	<u>Completed</u>	<u>Status</u>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Dec-16	Appointment	Appointments - Marathon County: Supervisor E.J. Stark, Deputy Administrator Lance Leonard, Lincoln County: Nancy Bergstrom Corporation Counsel, Langlade County: Robin Stowe. E.J. Stark resigned and Marathon County appointed Chief Deputy Chad Billeb. Meeting dates are set for 2017.	2/14	Closed												
Appointment of NCCSP Board Members	Counties	Jan-17	Appointment	Marathon County Appointments have been recommended and confirmation. Sheriff Parks and County Supervisor Robinson resigned from the NCCSP Board in early 2017. Marathon County has appointed Theresa Wetzsteon, Marathon County's District Attorney in place of Sheriff Parks. The seat vacated by Supervisor Robinson was filled by Supervisor Rick Seefeldt.		Closed												
Annual Audit	NCCSP	Jan-17	Acceptance of annual audit by NCCSP Board and Counties	The audit was presented to the March 30, 2017 NCCSP Board meeting. Members of the RCA were invited to the audit presentation and provide copies of the audit documents. The RCA accepted the audit at their April 27th agenda to formally close the annual audit process.		Closed												
Policy Governance for the NCCSP Board	NCCSP	Jan-17	Policy Governance Document	A policy governance approach is recommended for the NCCSP Board to consider to delineate authorities of the NCCSP Board delegated to the CEO and decisions vested with the NCCSP Board. This approach will also provide a definition of Board end statements which align with the direction from the RCA. The Board will need to reconsider the Committee structure, especially as it relates to any potential governance change with Mount View Care Center. The Board held an Educational Presentation on policy governance at the March meeting and endorsed moving forward with exploring a Policy Governance approach. The Board will be digging into this endeavor as part of the June retreat.		Open Task												
Prepare Local Plan	NCCSP	Jan-17	Adopted 3 Year Local Plan	The Agreement requires the NCCSP Board to develop a 3 Year Local Plan to meet the needs of the Communities it serves. This project will have to be done in coordination with the RCA to establish a vision for an end product. At this time the work on this item has not begun.		Open Task												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County of the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	Marathon County has created a Mount View Care Center Committee to oversee the Strategic Plan development and Operational study of the nursing home. The Committee has been appointed by Marathon County with Supervisor Robinson as the Chair and meets monthly. The consultants have been hired and have been on site on two separate occasions for multiple days. The assessment is being drafted and both deliverables appear to be on target for the July 1 deadline.		Open Task												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County of the future of the pool and by both Marathon County and NCCSP on a future management agreement with NCCSP	The NCCSP Board reviewed the pool project and endorsed a resolution in support of building a new pool to the Marathon County Board. The resolution expressed continued interest in managing a new facility if built. The North Central Health Foundation, Inc. offered to provide Leadership on gathering \$1.5M in support of the project from the community. The Marathon County Health & Human Services Committee recommended building a new pool at their May meeting with \$3M requirement of community support for the project. The full County Board will vote in June and there will be 4-6 months to line up community support before the final bonding vote later this year.		Open Task												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Completed	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Create "arms-length" financial relationship between NCHC and MVCC	NCCSP	Jan-17	Separate financial statements and legal status	The CFO is currently working on the financial statement piece to enable 2017 financials to be completely separate between the 51.42 program and MVCC. Further consideration will be made on doing the same for the developmental disability programs (not including Birth to 3) and potentially the Aquatic Therapy Pool later in the year.		Open Task												
Review of Bylaws	NCCSP	Jan-17	Adopted Amended Bylaws	The Board adopted an update to the Bylaws to make them contemporary with the new Tri-County Agreement at their January meeting.		Completed												
Develop Training Plan for each County	NCCSP	Feb-17	Adopted Annual Training Plan	Administration contacted each of the three County administrations to identify training needs on accessing and using NCHC services along with general support for skill enhancement for individual county departments sharing in the responsibility for our managed population. The process was initiated in a request to each County's Corporation Counsels. No requests were made at this time but NCHC will be open and willing to fulfill any future requests not contemplated at this time.		Closed												
CEO Selection Plan and Recommendation	NCCSP	Feb-17	Adopted Recruitment Plan	The RCA adopted a motion to start the CEO selection process by having the NCCSP Board appoint the selection committee and inviting them to attend the April RCA meeting to discuss the selection process. The NCCSP Board appointed the NCCSP Executive Committee as the selection committee. The RCA is set to discuss the process with the NCHC Executive Committee members at their April 27th meeting. Sue Matis has been assigned as the staff resource for the selection committee and RCA and is currently working with Brad Karger to develop the position description and compensation. The description is being sent to stakeholders for input and the next meeting on the topic will be June 9th. Following the June 9th meeting, the RCA will adopt the position description and compensation so the recruitment process can be turned over to the selection committee.		Open Task												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	This initiative has not begun.		Open Task												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	The NCCSP Board reviewed the draft policy at their April meeting. Once reviewed it will be forwarded to County Administrations for each of the three Counties for input prior to final adoption of the NCCSP Board in May. Input from the three stakeholders will be received by the day prior to the Board meeting. The policy is slated for action at the May NCCSP meeting.		Open Task												
County Fund Balance Reconciliation	NCCSP	Apr-17	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.		Closed												
Annual Report	NCCSP	May-17	Annual Report Release	The Annual Report will be presented to the NCCSP Board and will be prepared for release following the May meeting.		Open Task												
Review of Personnel Policies	NCCSP	Sep-17	Appropriate Policies Identified and Adopted	The NCCSP Board reviewed the Employee Compensation Policy and Administration Manual at their April meeting. The Employee Compensation Policy is the only personnel policy identified at this time to be reviewed and adopted by the NCCSP Board as a recommendation for approval by the RCA. The NCCSP Board adopted the policy and forwarded it to the RCA for consideration before the July 1 deadline. The RCA will now have to review and adopt the policy, with an recommended changes, prior to August 15th, and send the adopted policy back to the NCCSP Board for adoption.		Open Task												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	The RCA will need to define the structure, substance and timing of this report.		Open Task												

Plan of Action Tactics	Accountability	Start Date	Measures of Success	Interim Updates	Completed	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	The CFO has reached out to each of the Finance Directors in the time before and following the audit to check-in. Nothing of significance to report.		Completed												
Annual Budget	RCA	Feb-17	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The RCA is considering the Budget guidelines and priorities at their May 25th meeting to meet the June 1 deadline. These guidelines and priorities will be a subject of discussion at the NCCSP Board meeting on May 25th as well.		Open Task												
CEO Annual Work Plan	RCA	Feb-17	Adopted Work Plan	This document serves as the work plan document.		Closed												
CEO Compensation Plan	RCA	Jun-17	Adopted Plan	To coincide with the CEO recruitment process but is required at least annually.		Open Task												
Bylaws of the RCA	RCA	Feb-17	Adopted Bylaws	Finalized at the February meeting		Closed												
Determine "Substantially Modify" Criteria and Application Structure	RCA	Feb-17	Agreed upon guidelines and Application process	Definition and adoption done at the February RCA meeting. The CEO and committee members will brief each of their committees/boards on the resolution of this item. The NCCSP Board reviewed this policy and guideline at their March meeting.		Closed												
Non-CEO Employee Compensation Plan	RCA	Mar-17	Adopted Plan	Compensation plan and policies sent to the RCA members for review and consideration.		Open Task												
Capital Improvement Policy	RCA	Mar-17	Develop comprehensive CIP Policy for NCCSP and RCA adoption	No activity on this initiative to report.		Open Task												
CEO Appraisal Process Design	RCA	Mar-17	Written Assessment Process and Documents	No activity on this initiative to report.		Open Task												
Performance Standards	RCA	Mar-17	Adopted Annual Performance Standards	These are being developed in conjunction with the annual budget review program assessment and performance standards work being done with the RCA as we review major 51.42 program areas. There have been additional RCA meetings scheduled to accomplish this requirement by the July 1, 2017 deadline.		Open Task												
Reserve Policy Review	RCA	Apr-17	CFO will have County Finance Directors review, NCCSP and RCA approval	No activity on this initiative to report.		Open Task												
Selection of NCCSP Auditor	RCA	Apr-17	RFP and selection of auditing firm	The RCA approved the RFP for auditing services at their May 19th meeting and it will be released the week of May 22nd. The RCA will receive an analysis and recommendation from NCHC staff in July and will make a decision on the selection of the auditing firm at their July 27th meeting.		Open Task												
Tri-County Central Annual Review	RCA	Oct-17	Revision Recommendation to County Boards if necessary	No activity on this initiative to report.		Open Task												