

OFFICIAL NOTICE AND AGENDA - AMENDED

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

Thursday, May 27, 2021 at 12:00 pm
Northcentral Technical College, 1000 W Campus Drive, Wausau WI 54401,
Health Sciences Center, Room 1004A & B

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.

Our Mission

Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.

AGENDA

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
4. ELECTIONS
 - A. Election of Officers
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the April 29, 2021 NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the April 23, 2021 Executive Committee Meeting and March 23, 2021 Nursing Home Operations Committee Meeting
 - iii. ACTION: *Motion to Approve the Recommendations of the Medical Executive Committee to reappointment of Brigitte Espinoza Ugaz, MD, and Ed Krall, MD*
 - iv. Executive Operational Reports
6. BOARD DISCUSSION AND ACTION
 - A. Presentation of the 2020 Audit (30 Minutes) – Kim Heller and Josh Boyle, WIPFLI
 - i. ACTION: *Motion to Accept the 2020 Audit*
 - ii. ACTION: *Motion to Accept the 2020 Fund Balance Statement*
 - B. CEO Report and Board Work Plan (5 Minutes) – M. Loy
 - C. ACTION: *Motion to Accept the Dashboards and Executive Summary (5 Minutes)* – M. Loy

- D. ACTION: *Motion to Accept the April Financials (5 Minutes)* – J. Meschke
 - E. ACTION: *Motion to Approve City-County Information Technology Commission Intergovernmental Agreement (5 Minutes)* – M. Loy
 - F. ACTION: *Motion to Approve City-County Information Technology Commission Operating Agreement (5 Minutes)* – M. Loy
 - G. ACTION: *Motion to Appoint Dr. Chet Strebe to the City-County Information Technology Commission (5 Minutes)* – M. Loy
 - H. ACTION: *Motion to Approve the Mission, Vision, End Statements (20 Minutes)* – M. Loy
 - I. ACTION: *Motion to Approve the Strategic Plan (30 Minutes)* – M. Loy
 - J. ACTION: *Review and Accept the 10-Year Financial Forecast (30 Minutes)* – J. Meschke
 - K. PRESENTATION (2:00 PM): *Market Assessment and Benchmarking Report for Mount View Care Center and Pine Crest Nursing Homes (60 Minutes)* – Michael Peer, CLA
 - L. ACTION: *Motion to Recommend 2022 Capital Improvement Budget (10 Minutes)* – M. Loy
 - M. ACTION: *Motion to Approve the Comprehensive Community Services Contracted Provider Agreements (30 Minutes)* – M. Loy
 - N. ACTION: *Motion to Recommend the 2022 Budget Priorities and Guidelines (30 Minutes)* – M. Loy
- 7. BOARD CALENDAR AND FUTURE AGENDA ITEMS
 - 8. BOARD EXPERIENCE OPTIMIZER
 - 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: 05/24/2021 TIME: 1:00 PM BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

April 29, 2021

3:00 p.m.

Wausau Board Room

Present via conference phone (due to Covid19) unless otherwise noted

X	Eric Anderson	X	Randy Balk	X	Chad Billeb
X	Ben Bliven	X	John Breske	X(HCC)	Kurt Gibbs
X	Deb Hager	X	Lance Leonhard	X	Dave Oberbeck
X	Robin Stowe	X	Gabe Ticho	X	Pat Voermans
X	Bob Weaver	X	Cate Wylie		

Staff Present: Michael Loy, Jill Meschke, Jaime Bracken, Jarret Nickel, Tom Boutain, Dr. Rob Gouthro

Others Present: Dejan Adzic, Asst. Marathon County Corp. Counsel

Call to Order

- Meeting was called to order at 3:00 p.m. by Chair K. Gibbs.

Chairman Announcements

- Von Briesen & Roper is finishing the review for the Board. There will be a special meeting of the Board on May 13, 2021 at 3:00 p.m. Please mark your calendars.
- An Executive Committee meeting may also be scheduled prior to the May 13 Board meeting.

Public Comments for Matters Appearing on the Agenda

- None

Patient in the Board Room

- Nicole Woitula, Case Manager with the Wausau Community Treatment Youth Team, introduced a member of the Community Treatment program who shared her experiences with the program and NCHC.

Consent Agenda and Monitoring Reports

- **Motion**/second, Leonhard/Wylie, to approve the Consent Agenda and Monitoring Reports.
 - A new agenda item 'Recent State, Federal and Accreditation Reports' has been added and will continue to do so as reports are available. Information was provided in the packet including a cover letter to help navigate and understand the reports.
 - Motion carried.

Board Education

- Community Treatment Programs – J. Hintz, Director of Community Treatment and Outpatient Programs
 - The 51.42 County responsibilities were reviewed along with an overview of the Community Treatment Department and Programs which include:
 - Team Based Care, Comprehensive Community Services (CCS), Community Support Program (CSP), Coordinated Services Teams (CST), and Children’s Long-Term Support (CLTS)

Board Discussion and Action

- CEO Report and Board Work Plan – M. Loy
 - Number of Covid cases continues to decline.
 - Tomorrow two legislators from Joint Finance Committee will tour our facilities and learn about our projects. A lot of the state budget provisions around crisis services are geared to benefit our organization that serves as a model around the State. Next week we will be hosting DHS Secretary-Designee Karen Timberlake who is also interested to learn more about our organization and for insights to help in getting budget provisions passed.
 - **Motion**/second, Balk/Billeb, to accept the CEO Report as presented in the packet.
 - The Board formally acknowledged and expressed thanks to Brenda Christian, Director of Adult Protective Services, who is retiring after 34 years of dedicated service to the organization. Congratulations Brenda!
 - Motion carried.
- Dashboards and Executive Summary – M. Loy
 - Dashboards and Executive Summary
 - Turnover will be reviewed in more depth later in the meeting; turnover is a pressure point for us relative to high hiring activity and wage growth.
 - Quality measures are just over target and we anticipate trending in the right direction will continue.
 - Both Adult and Youth hospitals are seeing higher readmissions; youth have a natural desire to want to return to a positive environment.
 - Program dashboards are working to improve access rates and we have seen some movement in a positive direction and expect that to continue.
 - **Motion**/second, Bliven/Stowe, to accept the Dashboards and Executive Summary. Motion carried.
- March Financials – J. Meschke
 - March financials show a loss of \$480,000 which was more than the budgeted loss of \$220,000. Year to date our loss is just under \$1.4 million. We continue to have a revenue shortage which is driven by the low net patient revenue. Primarily we are not hitting census targets as had been set in the budget. Programs are doing a great job at managing expenses, and diversion expense is significantly better when comparing year over year.
 - Census is the primary driver of revenue shortfall, but the other contributing factors is not meeting targets in staffing i.e., over time, open positions, filling CNA positions with nurses due to the shortage of CNAs.

- Combining the two nursing homes' bottom line shows \$880,000 loss of the \$1.3+ million YTD loss. In June we likely will receive a supplemental payment from the State, although it is not a guarantee it would help significantly with the revenue shortfall. Also, if nursing homes do not receive more State and Federal funds to help support nursing homes, we anticipate many nursing homes will close. We are not unique in the struggles we are having.
- **Motion**/second, Leonhard/Anderson, to accept the March financials. Motion carried.
- Market adjustments for Certified Nursing Assistants, Dietary, and Housekeeping Positions – M. Loy
 - Currently we have very challenging dynamics around the labor force and staffing of our nursing homes. Going forward, compensation principles need to be strategic with managing inflationary pressures, identifying, and monitoring market rate for positions actively. Key labor performance indicators (turnover, vacancy, overtime) were reviewed for CNAs, Dietary Aides, Cooks, Housekeeping, and Laundry Aides and compared to national wage data.
 - Vacancy rates are high and applicant flow from October 2020 through March 2021 is significantly down for these positions. Vacant shifts are filled by current staff and paid overtime which significantly impacts budget.
 - Proposal for wage increases for each of these categories was reviewed. Recommendations include moving starting wages slightly above the market rate and moving current employees up with incremental wage increases in four steps over the next 2 years. We want to not only get the applicants in the door, but we also want to retain the staff.
 - **Motion**/second, Bliven/Ticho, to approve the market adjustments for CNA, Dietary, and Housekeeping positions as recommended. Roll call vote taken. Motion carried unanimously.

Overview and Discussion on Commitment Order Process and Decision-Making – M. Loy & R. Gouthro

- Based on feedback from our stakeholders NCHC will focus on developing and managing a clearer and more consistent process for moving individuals to a more restrictive setting when they are non-compliant with court ordered treatment by identifying what is non-compliance, what do we do with people who are non-compliant, what is treatable, and how do we best balance County and treatment responsibilities at the same time?
- Next steps include identifying a written protocol on describing the path and roles in moving an individual under a Settlement Agreement or Commitment to more restrictive setting, eliminating silos in supervising commitments including enhanced data sharing, training programs for stakeholders, re-examining roles of the Court Liaison and Linkage and Follow-up Coordinators, and making Targeted Case Management program a budget priority for 2022.
- Contract for Aegis for Restorative Nursing Program – J. Nickel
 - The request is to add Restorative Nursing Program to our current contract with Aegis effective June 1, 2021. Restorative nursing services are nursing interventions that promote the resident's ability to adjust to living independently as safely as possible. These services can be captured for reimbursement through

our Case Mix Index (CMI) and potentially increase reimbursement for our Medicaid residents. This program also helps improve the quality of life for our residents.

- The cost of the program is \$7,761 per month covering labor for restorative aides, therapy management, and overall program management. We anticipate the program will pay for itself and has potential to increase the monthly Medicaid reimbursement.
- **Motion**/second, Leonhard/Voermans, to approve the addition of the Restorative Nursing Program to the current contract with Aegis. Motion carried.
- Modification to the 2021 Budget to Purchase Contract Management Software – D. Adzic
 - NCHC has a need to implement a contract management software program to better organize, standardize, and streamline the contracting processes and workflows. The greatest benefits are with compliance, standardization, and efficiencies. NCHC has over 1,000 contracts that are physically stored and managed. The cost of the software would not exceed \$40,000 for the first year of implementation and \$25,000 for each year thereafter. The new expense will be offset by the reduction of the position that previously managed contracting and contract workflows.
 - **Motion**/second, Voermans/Wylie, to approve the purchase of a contract management software as presented. Motion carried.
- Review and Approval of Board Policy
 - The Strategic Planning Policy and Budget Policy are presented for approval; both policies have no amendments.
 - **Motion**/second, Leonhard/Bliven, to approve the Strategic Planning Policy and Budget Policy as presented. Motion carried.
- Resolution in Support of 2021 Senate Bill 239 to Amend 51.15(5) of the State Statutes; relating to: excluding time for evaluation and treatment of certain medical conditions from the time limit for emergency detention without a hearing
 - **Motion**/second, Stowe/Voermans, to authorize the chair to sign and forward the resolution to area legislators. Motion carried.

Board Calendar and Future Agenda Items

- NCCSP Special Board Meeting – Thurs, May 13, 3:00 p.m. – to discuss the report completed by Von Briesen & Roper

Board Experience Optimizer

- Within 24 hours of the Board meeting a brief survey will be sent via email to each Board member. The Experience Optimizer is a Board governance effectiveness tool. Results are shared with the Board Chair which helps in preparing for and running more effective meetings.

Adjourn

- **Motion**/second, Balk/Voermans, to adjourn the meeting at 5:28 p.m. Motion carried.

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

April 23, 2021

8:00 AM

NCHC – Wausau Board Room

Present: X Eric Anderson X(WebEx) Kurt Gibbs X(WebEx) Lance Leonhard
X(WebEx) Robin Stowe X Cate Wylie

Others Present: Michael Loy, Jarret Nickel, Dejan Adzic

Guests: Jason Hilger, Langlade County Manager

Call to Order

- A. Meeting was called to order at 8:03 a.m. by Chairman Gibbs.

Public Comment

- A. No public comment

Approval of the March 18, 2021 Executive Committee Meeting Minutes

- A. **Motion**/second, Stowe/Anderson, to approve the March 18, 2021 Executive Committee Meeting Minutes. Motion carried.

Review of the Draft NCCSP Board Agenda for April 29, 2021

- A. April 29, 2021 NCCSP Board Agenda was reviewed.

Policy Issues for Discussion and Possible Action

- A. HSRI Final Report
- We are under contract with HSRI to review the mental health system including data, services array, and communities' needs, to develop an intermediate and long-term approach to building a modern mental health system for our community. The work was paused the review due to the 2020 pandemic. The community engagement portion will not be completed due to the constraints of not being able to meet in person. A draft report will be available for review in May.

Operational Functions Required by Statute, Ordinance, or Resolution

- A. None

Educational Presentations/Outcome Monitoring Reports

- A. CEO Report
- COVID continues to ebb and flow with a small uptick recently in activity. About 70% of staff and 90% of Mount View Care Center residents have been vaccinated and the same for residential; about 70% of the Pine Crest residents have also completed their vaccination. Staff vaccination rates at Pine Crest are lower. Staff who are vaccinated and exposed but do not have symptoms are able to continue to work. Without the vaccination the staff will be on a 10-day quarantine. Some who have been vaccinated have tested positive but have minimal symptoms.

- DHS continues to provide recommendations and we follow enhanced precautions on units when there is a positive case. When a resident test is positive, even if vaccinated, we cannot admit to that unit which ultimately impacts revenues. Currently, if there are no new positive tests at MVCC, we will be able to admit next week Friday, April 30. There has also been a small outbreak in the supported apartments with one facility on quarantine.
- The financial audit was delayed originally from March to April and will move to April in the future. Wipfli has completed the audit except for the COVID-related funding. We are waiting for the IRS to open their portal to access the information needed to finish the audit.
- We have recently been recognized in the Environments for Aging Design Showcase publication in recognition of our nursing home renovation project. One of our architectural firm partners, MKM, had submitted the project which was then selected. The nursing home tower is on schedule for completion in July. We are preparing for bids to be let for the D Wing renovation in the next few weeks. This includes the hospital, crisis, MMT, and loading dock. We are working on temporary program modifications for phasing of this project to maximize space and census while the project is in progress.
- Sober Living in Langlade County will have a grand opening event in May; waiting on furniture delivery at this time but the program is operating and doing well.
- Lincoln County Board was provided with an overview of the proposed changes to the Lincoln Industries programs. The changes were anticipated over time, but the pandemic accelerated the timeline which also resulted in a loss of membership thereby creating a financial issue. Our staff are working with families to better understand the changes. It was important to emphasize that the program is not closing but rather making a transition that the State is pushing through policy. C. Wylie noted that M. Loy provided an exceptional presentation and answered the many questions that arose. NCHC will continue to work with Lincoln County, the members, and their families on the upcoming transitions.
- Portage County Health Care Center analysis was provided to the County Executive and the Chair of their Nursing Home Committee. The assessment did not have a compelling case to pursue regionalization. There are a lot of issues financially with low census and lack of an ability to increase supporting tax levy. At this point there is too much risk for NCHC. If they approach us to help assure minimalizing risk, we may be able to reconsider.
- CLA study is in progress and anticipate having it available for the May Board meeting.
- The Adult Protective Services Director is retiring after 34 years. Recruitment has begun and we are expecting a seamless transition. K. Gibbs wished Ms. Christian well and asked to extend the Board's appreciation for her 34 years of tremendous service.

B. Organizational and Program Dashboards

- Vacancy rates are being driven by direct care staff and is the reason there is a proposal for market adjustments coming. Mount View has not hired a CNA since September 2020. Two to three years ago we had matched the market with increased wages. Currently there is no applicant flow, and our vacancies will continue to grow. Last September we completed a compensation study, but the Board's decision was to not implement it due to uncertainties of the pandemic and our financial status. We are struggling now with an increasing census and the large number of vacancies. We have an imperative to increase wages for CNA's to help retain staff and encourage a stronger pool of applicants. In addition, we do not want to burn out staff from working extra hours. The plan will be to implement the wage adjustment in June 2021.

- We are expecting rate increases in the next State budget. If the State does not provide the increases for nursing homes, there will likely be several closures around the State. More detailed information will be provided to the Board.
 - American Rescue Plan may have allocations for provisions to nursing homes which Loy will investigate.
 - Wisconsin Counties Association (WCA) and National Counties Association indicates there is money for nursing homes but how it will be distributed is unknown. WCA says the states have the money but it will not cover wages. May add to agenda for discussion at May Board meeting.
 - Readmission rates are above target; nursing home readmissions are high, and we are working with hospitals to be in a better position to admit and avoid hospital readmissions.
- C. March Financials
- Revenues continue to be soft; 2021 budget was based on “new normal” with COVID and belief that revenues would begin to increase by now, but they remain soft and vulnerable to COVID operational changes. Expense management and staffing redeployment are being done. We are currently at a \$1.36 million YTD loss. There needs to be some level of patience as we are likely to get additional unanticipated funding mid-summer as we did in 2020. Financials are being closely monitored.
- D. Board Work Plan
- Annual report is being developed now.
 - Audit should be ready as well as fund balances.
 - The Committee was encouraged to think about budget priorities and guidelines for the May Executive meeting and Board retreat. Will present some ideas heard from meetings i.e., outpatient and access issues as budget priority for next year. Bring your input from counties in budget priorities.

Next Meeting Date & Time, Location, Future Agenda Items

- A. Board Retreat Agenda for May 27, 2021
- B. Next meeting is scheduled for Thursday, May 20, 2021 at 3:00 p.m.

Announcements

- A. Review is continuing. Have had scheduling challenges with some interviews but K. Gibbs expects to provide a report at the Board meeting next week.
- B. M. Loy was asked to provide a general overview on recent discussions with law enforcement and corporation counsel.

Adjournment

- A. **Motion**/second, Leonhard/Stowe, to adjourn the meeting at 8:51 a.m. Motion carried.

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
NURSING HOME OPERATIONS COMMITTEE**

March 23, 2021

3:00 PM

Conference Call

Present:	EXC	Kurt Gibbs	X	Paul Gilk	X	Cindy Rider
	X	Pat Voermans	X	Bob Weaver	X	Cate Wylie

Staff: Jarret Nickel, Jill Meschke, Zach Ziesemer, Ryan Hanson, Kristin Woller, Connie Gliniecki, Kim Rantanen-Day

Others: Dejan Adzic

Call to Order

- Meeting was called to order at 3:03 p.m. by B. Weaver.

Public Comment for Matters Appearing on the Agenda

- None

ACTION: Approval of January 26, 2021 Nursing Home Operations Committee Minutes

- **Motion**/second, Voermans/Rider to approve the January 26, 2021 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – J. Meschke

- The 2020 Financial Audit is in progress; final report scheduled to be reviewed at the April 29, 2021 Board meeting.
- Mount View Care Center year to date ending February is showing a loss of \$307,000. The 2020 budget was constructed with a projected higher census for the first half of 2021 and lower for the 2nd half due to the renovations and anticipated transitions. Revenue shortfalls can mostly be attributed to not meeting payer mix and volume targets. Expenses are also above plan primarily due to staffing expenses. There is no additional Cares Act funding expected at this time.
- Pine Crest is showing a loss of \$384,000 through February. Targeted census was calculated at 100 but is currently averaging in the low 90's. Pine Crest received about \$27,000 in Cares Act funding in February with no significant additional receipts expected at this time. Expenses are above target through February due to staffing and agency staff use.

- Reforecasting efforts are in progress for both nursing homes to include lowering the average census for both facilities and resetting expense targets to match more closely. A scheduling analysis is also in progress to confirm appropriate staffing levels. Both nursing homes continue to face the impact of the pandemic. Higher expenses can be attributed to the cost of personal protective equipment (PPE), while coming down, is still much higher than in the past. No units are currently on enhanced precautions which helps reduce expenses. Technology has replaced much of the staff expense for screening purposes. C. Rider concurred that Aspirus is experiencing similar higher than normal expenses as well as the need for reforecasting.

Committee Education

- Leading Age Overview and Board Involvement Opportunities – Z. Ziesemer
 - Leading Age is a great asset for providing industry updates, education tools and resources. During the pandemic they have provided guidance on visitation and updates from CMS and the State.
 - Conferences are held each year (usually May and September) with one day designated to Board members.
 - Leading Age also helps with advocacy efforts at the Capitol and working with our legislators. John Sauer, Leading Age Executive Director, has been instrumental in working on improvements in Medicaid rates. Current deficits climb in Medicaid losses. Mount View and Pine Crest have two of the highest deficits in the State due to the volume of our Medicaid population.
- Mount View Care Center Survey Results and Survey Process – K. Woller
 - Last year CMS suspended routine inspections due to the pandemic and recently resumed their annual surveys visiting Mount View recently. The survey includes a thorough review of documents on a percentage of residents, interviewing residents, families, and employees, and observing all we do. They also reviewed documents on closed records (those discharged from the facility). The survey team was at Mount View for 4 days and provide a verbal report upon exit. A written report will also be provided.
 - We received just two recommendations compared to the State average of 8.1 and national average of 9.5. Both were low level citations. We are preparing the plans of correction to submit once the written statement of deficiencies is received.

Nursing Home Operations Reports

- Mount View Care Center – K. Woller
 - Highlights include filling the open positions given the challenge with the small number of applicants. Until approval is received for a CNA class, we will be hiring those who have expressed interest in the class as hospitality aides which will give them experience working with CNAs prior to the class.
 - Lower patient experience scores can be directly related to fewer activities for residents during the pandemic. An increase in activities is beginning to occur and residents are ready to move about again.

- Covid Update: last resident who tested positive was in December; staff positivity rate has decreased significantly; we are only required to test once per month as of March. Compassionate care visits continue, window visits began in February and as of March 1 in-person visits are scheduled in the gift shop. Next week we will have designated visiting hours for visiting in resident rooms. Small group activities of 10 or less are occurring and volunteers will be returning soon.
- Pine Crest Nursing Home – Z. Ziesemer
 - Filling the open CNA and nurse positions are a struggle due to a limited applicant pool. Working with NTC to be a site to hold clinicals and waiting for approval to provide CNA classes. We are also working with a management firm to fill our night nurse position.
 - A 30- and 90-day check-in with supervisors is being implemented in an effort to help reduce turnover. We are also rolling out stay interviews for a better snapshot of employee engagement and morale.
 - With the restrictions implemented during the pandemic, Pine Crest received similar feedback from families expressing frustration with the inability to visit. Easing some restrictions should help improve the patient experience.
 - We are working with Lincoln County to obtain a designated tax ID for Pine Crest which would put us in the ANI Network and help improve admissions.
 - Covid Update: We are now testing once per month as community rates are below 5%. No resident cases since December and last employee case was in February. In person visitation in the conference area begins next week. All visitors will be screened. Beautician services have resumed. Small group activities have also started. Vaccination clinics are being offered for residents and staff.

Update on Assessment of a Potential Regional partnership with the Portage County Health Care Center - J. Nickel

- Thanks to J. Meschke who led the initiative. Information gathering has occurred and an in-depth review is being done.
- Next step will be to meet with the Portage County Health Care Center Board in April. The NCCSP Board will be provided an update at their May meeting.

Discussion on Scope of Updating Market Assessments and Operational Assessments for Mount View Care Center and Pine Crest – J. Nickel

- Clifton Larson Allen (CLA) study kicked off with Zach heading it up.
- This is a partnership between NCHC and CLA to understand the ideal size and scope of both skilled nursing facilities and opportunities for other business ventures with the two counties. With the impacts of 2020 and into 2021 our 5–10-year plan was expedited and is good timing to have this study completed. A report is slated to be provided in May.

2021 Dashboard Review and Census Growth – J. Nickel

- The 2021 Dashboard reflects the goals set for programs and approved by the Board.
- The goals were set in the Fall prior to survey and anticipating we were on the better half of Covid. We are in a good recovery and currently trending positively. Reducing turnover is a high priority. We are diving into manager relationships, developing action plans and identifying opportunities outside of compensation to improve engagement and retention. By June we are hopeful to offer an internal CNA class.
- Committee asked about comparing pay for contracted staff vs increasing pay for inhouse staff. The market is analyzed often. We find as soon as our wages are increased other agencies do the same. Another vital issue is increasing reimbursement for Medicaid to help afford a wage increase.

Nursing Tower Construction Update – J. Nickel

- The nursing tower is on track and within budget. We have already anticipated possible delays in delivery of furniture and supplies in the timeline. Projected completion date is July 23 followed by 30-60 days to allow for the state survey to be completed and receive approval. Our target is to be operating by Labor Day.

Board Discussion

- CDC Guidance on Nursing Home Visitation
 - As discussed above, visitation procedures are being modified and facilities will open for modified in person visits soon. One of the main challenges is for staff to cover the screening process for all visitors. As long as community rates stay low we will continue to be able to relax the restrictions and continue to keep the residents safe.

Future Agenda Items and Meeting Schedule

- No additional agenda items noted
- Next meeting: Tues, May 25, 2021 at 3:00 p.m.

Adjourn

- **Motion**/second, Voermans/Gilk, to adjourn the meeting at 4:03 p.m. Motion carried.



North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Brigitte G. Espinoza Ugaz, M.D. Appoint/Reappoint 06-01-2021 to 05-31-2023
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Locum Agency: _____
 Contract Contract Name: Brigitte Espinoza

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
(Chief Medical Officer or Designee Signature)

5/17/21
(Signature Date)

MEC ACTION

MEC recommends that:

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

[Signature]
(MEC Committee or Designee Signature)

5-20-21
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Edward J. Krall, M.D. Appoint/Reappoint 07-01-2021 to 06-30-2023
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Locum Contract
Locum Agency: _____
Contract Name: Medical College of WI

CMO PRIVILEGE RECOMMENDATION

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

Comments: _____

[Signature]
(Chief Medical Officer or Designee Signature)

5/17/21
(Signature Date)

MEC ACTION

MEC recommends that:

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

[Signature]
(MEC Committee or Designee Signature)

5-20-21
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: Concur
 Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



North Central Health Care

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MEMORANDUM

DATE: May 2021
TO: North Central Community Services Program Board
FROM: Dr. Robert Gouthro, Chief Medical Officer
RE: CMO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

1) **Residency & Education:**

- With relaxing COVID restrictions, the MCW CW Psychiatry Program Residency Graduation will now take place at Timekeeper Distillery. A site with an abundance of history to share our historic, but low key, event. The date of June 21st remains unchanged.
- The MCW CW Psychiatry Program collaboration with the local Aspirus Family Medicine program continues, and along with this collaboration, NCHC is extending its interaction with family practice residents to include on-site clinical rotations. Beginning in August, this will include psychiatric care, but investigation into medical evaluations for our youth programs is also beginning.

2) **Patient Care and Provider Quality (Behavioral Health):**

- The Youth Services Coordinated Services Team has received a \$75,000 grant for additional staff training to be implemented during the remainder of this year.
- Our new Adult Crisis Stabilization Facility (ACSF) opened 5/18 and has been a welcome change by staff and patients alike. Additionally, our new Acute Care Services Operations Manager, Jeremy Meriwether, begins in June and will complete the Acute Care services Leadership team.
- Langlade Therapy will soon be fully staffed for the first time in “many years” allowing for increased access, and decreased staff shifts to provide coverage.
- A focus on collaboration with a Law enforcement continues. Acute Care Service leaders will be meeting with Paul Mergendahl, the Deputy Jail Administrator, in June to discuss adding direct, psychotropic consultation to the Jail. Such a service may be considered as a function of NCHC or the MCW CW residency. Either will provide enhanced psychiatric consultation and lead to improved patient service and outcomes.
- The Youth Behavioral Health Hospital nursing staff has had its oversight transitioned to the Acute Care Services Nursing Manager. This transition will unite the staffing, training, compliance, and oversight duties between our two Behavioral Health Hospitals and assist with staffing flexibility and increase nursing camaraderie.

- The Adult Behavioral Health Hospital process for alcohol detox admissions and discharges is expanding from primarily focusing on managing the medical symptoms of withdrawal to including a more in-depth evaluation of a patient's pre-admission and post-admission substance use treatment needs with the use of ASAM and additional oversight of the process with Addiction focused clinical and psychiatric supervision.
- Writer and the Acute Care Services Director met with the new Marshfield Emergency Department Director to discuss improving communication, medical clearance expectations, and managing limited medical, psychiatric, and law enforcement resources. This meeting was fruitful, and future contact, including the introduction of our three new physicians which begin in July, is being planned.
- Every youth served in the Youth Behavioral Health Hospital is asked to complete a survey at the time of discharge because we want to hear their feedback and use it to improve (parents generally complete the official feedback forms).

Here are the response of some youth when asked: What helped most during your stay?

- *"It calmed my anxiety down/lowered my suicidal thoughts and made me start liking things I always do"*
- *"Positive/helpful staff, more relaxed freedom, caring of staff, making sure everything was ok and they helped and were positive the whole way through"*
- *"When I just felt sad, I was never scared to share my emotions and I never felt alone in those feelings. Someone always came over to help me or to listen"*
- *"I never felt alone, someone was always willing to be with me whether it was a patient or staff"*
- *"Thank you for the help, care strategies, and time you gave me during my time here. Because of the staff here I will be able to go on to accomplish my future goals and live happily. You guys have blessed me, my family, and my friends. Thank you!"*
- *"All staff, nurses, therapist, doctors and everyone on the youth unit is wonderful and helpful. I am very grateful and thankful for them. I loved all the groups and working with them, definitely the best hospital I've been too!"*
- *"I enjoyed my time here and couldn't think of anything I would change! The entire experience was positive and very helpful."*
- *"It's very calming, much different than what I'm used to. Everyone here is also very welcoming which I love the most about this place. I would return, NOT IN A BAD WAY."*

MEMORANDUM

DATE: May 20, 2021
TO: North Central Community Services Program Board
FROM: Jaime Bracken, Chief Nursing Officer
RE: Monthly Nursing Services Report

The following items are general updates and communications to support the Board on key activities and/or updates of Nursing Services since our last meeting:

1. Infection Prevention and Control/Laboratory Services

- To date, the infection prevention and education team have completed 28 dedicated hands-on training sessions across the organization. We continue to see a dramatic increase in our infection control compliance as a result. In this stage of the pandemic, many staff are at risk of becoming complacent, so it is imperative that we continue to reinforce our safety measures.
- Team is working with Asprius to transition all lab services to Asprius which will provide consistency across all clinical areas. We are also working with Cerner to ensure that they can transfer labs services as well.

2. Education Program/ Learning and Development

- The team is working to plan for larger new hire orientation classes to accommodate the upcoming increase in nursing assistant hires. At this time, we have 30 new staff planned to attend our June 14th orientation. This is one of the largest groups we have seen here and is exciting. This will take a lot of coordination with many areas because we want to get it right!
- We continue to wait to hear from DHS regarding the application to have our own Nursing Assistant Program. This process was a greater undertaking than anticipated however, we are hopeful that we will hear from DHS quickly and anticipate that we can start the classes within 45-60 days.
- The nursing education team continues to offer support to our clinical units as we maintain a state of readiness for state survey and Joint Commission visits across our programs. The team continues to conduct mock medical and behavioral emergency drills.

3. Behavioral Health Services (BHS)

- The BHS team is in the process of revamping the Charge Nurse job description and recruitment for permanent positions. This change will offer a more consistent staffing model and promote engagement and improved patient outcomes.

- Cerner continues to be a major focus and priority for the BHS team as we approach our go-live date. The team is working hard to ensure all nursing or direct care workflows are addressed and training documents are created to support the transition.
- Joint Commission continues to be another one of our major focus areas for our BHS teams as we are now past our survey window. We continue with our mock tracers and audits to focus on high-risk areas such as use of restraints, seclusion, and ligature risks. The team has several action plans in place, and we will continue this process well beyond our survey to ensure long-term compliance.

4. Long-Term Care

- The Directors are busy with nursing assistant interviews! This increase is directly related to the wage increase and we hope to get many of our open positions filled in the very near future.
- The teams continue to manage the Covid workflows to manage admissions, testing requirements and visitation.

5. Pharmacy

- The pharmacy team is focusing on the Cerner implementation to ensure our medication administration workflows will translate into the new electronic medical record. Medication administration is a very high-risk area, so it is important that we get this right. We will also implement bar code scanning which will aid in reducing medication administration errors as well.

6. Clinical Excellence and Quality

- The Falls Prevention Program workgroup is moving along with the new program and rolling out to staff and units. We are already starting to see a decrease in our falls and will continue in that direction. A great deal of work has been put into this and the team has done a great job.
- The leadership team continues to focus on other areas to continue to address adverse events such as medication errors, wounds, and facility acquired infections.
- I am currently in the process of revamping our quality committees for the nursing homes. This will provide standardization and collaboration across both facilities and the ability to better track the work that is being done within the programs.



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MEMORANDUM

DATE: May 17, 2021
TO: North Central Community Services Program Board
FROM: Thomas Boutain, Information Services Executive
RE: Monthly IS Report

The following items are general updates and communications to support the Board on key activities and/or updates of Information Services since our last meeting:

1. **Cerner Millennium Behavioral Health Electronic Medical Record (EMR) Implementation Update:**

Through its foundational EMR, Cerner's work with NCHC will help facilitate integrated care across its behavioral health services including psychiatry, emergency crisis stabilization, rehabilitation, community treatment, and more.

The high-level timeline was drafted to assist leaders and staff with planning/preparation for the targeted Cerner Millennium Go Live in January 2021. Based on checkpoint evaluations between Cerner and NCHC at numerous key project stages, and as the COVID-19 pandemic landscape evolves, orders/guidelines at various local and national levels influenced the proposed timeline. Current Go Live date is scheduled for early June.

• **System Build and Validation**

Data collection gathering has wrapped up for core areas and our Cerner consultants have begun to transition our conversations to system build and validation. NCHC and Cerner teams will collaborate to complete system configuration and testing/validation post training environment refresh.

- ***Cerner Consultants (e.g., Clinical, Core, Patient Accounting/Finance, and Registration/Scheduling) are building out our training environment and regularly seek clarification/feedback from our IMS team to confirm understanding during this iterative process.***
- ***Consultants added for Transaction Services, Health Information Management, and Pharmacy (PharmNet).***
- ***A Project "Issue" Tracking process implemented for Cerner and NCHC to monitor progress towards resolving break/fix scenarios, identifying solutions for workflows, and/or answering feature/functionality questions recorded during the Future State Workflow event and follow-up testing.***
- ***An internal Super User "Kick Off" meeting held, in advance of the Future State Workflow Review event, to review the importance of the Super User role in the implementation and set the stage for expectations/involvement moving forward.***

- **Super User Training**

IMS, Super Users, and department leaders will walk through all registration, scheduling, patient accounting, pharmacy, and other workflows in the system. Super Users receive training on the solution's best practice workflows, as seen in the Future State Workflow Review event, to prepare them to lead End User training.

- ***Super Users and their respective Directors completed Super User Participation Agreements to highlight the knowledge, skills, abilities, and traits needed to be a successful Super User.***
- ***We successfully continue to leverage the temporary location, within Lake View Heights, for Cerner Millennium training delivery, testing, and other project-related events.***
- ***Cerner Consultants scheduled to be onsite May 18 through May 20 to train existing and new Super Users on Registration/Scheduling (Patient Access and Crisis).***

- **Integration Testing & Data Migration**

Teams will test and confirm data flows between integrated system as expected and successfully migrate applicable data from legacy system (TIER) to Cerner Millennium.

- ***A full Data Migration was completed over the course of the May 10 week including:***
 - ***Demographics***
 - ***Allergies***
 - ***Medications***
 - ***Payor (Insurance) Information***
- ***IMS to build "catch up" data migrations files for Cerner to upload weekly until Go Live.***
- ***Spot checking of random patient/client migrated data continues as we move forward.***
- ***Cerner Consultants for CICBH (Billing) and Core System (User Maintenance) were onsite and worked towards resolving unresolved issues identified during first and second rounds of Test Script testing/validation.***
 - ***April 20 through April 22***
 - ***April 27 through April 29***
- ***Cerner Pharmacy Consultants were onsite to scan medications into Cerner April 27 and April 28 in preparation for transition to Cerner's PharmNet solution***
- ***Cerner Consultants scheduled to be onsite May 18 through May 20 to review Back Charting activities (manual entry of data not migrated, such as patient appointments), as well as Clinical, Pharmacy, and Registration/Scheduling topics.***
- ***Operationalizing Back Charting activities for end users on the horizon.***

- **End User Training**

Cerner collaborates with NCHC on the development of End User training plans. Super Users deliver End User training to staff to prepare them for using Cerner Millennium. End Users are required to receive training prior to using the system.

- ***Cerner Essentials sessions were delivered at various times between 6:30am and 6:30pm, during the week of May 10:***
 - ***A general overview of key concepts, terminology, and basic navigation.***
 - ***Set up applications preference in preparation for utilizing the system at Go Live.***
- ***Work continues to identify and create critical tip sheets for End Users to use on day one of Go Live.***
- ***Program Directors/Leaders continue to develop a plan for the delivery of workflow-specific end user training prior to Go Live.***

- **Conversion Prep & User Training**

Information Management Systems (IMS) receives User Management training to support and manage user accounts. Cerner will provide the IMS team the knowledge/tools to perform system maintenance tasks and prepare the production environment, staff, and devices for Go Live. Overall readiness assessment for Go Live event conducted.

- ***Cerner Consultants were onsite May 4 through May 6 to deliver User Maintenance Training to IMS Team Members.***

- **Go Live**

Teams will begin using Cerner Millennium to register and schedule patients who need to receive care on or after the Go Live date and ensure all needed information is available in the new system. Once fully prepared for Go Live, all staff will begin registering, scheduling, charting, and completing all day-to-day tasks in Millennium.

- **Post Launch Health Checks**

At 30-, 60-, and 90-days post Go Live, Cerner and the NCHC team will evaluate/document End User and organizational satisfaction, gather opportunities for improvement based on feedback/usage metrics, and as needed, establish short and long-term action plans.

2. **Information Management System (IMS) Update:** We are in full testing and training mode for our Cerner implementation. A lot of work and preparation went into making the training classes. Our next hurdle will be go-live planning and command center preparation. We also implemented an Information Technology tracking system called Track-IT, so we will be able to better communicate with statuses of issues and have data to track and trend in the future.
3. **Health Information Management (HIM) Update:** We celebrated Health Information Professionals Week with the theme of “Keeping health information human information”. We have a new team member coming on board next month who brings with her six years of experience in the HIM industry and a degree in Healthcare Business Services. Preparing for a new member of the team means that right now we are down a person and working hard to keep up with everything headed our way.



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MEMORANDUM

DATE: May 20, 2021
TO: North Central Community Services Program Board
FROM: Jarret Nickel, Operations Executive
RE: Monthly Operations Report

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

- Campus Renovations & Improvements:** Our new Adult Behavioral Health Services facility plans have been approved and will be out to bid shortly. We anticipate construction to begin in mid-June with an estimated completion date in June 2022. This is an exciting phase in our master facility plan with increased access and services for our behavioral health programs. At the same time, we kick off this new phase we also begin the closure of our nursing tower phase. The nursing tower is set to be completed by the end of July with occupancy by Labor Day. I toured the tower as recent as May 14 with almost the entire 1st floor completed, significant work continues floor 2 through 4. Planning for what will become our new outpatient building has begun with proposed space designations to occur by the end of June. Our outpatient building will also accommodate multiple other programs and be one of three main entrances to our new campus. This renovation is anticipated to begin in October of this year.
- Skilled Nursing Operations:** Covid-19 remains a challenge in our skilled nursing facilities. We continue to face strict testing regulations and closures due to DHS requirements. As a result, admissions have been limited and census has fallen as a result. We have met as an incident command team and determined a plan to reduce the number of closures for our rehabilitation unit to allow for continued admissions and partnership with our local hospitals. Visitation has also been impacted by increased community positivity rates and outbreaks. As I write this, we have opened visitation back up at Pine Crest and anticipate opening back up at Mount View Care Center if all tests come back negative this weekend. Community positivity rates over the past two weeks have dropped and are now less than 5 percent which will reduce the frequency of our testing which will keep operations normal and visitation open.
- Community Living:** We have reached full census in all but one of our supported apartments and group homes which has shown on our financial statements. Covid-19 impacts remain but we have been able to implement new processes to reduce risk and exposure for our buildings. Adult Day Services and Prevocational Services continue to see membership return, this trend is anticipated to occur through June. Our Merrill operations will be transitioning to community based which will provide members with greater opportunities and a wider reach for our organization. This transition will take most of Summer to occur, this will allow for all members to have an individual plan and the time needed to navigate through it.

4. **Covid-19 Screening & Support:** Covid-19 cases remain low in all our communities and have had diminished impact on our workforce. Regulations continue to be the biggest challenge with one positive case closing an entire nursing home or group home. We have received several inquiries related to the new mask mandate and at this time we are still requiring everyone on our campus to wear a mask regardless of vaccination status. We have an incident command team that meets weekly to review new information and recommendations for state and federal sources, this committee then determines how NCHC will ensure the safety of those we care for during the Covid-19 pandemic.

5. **Workforce Status Update:** From September 2020 to April 2021, we had only hired 3 CNAs for our entire organization. With the recently approved wage increase we have extended offers to 20 CNAs from May 3rd to May 20th. Applications continue to be submitted and interviews are scheduled immediately to address our workforce shortage. Turnover has also been impacted by the wage increase with only 6 employees leaving our organization in the month of May. January through April we averaged over 20 vacancies a month. Our new facilities will also be coming online in the next several months which will provide an inviting work environment for our staff which we also anticipate will help with recruitment and reduce turnover.



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MEMORANDUM

DATE: May 21, 2021
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: CEO Report – May 2021

The following items are general updates and communications to support the Executive Committee on key activities and/or updates since our last meeting.

COVID-19 Response

As of May 20, we have 4 staff out with symptoms or exposures related to COVID-19. There are currently 2 positive cases and 1 test pending. We are following CDC guidelines where individuals do not have to quarantine in situations where they have been vaccinated and subsequently exposed to an individual with a known COVID case. There are employees out on leave who did not vaccinate who are still required to quarantine. Currently, we continue to require masks of all staff and visitors regardless of their vaccination status.

For MVCC all units are now off enhanced precautions due a positive staff cases and we are now admitting except for the vent unit which remains on enhanced precautions. Our current testing frequency is weekly because of the outbreak and not the positive case percentage in the County, but if we do not identify another positive through 5/27, we will be able to return to monthly testing by 5/31. Pine Crest is open. We have made an operation decision to make both rehab units required both residents and staff be vaccinated. We will not take unvaccinated admissions or allow unvaccinated staff to work on these units at any time. With approval from the State, because these units are separate and distinct, we should be able to avoid any further outbreak issues where we would have to stop taking admissions to these units. This strategy should position us to stabilize and strengthen our financial position.

CNA Recruitment Efforts

The response to the Board's action in April has been tremendously successful out of the gate. We estimate that we need to hire 49 people to fill our open FTEs. As of May 14, after one week of advertising we had 37 applicants and 23 interviews and 4 hires. This week and next week we have an additional 20 interviews that are scheduled and not reflected in the totals as of last week. As of today, we have 7 hires and 7 offers pending. Retention has also been bolstered positively.

Campus Renovations

The Campus Renovations continue to move forward on schedule. The Nursing Tower is on track for completion July 23rd, 2021. First floor punch list and approval meeting with DHS is

tentatively scheduled for the 1st week of June. Floors 2,3,4 will follow in consecutive weeks as the floors are complete. Anticipated operational after Labor Day weekend.

Parking lot paving will be this week for the 2nd of the three parking lots and in mid to late June for the parking lot directly in front of the pool.

D Wing Remodel – Bid packages go out next week, May 17th and will be due June 4th. Anticipated start date for the D wing (behavioral health) is June 17th. Completion for D Wing is 12 months from start date. Once the bids come in an updated budget will be communicated as soon as possible to understand what the direction forward will be.

The MVCC remodel design work (Phase 4) will begin once we D Wing renovations begin.

We have been notified by Marathon County that will need to vacate our Lake View building facilities by December 31, 2021. This will impact our Wausau Adult Day Services program and Youth Community Treatment offices. The Adult Day Services program was already in the process of securing an off-campus location but the Youth Community Treatment space in the renovations as part of Phase 4 will not be available until mid-2022 at the earliest. We are now in a position that we need to temporarily secure and lease a space for this staff to move to prior to their final renovated space is available. This was not anticipated and is being necessitated by the move of Marathon County Social Services to the NCHC campus.

State Budget Related Activity

In recent weeks we hosted two members of the Legislature's Joint Finance Committee, the Interim Department of Health Services Secretary, and on May 19, Governor Tony Evers is coming to NCHC for a press conference and to tour our new facilities. All this activity is due to the position NCHC is in with the investments in our facilities to expand mental health resources and we are being heralded as an example for how the budget can advance care in Wisconsin.

Crisis Stabilization Facilities

The Adult Crisis Stabilization Facility was occupied on May 18 at approximately 4pm. We have opened one 8-bed unit to start as we are currently working with the State to make minor modifications to open the other 8-bed unit for the Youth Crisis Stabilization program. We expect that to be approved and to open this program in the next 4-6 weeks.

Hope House – Antigo

The new facility is open and has its first tenants. The community Open House event will be held at 915 First Avenue in Antigo and is scheduled on Monday May 24, 2021 from 3-6pm. There are currently 3 women occupying the facility with 1 referral being processed with a tentative admit date in the first week of June. We are tracking and prioritizing women by status of whether they have children in placements or not. Of the women residing in the home, 2 have children that are in the custody of their fathers and 1 has children in foster care. There are 2 women placed as part of their probation conditions and 1 was a self-referral.

In Hope House – Wausau, we have 4 current residents with 1 returning the 1st week of June following a relapse, 1 scheduled to occupy following inpatient treatment that is ending May 26th, and 1 transitioning from the McClellan property.

Adult Protective Services Manager Recruitment

Brenda Christian's last day is Friday May 21, and we have appointed an interim APS Manager, Jennifer Thompson. Interviews begin the week of May 24th.

Lincoln Industries Transition

The survey to membership gave good indications that prevocational services clients are willing to commute (with NCHC transportation) to Wausau for non-community-based employment and training services. We will continue to work to move clients to community-based services where possible. We have successfully secured a new Adult Services location with a local church and will be transitioning clients to this location sometime mid-summer. Occupancy of the current Lincoln Industries facility should occur by mid to late summer.

2021 Board Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Establish Facility Use Agreements	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three counties	Legacy agreements remain in place. The main agreement is finalized. Work on the Exhibits remains outstanding but we anticipate completing the task by the end of May.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is sending a draft report by the end of the week of May 17th. A presentation to the Board is anticipated in June.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted Diversity, Equity, and Inclusion Plan	An internal employee directed committee is being formed to develop recommendations and a plan to the Board in 2021. We continue to focus on improving the quality of the Dashboard data capture for the DEI monitoring outcomes.	Open												
Annual Review of Board Policies	Board	Jan-21	Board reviews and approves all Board Policies by December 31	Ongoing, policies are distributed across the 2021 calendar.	Open												
Approve Training Plan for Counties	Board	Jan-21	Conduct quarterly stakeholder meetings with each of the three county partners	Pending.	Open												
CEO Appraisal	Executive Committee	Jan-21	Executive Committee reviews appraisal with CEO	The 2020 CEO evaluation process has not been initiated.	Open												
Annual Report	Board	Mar-21	Annual Report released and presentations made to County Boards	Initial report production has begun but has been delayed due to recent demands on the Communication and Marketing team.													
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April	The audit presentation is scheduled for the May Board meeting.	Open												
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board	The fund balance statements will be up for consideration at the May Board meeting.	Open												
Determine Budget Guidelines and Priorities	Executive Committee	Apr-21	Budget guidelines and priorities of the member Counties are communicated to the Board by June 1st	The Executive Committee and NCCSP Board will discuss these recommendations at their May meetings.	Open												
Nomination and Election of Board Officers	Board	Apr-21	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May	This item is slated for the May Board meeting.	Open												
Recommend Annual Budget to Counties	Board	May-21	Budget recommendation to the Counties by October 1st														
Annual Review of Board End Statements	Board	May-21	Adoption of End Statements with any modifications by June 1st														
Selection of Independent Certified Public Accounting Firm	Executive Committee	May-21	Engagement Letter approved by Executive Committee by October 1st														
Evaluate NCCSP Board Effectiveness	Board	Aug-21	Conduct annual review of the effectiveness of Board's Policy Governance Model and provide recommendations to the Board														
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September Board meeting														

2021 Board Work Plan

<u>Objective</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measure(s) of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Review and Approve Board Development and Recruitment Plan	Governance Committee	Aug-21	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board														
Review and Approve Performance Standards	Executive Committee	Sep-21	Adopt Annual Performance Standards														
Approve Annual Quality and Safety Plan	Board	Oct-21	Approve plan in December														
Review CEO Succession Plan	Board	Oct-21	Review and update CEO succession plan														
Review and Approve CEO Compensation Plan	Executive Committee	Nov-21	Approve CEO Compensation Plan for the upcoming year by December														
Approve Utilization Review Plan	Board	Nov-21	Approve plan in December														
Board Development Plan and Calendar	Governance Committee	Nov-21	Approve Board Development Plan and Calendar for the upcoming year at the December meeting														

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2021

PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2021 YTD	2020
PEOPLE																
Vacancy Rate	↘	7-9%	6.1%	6.1%	8.6%	10.1%									7.7%	7.8%
Turnover Rate	↘	20-23% (1.7%-1.95%)	2.8%	2.4%	3.3%	2.9%									34.3%	N/A
Organization Diversity Composite Index	↗	Monitoring	0.69	0.66	0.67	0.63									0.66	N/A
SERVICE																
Patient Experience (Net Promoter Score)	↗	55-61	52.2	73.8	65.6	59.6									64.0	61.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	10.8%	14.3%	14.4%	14.4%									13.6%	11.8%
Nursing Home Readmission Rate	↘	10-12%	10.5%	17.8%	12.8%	10.3%									13.2%	13.5%
Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★	★★★									★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.84	1.06	0.84	0.85									0.90	0.74
Zero Harm - Employees	↘	Monitoring	2.26	2.97	5.94	3.08									3.26	2.84
COMMUNITY																
Out of County Placements	↘	230-250	236	140	169	96									160	269
Client Diversity Composite Index	↗	Monitoring	0.31	0.46	0.47	0.45									0.42	N/A
FINANCE																
Direct Expense/Gross Patient Revenue	↘	64-67%	76.8%	70.2%	70.0%	72.0%									72.2%	72.4%
Indirect Expense/Direct Expense	↘	44-47%	41.3%	34.7%	38.6%	36.9%									37.6%	39.0%
Net Income	↗	2-3%	-15.7%	0.1%	-6.9%	-5.1%									-6.0%	0.4%

↗ Higher rates are positive
 ↘ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

Vacancy Rate	Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end. YTD calculation: Average of each monthly vacancy rate.
Turnover Rate	The monthly rate is determined by the number of separations divided by the average number of employees multiplied by 100. The YTD is the sum of the monthly percentages.
Diversity Composite Index	Monthly calculation: A weighted composite of the diversity of NCHC's workforce, management and Board, relative to the demographics of Marathon County. YTD calculation: Weighted average of each month's Diversity Composite Index rate.

SERVICE

Patient Experience (Net Promoter Score)	Monthly calculation: A weighted average of Net Promoter Score. YTD calculation: Weighted average of each month's Net Promoter Score.
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QUALITY

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: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
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/Centers for Medicare & Medicaid Services (AHCA/CMS)</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards for both Pine Crest and MVCC.
Zero Harm Patients	Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000
Zero Harm Employee	Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.

COMMUNITY

Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Diversity, Equity, and Inclusion Access Equity Gap	Identify number of consumers served and index their demographics against the demographics of service area. An access equity gap will be established based on the variability in matching the community to our service population.

FINANCE

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

2021 - Primary Dashboard Measure List

↗ Higher rates are positive

↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD	2020
North Central Health Care	People	Vacancy Rate	↘	7-9%	10.1%	7.7%	7.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.9%	34.3%	N/A
		Organization Diversity Composite Index	↗	Monitoring	0.63	0.66	N/A
	Service	Patient Experience (Net Promoter Score)	↗	55-61	59.6	64.0	61.0
	Quality	Hospital Readmission Rate	↘	10-12%	14.4%	13.6%	11.8%
		Nursing Home Readmission Rate	↘	10-12%	10.3%	13.2%	13.5%
		Nursing Home Star Rating	↗	★★★★	★★★	★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.85	0.90	0.74
		Zero Harm - Employees	↘	Monitoring	3.08	3.26	2.84
	Community	Out of County Placements	↘	230-250	96	160	269
		Client Diversity Composite Index	↗	Monitoring	0.45	0.42	/
	Finance	Direct Expense/Gross Patient Revenue	↘	64-67%	72.0%	72.2%	72.4%
		Indirect Expense/Direct Expense	↘	44-47%	36.9%	37.6%	39.0%
Net Income		↗	2-3%	-5.1%	-6.0%	0.4%	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Community Treatment	People	Vacancy Rate	↘	7-9%	6.7%	4.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.7%	20.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	83.3*	65.2
	Quality	Zero Harm - Patients	↘	Monitoring	0.27	0.20
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	78.9% (45/57)	90.4%
		Employment rate of Individual Placement and Support (IPS) Clients	↗	46-50%	58.0% (40/69)	50.7%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	38.1% (8/21)	36.8%
		Average Days from Referral to Initial Appointment	↘	55-60 days	64.2 days (642/10)	71.0 days
		Hospitalization Rate of Active Patients	↘	Monitoring	4.70%	3.45%
	Finance	Direct Expense/Gross Patient Revenue	↘	86.7-90.2%	77.3%	73.5%
Net Income		↗	\$10,457-\$15,686 Per Month	\$73,991	\$101,239	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Adult Crisis Stabilization CBRF	People	Vacancy Rate	↘	5-7%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	49.7%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	54.5*	54.5
	Quality	Zero Harm - Patients	↘	Monitoring	8.30	5.98
		% of Patients who kept their Follow-up Appointment	↗	90-95%	100.0% (2/2)	86.7%
		% of Patients Admitted within 24 hours of Referral	↗	90-95%	100.0% (42/42)	100.00%
	Finance	Direct Expense/Gross Patient Revenue	↘	30.9-32.2%	52.7%	56.9%
		Net Income	↗	\$1,747-\$2,620 Per Month	(\$1,495)	(\$11,112)

Department	Domain	Outcome Measure	↑↓	Target Level	Current Month	Current YTD
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	4.5%	5.8%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.9%	53.1%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	34.6	45.1
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	2.25
		Hospital Readmission Rate	↘	10-12%	14.5%	12.5%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	18.3 days	24.5 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	13.5 days	15.5 days
		Average Days since previous Detox Admission	↗	330-360 days	268.2 days	335.0 days
	Community	Out of County Placements	↘	150-170	76	129
	Finance	Direct Expense/Gross Patient Revenue	↘	78.2-81.4%	82.6%	86.3%
Net Income		↗	\$13,382-\$20,073 Per Month	(\$32,746)	(\$127,904)	

Department	Domain	Outcome Measure	↑↓	Target Level	Current Month	Current YTD
Aquatic	People	Vacancy Rate	↘	5-7%	8.3%	4.3%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	27.3%
	Service	Patient Experience (Net Promoter Score)	↗	83-87	80.0*	82.7
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	10.87
	Finance	Direct Expense/Gross Patient Revenue	↘	43.8-45.6%	100.2%	72.6%
		Net Income	↗	\$2,174-\$3,261 Per Month	(\$20,158)	(\$16,075)

Department	Domain	Outcome Measure	↑↓	Target Level	Current Month	Current YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%	0.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	92.9*	88.4
	Quality	Average Attendance Per Work Day	↗	20-25	17	18
		% of Members Working 15 or More Hours Per Month	↗	80-85%	86.0%	91.0%
	Community	Active Members Per Month	↗	110-120	108	104
	Finance	Direct Expense/Gross Patient Revenue	↘	58.6-61.0%	59.7%	71.1%
		Net Income	↗	\$536-\$804 Per Month	\$2,313	(\$2,080)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Crisis and Emergency Services	People	Vacancy Rate	↘	7-9%	7.7%	6.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	4.1%	23.4%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	0.0*	20.0
	Quality	Zero Harm - Patients	↘	Monitoring	8.09	11.52
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	70-75%	58.7%	59.1%
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	5-10%	0.0%	0.0%
	Community	Out of County Placements Days	↘	230-250	96	160
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	80-85%	50.0% (1/2)	62.5%
	Finance	Direct Expense/Gross Patient Revenue	↘	167.6-174.4%	301.5%	301.0%
		Net Income	↗	\$5,370-\$8,055 Per Month	(\$816)	(\$11,759)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Day Services	People	Vacancy Rate	↘	7-9%	3.7%	0.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	21.8%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	90.0*	94.9
	Quality	Zero Harm - Patients	↘	Monitoring	0.49	0.68
	Finance	Direct Expense/Gross Patient Revenue	↘	89.3-92.9%	83.9%	110.4%
		Net Income	↗	\$5,103-\$7,654 Per Month	(\$27,336)	(\$60,517)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Group Homes	People	Vacancy Rate	↘	7-9%	9.4%	4.0%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	6.9%	40.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	62.5
	Quality	Zero Harm - Patients	↘	Monitoring	1.12	1.98
	Finance	Direct Expense/Gross Patient Revenue	↘	66.3-69.0%	71.2%	74.9%
		Net Income	↗	\$2,939-\$4,408 Per Month	\$28,517	\$23,064

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Mount View Care Center	People	Vacancy Rate	↘	7-9%	18.2%	14.6%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	1.8%	39.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	55.6*	61.5
	Quality	Nursing Home Readmission Rate	↘	10-12%	8.3%	7.8%
		Zero Harm - Residents	↘	Monitoring	3.34	2.72
		Nursing Home Quality Star Rating	↗	★★★★	★★★	★★★
	Community	Referral Conversion Rate	↗	N/A	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	55.5-57.7%	59.6%	63.3%
		Net Income	↗	\$30,636-\$45,954 Per Month	(\$52,061)	(\$103,843)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Outpatient Services	People	Vacancy Rate	↘	7-9%	2.7%	5.1%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	0.0%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	62.5*	44.8
	Quality	Zero Harm - Patients	↘	Monitoring	2.15	1.42
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	18.0 days	22.5 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	13.1 days	14.8 days
		Day Treatment Program Completion Rate	↗	40-50%	N/A	N/A
		OWI - 5 Year Recidivism Rate	↘	13-15%	4.7%	9.1%
	Community	Same Day Cancellation and No-Show Rate	↘	15-18%	16.2%	16.1%
		% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	20-25%	20.3%	16.6%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	20-25%	40.0%	18.5%
		Average Number of Days from Referral to Start of Day Treatment	↘	16-20 days	N/A	N/A
		Hospitalization Rate of Active Patients	↘	Monitoring	1.33%	1.06%
	Finance	Direct Expense/Gross Patient Revenue	↘	93.4-97.2%	118.9%	127.0%
		Net Income	↗	\$12,534-\$18,802 Per Month	\$8,717	(\$12,442)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Pine Crest Nursing Home	People	Vacancy Rate	↘	7-9%	18.4%	14.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	3.3%	55.7%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	42.9*	40.0
	Quality	Zero Harm - Residents	↘	Monitoring	3.90	4.66
		Nursing Home Readmission Rate	↘	10-12%	11.8%	18.4%
		Nursing Home Quality Star Rating	↗	★★★★	★★★	★★★
	Community	Referral Conversion Rate	↗	N/A	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	57.0-59.3%	61.2%	63.6%
Net Income		↗	\$20,559-\$30,839 Per Month	(\$113,431)	(\$157,441)	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	7-9%	12.5%	2.9%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	47.2%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	/
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.00
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	0.0%	0.0%
		Net Income	↗	\$582-\$873 Per Month	\$6,321	\$6,503

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Supported Apartments	People	Vacancy Rate	↘	7-9%	7.7%	7.4%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	0.0%	15.4%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	/	80.0
	Quality	Zero Harm - Patients	↘	Monitoring	0.43	0.79
	Finance	Direct Expense/Gross Patient Revenue	↘	38.5-41.0%	39.3%	42.6%
		Net Income	↗	\$3,364-\$5,046 Per Month	(\$20,181)	(\$40,654)

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Community Treatment	People	Vacancy Rate	↘	7-9%	5.3%	2.7%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	2.7%	28.6%
	Service	Patient Experience (Net Promoter Score)	↗	55-61	100.0*	92.3
	Quality	Zero Harm - Patients	↘	Monitoring	0.00	0.07
		% of Treatment Plans Completed within Required Timelines	↗	96-98%	100.0% (17/17)	96.2%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	60-70%	41.0% (16/39)	41.8%
		Average Days from Referral to Initial Appointment	↘	55-60 days	132.6 days (1857/14)	101.1 days
		Hospitalization Rate of Active Patients	↘	Monitoring	0.26%	0.19%
	Finance	Direct Expense/Gross Patient Revenue	↘	77.2-80.4%	76.4%	68.8%
Net Income		↗	\$14,139-\$21,208 Per Month	\$33,613	\$111,230	

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	5-7%	N/A	N/A
		Turnover Rate	↘	20-23% (1.7%-1.9%)	N/A	N/A
	Service	Patient Experience (Net Promoter Score)	↗	42-47	N/A	N/A
	Quality	Zero Harm - Patients	↘	Monitoring	N/A	N/A
		% of Patients who kept their Follow-up Outpatient Appointment	↗	90-95%	N/A	N/A
		% of Patients Admitted within 24 hours of Referral	↗	90-95%	N/A	N/A
	Finance	Direct Expense/Gross Patient Revenue	↘	127-130%	N/A	N/A
		Net Income	↗	\$1,692-\$2,538 Per Month	N/A	N/A

Department	Domain	Outcome Measure	↕	Target Level	Current Month	Current YTD
Youth Psychiatric Hospital	People	Vacancy Rate	↘	7-9%	5.0%	1.2%
		Turnover Rate	↘	20-23% (1.7%-1.9%)	10.0%	30.0%
	Service	Patient Experience (Net Promoter Score)	↗	42-47	-100.0*	75.0
	Quality	Zero Harm - Patients	↘	Monitoring	10.20	10.43
		Hospital Readmission Rate	↘	10-12%	14.3%	16.9%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge	↘	8-10 days	17.0 days	15.9 days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge	↘	8-10 days	10.8 days	11.2 days
	Community	Out of County Placements	↘	50-60	20	32
	Finance	Direct Expense/Gross Patient Revenue	↘	61.8-64.4%	107.6%	77.4%
Net Income		↗	\$4,973-\$7,459 Per Month	(\$95,507)	(\$55,060)	

Dashboard Executive Summary

May 2021

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for 2021 is 7.0-9.0%. For April we met our vacancy target with a rate of 10.1% and a year-to-date average of 7.7%. We anticipate with the recent wage changes that vacancy rate will begin to trend in the right direction as application flow has increased significantly and turnover has slowed down.

❖ **Turnover**

Turnover is a new metric for 2021, replacing retention rate. The reason for the change was to be able to benchmark our organization with industry standard metrics. Our target for 2021 is 20-23% annualized. In April, we experienced a rate of 2.9% which was above target at projected annual rate of 34.3%. We are anticipating stability within our high turnover populations after the wage adjustments were announced in May.

❖ **Organization Diversity Composite Index**

Organization diversity composite index is a new monitoring metric for 2021 and does not have a target. We experienced a score of 0.63 for April and 0.66 YTD, which is calculated as a weighted composite of the diversity of NCHC's workforce, management, and Board, relative to the demographics of Marathon County. An index score of 1.0 indicates that our workforce matches the community demographics, an index score below 1.0 indicates that there is a gap. We are working to develop an overall Diversity and Inclusion strategy for our workforce to improve this index rate.

Service

❖ **Patient Experience (Net Promotor Score)**

For 2021 we are measuring patient experience using net promotor score or NPS. Net promotor score is used in the industry to measure and predict customer loyalty based on one survey question, "Likelihood to Recommend." Our target for 2021 is set at 55-61. For the month of April, we saw the greatest number of surveys returned collectively. As a result, we met our target at 59.6 although this continues to decrease from month to month. All programs will continue with their action plans to continue to improve response rate and therefore overall NPS and hopefully continue this favorable trend.

Quality

❖ **Hospital Readmission Rate**

The Readmission Rate is the percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. April's rate was 14.4% for a YTD rate of 13.6%. We've seen readmission rates increase in our Adult Hospital readmission rate as the readmission rate in our Youth Hospital significantly decreased. Please see the program specific summary for more information on this.

❖ **Nursing Home Readmission Rate**

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for April between the two facilities was a readmission rate of 10.3% which is in line with our target of 10 to 12%. This is an improvement from March with a rate of 12.8% in large part due to action plans for Pine Crest to reduce readmissions. The action plan includes stronger communication between the referring provider and facility to ensure all information is received timely and is accurate.

❖ **Nursing Home Star Rating**

We have a target of 4 stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current quality star rating for MVCC and Pine Crest is 3 stars. Both facilities are meeting target for short-term stays at 4 stars but under target for long-term at 3 stars. A direct focus on long-term care residents is occurring with top target areas including psychotropic medications, falls, and readmission rate. MVCC did have a strong annual survey which will reflect on quarter 2 updates to the nursing home compare website.

❖ **Zero Harm – Patient**

The Zero Harm indicators are a monitoring measure for the organization meaning that we do not set a target, instead we monitor trending data.

The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. For the month of March, we saw this remain steady from the previous month to .85. Falls with injury and suicide attempts were the primary contributing factors to this rate. We are continuing to focus efforts on developing and implementing action plans to target this rate.

❖ **Zero Harm – Employees**

Zero Harm remains a monitoring metric with an experience rate of 3.08 for the month of April. Continued efforts remain for reducing employee injury with the most recent events being related to transferring or individuals served. Learning & Development has rolled out an organizational training to direct care workers to improve proper lifting and transferring techniques. Proper ergonomics and safety efforts are also now a part of our new hire orientation.

Community

❖ **Out of County Placements**

For 2021, the target for this measure is 230-250. For the month of April, we once again exceeded this at just 96 days with a YTD of 160 days. Efforts surrounding diversions are proving to be effective as we have yet to see this number this low for this year.

❖ **Consumer Diversity Composite Index**

The Consumer Diversity Composite Index is a new metric and does not have a target as it is a monitoring metric. We experienced an index of 0.45 for April and 0.42 YTD, which is calculated as a weighted composite of the diversity of NCHC's consumers (patients, residents, consumers, and clients, relative to the demographics of Marathon County. A score of 1.0 would mean that the consumers we serve reflect the demographics of our community, a score below 1.0 indicates we have a gap relative to our community.

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is a productivity/efficiency measure. The 2021 target is 64-67%. This measure for April is 72.0%. This outcome is not within target range. The primary driver for the unfavorable result is gross revenue being under budget further than direct expense which strains how much we capture per each dollar of revenue.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses. The 2021 target is 44-47%. The outcome for April is 36.7%, which is favorable to the target. Support areas are below budget expense targets and are helping to alleviate operating losses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2021 is 2-3%. In April, the result is (-5.1%). Net patient revenue unfavorability from budget is driving overall shortfalls from budget.

Program-Specific Dashboard Outcomes - items not addressed in analysis above.

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2021 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Behavioral Health Services Programs

❖ **Adult Community Treatment:**

Turnover: The result for April was 4.7% with a monthly target of 1.7%-1.9% to achieve the annual target of 20-23%. The YTD result is 20.7%. There is one involuntary termination due to performance issues and a voluntary resignation. Both positions were RN's. The voluntary resignation was based on the individual's interest in a competitor sign on bonus.

% of Treatment Plans Completed within Required Timelines: The April result is 78.9% with a target of 96-98% and YTD result of 90.4%. The treatment plans that were not completed within the time frame are isolated to one team. The Director and Clinical Coordinators will be meeting to identify actions to address this outcome for the team that is impacted.

% Eligible CCS and CSP clients admitted within 60 days of referral: The percentage for April was 38.1% with a target of 60-70% and a YTD result of 36.8%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

Average days from referral to initial appointment: In April, the average was 64.2 days with a target of 55-60 days and YTD result is 71.0 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Education is being provided to internal programs/referral sources regarding purpose of Community Treatment services, program appropriateness and medical necessity requirements. The goal is to decrease the number of referrals that are not appropriate for Community Treatment. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

❖ **Adult Crisis Stabilization CBRF:**

Direct Expense/Gross Patient Revenue: This measure was well above target for April, at 52.7%, as like the adult hospital, patient revenues did not meet targets set based on prior year outcomes. The team will work on staffing down when possible, however currently has multiple APS emergency protectively placed clients on the unit who are requiring increased care and monitoring, and our understanding is that finding placements is a major challenge currently as we see individuals staying for quite some time in our setting.

Net Income: Net income for the ACSF improved to (\$1495) in April due to completion of fully transfer of MMT staff, as well as adjusting the staff schedule to decrease overstaffed shifts and overlaps. We continue to work toward achieving a positive income by utilizing the ACSF when possible and appropriate for clients who need support but do not need hospitalization level of care and decreasing any lingering staff overtime.

❖ **Adult Inpatient Psychiatric Hospital:**

Turnover: The April turnover rate of 4.9% remains over target range. One BHT finished nursing school and took a position elsewhere. We set expectations for the new Nurse Manager to significantly increase time spent supporting and guiding nursing/tech staff on the unit, as this was an area of need. In addition, nursing leadership worked to re-define the Charge Nurse role to provide additional support and oversight for nursing/tech staff 24 hours/day.

Patient Experience: In April, our patient experience score was below target at 34.6 with YTD being within target. We had many surveys returned which is crucial in understanding our overall NPS. Action plans to address this measure will be implemented with a PDSA completed and Quality Committee oversight.

Hospital Readmission Rate: In April, the readmission rate of 14.5% was above range. Patients who were readmitted in April included two patients with primary diagnosis of Borderline Personality Disorder, three patients with primary psychosis-related disorders, one patient in the process of Protective Placement w/difficulty finding accepting placement, and one with primary AODA diagnosis. BHS Acute Care and Community Treatment/Outpatient approaches to improving readmission rates for NCHC clients with Borderline Personality Disorder include recent training for CT/OP providers in DBT, and individualized plans for the Acute Care interactions that guide toward increased ACSF (Crisis CBRF) utilization-- and engagement plans for their stays there—and decreased use of hospital stays as well as shorter lengths of stay with step-down to ACSF when hospitalized. Gaps in AODA services prevailing since COVID, and the room & board portion of treatment funding being uncovered by MA & grants, contribute to challenges in helping support clients with AODA issues. BHS Acute Care leadership is working with APS to better understand placement challenges.

Average days for initial counseling appointment post-hospital discharge: This measure did not meet target but did improve significantly to an average of 18.3 days until outpatient therapy appointment. The Outpatient clinic continues to work on prioritizing hospitalized patients in getting schedule openings and when necessary inpatient social workers are working to get appointments for patients at outside clinics if there is need for sooner appointments.

Average days for initial psychiatry appointment post-hospital discharge: This measure improved to an average of 13.5 days until outpatient psychiatry appointment but is not yet within target range. While this does not meet target, it remains superior to wait times for psychiatry at outside clinics. It is at an appropriate length post-discharge, given medication reviews or changes would not generally be necessary within 2 weeks of hospital discharge.

Average Days since previous Detox Admission: In April, this measure did not meet target range and was an average of 268.2 days. As mentioned above, AODA services continue to be a challenge in the later stages of the pandemic. We did recently utilize open FTE from the Scribe position that will be unneeded post-Cerner implementation, to be able to take on one of the MMT staff, who is a CSAC and is now providing more AODA treatment and referral services on inpatient and assisting with occasional AODA referral needs on ACSF as well.

Direct Expense/Gross Patient Revenue: This measure was at 82.6% in April, just over target range. Personnel and operating expenses were under budget, a very positive aspect, however there was a large discrepancy in the actual patient revenue vs. the budgeted/expected patient revenue. Payment for patient days has been excellent, however fluctuations to low census continue to be challenging to predict and are negatively affecting revenue.

Net Income: April overall loss for the adult hospital was (\$32,746), a significant improvement over past months, largely due to staffing adjustments made to accommodate low census days and provider coverage needs. BHS Acute Care leadership will continue to work toward a positive income number by working to decrease unnecessary staffing levels, overtime, and to continue to take all possible patients that were often diverted in the past.

❖ **Clubhouse:**

Average Work Order Day Attendance: The April result was 17 with a target of 20-25 and YTD result of 18. The member outreach calls will be increased to continue to encourage participation. Staff will be reaching out to 3-6 members per week.

Active Members per month: The March result was 108 with a target of 110-120 and YTD result of 104. The member outreach calls will be increased as stated above.

❖ **Aquatic Services**

Vacancy Rate: Aquatics opened a lifeguard position in March to accommodate a growing census and opening to the public. This position was filled initially, and the candidate has chosen to not relocate to the Wausau area, recruitment for the position has begun once again.

Net Income: Program was off target with a loss of (\$20,158) on a target of \$3,364. Revenue is the major factor for the variance with all expenses at or exceeding target. April was an improvement of almost \$40,000 to March due to increased revenue with expanding services. Services will continue to reopen from Covid-19 impacts and May's net income will continue the positive trend.

❖ **Crisis & Emergency Services**

Turnover: This was 4.1% in April, as the court liaison took a position elsewhere to learn a new skill (psychometry) with the intention of deciding whether she wants to pursue higher education in that area. The position was filled right away with an internal candidate.

Patient Experience: It appears that, for the Crisis program, no surveys were returned for April, resulting in a score of 0% for patient experience. With Cerner implementation, it is hoped that patient portals and ability to text/email will improve the ability to get surveys returned more effectively.

% of Crisis Assessments with Documented Linkage and follow up within 24 hours: This rate was 58.7% in April, not meeting target. This month (beginning of May), we re-educated Crisis Professionals on follow-up call expectations, implemented an audit process, and developed a new follow-up call procedure both for the purpose of quality but also to train more positions on follow-up call assistance due to the time constraints on the Crisis Professionals on high volume days in the Crisis Center.

Court Liaison: % of Eligible Individuals with Commitment and Settlement Agreements who are enrolled in CCS or CSP within 60 days: For the month of April one person out of two referred did not get enrolled within the targeted time frame. This is partly due to Community Treatment access which is being addressed.

Direct Expense/Gross Patient Revenue: This measure of 301.5% was over target for April, as revenues gained for crisis billing were less than was projected for the month. An area of opportunity for Crisis revenue will be to ensure improvement of follow-up call completion for linkage and follow up so that revenue is captured for this service.

Net Income: Crisis saw a loss of \$816 overall in April, which is a significant improvement from the previous month with primary contributing factors being the less-than-projected billing revenue, and the allocated revenues were well under target as well. The management team will look at all aspects of crisis services, to determine if there are additional areas in which there is opportunity for increased revenue.

❖ **Adult Day Services**

Net Income: Adult Day and Prevocational Services had a loss of \$27,336 for April which was an improvement from a \$92,596 loss in March. Revenue continues to be a challenge with membership slowly returning due to Covid-19 vaccine availability. It is projected that membership will continue to return throughout the remainder of quarter two with increased revenue each month.

❖ **Group Homes**

Turnover Rate: Group Homes were off target for turnover rate with two employees resigning causing a turnover rate of 6.9%. Engagement interviews have been completed and individual strategies have been implemented to reduce turnover for the remainder of 2021.

Vacancy Rate: Vacancy rate increased to 9.4% for April in large part due to four resignations between March and April and no recruitments. Recruitment efforts have increased with radio advertisement and paid social media advertisements to increase applicant pools.

❖ **MVCC**

Vacancy Rate: The month of April showed a 18.2% vacancy rate with a target range of 7-9%. Focus remains on ongoing recruitment to fill openings. The board recently approved CNA wage increases that will go into effect on June 13th. The goal of the increase was to be at or above the market with our compensation program and to retain our exceptional staff. We are already seeing an increase in the applicant pool. We currently have 18 FTEs open in CNA positions, 1.8 FTEs open in respiratory therapy and 4.4 FTE's open in nurse positions. In April we hired a full-time respiratory therapist that will start in June, a full time CNA and a full-time hospitality assistant. Pine Crest received approval to facilitate emergency CNA course training which should positively impact our efforts in recruitment. We are currently interviewing candidates for this CNA program and bringing them onboard as hospitality assistants until the class starts. We have currently hired 7 employees for this class. This will assist in taking some of the non-direct care tasks off the current CNAs workload until the class starts.

Turnover Rate: The month of April showed a 1.8 turnover rate with a target of 1.7-1.9%. We had one occasional employee that left because they were not meeting the requirements of picking up hours. One CNA was an involuntary termination due to an attendance issue and one respiratory therapist left to get out of the healthcare field all together. We will be reaching out to CNAs that have left in the last year that were in good standing to see if they would come back with the recent wage increase.

Nursing Home Quality Star Rating: Nursing Home Quality Star Rating for Mount View is a 3 Star with a target goal of 4 stars. The biggest opportunity for improvement appears to be in our long term stays and is specific to antipsychotics and activities of daily living. With COVID, we had several residents that were moving less and not leaving their rooms like they used to which triggered change in conditions. With the increased visitations, small group activities and nice weather, we should see this improve as residents are getting out of their room more. The antipsychotic is related to our large population of dementia residents and mental illness.

Net Income: MVCC experienced a loss of (\$52,061.00) for the month of April. Revenue was improved for most of the month however Covid-19 impacted the ability to admit towards the end of the month. Covid-19 continues to impact operational efficiencies and revenue due to testing requirements and admission closures. May will continue to see the effects of Covid-19 with admissions restricted through at least mid-May.

❖ **Outpatient Services**

Average Days for Initial Counseling Appointment Post-Hospital Discharge: The result for April is 18.0 days with a target of 8-10 days and a YTD result of 22.5 days. The result is improving, and provider caseloads are being reviewed monthly to determine availability for new intakes. Additional intake slots have been added to providers schedule based on availability. Additional opportunities to add hospital discharge blocks are being explored.

Average Days for Initial Psychiatry Appointment Post-Hospital Discharge: The result for April is 13.1 with a target of 8-10 days and YTD result of 14.8 days. The availability of the new psychiatry provider for Merrill and Antigo has had a positive impact. An additional provider will start seeing patients in June in the Wausau location with the ability to provide bridge appointments following hospital discharge.

Direct Expense/Gross Patient Revenue: The result for April is 118.9% and YTD result is 127.0%. Expenses are being managed and are under budget. Revenue is lower than target. This is being addressed by increasing Outpatient encounters.

Net Income: The April result was \$8,717 with a target of \$12,534-\$18,802 and YTD result of (\$12,442). Expenses are being managed and are under budget. Revenue is lower than target. This is being addressed by increasing Outpatient encounters.

❖ **Pine Crest**

Vacancy Rate: The 18.4% vacancy rate that occurred during the month exceeded our target of 7%-9%. These vacancies are tied to both floor nursing and nursing assistant positions. Program will be hosting Northcentral Tech College nursing assistant clinicals starting in the month of June. We are also anticipating an influx of applications due to the increased wage band for the position, which will improve this rate.

Turnover Rate: Experienced turnover rate for the month of April trended slightly down at 3.3% on a target of 1.7%-1.9%. 5 positions termed for the following reasons: retirement (x2), opportunity more in line with future career aspirations, position eliminated and not interested in alternative that was offered, and one no-call-no-show. Employee Appreciation Committee continues to focus on avenues to assist with improving as moral and engagement. We too are anticipating a reduction in turnover based on improved wage bands that were reviewed previously.

Patient Experience: Nine survey responses were received during the month with a resulting net promoter score of 42.9 on a target of 55-61. No significant concerns were identified in the survey responses outside of general notations related to limited visitation, call light response time, missing clothing, and dining services. All items are actively being addressed.

Nursing Home Quality Star Rating: The quality star rating remained unchanged month of month, being at a 3 star. The system was updated during the month of April. Our long-term quality measures continue to bring this component of our star rating down. Quality assurance work processes that had been established will continue, to address the metrics not meeting appropriate benchmarks as compared to state and national averages.

Net Income: The program experienced a loss of \$113,431 for the month of April. This can be largely attributed to census below target of 100 due to continued impacts of Covid-19 and limited admissions. Outside of revenue, agency expenses continue to be a challenge and with the recent wage approval interviews have begun to aide in this effort. May is projected to be a similar financial result to April with June projections looking positive due to staffing expense reduction.

❖ **Supported Apartments**

Net Income: Net income for the month of April was -\$20,181 which was off target. Apartment vacancies in Jelinek and Forest/Jackson continue to impact net income with lost revenue. Jelinek has a planned move in for May and Forest/Jackson is projected to continue to decline while environmental issues are addressed.

❖ **Youth Community Treatment:**

Turnover: The result for April was 2.7% with a monthly target of 1.7%-1.9% to achieve the annual target of 20-23%. The YTD result is 28.6%. The turnover was due to an involuntary termination due to performance issues.

% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral: The percentage for April was 41.0% with a target of 60-70% and a YTD result of 41.8%. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Education is being provided to internal programs/referral sources regarding purpose of Community Treatment services, program appropriateness and medical necessity requirements. The goal is to decrease the number of referrals that are not appropriate for Community Treatment. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

Average Days from Referral to Initial Appointment: In April, the average was 132.6 days with a target of 55-60 days and YTD result is 101.1 days. A PDSA cycle has been initiated and it has been identified that many referrals to Community Treatment are not appropriate and eventually closed. The time and resources needed to screen the referrals is significant and is negatively impacting this outcome. Education is being provided to internal programs/referral sources regarding purpose of Community Treatment services, program appropriateness and medical necessity requirements. The goal is to decrease the number of referrals that are not appropriate for Community Treatment. Trends in the referrals are being evaluated as well as options to allocate resources differently to increase efficiency in processing and opening referrals. The overall referral volume is increasing monthly.

❖ **Youth Crisis Stabilization Facility:**

Opening of this facility is pending approval and site visit from DHS.

❖ **Youth Psychiatric Hospital:**

Patient Experience: In April, we had one survey returned which was rated "fair" leading to an NPS of -100. We are continuing to work on our survey administration and distribution process to increase volumes and returns and in the coming months will be working to also increase our NPS. Overall, for the year, we are exceeding the target at 75.0.

Turnover Rate: The turnover rate did not meet target for the first time in April at 10% with a YTD calculation of 30%. There has been resignation of Youth Hospital nurses who explain that they had no previous Behavioral Health Experience and have learned that inpatient psychiatric care is not for them. Hiring the initial group of staff happened quickly so that Youth Hospital could open in the established timeframe. This resulted in some hasty hiring decisions and the recognition that candidates for almost all positions had no inpatient psychiatric exposure or experience. As the program continues to develop and positions are vacated, greater care will be taken to seek candidates with some relevant experience.

Hospital Readmission Rate: Readmission rate YTD is at 16.9%, above our target of 10-12% but decreased from last month (31.6% in March to 14.3% in April). Our team identified some factors contributing to this measure. Factors identified include: outpatient services not effectively begun/put into place due to family barriers or access issues, admissions of youth who could have been served safely by the Youth Crisis Stabilization program instead if it were up and running, readmission of youth who may have been able to be safe in less restrictive environments or with outpatient support, youth with emerging personality disorder traits who get positive reinforcement from hospital admission, and youth who need longer-term treatment or placement and the lack of availability of those options. We have increased the number of youths being served in NCHC's 23-hour Youth Crisis program as a means of preventing hospital readmission which may have supported the decrease from March to April. Implementation planning for our Youth Crisis Stabilization program continues and this program will be used as both a step-down from hospitalization and an alternative to hospitalization when it can be done safely. We are now, additionally, identifying and tracking each individual patient readmitted and gathering information about factors contributing to the readmission to identify additional themes that we can target with action.

Average Days for Initial Counseling Appointment Post-Hospital Discharge: Target is 8-10 days, and the average length is 15.9 YTD with April being 17 days. Before a youth is discharged from the hospital, we ensure that they have a scheduled first-available counseling appointment with either an existing or new provider. We have begun to track additional data related to this measure with the aim of better identifying the barriers to outcome achievement. Since beginning this tracking, we have determined that the length of time to see a NCHC provider is 15.2 days and length for external provider is 10.2 days.

Average Days for Initial Psychiatry Appointment Post-Hospital Discharge: This measure was close to meeting target in April, 10.8 days compared to a target of 8-10 days, and this is improvement from March. There is ongoing effort to increase child psychiatry time at NCHC and this will occur with a new Child Psychiatrist onboarding this summer. Our Social Worker now begins any initial Psychiatry referral with parents and the youth as early as possible during the hospital stay as paperwork from the youth, parent and school are required before an appointment is scheduled. Frequent prompts and support to parents, youth and school staff have been helpful in getting this referral packet completed and referrals submitted as quickly as possible.

Direct Expense to Gross Patient Revenue and Net Income: These measures not meeting target are a direct result of not meeting revenue targets as expenses have been under budget. Youth Hospital needs to maintain a census of 6 kids to generate budgeted revenue. January monthly average census was 3.94, February increased to 5.36 and March decreased to 3.47 for a quarterly average of 4.24. April's average daily census was lowest YTD at 3.24. To increase average census further, we are pursuing and, have made progress on, two specific actions. We are working towards accepting youth ages 12-17 versus 13-17. Making this change involves working with the credentialing and privileging of medical and psychiatric providers and this effort is underway. Secondly, we plan to expand our service area to include additional counties so that we can accept youth from other counties when our census is low. An agreement has been developed by Corporation Counsel and is being finalized.

MEMORANDUM

DATE: May 14, 2021
TO: North Central Community Services Program Board
FROM: Jill Meschke, Chief Financial Officer
RE: Monthly CFO Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting.

1) Financial Results:

The financials show a loss for April of (\$343,620), compared to the targeted gain of \$174,522 resulting in a negative variance of (\$518,142). Year-to-date, NCHC has experienced a loss of (\$1,575,697).

2) Revenue Key Points:

- Overall revenue for April was below budgeted target by (\$697,121). Net patient revenue was unfavorable to plan by (\$531,870). Year-to-date, revenue is short of plan by (\$3,446,667).
- Mount View Care Center census averaged 130 in April compared to a target of 145. Medicare census is 13 compared to a budget of 20 and down 6 from prior month.
- Pine Crest census averaged 93 in April compared to a target of 100. Medicare census averages 8 versus a target of 16 and is down 5 from prior month.
- Revenue shortfall in the nursing homes represents 22 percent of the overall year-to-date net patient revenue unfavorable variance. Volume is the primary driver of the net patient revenue shortfall, but losses in Medicare census contributed to a rate variance also.
- The Adult Acute Care Hospital census averaged 10 in April to a budget of 14. The hospital with the Adult Crisis Stabilization Facility experienced a net revenue shortfall of (\$45,643) for the month and represent 9 percent of the overall year-to-date net patient revenue unfavorable variance.
- The Youth Acute Care Hospital census averaged 3 for April compared to a target census of 6 resulting in a negative net patient revenue variance of (\$62,983).
- The inability to open the Youth Crisis Stabilization Facility contributed (\$27,875) to the net patient revenue shortfall from budget for April.
- For April, net patient revenue for the Outpatient was short from plan by (\$59,856). Revenue shortfall in outpatient represents 10 percent of the overall year-to-date net patient revenue unfavorable variance.

- The Community Treatment programs experienced a favorable net revenue to budget for April of \$62,286. Year-to-date, revenue shortfall in Community Treatment represents 11 percent of the overall net patient revenue unfavorable variance.
- Administrative and bad debt write offs totaled (\$7,549) for April.

3) Expense Key Points:

- Overall expenses for April were favorable to plan \$184,515.
- Salaries are \$198,407 favorable to budget for April. Benefits expenses are favorable to plan by \$179,821 driven by health insurance favorability of \$87,051.
 - Salaries in the nursing homes are \$52,168 favorable to budget in April and (\$52,339) unfavorable to budget year-to-date.
 - Salaries in the acute care services programs of the hospitals and Crisis are approximating budget for the month and year-to-date.
 - Salaries in Outpatient and Community Treatment are \$73,638 favorable to budget for April and \$161,442 favorable year-to-date.
- Contracted services of providers and staff were unfavorable to plan by (\$153,763).
- Diversion expense is (\$34,694) unfavorable to budget.

North Central Health Care
Income Statement
For the Period Ending April 30, 2021

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	7,245,819	8,221,008	(975,189)	-11.9%	28,274,116	32,896,115	(4,621,999)	-14.1%
Patient Contractual Adjustments	(2,443,744)	(2,887,063)	443,319	-15.4%	(9,999,655)	(11,548,253)	1,548,598	-13.4%
Net Patient Revenue	4,802,075	5,333,945	(531,870)	-10.0%	18,274,461	21,347,862	(3,073,401)	-14.4%
County Revenue	427,764	427,764	-	0.0%	1,711,056	1,711,056	-	0.0%
Contracted Service Revenue	101,894	102,985	(1,092)	-1.1%	415,893	412,885	3,008	0.7%
Grant Revenues and Contractuals	274,805	333,635	(58,830)	-17.6%	1,118,143	1,334,541	(216,399)	-16.2%
Appropriations	502,687	502,687	-	0.0%	2,010,748	2,010,748	-	0.0%
COVID-19 Relief Funding	-	-	-	0.0%	26,750	-	26,750	0.0%
Other Revenue	469,453	552,481	(83,028)	-15.0%	2,054,438	2,211,426	(156,987)	-7.1%
Total Direct Revenue	6,578,678	7,253,498	(674,820)	-9.3%	25,611,490	29,028,518	(3,417,029)	-11.8%
Indirect Revenues								
County Revenue	170,209	171,802	(1,593)	-0.9%	680,835	687,208	(6,373)	-0.9%
Contracted Service Revenue	2,250	3,000	(750)	-25.0%	9,000	12,000	(3,000)	-25.0%
Grant Revenues and Contractuals	-	-	-	0.0%	31,900	-	31,900	0.0%
Appropriations	-	-	-	0.0%	-	-	-	0.0%
Other Revenue	22,378	37,277	(14,899)	-40.0%	128,442	177,087	(48,645)	-27.5%
Allocated Revenue	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Revenue	189,778	212,079	(22,301)	-10.5%	846,656	876,294	(29,639)	-3.4%
Total Operating Revenue	6,768,456	7,465,577	(697,121)	-9.3%	26,458,145	29,904,813	(3,446,667)	-11.5%
Direct Expenses								
Personnel Expenses	3,029,058	3,330,812	301,755	9.1%	12,832,290	13,467,264	634,975	4.7%
Contracted Services Expenses	1,124,098	904,988	(219,110)	-24.2%	3,350,349	3,577,253	226,905	6.3%
Supplies Expenses	73,824	58,535	(15,290)	-26.1%	257,185	233,889	(23,296)	-10.0%
Drugs Expenses	527,006	493,243	(33,762)	-6.8%	2,066,816	2,157,005	90,189	4.2%
Program Expenses	49,258	72,100	22,842	31.7%	295,888	291,098	(4,790)	-1.6%
Land & Facility Expenses	73,512	70,408	(3,104)	-4.4%	265,633	280,905	15,272	5.4%
Equipment & Vehicle Expenses	44,671	63,092	18,421	29.2%	195,232	277,442	82,210	29.6%
Diversions Expenses	114,194	79,500	(34,694)	-43.6%	466,112	318,000	(148,112)	-46.6%
Other Operating Expenses	184,223	174,184	(10,039)	-5.8%	708,421	700,087	(8,334)	-1.2%
Total Direct Expenses	5,219,844	5,246,862	27,018	0.5%	20,437,924	21,302,944	865,019	4.1%
Indirect Expenses								
Personnel Expenses	1,021,411	1,108,455	87,045	7.9%	4,270,176	4,482,870	212,694	4.7%
Contracted Services Expenses	7,480	3,500	(3,980)	-113.7%	34,097	14,000	(20,097)	-143.6%
Supplies Expenses	77,840	82,503	4,663	5.7%	286,630	315,612	28,982	9.2%
Drugs Expenses	-	-	-	0.0%	1,804	-	(1,804)	0.0%
Program Expenses	38,411	24,133	(14,278)	-59.2%	89,626	92,865	3,239	3.5%
Land & Facility Expenses	350,893	270,298	(80,595)	-29.8%	1,251,078	1,082,694	(168,384)	-15.6%
Equipment & Vehicle Expenses	97,924	85,910	(12,014)	-14.0%	432,772	377,093	(55,679)	-14.8%
Diversions Expenses	-	-	-	0.0%	-	-	-	0.0%
Other Operating Expenses	323,569	500,227	176,658	35.3%	1,275,851	2,056,794	780,943	38.0%
Allocated Expense	-	-	-	0.0%	-	-	-	0.0%
Total Indirect Expenses	1,917,529	2,075,026	157,497	7.6%	7,642,034	8,421,927	779,893	9.3%
Total Operating Expenses	7,137,373	7,321,888	184,515	2.5%	28,079,958	29,724,871	1,644,913	5.5%
Metrics								
Indirect Expenses/Direct Expenses	36.7%	39.5%			37.4%	39.5%		
Direct Expense/Gross Patient Revenue	72.0%	63.8%			72.3%	64.8%		
Non-Operating Income/Expense								
Interest Income/Expense	(1,208)	(30,833)	29,625	-96.1%	(15,690)	(123,333)	107,644	-87.3%
Donations Income	(3,998)	-	(3,998)	0.0%	(10,335)	-	(10,335)	0.0%
Other Non-Operating	(20,091)	-	(20,091)	0.0%	(20,091)	-	(20,091)	0.0%
Total Non-Operating	(25,297)	(30,833)	5,536	-18.0%	(46,116)	(123,333)	77,217	-62.6%
Net Income (Loss)	(343,620)	174,522	(518,142)	-296.9%	(1,575,697)	303,275	(1,878,972)	-619.6%
Net Income	-5.1%	2.3%			-6.0%	1.0%		

North Central Health Care
Balance Sheet
For the Period Ending April 30, 2021

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	1,641,818	7,025,059
Accounts Receivable		
Net Patient Receivable	5,277,048	6,152,879
Outpatient WIMCR & CCS	2,880,499	3,495,000
Nursing Home Supplemental Payment	1,001,022	1,505,000
County Appropriations Receivable	539,889	(915,512)
Net State Receivable	330,566	404,752
Other Accounts Receivable	161,612	591,767
Inventory	429,330	409,844
Prepaid Expenses	986,590	1,072,935
Total Current Assets	<u>13,248,375</u>	<u>19,741,724</u>
Noncurrent Assets		
Investments	10,625,550	12,565,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	92,084	50,958
Pool Project Receivable	5,214	1,732,590
Net Pension Assets	7,280,177	-
Nondepreciable Capital Assets	23,281,352	6,568,258
Net Depreciable Capital Assets	29,972,311	9,458,921
Total Noncurrent Assets	<u>72,256,689</u>	<u>31,375,727</u>
Deferred Outflows of Resources (Pensions)	<u>18,262,408</u>	<u>18,283,534</u>
TOTAL ASSETS	<u><u>103,767,471</u></u>	<u><u>69,400,985</u></u>

	<u>Current YTD</u>	<u>Prior YTD</u>
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	27,987	29,249
Trade Accounts Payable	992,850	226,550
Accrued Liabilities		
Salaries and Retirement	2,008,895	1,902,923
Compensated Absences	2,466,775	2,082,157
Health and Dental Insurance	503,000	670,000
Bonds	-	-
Interest Payable	109,188	-
Other Payables and Accruals	729,000	1,628,948
Payable to Reimbursement Programs	100,000	220,000
Unearned Revenue	(2,382,188)	(517,550)
Total Current Liabilities	<u>4,555,505</u>	<u>6,242,277</u>
Noncurrent Liabilities		
Net Pension Liability	2,506,809	7,524,802
Long-Term Portion of Capital Lease Liability	38,643	64,993
Long-Term Projects in Progress	26,182,387	4,580,552
Long-Term Debt and Bond Premiums	9,127,796	-
Patient Trust Funds	57,701	50,958
Total Noncurrent Liabilities	<u>37,913,335</u>	<u>12,221,305</u>
Deferred Inflows of Resources (Pensions)	<u>22,225,906</u>	<u>9,439,717</u>
TOTAL LIABILITIES	64,694,746	27,903,299
NET POSITION		
Net Investment in Capital Assets	53,253,664	16,027,179
Pool Project Restricted Capital Assets	5,214	1,732,590
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	-	1,634,142
Undesignated	(13,610,455)	21,246,207
Net Income / (Loss)	<u>(1,575,697)</u>	<u>(142,432)</u>
TOTAL NET POSITION	39,072,725	41,497,685
TOTAL LIABILITIES AND NET POSITION	<u><u>103,767,471</u></u>	<u><u>69,400,985</u></u>

North Central Health Care
Statement of Cash Flows
For Month Ending April 30, 2021

Cash, Beginning of Period (March 31, 2021)		1,294,873
Operating Activities		
Net Income (Loss)	(343,620)	
Adjustments to Reconcile Net Income		
Depreciation	324,610	
Interest Expense	19,408	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	(709,229)	
Prepaid Expenses	114,489	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	231,817	
Accrued Current Liabilities	116,455	
Net Change in Patient Trust Funds	15,902	
Unearned Revenue	<u>820,191</u>	
Net Cash from Operating Activities		590,024
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	(2,309,237)	
Disposal of Assets	-	
Pool Project Receivable	1,727,376	
Net Change in Long-Term Projects in Progress	-	
Net Change in Undesignated Equity	<u>319,489</u>	
Net Cash from Investing Activities		(262,372)
Financing Activities		
Bonds and Interest	19,294	
Net Change in Purchase/Sale of Investments	<u>-</u>	
Net Cash from Financing Activities		<u>19,294</u>
Net Increase (Decrease) in Cash During Period		<u>346,946</u>
Cash, End of Period (April 30, 2021)		1,641,818

North Central Health Care
Programs by Service Line
For the Period Ending April 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	1,927,462	2,079,241	(151,779)	2,470,456	2,678,908	208,452	(542,994)	56,673
Adult Crisis Stabilization Facility	354,863	489,298	(134,435)	503,395	341,908	(161,487)	(148,532)	(295,922)
Lakeside Recovery MMT	250,777	538,244	(287,468)	54,288	435,566	381,279	196,489	93,811
Youth Behavioral Health Hospital	571,761	707,667	(135,906)	790,899	977,328	186,429	(219,138)	50,523
Youth Crisis Stabilization Facility	114,961	253,260	(138,300)	148,703	330,555	181,852	(33,742)	43,552
Crisis Services	941,406	1,014,133	(72,727)	988,443	1,056,263	67,820	(47,037)	(4,906)
Psychiatry Residency	92,744	151,308	(58,565)	137,687	92,980	(44,707)	(44,944)	(103,272)
	<u>4,253,973</u>	<u>5,233,151</u>	<u>(979,178)</u>	<u>5,093,871</u>	<u>5,913,508</u>	<u>819,638</u>	<u>(839,898)</u>	<u>(159,540)</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	924,718	833,706	91,012	1,655,864	913,749	(742,114)	(731,146)	(651,103)
Outpatient Services (Lincoln)	366,445	438,747	(72,301)	284,366	352,765	68,398	82,079	(3,903)
Outpatient Services (Langlade)	848,288	1,191,575	(343,288)	248,990	1,173,788	924,798	599,298	581,510
Community Treatment Adult (Marathon)	1,661,243	1,755,355	(94,112)	1,408,969	1,604,698	195,728	252,274	101,616
Community Treatment Adult (Lincoln)	346,654	343,174	3,480	233,153	267,218	34,065	113,501	37,545
Community Treatment Adult (Langlade)	197,628	224,445	(26,818)	158,445	185,376	26,931	39,183	113
Community Treatment Youth (Marathon)	1,887,192	1,892,298	(5,106)	1,700,328	1,724,486	24,158	186,865	19,053
Community Treatment Youth (Lincoln)	598,919	867,829	(268,910)	466,543	619,810	153,266	132,374	(115,644)
Community Treatment Youth (Langlade)	506,888	585,121	(78,233)	381,209	455,561	74,353	125,679	(3,881)
Community Corner Clubhouse	86,626	99,114	(12,488)	94,946	105,432	10,486	(8,320)	(2,002)
	<u>7,424,601</u>	<u>8,231,365</u>	<u>(806,764)</u>	<u>6,632,813</u>	<u>7,402,882</u>	<u>770,069</u>	<u>791,788</u>	<u>(36,695)</u>
COMMUNITY LIVING								
Adult Day Services (Marathon)	171,602	264,580	(92,978)	178,974	196,024	17,049	(7,372)	(75,928)
Prevocational Services (Marathon)	150,191	176,685	(26,494)	218,270	264,586	46,316	(68,079)	19,822
Lincoln Industries	166,011	423,190	(257,179)	301,585	441,777	140,193	(135,574)	(116,987)
Day Services (Langlade)	78,765	98,415	(19,650)	109,809	103,849	(5,961)	(31,044)	(25,611)
Prevocational Services (Langlade)	-	-	-	-	-	-	-	-
Andrea St Group Home	168,408	172,403	(3,995)	144,414	135,436	(8,978)	23,993	(12,973)
Chadwick Group Home	178,476	211,539	(33,063)	156,086	159,812	3,726	22,390	(29,337)
Bissell Street Group Home	191,172	186,588	4,584	137,971	149,938	11,967	53,201	16,550
Heather Street Group Home	137,662	150,898	(13,236)	144,989	137,357	(7,631)	(7,327)	(20,867)
Jelinek Apartments	224,310	259,026	(34,716)	230,163	234,328	4,165	(5,853)	(30,551)
River View Apartments	222,465	219,031	3,434	206,613	180,405	(26,209)	15,851	(22,775)
Forest Street Apartments	31,569	116,234	(84,666)	149,397	155,655	6,258	(117,828)	(78,407)
Fulton Street Apartments	68,915	83,343	(14,428)	123,702	93,870	(29,832)	(54,787)	(44,260)
Riverview Terrace	118,704	119,535	(830)	119,682	114,268	(5,414)	(978)	(6,244)
Hope House (Sober Living Marathon)	1,926	2,096	(170)	18,355	17,214	(1,141)	(16,429)	(1,311)
Homelessness Initiative	135	-	135	2,248	-	(2,248)	(2,113)	(2,113)
Sober Living (Langlade)	27,112	17,307	9,805	33,785	42,326	8,540	(6,674)	18,345
	<u>1,937,422</u>	<u>2,500,868</u>	<u>(563,447)</u>	<u>2,276,045</u>	<u>2,426,845</u>	<u>150,800</u>	<u>(338,623)</u>	<u>(412,646)</u>
NURSING HOMES								
Mount View Care Center	5,791,557	6,295,539	(503,981)	6,045,762	5,944,240	(101,522)	(254,205)	(605,503)
Pine Crest Nursing Home	3,645,330	3,703,595	(58,265)	3,947,382	4,043,975	96,593	(302,052)	38,328
	<u>9,436,887</u>	<u>9,999,133</u>	<u>(562,246)</u>	<u>9,993,144</u>	<u>9,988,215</u>	<u>4,929</u>	<u>(556,257)</u>	<u>(557,317)</u>
Pharmacy	2,570,245	2,905,332	(335,087)	2,711,797	2,861,681	149,885	(141,552)	(185,203)
OTHER PROGRAMS								
Aquatic Services	323,339	501,937	(178,598)	387,639	407,567	19,927	(64,300)	(158,670)
Birth To Three	150,013	255,643	(105,630)	245,635	255,643	10,008	(95,621)	(95,621)
Adult Protective Services	272,759	268,779	3,980	303,112	332,606	29,494	(30,353)	33,474
Demand Transportation	114,931	159,264	(44,333)	88,188	126,171	37,983	26,743	(6,350)
	<u>861,043</u>	<u>1,185,623</u>	<u>(324,580)</u>	<u>1,024,574</u>	<u>1,121,987</u>	<u>97,412</u>	<u>(163,532)</u>	<u>(227,168)</u>
Total NCHC Service Programs	26,458,145	29,904,813	(3,446,667)	28,079,958	29,724,871	1,644,913	(1,248,074)	(1,578,569)

North Central Health Care
Fund Balance Review
For the Period Ending April 30, 2021

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	20,064,518	1,588,172	6,079,554	27,732,243
General Fund Balance Targets				
Minimum (20% Operating Expenses)	4,012,904	317,634	1,215,911	5,546,449
Maximum (35% Operating Expenses)	7,022,581	555,860	2,127,844	9,706,285
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	4,262,904	567,634	1,465,911	6,296,449
Maximum Target	7,272,581	805,860	2,377,844	10,456,285
Total Net Position at Period End	18,498,874	2,143,035	5,844,195	26,486,104
Fund Balance Above/(Below)				
Minimum Target	14,235,970	1,575,400	4,378,285	20,189,655
Maximum Target	11,226,292	1,337,174	3,466,352	16,029,818
<i>County Percent of Total Net Position</i>	<i>69.8%</i>	<i>8.1%</i>	<i>22.1%</i>	
Share of Invested Cash Reserves	7,073,454	819,437	2,234,658	10,127,549
<i>Days Invested Cash on Hand</i>	<i>43</i>	<i>63</i>	<i>45</i>	<i>44</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	14,842,246	1,174,812	4,497,204	20,514,262
Invested Cash Reserves Above/(Below) Target	(7,768,792)	(355,375)	(2,262,546)	(10,386,713)

North Central Health Care
Review of Services in Marathon County
For the Period Ending April 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	683,374	592,371	91,003	1,655,864	913,749	(742,114)	(972,490)	(651,112)
Community Treatment-Adult	1,634,572	1,728,688	(94,117)	1,408,969	1,604,698	195,728	225,602	101,611
Community Treatment-Youth	1,887,187	1,892,298	(5,111)	1,700,328	1,724,486	24,158	186,859	19,047
Day Services	321,793	441,265	(119,473)	397,244	460,610	63,366	(75,451)	(56,107)
Clubhouse	55,959	68,447	(12,488)	94,946	105,432	10,486	(38,987)	(2,002)
Homelessness Initiative	135	-	135	2,248	-	(2,248)	(2,113)	(2,113)
Hope House Sober Living	1,926	2,096	(170)	18,355	17,214	(1,141)	(16,429)	(1,311)
Riverview Terrace	118,704	119,535	(831)	119,682	114,268	(5,414)	(978)	(6,245)
Demand Transportation	114,930	159,264	(44,333)	88,188	126,171	37,983	26,742	(6,350)
Aquatic Services	209,218	387,822	(178,605)	387,639	407,567	19,927	(178,422)	(158,677)
Pharmacy	2,570,240	2,905,332	(335,093)	2,711,797	2,861,681	149,885	(141,557)	(185,208)
	<u>7,598,037</u>	<u>8,297,119</u>	<u>(699,082)</u>	<u>8,585,261</u>	<u>8,335,876</u>	<u>(249,385)</u>	<u>(987,224)</u>	<u>(948,467)</u>
Shared Services								
Adult Behavioral Health Hospital	937,435	1,049,774	(112,339)	1,828,137	1,982,392	154,255	(890,702)	41,915
Youth Behavioral Health Hospital	410,761	511,340	(100,579)	585,266	723,223	137,958	(174,505)	37,379
Residency Program	153,239	111,968	41,271	101,889	68,805	(33,083)	51,351	8,188
Crisis Services	195,550	249,379	(53,829)	731,447	781,634	50,187	(535,897)	(3,642)
Adult Crisis Stabilization Facility	262,595	362,081	(99,485)	372,512	253,012	(119,500)	(109,917)	(218,986)
Youth Crisis Stabilization Facility	460	187,413	(186,952)	110,040	244,610	134,570	(109,580)	(52,382)
Lakeside Recovery MMT	39,184	251,910	(212,726)	40,173	322,319	282,146	(989)	69,420
Residential	1,187,875	1,358,910	(171,035)	1,256,219	1,211,020	(45,198)	(68,344)	(216,233)
Adult Protective Services	68,844	65,899	2,945	224,303	246,128	21,825	(155,459)	24,770
Birth To Three	112,072	190,985	(78,914)	183,508	190,985	7,477	(71,437)	(71,437)
	<u>3,368,016</u>	<u>4,339,659</u>	<u>(971,643)</u>	<u>5,433,494</u>	<u>6,024,130</u>	<u>590,636</u>	<u>(2,065,479)</u>	<u>(381,008)</u>
Total NCHC Programming	10,966,053	12,636,778	(1,670,725)	14,018,756	14,360,006	341,250	(3,052,703)	(1,329,475)
Base County Allocation	647,585	647,585	-				647,585	-
County Appropriation	1,093,735	1,093,735	-				1,093,735	-
Excess Revenue/(Expense)	<u>12,707,373</u>	<u>14,378,098</u>	<u>(1,670,725)</u>	<u>14,018,756</u>	<u>14,360,006</u>	<u>341,250</u>	<u>(1,311,383)</u>	<u>(1,329,475)</u>

North Central Health Care
Review of Services in Lincoln County
For the Period Ending April 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	154,898	227,200	(72,303)	284,366	352,765	68,398	(129,469)	(3,904)
Community Treatment-Adult	343,653	340,174	3,479	233,153	267,218	34,065	110,500	37,544
Community Treatment-Youth	598,917	867,829	(268,912)	466,543	619,810	153,266	132,374	(115,645)
Lincoln Industries	166,010	423,190	(257,180)	301,585	441,777	140,193	(135,575)	(116,987)
	<u>1,263,478</u>	<u>1,858,393</u>	<u>(594,915)</u>	<u>1,285,647</u>	<u>1,681,569</u>	<u>395,922</u>	<u>(22,169)</u>	<u>(198,993)</u>
Shared Services								
Adult Behavioral Health Hospital	190,021	212,792	(22,771)	370,568	401,836	31,268	(180,548)	8,496
Youth Behavioral Health Hospital	83,262	103,650	(20,388)	118,635	146,599	27,964	(35,373)	7,577
Residency Program	31,062	22,696	8,366	20,653	13,947	(6,706)	10,409	1,660
Crisis Services	39,639	50,550	(10,911)	148,266	158,439	10,173	(108,628)	(738)
Adult Crisis Stabilization Facility	53,229	73,395	(20,166)	75,509	51,286	(24,223)	(22,280)	(44,389)
Youth Crisis Stabilization Facility	93	37,989	(37,896)	22,305	49,583	27,278	(22,212)	(10,618)
Lakeside Recovery MMT Residential	7,943	51,063	(43,120)	8,143	65,335	57,192	(201)	14,072
Adult Protective Services	13,955	13,358	597	45,467	49,891	4,424	(31,512)	5,021
Birth To Three	22,583	38,484	(15,901)	36,977	38,484	1,507	(14,395)	(14,395)
	<u>441,786</u>	<u>603,977</u>	<u>(162,191)</u>	<u>846,525</u>	<u>975,401</u>	<u>128,876</u>	<u>(404,739)</u>	<u>(33,314)</u>
Total NCHC Programming	1,705,264	2,462,370	(757,106)	2,132,172	2,656,970	524,799	(426,908)	(232,307)
Base County Allocation	291,489	291,489	-	-	-	-	291,489	-
County Appropriation	200,013	200,013	-	-	-	-	200,013	-
Excess Revenue/(Expense)	<u>2,196,765</u>	<u>2,953,871</u>	<u>(757,106)</u>	<u>2,132,172</u>	<u>2,656,970</u>	<u>524,799</u>	<u>64,593</u>	<u>(232,307)</u>

North Central Health Care
Review of Services in Langlede County
For the Period Ending April 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	142,395	485,684	(343,289)	248,990	1,173,788	924,798	(106,595)	(449,884)
Community Treatment-Adult	194,627	221,445	(26,819)	158,445	185,376	26,931	36,182	9,364
Community Treatment-Youth	506,886	585,121	(78,235)	381,209	455,561	74,353	125,678	47,443
Sober Living	20,445	10,640	9,805	33,785	42,326	8,540	(13,341)	(3,536)
Day Services	78,765	98,415	(19,651)	109,809	103,849	(5,961)	(31,045)	(50,695)
	<u>943,118</u>	<u>1,401,306</u>	<u>(458,188)</u>	<u>932,238</u>	<u>1,960,899</u>	<u>1,028,661</u>	<u>10,880</u>	<u>(447,309)</u>
Shared Services								
Adult Behavioral Health Hospital	139,348	156,048	(16,699)	271,750	294,680	22,930	(132,402)	(149,101)
Youth Behavioral Health Hospital	61,059	76,010	(14,951)	86,999	107,506	20,507	(25,940)	(40,891)
Residency Program	22,779	16,644	6,135	15,146	10,228	(4,918)	7,633	13,768
Crisis Services	29,068	37,070	(8,002)	108,729	116,189	7,460	(79,660)	(87,662)
Adult Crisis Stabilization Facility	39,034	53,823	(14,788)	55,373	37,610	(17,764)	(16,339)	(31,127)
Youth Crisis Stabilization Facility	68	27,859	(27,790)	16,357	36,361	20,004	(16,289)	(44,079)
Lakeside Recovery MMT	5,825	37,446	(31,621)	5,972	47,912	41,941	(147)	(31,768)
Residential	35,097	40,151	(5,053)	37,117	35,781	(1,335)	(2,019)	(7,073)
Adult Protective Services	10,234	9,796	438	33,342	36,587	3,244	(23,109)	(22,671)
Birth To Three	15,359	26,174	(10,815)	25,149	26,174	1,025	(9,790)	(20,605)
	<u>357,872</u>	<u>481,019</u>	<u>(123,147)</u>	<u>655,934</u>	<u>749,028</u>	<u>93,094</u>	<u>(298,062)</u>	<u>(421,209)</u>
Total NCHC Programming	1,300,990	1,882,325	(581,336)	1,588,172	2,709,927	1,121,755	(287,182)	(868,518)
Base County Allocation	771,983	771,983	-				771,983	771,983
County Appropriation	70,062	70,062	-				70,062	70,062
Excess Revenue/(Expense)	<u>2,143,035</u>	<u>2,724,370</u>	<u>(581,336)</u>	<u>1,588,172</u>	<u>2,709,927</u>	<u>1,121,755</u>	<u>554,863</u>	<u>(26,473)</u>

North Central Health Care
Review of Services in Mount View Care Center
For the Period Ending April 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Post-Acute Care	1,047,118	819,147	227,970	781,400	853,824	72,424	265,718	300,395
Long-Term Care	549,568	1,124,425	(574,857)	1,379,403	1,298,128	(81,275)	(829,835)	(656,132)
Memory Care	2,207,858	1,882,489	325,369	2,195,563	2,018,897	(176,667)	12,295	148,702
Vent Unit	1,240,600	1,281,783	(41,183)	1,322,327	1,421,159	98,832	(81,727)	57,650
Nursing Home Ancillary	8,326	18,964	(10,638)	32,125	11,957	(20,168)	(23,799)	(30,806)
Rehab Services	238,030	668,730	(430,699)	334,944	340,275	5,331	(96,914)	(425,368)
Total NCHC Programming	5,291,501	5,795,539	(504,038)	6,045,762	5,944,240	(101,522)	(754,261)	(605,560)
County Appropriation	500,000	500,000	-				500,000	-
Excess Revenue/(Expense)	<u>5,791,501</u>	<u>6,295,539</u>	<u>(504,038)</u>	<u>6,045,762</u>	<u>5,944,240</u>	<u>(101,522)</u>	<u>(254,261)</u>	<u>(605,560)</u>

North Central Health Care
Review of Services in Pine Crest Nursing Home
For the Period Ending April 30, 2021

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Post-Acute Care	413,315	571,619	(158,305)	712,404	897,461	185,056	(299,090)	26,752
Long-Term Care	2,121,784	2,206,701	(84,917)	2,350,722	2,491,080	140,358	(228,937)	55,442
Special Care	485,709	543,491	(57,782)	624,201	653,780	29,579	(138,492)	(28,203)
Nursing Home Ancillary	148,596	-	148,596	9,596	-	(9,596)	139,000	139,000
Rehab Services	331,088	234,845	96,243	250,458	1,654	(248,804)	80,630	(152,562)
Total NCHC Programming	3,500,492	3,556,656	(56,165)	3,947,382	4,043,975	96,593	(446,890)	40,428
County Appropriation	146,938	146,938	-				146,938	-
Excess Revenue/(Expense)	<u>3,647,430</u>	<u>3,703,595</u>	<u>(56,165)</u>	<u>3,947,382</u>	<u>4,043,975</u>	<u>96,593</u>	<u>(299,951)</u>	<u>40,428</u>

North Central Health Care
 Report on the Availability of Invested Funds
 For the Period Ending April 30, 2021

Bank	Length	Maturity Date	Interest Rate	Amount
BMO Harris	365 Days	5/28/2021	0.15%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
PFM Investments	270 Days	6/7/2021	0.25%	248,000
PFM Investments	270 Days	6/7/2021	0.20%	248,000
PFM Investments	365 Days	6/16/2021	0.55%	248,000
PFM Investments	365 Days	6/16/2021	0.50%	248,000
PFM Investments	365 Days	7/8/2021	0.45%	248,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	8/21/2021	0.45%	500,000
Abby Bank	365 Days	8/29/2021	0.60%	500,000
PFM Investments	270 Days	8/31/2021	0.20%	248,000
BMO Harris	273 Days	10/26/2021	0.15%	500,000
Abby Bank	365 Days	11/1/2021	0.40%	500,000
PFM Investments	365 Days	12/6/2021	0.20%	248,000
CoVantage Credit Union	365 Days	12/9/2021	0.80%	500,000
PFM Investments	365 Days	12/30/2021	0.20%	248,000
PFM Investments	365 Days	12/30/2021	0.30%	248,000
Abby Bank	365 Days	1/6/2022	0.30%	500,000
CoVantage Credit Union	365 Days	1/29/2022	0.50%	299,550
PFM Investments	365 Days	2/18/2022	0.25%	248,000
PFM Investments	365 Days	2/18/2022	0.18%	248,000
CoVantage Credit Union	365 Days	2/19/2022	0.50%	500,000
Abby Bank	546 Days	3/1/2022	0.65%	500,000
CoVantage Credit Union	365 Days	3/3/2022	0.50%	500,000
PFM Investments	365 Days	4/5/2022	0.20%	248,000
Abby Bank	730 Days	2/25/2023	0.40%	500,000
CoVantage Credit Union	730 Days	3/8/2023	0.60%	500,000
Invested Funds				10,625,550
Weighted Average	397 Days		0.53%	

North Central Health Care
 Summary of Revenue Write-Offs
 For the Period Ending April 30, 2021

	<u>MTD</u>	<u>YTD</u>
Adult Behavioral Health		
Administrative Write-Off	1,172	32,726
Bad Debt	(143)	1,071
Youth Behavioral Health		
Administrative Write-Off	-	1,317
Bad Debt	-	-
Outpatient & Community Treatment		
Administrative Write-Off	2,472	18,759
Bad Debt	139	1,104
Nursing Home Services		
Administrative Write-Off	515	12,580
Bad Debt	5,238	25,498
Pharmacy		
Administrative Write-Off	2	1,491
Bad Debt	-	-
Other Services		
Administrative Write-Off	(1,891)	13,233
Bad Debt	45	189
Grand Total		
Administrative Write-Off	2,269	80,107
Bad Debt	5,280	27,862



North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: May 21, 2021
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: City-County Information Technology Agenda Items

There are three agenda items (items 6E, 6F, and 6g) that are slated for action by the NCCSP Board this month.

City-County Information Technology Commission Intergovernmental Agreement

The Intergovernmental Agreement is the base agreement that constitutes the partnership of the City, County, and NCHC in the establishment of the Commission. This is an updated document that makes several clarifications but most significantly, reconstitutes the structure of the Commission and appointment process for the citizen member. Previously, there were two citizen members, this agreement takes that down to one citizen member who must now be appointed by each of the three partners governing board. The legal counsels of each entity and the Commission are supportive of this updated agreement.

City-County Information Technology Commission Operating Agreement

As a requirement of the Intergovernmental Agreement, we have a newly constituted operating agreement. The substantive nature of this agreement is the elements that speak to indemnification, immunity, and insurance protections. The Operating Agreement also identifies and outlines several key policy elements embedded into the structure of CCITC operations. Most importantly to NCHC, this agreement stipulated creation of a new Service Level Agreement and corresponding performance reporting. The legal counsels of each entity and the Commission are supportive of this Operating Agreement.

Appointment of Dr. Chet Strebe to the City-County Information Technology Commission

With the new appointment process, both of our previous citizen members on the CCIT Commission decided to not reapply for appointment. We publicly posted the appointment on the City and County website, and Dr. Chet Strebe is the most qualified citizen member and I recommend his appointment.

5/4/2021

**CITY-COUNTY INFORMATION TECHNOLOGY COMMISSION
INTERGOVERNMENTAL AGREEMENT**

THIS AGREEMENT, effective April 6th, 2021, is made between Marathon County, the City of Wausau, and the North Central Health Care governmental units located in the State of Wisconsin, an establishment of a commission in accordance with Wis. Stats., §66.0301 as follows:

ARTICLE I

Name and Office

The name of this commission shall be the **City-County Information Technology Commission**. The principal office of the commission shall be at 407 Grant Street, Wausau, Wisconsin 54403.

ARTICLE II

Purpose

The purpose of the City-County Information Technology Commission (CCITC) is to provide for the implementation and operation of a cooperative data and management information system at a reasonable cost to foster efficiency in the provision of services under the direction of the governing Board of Commissioners.

ARTICLE III

Definition of Terms

For the purpose of this agreement, the following definitions shall be in effect:

"Commission" means the City-County Information Technology Commission.

"Board" means the Board of Commissioners of the City-County Information Technology Commission.

"Governmental Unit" means any city, village, township, county, school district or other political subdivision as sanctioned by law.

"Partner" means the governmental units which are parties to this agreement.

"Software" means computer programs, forms designs, user manuals and associated documentation.

"Enterprise equipment and systems" means all forms of technology in hardware and software that CCITC uses to provide services such as networking, security, storage, servers, etc to all Partners.

ARTICLE IV

Additional Partners

Section 1: Additional governmental units desiring to be Partners of this Commission shall adopt and execute a copy of this agreement and pay the established dues and charges upon approval of the existing Partners' governing boards.

ARTICLE V

Board of Commissioners

Section 1: The Commission shall be governed by a Board of Commissioners to be known as the City-County Information Technology Commission Board.

Section 2: The City-County Information Technology Commission Board shall consist of seven (7) Commissioners. The Commissioners shall be the persons occupying the following positions:

- a. City of Wausau Mayor or Designee.
- b. City of Wausau Finance Director.
- c. Marathon County Board of Supervisors' Chairman or Designee.
- d. Marathon County Administrator or Designee.
- e. North Central Health Care Commission CEO or designee
- f. North Central Health Care designee. The North Central Health Care CEO will be the designator
- g. The seventh Commissioners shall be appointed by a majority of the other six (6) Commissioners. Once appointed by the CCITC Board, the citizen commissioner shall be confirmed by the Marathon County Board, The city of Wausau Common Council and the

North Central Health Care board.

Section 3: The citizen Board Commissioner may be removed by majority vote of the Marathon County Board of Supervisors, the City of Wausau Common Council, and the North Central Health Care Board.

Section 4: The citizen Commissioner shall serve for a term of two (2) years . Beginning in April 2021, the non-citizen members shall recruit candidates for the citizen position and recommend the candidate for appointment by each of the member entities at least one week before the May CCITC Board meeting. Commissioners may be re-appointed to additional terms.

Section 5: The term of the citizen Commissioners shall end at the time of the May Marathon County Board of Supervisors meeting held in the middle of the term of the chairman of the Marathon County Board of Supervisors.

Section 6: In the event of a need to fill the position mid-term, an interim appointment will be made. If the opening is within 9 months of the end of the term, the CCITC board will appoint an interim commissioner to serve out the remainder of the term.

Section 7: The citizen commissioner shall be paid a per diem for each meeting attended, whether in person or virtual. The per diem amount should be set during the annual budget approval process for CCITC rates. The member would also be eligible for mileage reimbursement.

ARTICLE VI

Powers of the Board of Commissioners

Section 1: Subject to rules promulgated under the Wisconsin Statutes and Marathon County/City of Wausau ordinances and goals established by the City-County Information Technology Commission Board, the Board shall provide for:

- a. Continuous planning, development and evaluation of programs and services for all service groups;
- b. Establish long-range goals and intermediate range plans, detail priorities and estimate costs;
- c. Develop new resources necessary to carry out its purposes;
- d. Appoint a Director of the Commission on the basis of recognized and demonstrated interest in and knowledge of information systems, with due regard to training, experience, administrative ability, and general qualifications and fitness for the performance of the duties of the Director;

- e. Fix the salaries of personnel employed;
- f. Enter into contracts to render to or secure services, including professional consultation services;
- g. Perform all functions required by applicable law;
- h. To acquire, hold and dispose of property both real and personal as the Board deems necessary, to accumulate and maintain reasonable working capital reserves and invest and reinvest these funds subject to the applicable laws;
- i. Shall cause an annual independent audit of the books to be made and shall make a monthly financial accounting, and report to the Partners;
- j. The Board may purchase public liability insurance and such other bonds or insurance as it may deem necessary;
- k. The Board may adopt such rules and procedures as necessary with regard to its process and actions.
- l. Annually review and adopt a charge-back system.

Section 2: The Board may accept gifts, apply for and use grants or loans of money or other property from the state, or any other governmental unit or organization and may enter into agreements required in connection therewith and may hold, use and dispose of such monies or property in accordance with the terms of the gift, grant, loan or agreement.

Section 3: The Board may exercise any other power necessary and incidental to the accomplishment of the general purpose.

ARTICLE VII

Board Procedures

Section 1: The annual meeting of the Board shall be held in April at the time and place designated by the Chairman.

Section 2: The regular meetings of the Board shall be held monthly as scheduled by the Chairman at the previous meeting.

Section 3: Special meetings of the Board shall be called by the Secretary upon request of the Chairman.

Section 4: Notice of regular and special meetings of the Board shall be given at least twenty-four (24) hours before such meeting in a manner which complies with the Wisconsin Open Meeting Law.

Section 5: At all meetings of the Board, the presence of five (5) Commissioners shall constitute a quorum and action shall be taken by majority vote of Commissioners present and constituting a quorum.

Section 6: All parliamentary practice in conducting the business of the meeting not herein specifically provided for shall follow [the most current edition of] Robert's Rules of Order[newly revised].

Section 7: Board Commissioners that may be required to travel to meetings outside of Marathon County shall be reimbursed for expenses subject to obtaining prior approval from the Board. Approval of expenses shall be made by the Board upon review of an itemized statement submitted by the Commissioner.

ARTICLE VIII

Board Committees

Section 1: The Chairman of the Board may appoint such committees as deemed necessary to carry out functions and responsibilities of the Board subject to approval by the Board.

Section 2: The Chairman may appoint as members to such committees persons who are qualified to serve but who are not Commissioners of the Board subject to approval of the Board.

ARTICLE IX

Officers

Section 1: The officers of the Board shall be Chairman, Vice Chairman, Secretary-Treasurer, and shall be elected by the Board at its annual meeting.

Section 2: Nomination for each office of the Board shall be made by the Commissioners of the Board at the annual meeting of the Board.

Section 3: Officers shall be elected by the Commissioners for each office. The nominee receiving the most votes for each office shall be elected.

Section 4: The term of office of each officer shall be one (1) year or until a successor shall be

elected.

Section 5: The Chairman shall preside at all meetings of the Board.

Section 6: The Vice Chairman shall, in the absence or incapacity of the Chairman, perform the duties of the Chairman.

Section 7: The Secretary-Treasurer shall be responsible for the minutes of the Board and shall assure that notices of all meetings of the Board are given, and shall perform all usual duties of the office of Treasurer.

ARTICLE X

Powers and Duties of Director

Section 1: All of the administrative duties of managing, operating, maintaining, and improving the services shall be vested in the Director subject to such delegation of authority as is consistent with Wisconsin Statutes.

Section 2: In consultation and agreement with the Board, the Director shall prepare:

- a. An annual plan and budget of all funds necessary for providing services, in which priorities and objectives for the year are established as well as modifications of long-range objectives;
- b. Intermediate-range plans and budgets;
- c. An annual report of the operations of the services.

Section 3: The Director shall manage the implementation of the plans as approved by the Board.

Section 4: The Director shall make recommendations to the Board for:

- a. Personnel and salaries of employees;
- b. Changes in services;
- c. Contracts.

ARTICLE XI

Financial Matters

Section 1: The fiscal year of the Commission shall be the calendar year.

Section 2: An annual budget for the upcoming year shall be reviewed by the Board in August of each year. A budget shall be approved at the September board meeting and copies shall be mailed to the chief administrative officer of each Member by the Director (or Finance Manager) within two weeks of the approval. Such budget, including charges for services, shall be deemed approved by the Member unless the Member gives notice in writing that it is withdrawing from the Commission within sixty (60) days of adoption of the budget.

Section 3: The Board shall have the authority to fix cost sharing charges for all Partners in an amount sufficient to provide the funds required by the budget. The cost sharing ratio shall be fixed by the Board annually at the budget meeting. An initial capital contribution shall be made to the Commission by new Partners if they will be sharing use of assets previously purchased by other Partners. Said asset purchase rate shall be set by the Board. Any subsequent usage of assets not originally purchased may be charged to the new member at a rate to be determined by the Board.

Section 4: Billings for all charges shall be made in conjunction with the chargeback system as approved by the Board. Any Member whose charges have not been paid within sixty (60) days after the billing shall be in default and shall not be entitled to further voting privileges nor to use any of the Commission facilities and programs until such time as it is no longer in default. In the event that such charges have not been paid within sixty (60) days after such billing, such defaulting Member shall be deemed to have given notice of withdrawal from membership. In the event of a bona fide dispute between the Member and Board as to the amount which is due and payable, the Member shall nevertheless make such payment in order to preserve its status as a Member in good standing, but such payment may be made under protest and without prejudice to its right to dispute the amount of the charge and to pursue any legal remedies available.

Section 5: Excess revenues or unspent appropriations shall be considered by the Board when establishing the chargeback system.

Section 6: Insurance All equipment managed by CCITC shall be identified as owned by CCITC or a member. A report of assets shall be provided to each member annually. CCITC shall maintain insurance on all property owned by CCITC which shall include such items as PCs, laptops, monitors and furniture used by CCITC staff as well as all servers, networking equipment, electronic appliances, software and storage purchased by CCITC and used to support all Partners (also known as enterprise equipment and systems).

Each member is responsible for insuring assets purchased by the member such as Pcs, laptops, networking equipment, servers, printers, telephones, etc.

ARTICLE XII

Dissolution

Section 1: The organization shall be dissolved upon a favorable vote of three-quarters (6/8) of all Commissioners.

Section 2: In the event of dissolution the Board shall determine the measures necessary to effect the dissolution and shall provide for the taking of such measures as promptly as circumstances permit and subject to the provisions of this agreement.

Section 3: Upon dissolution, the remaining assets of the Commission, after payment of all obligations, shall be distributed among the then existing Partners in proportion to the five year average of annual operating contributions, as determined by the Board, provided that computer software prepared for such Partners shall be available to them, subject to such reasonable rules and regulations as the Board shall determine.

Section 4: If, upon dissolution, there is an organization deficit, such deficit shall be charged to and paid by the Partners on the basis of the charge back ratio average over the previous 5 years.

Section 5: In the event of dissolution, the following provisions shall govern the distribution of computer software owned by the organization:

- a) All such software shall be an asset of the organization.
- b) A Member may use (but may not authorize reuse by others) any software developed during its membership upon (1) paying any unpaid sums due, (2) paying the costs of taking such software, and (3) complying with reasonable rules and regulations of the Board relating to the taking and use of such software, such rules and regulations may include a reasonable time within which such software must be taken by any Member or former Member desiring to do so.

ARTICLE XIII

Duration

This agreement shall continue in effect indefinitely, until terminated in accordance with its terms.

ARTICLE XIV

Amendments

This agreement may be amended at any regular meeting of the Board or at any special meeting called for the purpose of amendment. Such amendment shall require the ratification of the action by the governing Board of each voting Member that is a party to this agreement.

ARTICLE XV

Operating Agreement

CCITC shall maintain an Operating Agreement that is attached as Exhibit A and hereby incorporated into this agreement [by reference]. The Operating Agreement defines details of operations. [as CCITC provides data and management information system services through its computers to its Partners].

IN WITNESS WHEREOF, the undersigned governmental units have caused this agreement to be executed on their behalf in accordance with the adopted resolutions which are attached.

Dated this ____ day of _____, 2020.

WITNESS:

MARATHON COUNTY:

_____ By: _____

CITY OF WAUSAU:

_____ By: _____

North Central Health Care:

_____ By: _____

SCHEDULE "A"

AMENDMENT I

At the regularly scheduled meeting held December 3, 1987 Mort McBain moved and William Boos seconded the motion to amend the CCDCC Bylaws by changing Article V, Section 2 (a) from "City of Wausau Mayor" to read "City of Wausau Mayor or Designee"; and Section 2 (c) from "Marathon County Board of Supervisors' Chairman" to read "Marathon County Board of Supervisors' Chairman or Designee". Carried.

AMENDMENT II

At the regularly scheduled meeting held May 27, 1993 Ted Tellekson moved and Carla Manthe seconded the motion to accept the resolutions of the City of Wausau common Council (5/11/93) and the Marathon County Board of Supervisors (5/25/93) to add the following to Article V, Section 2:

- e. The Marathon County Finance Director.

and delete the following from Article VIII:

Section 3: The Board shall have a Technical Advisory Committee consisting of seven (7) members. Committee members shall be appointed by the Board of Commissioners. The committee shall consist of one (1) commissioner representing Marathon County; one (1) commissioner representing the City of Wausau; four (4) citizen members; and the Director of the City-County Information Technology Commission.

The Technical Advisory Committee shall have the following duties:

- a. Assist in evaluating and/or recommending solutions to data processing proposals, problems, or requests for service.
- b. Recommend priorities.
- c. Assist in long range planning and goal setting.
- d. Exercise additional responsibilities as delegated to it by the Board of Commissioners.

The committee shall be the technical liaison, in an advisory capacity, between the

users and Board of Commissioners. All actions taken by the Technical Advisory Committee shall be advisory and subject to approval of the Board of Commissioners. Carried.

AMENDMENT III

At the regularly scheduled meeting held April 30, 1998 Cyndi Jahnke (Mayor Linda Lawrence's Designee) moved and Bryon Karow seconded the motion to amend the CCDCC Bylaws as follows:

- Article VII, Section 5 - Change the language from the presence of three (3) Commissioners shall constitute a quorum to the presence of four (4) Commissioners shall constitute a quorum

And

- Article XII, Section 1 - Change the language from three-fifths (3/5) to four-sixths (4/6) or two-thirds (2/3).

Carried.

AMENDMENT IV

At the regularly scheduled meeting held October 14, 1999 Mort McBain moved and Maryanne Groat seconded the motion to amend the CCDCC Bylaws by adding Section 6 to Article XI as follows:

- The City of Wausau agrees to provide Insurance for all CCDCC personal property located on City property, on a full replacement cost basis. The CCDCC shall provide a list of all such personal property as required by the Insurance carrier.

Carried.

AMENDMENT V

At the regularly scheduled meeting held December 20, 2001, Mort McBain moved and Maryanne Groat seconded the motion to amend the CCDCC Bylaws as follows:

- Article V, Section 2(d) - Change the language from Marathon County Administrator to read Marathon County Administrator or Deputy County Administrator.

Amendment VI 9/23/08

At the regularly scheduled meeting held June 16, 2008 Kristi Kordus moved and Mort McBain seconded the motion to revise the name from the City-County IT Group (which had been approved at the May meeting) to the City-County Information Technology Commission.

Other recommended amendments:

- change voting from 6 to 8
- change quorum from 4 to 5
- Change the budget date from July to August
- establish the chargeback ratio during each year's annual budget
- new members shall buy into capital assets if they will be sharing their use.
- change dissolution requirement to 6/8
- Change distribution of assets to average of previous 5 years of ratios of the operating budget

Amendment VII. 10/2/08

1. Introduction. The Introduction to the Joint Cooperative Agreement shall be repealed and recreated, as follows:

THIS AGREEMENT, effective March 1, 2009, is made between Marathon County, the City of Wausau, and the North Central Health Care governmental units located in the State of Wisconsin, an establishment of a commission in accordance with Wis. Stats., §66.0301 as follows:

2. Article V, Board of Commissioners, Section 2. The introduction to be amended to reflect eight (8) Commissioners instead of six (6).

3. Article V, Section 2, shall be amended to remove:

- e. Marathon County Finance Director

4. Article V, Section 2, shall be amended to include the following:

- e. North Central Health Care CEO or designee
- f. North Central Health Care Finance Director

5. Article V, Section 3, shall be amended to include:

The other two (2) Commissioners shall be citizens of Marathon County and shall be appointed by a majority vote of the other six (6) Commissioners.

6. Article VII, Section 5, shall be amended to reflect that the presence of five (5) Commissioners shall constitute a quorum.

7. Article X1, Section 2, shall be amended to reflect that the annual budget shall be adopted by the Board in August of each year. Copies of the budget shall be mailed by the first day of September.

8. Article XI, Section 3, is repealed and recreated as follows:

The Board shall have the authority to fix cost sharing charges for all Members in an amount sufficient to provide the funds required by the budget. The cost sharing ratio shall be fixed by the Board annually at the budget meeting. An initial capital contribution shall be made to the Commission by new members if they will be sharing use of assets previously purchased by other members. Said asset purchase rate shall be set by the Board. Any subsequent usage of assets not originally purchased may be charged to the new member at a rate to be determined by the Board.

9. Article XII, Section 1, shall be amended to reflect that a three quarters vote to dissolve the Commission shall be six of eight voting members.

10. Article XII, Section 3, is repealed and recreated to read:

Upon dissolution, the remaining assets of the Commission, after payment of all obligations, shall be distributed among the then existing Members in a proportion equal to the average of the five previous cost sharing ratios as established by the Board.

11. Article XI, Section 4, is repealed and recreated as:

If, upon dissolution, there is an organization deficit, such deficit shall be charged to and paid by the Members on the basis of the cost sharing ratio average over the five previous years.

12. The signature line shall be amended to include a signature by an authorized agent on behalf of North Central Health Care Facilities.

Amendment VIII 7/01/14

At the regularly scheduled meeting held July 1, 2014 Brad Karger moved and Gary Bezucha seconded the motion to amend the CCDCC Bylaws as follows:

- Article V, Section 2- Replace Marathon County Board of Supervisors' Chairman or designee with Marathon County Technology Committee Chairman.

Amendment IX 7/01/14

At the regularly scheduled meeting held July 1, 2014 Brad Karger moved and Brenda Glodowski seconded the motion to amend the CCDCC Bylaws as follows:

- Article VII, Section 5- Remove the requirement that a quorum must contain representatives of the City of Wausau and Marathon County.

Amendment X 4/02/19

At the regularly scheduled meeting held April 2, 2019 John Tubbs moved and Pat Puyleaert seconded the motion to amend the CCDCC Bylaws as follows:

- Article V, Section 2- Replace North Central Health Care Finance Director with North Central Health Care designee. The North Central Health Care CEO will be the designator.

Amendment XII 7/7/2020

At the regularly scheduled meeting held July 7, 2020 The board moved and approved multiple changes to incorporate previous amendments; updated insurance language; budget dates, etc. References to an Operating Agreement were added.

10/6/2020 - proposed new language for appointment of citizen members

12/1/2020 – language approved

Amendment 4/6/2021

Changed to one community member.

Exhibit A

City-County Information Technology Commission Operating Agreement

Last Updated 4/28/2021

As CCITC was created to provide for the implementation and operation of a cooperative data and management information systems at a reasonable cost to foster efficiency in the provision of services under the direction of the governing Board of Commissioners, this Agreement provides for the detail of those operations in the provision of those services:

CCITC serves Marathon County, the City of Wausau, and North Central Health Care (the Partners).

Mutual Hold Harmless/Indemnification

City-County IT Commission hereby agrees to release, indemnify, defend, and hold harmless Marathon County, the City of Wausau and North Central HealthCare (NCHC) , its officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, which is determined to be caused by the negligent or intentional acts or omissions of the Partner's officers, officials, employees, agents or assigns.

Marathon County, the City of Wausau and North Central HealthCare hereby agrees to release, indemnify, defend, and hold harmless the City-County IT Commission, its officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, which is determined to be caused by the negligent or intentional acts or omissions of City-County IT Commission's officers, officials, employees, agents or assigns.

Immunity

Nothing contained in this agreement is intended to be a waiver or estoppel of the rights of the County, NCHC and/or City of Wausau and their insurers to assert their rights to all affirmative defenses, limitations of liability and immunities as specifically set forth in Wisconsin Statutes, including sections 893.80, 895.52 and 345.05, and related statutes.

Insurance

In addition to CCITC, each of the three partners shall carry their own individual liability insurance with a carrier of at least an AM Best A- rating, which shall include, but not be limited to a cyber security liability policy. The premiums and other costs of the individual insurance, including the cyber security liability policy, will be borne individually by each entity. Cyber security liability coverage limits should be at least \$2,000,000 in aggregate coverage. In the event of a cyber breach, each of the entities should report the event to their respective insurance provider. It is understood by the parties that every

potential breach has distinct facts with unique cause(s) and any responsibility for damages associated with a breach will be controlled by those facts and subject to the terms, conditions, exclusions, and limitations in any applicable policy of insurance.

The City of Wausau, Marathon County and North Central Health Care are additional insureds under the cyber and other professional liability policies of the City-County IT Commission for wrongful acts, as defined by CCITC's policy, committed by or on behalf of CCITC under the Operating Agreement ("Agreement"), effective on the date of this Agreement.

Sub-Contractors Insurance

CCITC will require all sub-contractors to obtain and maintain insurance coverage consistent with Marathon County's minimum insurance requirements for sub-contractors.

Health Insurance

CCITC shall provide Health Insurance to its employees. In 2020, and for previous years, the City of Wausau has included CCITC as an additional insured under the city's health and dental plans. The total cost of providing the plans has been paid for by CCITC. The employer/employee premium split shall be determined by the CCITC Board. In the event that CCITC is forced to find their own plan the premium split will be determined by its board using a cost/benefit plan analysis.

Property and Asset Coverage

The City of Wausau shall insure the area rented by CCITC, its fixtures and fittings, furniture, and the environmental systems, including the HVAC and fire alarms for the server room.

CCITC shall track, insure, and depreciate technology assets that are purchased to serve all or multiple agencies. These are "enterprise assets".

All assets purchased by CCITC but paid for fully by an agency shall be recorded on the agency's fixed asset system, insured by the agency, and depreciated according to their depreciation schedule.

HR Advising Retainer

CCITC shall contract with County Employee Resources for a fixed rate, approved by the CCITC Board, to provide the following:

- 1) Advice and policy help with HR practices
- 2) Assistance managing all types of leave issues including FMLA, PTO, Funeral, etc.
- 3) Consulting for any potential HR practice lawsuits
- 4) Recruiting, Interviewing, Onboarding, Performance Management, etc.

Legal Retainer

CCITC shall contract with County Corporation Counsel for a fixed rate, approved by the CCITC Board, for legal services including:

- 1) Contract negotiations for technology purchases
- 2) Other legal advice as needed

Risk Management retainer

CCITC shall contract with County Risk Management for a fixed rate, approved by the CCITC Board, for sharing education and consulting advice.

Data Ownership

Each agency is the owner of the data that they enter into their agency or CCITC enterprise systems. CCITC provides access to the information.

Business Associate Agreements (“BAA”) and Qualified Service Organization Agreements (“QSO”)

CCIT shall confer with legal counsel for each partner agency to determine whether BAA and/or QSO agreements between CCIT and the partner agency are necessary. To the extent that legal counsel for any partner agency determines that execution of a BAA and/or QSO is necessary in order to ensure compliance with applicable federal and state laws, CCIT shall enter into a BAA and/or QSO agreement in format provided or deemed acceptable by the partner agency. Each partner agency will have to make an independent determination of whether the information exchanged between CCIT and the partner agency is subject to applicable HIPAA and 2 CFR Part 2 regulations thus necessitating the execution of such agreements.

Criminal Justice Information Security (CJIS)

CCITC will maintain security for law enforcement data following CJIS guidelines and will coordinate CJIS audit responses relative to IT Security.

Serving Other Governmental Entities

The CCITC shall have as its primary responsibilities to serve the three partners. CCITC may provide services to other similar entities in law enforcement, local government, and community-oriented non-profits so long as these, “external entities” pay the fully loaded cost of providing the service and the services provided to the partners are not significantly impacted. In addition, there should be a public purpose served, such as allowing for a broader base for sharing of enterprise system costs. Any agreements to provide services to external entities must be approved by the CCITC Board in advance.

Finances

Each year CCITC shall review labor usage by each of the agencies and use a three-year rolling average to determine the operating cost split between the agencies.

CCITC shall establish a rate sheet for device support. The rates should reflect an internal rate for the three agencies that own CCITC as well as an external rate that reflects additional overhead costs. The goal of PC support rate is to cover the costs of the PC Technicians. PC Technician time shall not be used in determining the operating split. Other rates should reflect the costs to support the applicable service.

Capital Projects

CCITC shall work with each agency to plan capital projects. CCITC will follow the agency’s schedule for submission (typically capital project requests are done in early June for the subsequent year).

Service Level Agreement

CCITC Shall set service level goals and metrics for evaluating goal performance in a Service Level Agreement. Service level metrics shall be reported to the CCITC Board monthly. Changes to the SLA will only need to be approved by the CCITC Board.



Marathon County Citizen Participation Form

Thank you for your interest in becoming involved with Marathon County Boards Committees or Commissions. Placement based, in part, on your responses to the following questions; please provide us with some information to use when considering your appointment by completing the questions below. You are welcome to attach additional information such as your resume or vitae that may further support your appointment. For additional information, visit Marathon County's Web Site at <https://www.co.marathon.wi.us/> This form will remain on file for three years. A list of existing Boards, Commissions and Committees (including general information) can also be found on our website. Please consider becoming a part of this important Community Resource Group.

Contact Information

Date

4/16/2021

First Name *

Chet

Last Name *

Strebe

Address: *

6212 Caseyrae Court

City: *

Weston

Zip Code: *

54476

Phone *

(715)203-1201

Email *

cstrebe@hotmail.com

Years as a Marathon County Resident *

25

Occupation/Employer, if applicable

Associate Vice President of Information Technology and Chief Information Officer
Northcentral Technical College

Business Information

Business Name

Address:

City:

Zip Code:

Choose Boards/Commissions and/or Committee *

- | | |
|---|--|
| <input type="checkbox"/> Administrative Review Board | <input type="checkbox"/> ADRC-CW Advisory Committee |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Capital Improvement Committee |
| <input type="checkbox"/> Central Wisconsin Airport Board | <input type="checkbox"/> Central WI Economic Development Board (CWED) |
| <input type="checkbox"/> Children With Disabilities Board | <input checked="" type="checkbox"/> City-County IT Commission |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Community Action Program Board |
| <input type="checkbox"/> Diversity Affairs Commission | <input type="checkbox"/> Local Emergency Planning Committee |
| <input type="checkbox"/> Environmental Resources Committee (ERC) | <input type="checkbox"/> Board of Health |
| <input type="checkbox"/> Highway Safety Commission | <input type="checkbox"/> Land Information Council |
| <input type="checkbox"/> Metallic Mining Committee | <input type="checkbox"/> Metropolitan Planning Commission |
| <input type="checkbox"/> North Central Community Services Program Board | <input type="checkbox"/> North Central WI Regional Planning Commission |
| <input type="checkbox"/> Park Commission | <input type="checkbox"/> Public Library Board |
| <input type="checkbox"/> Social Services Board | <input type="checkbox"/> Solid Waste Management Board |
| <input type="checkbox"/> Transportation Coordinating Committee | <input type="checkbox"/> Veterans Service Commission |
| <input type="checkbox"/> WI Valley Library Service Board of Trustees | |

Why are you interested in serving on these particular Committees? *

I am passionate about looking for opportunities to use technology to enhance our day to day lives. I am also looking for an opportunity to use my experience to give back to our community.

What qualifications can you bring to these Committees? *

I am attaching my resume which outlines my years of service in IT management.

On what other Committee(s) are you currently serving, if any?

I am a member of Wisconsin's statewide cyber response team, a board member for the Wausau Community Area Network, and an executive team member on the Midwest Higher Education Compact Technology Committee.

Other Community Involvement

References(Please Include 3)

Reference

First Name *

Lori

Last Name *

Weyers

Address:

1229 Evergreen Road

City:

Wausau

Zip Code:

54403

Phone *

(715)803-1060

Relationship to You *

Supervisor

First Name *

Patrick

Last Name *

Puyleart

Address:

7403 Strawflower Circle

City:

Wausau

Zip Code:

54401

Phone *

(715)571-6177

Relationship to You *

Colleague

First Name *

Paul

Last Name *

Henfer

Address:

City:

Wausau

Zip Code:

54401

Phone *

(715)389-6515

Relationship to You *

Colleague

Additional Information

You are welcome to attach additional information such as your resume or vitae that may further support your appointment.

Attachment(s)

Chet A Strebe Resume.docx

24.94KB

250 MB maximum file size

Signature *



Please sign here:

Chet A. Strebe

Weston, WI 54476 • (715) 551-6485 • cstrebe@hotmail.com • [LinkedIn](#)

EXECUTIVE INFORMATION TECHNOLOGY MANAGEMENT

Strategic Planning & Implementation / Budget Administration / Instructional Technology Integration

Detail-oriented and conscientious C-level technology executive with 15+ years' experience managing all technology-related decisions and strategic planning. Demonstrate rare paring of in-depth technical understanding with exceptional leadership and communications ability. Passionate advocate of technology integration into the instructional environment and a long track record of producing positive educational outcomes. Talented communicator and trainer committed to effectively facilitating greater understanding of information systems in the classroom. Consistent record of outstanding performance under even the most demanding of circumstances.

Core competencies include:

- Philosophy, Mission, & Vision Setting
- Policy Design & Implementation
- Project & Program Development
- Internal Operational Process Improvement
- Data Security & Risk Management
- Regulatory & Standards Compliance
- Multisite Operations Oversight
- Staff Recruitment & Training
- Teacher Training
- DoD Top Secret SCI Security Clearance

PROFESSIONAL EXPERIENCE

NORTHCENTRAL TECHNICAL COLLEGE, Wausau, WI ASSOCIATE VICE PRESIDENT/CHIEF INFORMATION OFFICER (6/2001 – Present)

Define scope and lead operation and implementation of all telecommunications and information systems technology in alignment with District's mission. Balance demands of existing strategic plans with executive limitations and ends statements. Spearhead comprehensive planning for distance learning infrastructure, interactive television technologies, college-wide communications, as well as information and administrative systems, both hardware and software.

Selected accomplishments:

- Administer capital and operational budget totaling over \$8M and have never exceeded allotment.
- Identified and introduced cutting edge life safety technologies across the college campus.
- Contribute expertise to implementation of technology solutions for new disaster recovery site.
- Lead 30 technical experts on a team comprised of exceptionally talented specialists in network design and implementation, video conferencing, instructional classroom design, Cisco voice system, PeopleSoft development, and cloud applications.
- Secured \$2M federal Broadband Technology Opportunities Grant for improvements to Community Area Network Project.

...continued...

ADDITIONAL EXPERIENCE

NORTHCENTRAL TECHNICAL COLLEGE, Wausau, WI
COORDINATOR OF THE EMERGING TECHNOLOGY CENTER (6/1996 – 6/2001)

Headed Emerging Technology center and offered insights to college administration on potential of new and cutting-edge technology along with guidance on effective integration into teaching and learning setting. Provided advice on planning for future adoption and best way forward following introduction. Executed projects for research, design, and launch of educational and information systems on campus. Administered college network and e-mail systems and ensured operation in compliance with policies, procedures, and standards. Developed and offered staff training on all relevant systems

Selected accomplishments:

- Led college-wide video conferencing upgrade program, coordinating installation, systems integration, troubleshooting, and ongoing technical support.
- Took on duties of retiring ITV area head, contributing technical expertise for this department in addition to existing role with Emerging Technology Center.

•• ••• ••

Additional experience with Wisconsin Department of Transportation and the United States Air Force.

EDUCATION & CREDENTIALS

NORTHCENTRAL UNIVERSITY — San Diego, CA
Doctor of Business Administration in Management Information Systems

UNIVERSITY OF WISCONSIN STOUT — Menomonie, WI
Master of Science in Information and Communication Technologies

LAKELAND COLLEGE — Sheboygan, WI
Bachelor of Arts in Computer Science

METROPOLITAN COMMUNITY COLLEGE — Omaha, NE
Associate of Applied Science in Computer Programming

COMMUNITY COLLEGE OF THE AIR FORCE
Associate of Science in Information Systems Technology

Professional Development

Computer/Communication Systems Operations School – Keesler Air Force Base
Supervisors Safety Training Program
Introduction to Project Management

Professional Affiliations

Board Chair for Wausau Community Area Network
Member of Midwestern Higher Education Compact Technologies Executive Committee

Technical Proficiencies

Lotus Notes System Admin – PeopleSoft PeopleTools – HP-UX – Logical Data Design – ArcView II
Microsoft Office Suite – UNIX System V Administration – UNIX Korn Shell Scripting
MsMail Administration – Oracle – Windows Server – Joint Application Development
Office 365 – Microsoft Visio – Microsoft Project – Microsoft Teams – Windows OS
Smartsheet – Google Docs – Ubuntu – Dreamweaver – Genetec Security Center – Perceptive Content

North Central Health Care
2022 Capital Expenditure Budget - *DRAFT*

Program	Item/Project	Reason	Budget
IMS	Data Center Upgrade	CCITC Requirement	300,000
IMS	Other Infrastructure Upgrades	CCITC Requirement	100,000
IMS	Device Rotation	Replacement	150,000
			<u>550,000</u>

PURCHASE OF GOODS AND/OR SERVICES CONTRACT

Parties

This contract is between **North Central Healthcare Center (NCHC)**, whose business address is 1100 Lake View Dr, Wausau, WI 54403, hereinafter referred to as “Purchaser” and **(insert provider name)** whose business address is **(insert)** hereinafter referred to as “Provider”

Provider:	
Organization Name:	
Address:	
Name of contact person:	
Telephone:	
Fax:	
E-mail:	
Name of person signing contract: (if different)	
Name of contract liaison: (if different)	
Contract Information	
Contract Number:	
Goods and/or services to be provided:	See Appendix A
Contract period:	
Maximum payment under this contract:	

Intent

The intention of this agreement is for the Purchaser to purchase goods and/or services from the Provider. This Provider has been determined not to be a sub-recipient pursuant to OMB 2CFR200.

Article 1 – Term

This contract is to be effective for the period **(insert)**.

The maximum annual amount payable under this contract shall be outlined in Appendix A.

Article 2 – Administration

The Provider employee responsible for day-to-day administration of this contract will be _____, title _____ phone () _____, e-mail _____ whose business address is _____. In the event that the administrator is unable to administer this contract, Provider will contact Purchaser and designate a new administrator.

The Purchaser employee responsible for day-to-day administration of this contract will be _____, title _____ phone (insert), e-mail (insert). In the event that the administrator is unable to administer this contract, Purchaser will contact Provider and designate a new administrator.

Article 3 – Goods and/or Services to be Provided

Section 3.1 Description of Goods and/or Services

For each eligible consumer referred by the Purchaser, the Provider agrees to provide goods and/or services as outlined in attached Appendices.

Section 3.2 Developing Individual Service Plans

If applicable, the Provider shall participate in the development of an Individual Service Plan for each consumer within 30 days from the start of services. The Provider shall purchaser in ensuring that the Individual Service Plan complies with applicable standards. The Provider agrees to work with the Purchaser when the Purchaser is developing the Purchaser's Individual Service Plan.

Section 3.3 Implementing Individual Service Plans

The Provider shall provide the goods and/or services specified in this article according to the Individual Service Plan as authorized by the Purchaser. In providing goods and/or services, the Provider shall:

- a. Transfer a consumer from one category of care or service to another only with the approval of the Purchaser.
- b. Coordinate with other service Providers as necessary to achieve the consumer's goals as identified in the Purchaser's and Provider's Individual Service Plans;
- c. Obtain goods and/or services from another party only with prior written approval from the Purchaser. If the Provider obtains goods and/or services for any part of this agreement from another party, the Provider is responsible for fulfillment of the terms of the contract.

Section 3.4 Other Program and/or Purchaser Requirements

In providing required services under this contract, the Provider shall comply with the program and/or Purchaser requirements. The Purchaser requirements include, but are not limited to, the following:

a. Services to be Provided

Purchaser shall determine the nature of services to be provided as specified in Appendix A and B. Provider shall comply with all of Purchaser's determinations and shall perform only those services specifically authorized by Purchaser and in the manner as provider in the attached Appendices. If Provider deems additional services to be necessary and/or appropriate, prior to rendering any such additional services, Provider shall first receive express written authorization from Purchaser authorizing Provider to provide additional services.

b. Billing for Services

Purchaser shall have sole discretion in how Provider is to bill for services provider under this Agreement and shall have the authority to specify to Provider the method, manner, template, and/or format in which the bills are to be submitted. Failure by Provider to submit billings in the manner, template, and/or format, as specified by Purchaser, shall result in denial of payment to Provider for services rendered but not billed appropriately and in accordance to Purchaser's guidelines.

c. Orientation and Training

In addition to any other training, orientations, qualifications, and core competencies identified in this Agreement, Purchaser shall have the right to require Provider to obtain additional orientations and/or trainings at any time during the term of this Agreement as the Purchaser, in the Purchaser's sole discretion, deems necessary and appropriate. Provider shall comply, in a timely manner, with any such additional orientation and/or training requirements. Failure by Provider to comply with additional orientation and training requirements as specified herein shall result in termination of this agreement and/or denial of any payments for services rendered during the time period Provider was not in compliance with additional orientation and/or training requirements.

d. Participation in Crisis Management and Root Cause Analysis

If any consumers of services provided by Provider under this Agreement require crisis management services, Provider shall actively participate in the crisis management process and shall take part as an active and contributing member of the crisis management team for those consumers. In addition, if any consumers die by suicide during the time they are being seen by the Provider in connection with provision of services as contemplated in this Agreement, Provider shall actively participate in the root cause analysis (RCA) in response to any such incident of suicide.

Section 3.4 Inability to Provide Quality or Quantity of Goods and/or Services

The Provider shall notify the Purchaser immediately in writing and deliver in person or by registered mail whenever it is unable to provide the required quality or quantity of goods and/or services. Upon such notification, the Purchaser and Provider shall determine whether such inability will require a revision or termination of this contract.

Section 3.5 Documentation of Quality and Quantity of Goods and/or Services

The Provider shall retain all documentation necessary to adequately demonstrate the time, duration, location, scope, quality and effectiveness of goods and/or services rendered under the contract. The Purchaser reserves the right to not pay for units of goods and/or services reported by the Provider that are not supported by documentation required under this contract.

Section 3.6 Standards for Performance in Delivery of Goods and/or Services

The Purchaser will monitor the Provider's performance and will use the results of this monitoring to evaluate the Provider's ability to provide adequate goods and/or services to consumers. If the Provider fails to meet contract goals and expected results, the Purchaser may refuse payment, reduce, or terminate the contract immediately. When providing these goods and/or services, the Provider agrees to meet the following standards of performance:

- a. See Appendix A and B

Section 3.7 Assessing Performance in Delivery of Goods and/or Services

The Purchaser retains sole authority to determine whether the Provider's performance under the contract is adequate. The Provider agrees to the following:

- a. The Provider shall allow the Purchaser, Purchaser's care manager, Purchaser's designee, and/or contracted staff to visit the Provider's facility or work site at any time for the purpose of ensuring that goods and/or services are being provided as specified in the Individual Service Plan and the contract.
- b. Upon request by the Purchaser or its designee, the Provider shall make available to the Purchaser all documentation necessary to adequately assess Provider's performance.
- c. The Provider will cooperate with the Purchaser in its efforts to implement the Purchaser's quality improvement and quality assurance program.
- d. The Provider shall develop and implement a process for assessing consumer satisfaction with goods and/or services provided. The Provider shall report in a timely manner the results of its consumer satisfaction assessment effort to the Purchaser. The Purchaser reserves the right to review and approve the Provider's consumer satisfaction assessment process, and to require the Provider to submit a corrective action plan to address concerns identified in the review.
- e. The Provider shall cooperate with the Purchaser in implementing the Provider's program for assessing consumer satisfaction with goods and/or services. The Purchaser reserves the right to require the Provider to submit a corrective action plan to address concerns identified in the review.
- f. The Provider shall notify Purchaser of all changes in consumer's residential status, condition or situation, including medical and other pertinent issues in accordance with Purchaser's procedures.

Article 4 – Payment and Allowable Costs

Section 4.1 Amount Paid Under Contract

Actual total payment will be based upon the amount of goods and/or services authorized by the Purchaser and the amount of goods and/or services performed by Provider. It is understood and agreed by all parties that the Purchaser assumes no

obligation to purchase from the Provider any minimum amount of goods and/or services as defined in the terms of this contract.

Section 4.2 Basis for Payments

Payments for goods and/or services covered by this contract shall be based on allowable costs with limited profit or reserve. Monthly payments will be made at a unit x unit rate basis and in accordance with the “order of payment” requirements for the funding program. Final settlement of the contract will be based on audit.

Providers that submit Medicaid billable service units are subject to a Medicaid audit by the Federal or State Medicaid Audit Bureau. If the results of the audit require Medicaid to generate a recoupment from the Purchaser, the recoupment amounts will be withheld from future payment(s) to the Provider from the Purchaser. If there are no future payments to the Provider, Provider will be billed for the amount due.

Section 4.2.1 Units and Prices

The units and rates for each good and/or service purchased from the Provider are included in the Appendices attached.

The Purchaser shall determine the type of goods and/or services provided and the number of units of goods and/or services provided for each consumer. Units and rates may be re-negotiated. The Purchaser will not reimburse the Provider for any unit of goods and/or services not previously authorized by the Purchaser.

Section 4.2.2 Profit or Reserves

The Purchaser allows the Provider to have profit (for-profit Providers only) or reserve (non-profit Providers only). The profit and reserve are limited by expenditures on allowable costs that the Provider incurs in providing the goods and/or services purchased under this contract. Allowable costs, profit, and reserve are defined in the *Allowable Cost Policy Manual*.

Section 4.2.3 Consumer Fees and Third-Party Collections

The Purchaser is responsible for all billing and collection for amounts due from clients and third parties. The Provider shall not collect any funds from clients or from third parties.

Section 4.2.4 Audit

The amount earned under this contract shall be confirmed through an annual audit (see Article 5 “Audit”). For-profit Providers shall include a schedule in their audit reports showing the total allowable costs and the calculation of the allowable profit by contract or by service category. Non-profit Providers shall include a Reserve Supplemental Schedule (Section 7.1.6 of the *Provider Agency Audit Guide*) in their audit reports, and this schedule shall also be by contract or service category.

Section 4.3 Surety Bond

The Provider shall supply a Surety Bond. The Surety bond must be for an amount at least equal to the amount of the advance payment and must accompany the signed contract that is returned to Purchaser. The insurer issuing the surety bond must be licensed to conduct surety business in Wisconsin. The insurer shall use a bond form acceptable to Purchaser.

Section 4.4 Reporting for Payment

Each month, the Provider shall submit an invoice reporting the units of goods and/or services provided during the month. All information reported to the Purchaser shall be supported by the Provider’s records. The report is due to the Purchaser by the 10th day following the end of the report month. If the Provider’s invoice is complete and timely, and the Provider’s documentation meets the requirements for reimbursement, the expected payment date will be approximately 30 days following the timely submission. Failure of the Provider to submit timely billing reports may result in withholding of payments and/or termination of non-complying Provider’s authorization to provide services under this Agreement.

Section 4.5 Payment in Excess of Earned Amount

The Provider shall return to Purchaser any funds paid in excess of the amount earned under this contract within ninety (90) days of the end of the contract period. If the Provider fails to return funds paid in excess of the amount earned, the

Purchaser may recover the excess payment from subsequent payments made to the Provider or through other collection means.

Article 5 – Audit

The Provider shall submit a certified annual agency-wide audit to the Purchaser.

Section 5.1 Audit Standards

1. 2017 Wis. Act 59 amended Wis. Stats. §46.036(4)(c) (for DHS funding) and §49.34(4)(c) (for DCF funding) to increase the audit-report threshold from \$25,000 to \$100,000. The Provider must submit to the Purchaser an annual agency-wide audit if the total amount of annual funding provided by the Department of Health Services (DHS) (from any and all of DHS' divisions taken collectively) or the Department of Children and Families (DCF) (from any and all of DCF's divisions taken collectively) for all contracts is \$100,000 or more, unless the audit requirement is waived by the Purchaser or the appropriate state agency. In determining the amount of annual funding provided by DHS or DCF, the Provider shall consider both: (1) funds provided through direct contracts with DHS or DCF; and (2) funds from DHS or DCF, passed through another agency that has one or more contracts with the Provider.
2. The audit shall be in accordance with the generally accepted auditing standards, Wis. Stat § 46.036 (for DHS funding), Wis. Stat § 46.34 (for DCF funding), Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions as specified in this contract. In addition, the Provider is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of funding received. Please reference the following audit documents for additional information on the applicable audit requirements:
 - 2 Code of Federal Regulations (CFR), Part 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, Subpart F – Audits. This guidance also includes an Annual Compliance Supplement that details specific Federal agency rules for accepting Federal sub-awards.
 - The State Single Audit Guidelines (SSAG) expand on the requirements of 2 CFR Part 200 Subpart F by identifying additional conditions that require a State single audit. Section 1.3 of the SSAG lists the required conditions.
 - The Department of Health Services (DHS) Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities who meet the SSAG requirements.

The audit shall also be in accordance with the following department standard:

- The State Single Audit Guidelines if the Provider is local government that meets the criteria of 2 CFR Part 200 for needing an audit in accordance with the Register.
- The Provider Agency Audit Guide for all other Providers.

Section 5.2 Audit Schedules

Where an audit is not waived, the Provider is to submit to the Purchaser, within 180 days from the end of the Provider's fiscal year, the following: all audit schedules and reports, schedules of the Purchaser's revenues and expenses by programs, a summary schedule of prior year findings and status of addressing the findings, Management Letter (or comparable), management responses and corrective action plan for each audit issue identified in the audit, and other applicable documents as requested by the Purchaser. Access to audit work papers and other audit materials will be provided to the Purchaser upon request. The Purchaser, upon request, will supply identification of funding sources making up contract payments to the Provider.

Wis. Stats. §46.036(5m)(b)1. and §49.34(5m)(b)1., as amended by 2017 Wis. Act 59, contain the following provisions ("Retained-Surplus Provisions"): (a), if revenue under a contract for the provision of a rate-based service exceeds allowable costs incurred in the contract period, the contract shall allow the provider to retain from the surplus up to 5% of the revenue received under the contract (unless a uniform rate is established by DHS or DCF), in which case the contract shall allow the provider to retain the uniform percentage rate established by the rule); and (b) the retained surplus is the property of the provider

Wis. Stats. §46.036(5m)(b)3. and §49.34(5m)(b)4., as amended by 2017 Wis. Act 59, contains the following provisions (“Surplus-Recovery Provisions”): (a) if on December 31 of any year the provider’s accumulated surplus from all contract periods ending during that year for a rate-based service exceeds the allowable retention rate as described above, the provider shall provide written notice of that excess to all purchasers of the rate-based service; (b) upon the written request of the purchaser received no later than 6 months after the date of the notice; and (c) the provider shall refund the purchaser’s proportional share of that excess.

In addition to the foregoing requirement, for profit Providers shall include a schedule in their audit reports showing the total allowable costs and the calculation of the allowable profit by contract or by service category. Non-profit Providers shall include a Reserve Supplemental in their audit reports, and this schedule shall also be by contract or service category. State Signe Audit Guidelines (SSAG).

Section 5.3 Submitting the Reporting Package

The Provider shall send the required reporting package to the Purchaser at the address listed in this contract. The reporting package is due to the Purchaser within 180 days of the end of the Provider’s fiscal year. A written request for an extension will be considered on an individual basis. The reporting package should include the following items:

- A. General-Purpose Financial Statements of the overall agency and a Schedule of Expenditures of Federal and State Awards, including the independent Purchaser’s opinion on the statements and schedule.
- B. Schedule of Findings and Questioned Costs, Schedule of Prior Audit Findings, Corrective Action Plan and the Management Letter (if issued).
- C. Report on Compliance and on Internal Control over Financial Reporting based on an audit performed in accordance with Government Auditing Standards.
- D. Report on Compliance for each Major Program and a Report on Internal Control over Compliance.
- E. Report on Compliance with Requirements Applicable to the Federal and State Program and on Internal Control over Compliance in Accordance with the Program-Specific Audit Option.
- F. *Settlement of DHS Cost Reimbursement Award. This schedule is required by DHS if the sub-recipient/contractor is a non-profit, for-profit, a governmental unit other than a tribe, county Chapter 51 board or school district; if the sub-recipient/contractor receives funding directly from DHS; if payment is based on or limited to an actual allowable cost basis; and if the Provider reported expenses or other activity resulting in payments totaling \$100,000 or more for all of its grant(s) or contract(s) with DHS.
- G. *Reserve Supplemental Schedule is only required if the sub-recipient/contractor is a non-profit and paid on a prospectively set rate.
- H. *Allowable Profit Supplemental Schedule is only required if the sub-recipient/contractor is a for-profit entity.
- I. *Additional Supplemental Schedule(s) required by Funding Agency may be required. Check with the funding agency.

*NOTE: These schedules are only required for certain types of entities or specific financial conditions.

Section 5.4 Access to Auditor’s Work Papers

When contracting with an audit firm, the Provider shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Purchaser. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, which document the audit work.

Section 5.5 Failure to Comply with the Requirements of this Section and Sanctions for Failure to Comply

If the Provider fails to have an appropriate audit performed or fails to provide a complete audit reporting package to the Purchaser within the specified timeframe, the Purchaser may:

- a. Conduct an audit or arrange for an independent audit of the Provider and charge the cost of completing the audit to the Provider;
- b. Charge the Provider for all loss of federal or state aid or for penalties assessed to the Purchaser because the Provider did not submit a complete audit report within the required time frame;

- c. Disallow the cost of the audit that did not meet the applicable standards;
- d. Assess financial sanctions or penalties;
- e. Discontinue contracting with Provider; and/or
- f. Withhold payment, cancel the contract, or take other actions deemed by the Purchaser to be necessary to protect the Purchaser's interests and federal or state pass-through funding.

Section 5.6 Close-Out Auditing Requirements

A contract specific audit of an accounting period of less than 12 months is required when a contract is terminated for cause, when the Provider ceases operations or changes its accounting period (fiscal year). The purpose of the audit is to close-out the short accounting period. The required close-out contract specific audit may be waived by Purchaser upon written request from the sub-recipient/contractor, except when the contract is terminated for cause. The required close-out audit may not be waived when a contract is terminated for cause.

The Provider shall ensure that its Purchaser contacts Purchaser prior to beginning the audit. Purchaser, or its representative, shall have the opportunity to review the planned audit program, request additional compliance or internal control testing and attend any conference between the Provider and the Purchaser. Payment of increased audit costs, as a result of the additional testing requested by Purchaser, is the responsibility of the Provider.

Purchaser may require a close-out audit that meets the audit requirements specified in 2 CFR Part 200 Subpart F. In addition, Purchaser may require that the Provider annualize revenues and expenditures for the purposes of applying 2 CFR Part 200 Subpart F and determining major federal financial assistance programs. This information shall be disclosed in a note within the schedule of federal awards. All other provisions in 2 CFR Part 200 Subpart F- Audit Requirements apply to close-out audits unless in conflict with the specific close-out audit requirements.

Section 5.7 Request Audit Waivers

An audit may be waived pursuant to the guidelines of the Financial Management Manual (FMM) or the Provider Agency Audit Guide (PAAG). The State has established criteria for waiving the audit requirement:

- a. If the cost of an audit exceeds 5% of the total contract, as verified by written bid, and the provider agency is at low risk.
- b. For larger corporations, a current certified audit report for the corporation and a statement of revenues and expenses for the contracted goods and/or services may be substituted for a certified audit of the contracted goods and/or services.
- c. If the audit would not be cost effective or would otherwise place an undue burden on the provider.

A written audit waiver request must be submitted to the Purchaser and approved prior to returning the agreement. This request must have supporting documentation, including an estimate by a certified public accounting firm of your audit cost if pertaining to a. or c. above. Do not return your signed agreement until you have a response from us regarding your audit waiver status.

Article 6 – Caregiver Background Checks

The Purchaser and the Provider agree that the protection of the consumers served under this contract is paramount to the intent of this contract. In order to protect the consumers served, the Provider shall comply with the provisions of DHS 12 and DHS 13, Wisconsin Administrative Code.

Section 6.1 Background Checks

The Provider shall conduct caregiver background checks at its own expense of all employees assigned to do work for the Purchaser under this contract if such employee has actual, direct contact with the consumers or their funds of the Purchaser. The Provider shall retain in its Personnel Files all pertinent information, to include a Background Information Disclosure Form and/or search results from the Department of Justice, the Department of Health Services, Department of Children and Families, and the Department of Safety and Professional Services, as well as out-of-state records, tribal court proceedings and military records, if applicable.

After the initial background check, the Provider must conduct a new caregiver background search every four years, (or more frequently for some provider types), or at any time within that period when the Provider has reason to believe a new check should be obtained. In addition to the background check, Provider shall maintain at least three references for each employee hired by Provider and forward any such references to Purchaser upon request.

Section 6.2 Records

The Provider shall maintain the results of the caregiver background checks on its own premises for at least the duration of the contract. The Purchaser may audit the Provider's personnel files to assure compliance with the State of Wisconsin Caregiver Background Check Manual.

Section 6.3 Assignment of Staff

The Provider shall not assign any individual to conduct work under this contract who does not meet the requirements of DHS 12 and DHS 13, Wisconsin Administrative Code.

Section 6.4 Notification to Purchaser and Production of Documents

The Provider shall notify the Purchaser in writing and send via registered mail within one business day if an employee has been charged with or convicted of any barring offense specified in DHS 12.07(2). In addition, when necessary, for Purchaser's recertification, Provider shall forward to Purchaser within two business days of Purchaser's request all background checks, references, training records, or any other documentation requested by Purchaser.

Article 7 – Civil Rights Compliance Plan

- A. Provider shall comply with the requirements of the current Civil Rights Compliance (CRC) Plan. A copy of the Plan is available at <http://www.dhs.wisconsin.gov/civilrights/index.htm>. Providers that have more than fifty (50) employees and receive more than fifty thousand dollars (\$50,000) must develop and attach a Civil Rights Compliance Plan to this contract. Providers that have less than fifty (50) employees or receive less than a total of fifty thousand (\$50,000) dollars must attach a Letter of Assurance to this Contract.
- B. The Provider agrees to the following provisions:
1. With respect to employment and eligibility for and access to service delivery for all programs and activities, no otherwise qualified person shall be excluded from participation in services, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, creed, color, national origin, ancestry, age, religion, retaliation, and applicable political beliefs, sex/gender, gender identity, disability, arrest and conviction record, sexual orientation, marital status, familial or parental status, membership in the military reserve, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information. (Some exceptions may apply as different federal and state laws govern various service and employment activities.) All employees are expected to support goals and programmatic activities relating to non-discrimination in employment and service delivery.
 2. The Provider shall post the Equal Opportunity Policy, the name of the Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be according to Purchaser's policies and procedures and made available in languages and formats understandable to applicants, clients and employees.
 3. The Provider agrees to comply with the Purchaser's civil rights compliance policies and procedures. The following web address provides a link to the written requirements for Civil Rights Compliance Plans (CRCP) and Letters of Assurance (LOA): <http://www.dhs.wisconsin.gov/civilrights/index.htm>. Provider is required to submit completed forms within thirty (30) days of the contract start date.
 4. The Provider agrees that through its normal selection of staff, it will employ or provide staff with special translation or sign language skills training, or find qualified persons who are available within a reasonable time and who can communicate with limited or non-English speaking or hearing impaired clients at no cost to the client; provide aids, assistive devices and other reasonable accommodations to the client during the application process, in the receipt of services, and in the processing of complaints and appeals; train staff in human relations

techniques, sensitivity to persons with disabilities and sensitivity to cultural characteristics; make programs and facilities accessible, as appropriate, through outstations, authorized representatives' adjusted work hours, ramps, doorways, elevators, or ground floor rooms, and Braille, large print or taped information for the visually impaired; and post and/or make available informational materials in languages and formats appropriate to the needs of the client population.

5. The Purchaser will take constructive steps to ensure compliance by the Provider with the provisions of this subsection.

Article 8 – Consumer Rights and Grievances

The Provider shall have a formal written grievance procedure that is approved by the licensing or certification authority, if applicable, and the Purchaser. The Provider shall, prior to or at the time of admission to the Program, provide oral and written notification to each consumer of his or her rights and the grievance procedure. The Provider shall post the consumer rights and the grievance procedure in an area readily available to consumers and staff of the program.

The Provider shall give the Purchaser a written report for each grievance that is filed in writing against the Provider by any consumers or their guardians. The Provider shall deliver these reports to the Purchaser in person or via registered mail within 5 business days of the Provider's receipt of the grievance. The Provider shall also inform the Purchaser in writing of the resolution of each grievance.

Article 9 – Conditions of the Parties' Obligations

Section 9.1 Contingency

This contract is contingent upon authorization of Wisconsin and United States laws. Any material amendment or repeal of the same affecting relevant funding or authority shall serve to terminate this agreement, except as further agreed to by the parties hereto.

Section 9.2 Powers and Duties

Nothing contained in this contract shall be construed to supersede the lawful powers or duties of either party.

Section 9.3 Items Comprising the Contract

It is understood and agreed that the entire contract between the parties is contained herein, except for those applicable attachments, addendums, appendices, and those matters incorporated herein by reference, and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof. The Purchaser's Request for Proposal and the Provider's Proposal shall be incorporated herein by reference, if applicable.

Attachments, addendums, or appendices to the contract are material components of the contractual agreement. The following appendices, or addendums are attached and considered part of this Contract.

Section 9.4 Complaints against Provider

Provider shall notify Purchaser in writing of all complaints filed in writing against Provider within ten (10) business days of Provider receipt of written complaint. Provider shall inform the Purchaser in writing how the complaint was resolved.

Section 9.5 Provider's Employer Identification or Social Security Number

Provider shall furnish the Purchaser with Provider's employee identification number. If Provider does not have an employee identification number, the social security number of the Provider will be furnished.

Article 10 – Records and Confidentiality

Section 10.1 Consumer Confidentiality

The Provider shall not use or disclose any information concerning eligible consumers who receive goods and/or services from Provider for any purpose not connected with the administration of Provider's or Purchaser's responsibilities under this contract, except with the informed, written consent of the eligible consumer or the consumer's legal guardian or pursuant to court order.

Section 10.2 Contract Not Confidential

Except for documents identifying specific consumers, the contract and all related documents are not confidential.

Section 10.3 Open Records

Purchaser is required to operate in accordance with standards consistent with Wisconsin's Open Records Laws. Documents relating to or arising out of this Contract may become public records and subject to disclosure unless otherwise excepted by law.

Section 10.4 Use of Social Media

Providers must not post any information, either about their work situation or consumers, on any social media outlet. Providers are prohibited from seeking consumers on social media networks. Providers shall also not accept any social media requests from consumers.

Article 11 – Conflict of Interest

The Provider shall ensure the establishment of safeguards to prevent employees, consultants, or members of the board from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties.

Article 12 – Debarment and Suspension

The Provider certifies through signing this contract that neither the Provider nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in state or federal assistance programs by any state or federal department or agency. In addition, the Provider shall notify the Purchaser within (5) five business days in writing and send by registered mail if the Provider or its principals receive a designation from the state or federal government that they are debarred, suspended, proposed for debarment, or declared ineligible by a state or federal agency. The Purchaser may consider suspension or debarment to be cause for implementing high risk contract provisions under Article 24 “Special conditions for high-risk contract” or for revising or terminating the contract under Article 23 “Revision or termination of this contract.”

Article 13 – Eligibility

The Provider shall provide goods and/or services only to individuals who have been determined eligible to receive goods and/or services. The Provider and Purchaser agree that the eligibility of individuals to receive the goods and/or services to be purchased under this agreement from the Provider will be determined by the Purchaser.

An individual has a right to an administrative hearing concerning eligibility and the Purchaser shall inform individuals of this right. The Provider shall provide consumers with information concerning their eligibility and how to appeal actions affecting their rights.

Article 14 – Health Insurance Portability and Accountability Act of 1996 “HIPAA” Compliance

Section 14.1 Statement of Intent

- a. This Addendum is intended to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 104-191, including HIPAA’s implementing regulations found in 45 CFR Parts 160 and 164, and the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (ARRA), Pub. L. 111-5, including the HIPAA Privacy Rule, Security Rule, and Breach Notification Rule. References to HIPAA below are intended to incorporate HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, and the Breach Notification Rule.
- b. HIPAA establishes national standards to protect the privacy of health care information that is defined as “protected health information” (PHI). Additional confidentiality protections for healthcare information are found in other federal laws and state law.

- c. Purchaser is a HIPAA “covered entity” and this Addendum is intended to fulfill Purchaser’s obligation to enter into a business associate contract with its HIPAA “business associates.” This Addendum covers the HIPAA requirements for a Provider that qualifies as a HIPAA business associate of the Purchaser. A Provider that is a HIPAA covered entity but that also qualifies as a business associate of the Purchaser is covered by this section. A Provider that is a HIPAA covered entity but not a business associate of Purchaser is not covered by this section but is still directly subject to HIPAA’s requirements.

Section 14.2 HIPAA Regulatory Definitions

Terms used, but otherwise not defined, shall have the meanings as defined in HIPAA.

- a. Business Associate - as defined under 45 CFR 160.013, a “Business Associate” generally includes a Provider that, on behalf of Purchaser, creates, receives, maintains, or transmits PHI for a function or activity regulated by HIPAA or that provides services for Purchaser that involve the use or disclosure of PHI.
- b. Breach Notification Rule – The rule set out at 45 CFR Part 164, Subpart D.
- c. Corrective Action Plan - a plan communicated by the Purchaser to the Provider for the Provider to follow in the event of an threatened or actual use or disclosure of any PHI that is not specifically authorized by this Addendum, or in the event that any PHI is lost or cannot be accounted for by the Provider.
- d. Incident – a use or disclosure of PHI by the Provider or subcontractor or agent not authorized by this Addendum or in writing by the purchaser; a breach, a complaint by an individual who is the subject of any PHI created or maintained by Provider on behalf of Purchaser; and any Federal HIPAA-related contact. Also included in this definition a “Security Incident” which is defined as any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- e. Individual – Person who is the subject of PHI. Purchaser uses the term “client”.
- f. Privacy Rule – The Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E. The Privacy Rule Standards protect PHI created, received, maintained, or transmitted for or on behalf of Purchaser.
- g. Protected Health Information (PHI) –as defined under 45 CFR 160.103, PHI generally includes individually identifiable health information in any form or media (e.g., written, oral, electronic), where such information relates to the past, present, or future physical or mental condition of an Individual, including information relating to the provision of or payment for health care, that identifies the individual or provides a reasonable basis to believe that it can be used to identify an individual. PHI in electronic form is also known as “electronic PHI (e-PHI).” PHI includes the following information when associated with healthcare information unless “de-identified” per the Privacy Rule: client name; date of birth; address; telephone number; fax number; email address; social security number; medical record number; health plan beneficiary numbers; account numbers; certificate license numbers; vehicle identifier and license numbers; full-face photographic images; device identifiers and serial numbers; Web Universal Resource Locators (URL’s); Internet Protocol (IP) address numbers; and biometric identifiers including finger and voice prints and any other unique characteristic and/or code that may identify a client.
- h. Security Rule – The Security Standards and Implementation Specifications, 45 CFR Part 160 and 164, Subpart C.
- i. Secretary – The Secretary of the Department of Health and Human Services or a designee.

Section 14.3 Permitted Uses and Disclosures by Provider

- A. General Use and Disclosure – Except as otherwise limited under this Addendum or HIPAA, Provider may use and disclose PHI as described below.
 - 1) Provider Functions and Activities - Provider may use or disclose PHI to perform the contracted functions, activities, or services for, or on behalf of Purchaser, as specified in the Service Agreement, if such uses or disclosures would not violate the Privacy Rule or the minimum necessary policies and procedures of Purchaser if done by Purchaser.
 - 2) A Provider so contracted may use PHI to provide Data Aggregation Services to Purchaser and may combine data with its other data to use for research, analytic, and similar purposes, provided that no client of Purchaser is identifiable.
- B. Specific Use and Disclosure – Except as otherwise limited per this Addendum or HIPAA, Provider may use and disclose PHI as described below.

- 1) Provider's Own Operations –
 - a) Provider may use PHI for its own proper management and administration and to carry out its own legal responsibilities; and
 - b) Provider may disclose PHI for its proper management and administration or to carry out its legal responsibilities provided that:
 - i. The disclosure is required by law; or
 - ii. Provider obtains reasonable assurance from any person or entity to which Provider will disclose PHI that the person or entity will (i) hold the PHI in confidence and use or further disclose the PHI only for the purpose for which Provider disclosed PHI to the person or entity or as required by law; and (ii) promptly notify Provider of any instance of which the person or entity becomes aware in which the confidentiality of PHI was breached

- C. In its performance of the functions, activities, services, and operations described above, Provider will make reasonable efforts to use, disclose, and request only the minimum amount of Purchaser's PHI reasonably necessary to accomplish the intended purpose of the use, disclosure or request, except that Provider will not be obligated to comply with this minimum-necessary limitation if neither Provider nor Purchaser is required to limit its use, disclosure, or request to the minimum necessary. The phrase "minimum necessary" shall be interpreted in accordance with the HITECH Act and its implementing regulations.

Section 14.4 Compliance with Electronic Transactions and Code Set Standards

If Provider conducts any Standard Transaction for or on behalf of Purchaser, Provider shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the CFR. Provider shall not enter into or permit its subcontractors or agents to enter into any Agreement in connection with the conduct of Standard Transactions for or on behalf of Provider that:

- a. changes the definition, Health Information condition or use of a Health Information element or segment in a Standard;
- b. adds any Health Information elements or segments to the maximum defined Health Information set;
- c. uses any code or Health Information elements that are either marked "not used" in the Standard's Implementation Specification or are not in the Standard's Implementation Specification(s); changes the meaning or intent of the Standard's Implementation Specification(s).

Section 14.5 Obligations and Activities of Provider on Behalf of the Purchaser

- a. Provider shall to not use or disclose PHI except as permitted under this Contract and under HIPAA and agrees to comply with the applicable requirements of the Security Rule.
- b. Provider shall develop, implement, maintain and use appropriate technical, administrative, and physical safeguards to protect the privacy and security of PHI as required by HIPAA and to prevent the use or disclosure of PHI in a manner that would violate HIPAA or this Addendum.
- c. Provider shall mitigate, to the extent practicable, any harmful effect that becomes known to the Provider of a use or disclosure of PHI by the Provider in violation of the requirements of HIPAA or this Addendum. Provider shall reasonably cooperate with Purchaser's efforts to seek appropriate injunctive relief or otherwise prevent or curtail such threatened or actual breach, or to recover its PHI, including complying with a reasonable Corrective Action Plan.
- d. Provider shall report to Purchaser any use or disclosure of PHI not provided for or by this Contract or HIPAA of which it becomes aware.
- e. Provider shall ensure that any agent, including a subcontractor, that creates, receives, maintains, or transmits PHI on behalf of Provider agrees to the same restrictions and conditions that apply to Provider with respect to PHI.
- f. Provider shall make its internal practices, books, and records, including policies and procedures, relating to the use and disclosure of PHI received from or created or received by Provider on behalf of Purchaser, available for the Secretary to determine Purchaser's compliance with HIPAA. Provider shall immediately notify Purchaser of any such request from the Secretary and provide Purchaser with copies of any materials provided to the Secretary. Provider shall make its internal practices, books, and records, including policies and procedures, relating to the use and disclosure of PHI available to Purchaser for inspection upon reasonable request.
- g. Provider shall make PHI available in compliance with the Individual's rights to access, amend, and receive an accounting related to the individual's PHI. If provider receives a request for access, amendment, or an accounting

of disclosures directly from a client, Provider agrees to notify Purchaser in writing of the request as soon as practicable but not later than seven (7) days after the date of the request.

- h. Provider shall document disclosures of PHI and related information as would be required for Purchaser to respond to a request by a client for an accounting of disclosures of PHI and to make that documentation available within seven (7) days of a written request from Purchaser.
- i. As of the effective date of the relevant regulations, Provider shall provide to Purchaser or a client, the information necessary to provide an accounting of disclosures of PHI for purposes of Treatment, Payment, Healthcare Operations, or other covered purposes through an Electronic Health Record.
- j. To the extent Provider is to carry out an obligation of Purchaser under the Privacy Rule, Provider agrees to comply with the requirements of the Privacy Rule that apply to Purchaser in the performance of that obligation.

Section 14.6 Obligations and Activities of Purchaser

- a. Purchaser shall communicate to Provider any restriction covered by the Purchaser's own HIPAA Notice of Privacy Practices.
- b. Purchaser shall notify Provider of any changes in, or revocation of, permission to use or disclose PHI, to the extent that such changes may affect Provider's use or disclosure of PHI.
- c. Purchaser shall notify Provider of any restriction that affects the use or disclosure of PHI. Purchaser shall not request Provider to use or disclose PHI in a manner not permissible under HIPAA.

Section 14.7 Notifications by Provider to Purchaser

- A. Reporting of a Security Incident/Breach, Unauthorized Disclosures or Misuse of PHI – Provider shall:
 - 1) Report to Purchaser within the first business day that follows the discovery of any incident covered by this Addendum, any actual or suspected breach of PHI, Security Incident, and any use or disclosure of PHI that is in violation of this Addendum or HIPAA, including incidents reported to Provider by its subcontractors or agents. The violation shall be treated as “discovered” as of the first day on which the violation is known to Provider, or, by exercising reasonable diligence would have been known to Provider
 - 2) Report to Purchaser any client complaint related to HIPAA compliance.
- B. Contents of Reports – Provider shall immediately investigate the incident and report to Purchaser in writing within seven (7) days with the following information:
 - 1) the identification of each individual whose PHI has been or is reasonably believed to have been accessed, acquired, or disclosed during the incident;
 - 2) the description of the types of PHI used or disclosed (such as full name, social security number, etc.)
 - 3) the identity, if known, of any individual who received PHI due to an unauthorized use or disclosure, or the description of where the PHI is believed to have been improperly sent, transmitted or utilized;
 - 4) the description of the nature and causes of the unauthorized use or disclosure or client complaint;
 - 5) the description of the person known or reasonably believed to have improperly used or disclosed PHI;
 - 6) the description of what Provider has or shall do to mitigate any effect of the use or disclosure;
 - 7) what corrective action Provider has taken or shall take to prevent future similar unauthorized use or disclosure of PHI;
 - 8) such other information as Purchaser may reasonably request.

Section 14.8 Term and Termination

- A. Effective Term. This agreement shall be effective as of the Effective Date of the Contract and shall terminate when all PHI and any compilation of PHI in any media or form is destroyed in a secure manner, returned to Purchaser, or if not feasible to destroy or return, protections are extended to such information in accordance with the termination provisions of this section.
- B. Termination. Provider agrees that if in good faith Purchaser determines that Provider or Provider's agents or subcontractors have materially breached any of Provider's obligations under this Addendum, Purchaser may:
 - 1) Exercise any of its rights to report, access and inspection under this Addendum;
 - 2) Require Provider to cure the breach or end the violation within 30 days and terminate this Addendum and Contract if Provider does not cure within the 30 day period set by the Purchaser;
 - 3) Immediately terminate this Addendum and Contract if the Provider has breached a material term and Purchaser determined that cure is not possible; or
 - 4) If neither termination nor cure is feasible, report the violation to the Secretary.

C. Effect of Termination and Return or Destruction of PHI.

- 1) Except as provided in Paragraph 8.c.(3), upon termination, cancellation, expiration or other conclusion of this Addendum, Provider shall return to Purchaser or, if return is not feasible, destroy all PHI and all Health Information, in whatever form or medium (including in any electronic media under Provider's custody or control), that Provider received from or on behalf of Provider, including any copies of and any Health Information or compilations derived from and allowing identification of such PHI or such Health Information. This provision shall apply to PHI that is in the possession of subcontractors or agents of Provider. Provider shall complete such return or destruction as promptly as possible, but not later than thirty (30) days after the effective date of the termination, cancellation, expiration or other conclusion of this Agreement. Within such 30-day period, Provider shall provide written documentation to Purchaser evidencing that such return or destruction has been completed or, if return or destruction is not feasible written justification explaining why such PHI could not be returned or destroyed.
- 2) If the Provider destroys the PHI, it shall be done using technology or a methodology that renders the PHI or Related Data unusable, unreadable, or undecipherable to unauthorized individuals as specified by HHS in HHS guidance. Acceptable methods for destroying PHI or Related Data include: (i) paper, film, or other hard copy media: shredded or destroyed in order that PHI cannot be read or reconstructed; and (ii) electronic media: cleared, purged or destroyed consistent with the standards of the National Institute of Standards and Technology (NIST). Redaction is specifically excluded as a method of destruction of PHI.
- 3) If the Provider believes that returning or destroying the PHI in a secure manner is not feasible, the Provider shall provide written notification of the conditions that make return or destruction not feasible. If the Purchaser agrees that return or destruction is not feasible, the Provider shall extend the protections of this Addendum to the PHI and prohibit further uses and disclosures of such PHI without the express written authorization of Purchaser for so long as Provider maintains the PHI. Subsequent use or disclosure of any PHI subject to this provision will be limited to those purposes that make the return or destruction not feasible. If the Purchaser does not agree that destruction is infeasible, the Provider must either return or destroy the PHI. If requested by Purchaser, provider agrees to certify that all PHI has been returned or properly destroyed or had appropriate protections extended to it.

Section 14.9 Miscellaneous

- a. Automatic Amendment. This agreement shall automatically amend to incorporate any change or modification of any state or federal law as of the effective date of the change or modification. The Provider agrees to maintain compliance with all changes or modifications to applicable state or federal laws. The parties may agree to take such action as is necessary to amend this Contract from time-to-time as is necessary for the Purchaser to comply with the requirements of HIPAA.
- b. Interpretation. Any ambiguity in this Contract shall be resolved to permit Purchaser and Provider to comply with HIPAA.
- c. Survival. The respective rights and obligations of Provider shall survive any termination, cancellation, expiration or other conclusion of this Contract.
- d. Indemnification. Provider shall indemnify the Purchaser against all claims brought against Purchaser arising out of the negligent or intentional violation of HIPAA by Provider's subcontractors and their agents.

Article 15 – Indemnity and Insurance

Section 15.1 Indemnity

- a. The Provider agrees that it will at all times during the existence of this contract indemnify the Purchaser against any and all losses, damages, and costs or expenses which the Purchaser may sustain, incur, or be required to pay including those arising from death, personal injury, or property loss resulting from participating in or receiving the care and goods and/or services furnished by the Provider under this agreement. However, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by the Purchaser.
- b. The Provider agrees that the duty to indemnify will continue in full force and effect, notwithstanding the expiration or early termination hereof, with respect to any claims based on facts or conditions that occurred prior to expiration or termination of this contract.

Section 15.2 Insurance

The Provider agrees that it will at all times during the existence of this contract indemnify the Purchaser against any and all loss, damages, and costs or expenses which the Purchaser may sustain, incur or be required to pay, including those arising from death, personal injury, or property loss resulting from participating in or receiving care, goods and/or services furnished by the Provider under this contract. The Purchaser agrees that it will at all times during the existence of this contract indemnify the Provider against any and all loss, damages, and costs or expenses which the Provider may sustain, incur, or be required to pay which are caused by the Purchaser.

The Provider agrees that, in order to protect itself as well as the Purchaser under the indemnity provision set forth in the above paragraph, the Provider will at all times during the terms of this contract keep in full force and effect a liability insurance policy issued by a company authorized to do business in the State of Wisconsin and licensed by the Office of the Commissioner of Insurance. The types of insurance coverage and minimum amounts shall be as follows:

- Comprehensive General Liability: minimum amount \$1,000,000
- Auto Liability (if applicable): minimum amount \$1,000,000
- Professional Liability (if applicable): minimum amount \$1,000,000 per occurrence and \$3,000,000 for all occurrences in one (1) year.
- Umbrella Liability (as necessary): minimum amount \$1,000,000

Provider acknowledges that its indemnification liability to Purchaser is not limited by the limits of this insurance coverage.

Upon signing this contract, Provider will furnish Purchaser with a "Certificate of Insurance" verifying the existence of such insurance. In the event of any action, suit, or proceedings against Provider upon any matter indemnified against, Provider shall notify the Purchaser by registered mail within five (5) business days.

Article 16 – Independent Contractor

Section 16.1 Independent Contractor

Nothing in this contract shall create a partnership or joint venture between the Purchaser and the Provider. The Provider is at all times acting as an independent contractor and is in no sense an employee, agent or volunteer of the Purchaser.

Section 16.2 Agreement Not Assignable

This agreement is not assignable, in whole or in part, by Purchaser or Provider.

Section 16.3 Sub-Contracting

Provider agrees that no sub-contract with a third party, for all or any part of Provider's responsibilities identified in this agreement, may be entered into without prior written approval of Purchaser. Purchaser agrees not to withhold approval for Provider to sub-contract, provided the sub-contractor abides by the terms and conditions of this agreement. Regardless of the participation of an approved sub-contractor, Provider agrees to retain primary responsibility for the fulfillment of its obligations under this agreement.

Article 17 – License, Certification, and Staffing

Section 17.1 License and Certification Requirements

- a. The Provider shall meet state and federal service standards and applicable state training, licensure and certification requirements as expressed by state and federal rules and regulations applicable to the goods and/or services covered by this contract. The Provider shall attach copies of its license or certification document and the most recent licensing or certification report concerning the Provider to this contract when returning the signed contract to the Purchaser. During the contract period, the Provider shall also send the Purchaser copies of any licensing inspection reports within five (5) business days of receipt of such reports.
- b. Prior to contracting with the Purchaser, the Provider must ascertain the licensing/certification status of all employees or independent contractors who render services directly or indirectly to the clients of the Purchaser. If any individual(s), whether employee or independent contractor, has had their license or certification limited in any way, including reprimand, suspension or termination, for any unethical or improper conduct (not a work rule

violation), the subject individual(s) shall not receive, directly or indirectly, any reimbursement from the Purchaser under the terms of this Contract and the Purchaser will disallow any and all payments to the Provider for services rendered by the subject individual(s).

- c. The Provider must notify the Purchaser's contract administrator within ten (10) days of any limitation, suspension or termination for improper or unethical conduct (not merely a work rule violation) of any employee or independent contractor rendering services within the Provider organization. In addition, the Provider must notify the Purchaser's contract administrator within ten (10) days of any action taken by the Regulation and Licensing Board relating to any limitation, suspension, or other loss or limitation of Provider's licensure or certification privileges.
- d. If any individual(s) who the Purchaser is aware is an employee or independent contractor of the Provider is terminated from the Purchaser's employment for unethical or improper conduct (not work rule violations), the Purchaser shall within ten (10) days notify the Provider's contract administrator. The Purchaser shall provide no reimbursement to the Provider for payment to that employee or independent contractor for any services performed and will disallow any payments to the Provider for services rendered by the subject individual(s).

Section 17.2 Staffing

The Provider shall ensure that staff providing goods and/or services are properly supervised and trained and that they meet all of the applicable licensing and certification requirements.

Section 17.3 Monitoring of Provider Goods and/or Services

Provider's goods and/or services shall be monitored by Purchaser's designee. Work will be scheduled and monitored to conform to the program needs of Purchaser.

Article 18 – Matching, Level of Effort and Earmarking

No matching, level of effort, or earmarking requirement.

Article 19 – Records

Section 19.1 Maintenance of Records

The Provider shall maintain and retain such records and financial statements as required by state and federal laws, rules, and regulations.

Section 19.2 Access to Records

The Provider shall permit appropriate representatives of the Purchaser to have timely access to the Provider's records and financial statements as necessary to review the Provider's compliance with contract requirements for the use of the funding. In the event of the termination of the contract by either part, the Provider shall, as requested by the Purchaser, provide the Purchaser with copies of any and/or all records in Provider's custody for Purchaser supported clients.

Article 20 – Reporting

The Provider shall comply with the reporting requirements of Purchaser. All reports shall be in writing and, when applicable, in the format specified by the Purchaser. All reports shall be supported by the Provider's records. All reports shall be hand delivered to the Purchaser, sent by secure e-mail, or sent to the Purchaser via registered mail at the address listed in this contract, if required.

Article 21 – Resolution of Disputes

The Provider may appeal decisions of the Purchaser in accordance with the terms and conditions of the contract and Chapter 68, Wis. Stats.

Article 22 – Revision or Termination of this Contract

Section 22.1 Cause for Revision or Termination of this Contract

Failure to comply with any part of this contract may be considered cause for revision, suspension, or termination.

Section 22.2 Revision of this Contract

Either party may initiate revision of this contract. Revision of this contract must be agreed to by both parties by an addendum signed by their authorized representatives.

Section 22.3 Termination of this Contract

Either party may terminate this contract by a sixty (60)-day written notice to the other party. Purchaser may terminate this contract at any time immediately for good cause.

Upon termination, the Purchaser's liability shall be limited to the costs incurred by the Provider up to the date of termination. If the Purchaser terminates the contract for reasons other than non-performance by the Provider, the Purchaser may compensate the Provider for its actual allowable costs in an amount determined by mutual agreement of both parties. If the Purchaser terminates the contract for the Provider's breach, the Provider may be liable for any additional costs the Purchaser incurs for replacement goods and/or services.

Article 23 – Special Provisions for High Risk Contract

During the course of the contract, the Purchaser may determine that this contract is high risk as a result of evaluating the Provider's performance or other factors. Determination of high-risk status could result in Purchaser unilaterally implementing the following changes:

- a. Withholding authority to proceed to the next phase until receipt of evidence of acceptable performance within a given funding period;
- b. Requiring additional, more detailed financial reports;
- c. Performing additional project monitoring;
- d. Requiring the Provider to obtain technical or management assistance;
- e. Establishing additional prior approvals; or
- f. Other conditions that the Purchaser considers appropriate considering the circumstances.

The Provider may appeal these changes under Article 22 "Resolution of Disputes," or it may request renegotiation of the contract or give notice of termination of the contract under Article 23 "Revision or Termination of this Contract."

Article 24 – Prohibition Against Discrimination

Provider agrees to comply with all applicable federal, state and local mandates and ordinances prohibiting discrimination. All goods and/or services under this agreement shall be provided without regard to the race, color, creed, sex, age, disability status, payor source or national origin of the subject requiring such goods and/or services.

Article 25 – Special Standards

Provider warrants that for applicable goods and/or services Provider has the Medicaid (MA) Community Waivers Manual standards, which can be found at <https://www.forwardhealth.wi.gov/kw/pdf/2014-42.pdf>, and that such goods and/or services delivered under this agreement will be in compliance with those standards.

Article 26 – Emergency Preparedness

This article shall apply to all Providers that offer direct goods and/or services to Purchaser's consumers, including residential services. Provider shall maintain an emergency evacuation plan that ensures the safety of Purchaser's consumers under Provider's care. The plan shall be written and shall provide for adequate communication between

Provider and Purchaser in the event of a disaster. Residential service providers shall post the emergency evacuation plan and regularly conduct evacuation drills. Provider shall provide documentation of the above to Purchaser upon request.

Article 27 – Abuse & Neglect Reporting

Section 27.1 Vulnerable Adult

Provider is required to report to Purchaser’s Crisis Intervention Unit any suspicious allegations or incidents of abuse, neglect, and exploitation or misappropriation of property of any adult consumers (including those that are not Purchaser's consumer) that are seen in the course of Provider’s professional duties when one of the following conditions is true:

- The adult consumer has requested that the Provider makes the report.
- There is reasonable cause to believe that the adult consumer is at *imminent risk of serious bodily harm, death, sexual assault, or significant property loss* and is unable to make an informed judgment about whether to report the risk.
- Other adult consumers are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.

Section 27.2 Children

Provider is required to report to Purchaser’s Child Protective Services Unit any suspicion of abuse or neglect of a child that is seen in the course of Provider’s professional duties immediately.

Article 28 – Lobbying Certification

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a Federal contract, grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the Provider certifies that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence officers or employees of any agency, members of Congress, officers or employees of Congress, or employees of members of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence officers or employees of any agency, members of Congress, officers or employees of Congress, or employees of members of Congress in connection with this contract, the Provider shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. Copies of the relevant forms can be found at dwd.wisconsin.gov/dwd/forms/dws/pdf/dwsd_14772_e.pdf; dwd.wisconsin.gov/dwd/forms/dws/doc/dwsd_13792_e.doc.
3. The Provider shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed. Acknowledgment is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signatures

This contract becomes null and void if the time between the Purchaser’s authorized representative signature and the Provider’s authorized representative signature on this contract exceeds sixty days.

For Purchaser
Typed Name:

North Central Health Care
Michael Loy

Title: Chief Executive Officer

Signature: _____

Date: _____

For Provider

Typed Name:

Title:

Signature: _____

Date: _____

DRAFT

Appendix A

COMPREHENSIVE COMMUNITY SERVICES PROGRAM

A. COMPREHENSIVE COMMUNITY SERVICES PROGRAM ARRAY OF SERVICES INCLUDES

Screening and Assessment

Screening and assessment services include: completion of initial and annual functional screens, and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.

Service Planning

Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided. The service plan is based on the assessed needs of the member. It must include measureable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the member's application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the service facilitator.

Service Facilitation

Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial, and housing services.

Diagnostic Evaluations

Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention program.

Medication Management

Medication management services for prescribers include:

- Diagnosing and specifying target symptoms.
- Prescribing medication to alleviate the identified symptoms.
- Monitoring changes in the member's symptoms and tolerability of side effects.
- Reviewing data, including other medications, used to make medication decisions.

Medication management services for non-prescribers include:

- Supporting the member in taking his or her medications.
- Increasing the member's understanding of the benefits of medication and the symptoms it is treating.
- Monitoring changes in the member's symptoms and tolerability of side effects.

Physical Health Monitoring

Physical health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks. Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.

Peer Support

Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.

Individual Skill Development and Enhancement

Appendix A

COMPREHENSIVE COMMUNITY SERVICES PROGRAM

Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan.

Employment Related Skill Training

Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include but are not limited to: employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support.

Individual and/or Family Psychoeducation

Psychoeducation services include:

- Providing education and information resources about the member's mental health and/or substance abuse issues.
- Skills training.
- Problem solving.
- Ongoing guidance about managing and coping with mental health and/or substance abuse issues.
- Social and emotional support for dealing with mental health and/or substance abuse issues.

Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy. Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor.

Wellness Management and Recovery/Recovery Support Management

Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies.

Psychotherapy

Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.

Substance Abuse Treatment

Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting.

B. AUTHORIZATION FOR SERVICES TO BE PROVIDED

Client # Client Name	Service	CCS Service Category	Est. # of Units	Unit Rate
Varies	Service Planning	Service Planning	Based on Authorized Use	Based on agency rate setting
Varies	Service Facilitation	Service Facilitation	Based on Authorized Use	Based on agency rate setting
Varies	Diagnostic Evaluation	Diagnostic Evaluation	Based on Authorized Use	Based on agency rate setting
Varies	Medication Management	Medication Management	Based on Authorized Use	Based on agency rate setting
Varies	Peer Support	Peer Support	Based on Authorized Use	Based on agency rate setting
Varies	Skill Development and Enhancement	Skill Development and Enhancement	Based on Authorized Use	Based on agency rate setting
Varies	Employment Related Skill Training (Rehab)	Employment Related Skill Training (Rehab)	Based on Authorized Use	Based on agency rate setting
	Employment Related Skill	Employment Related Skill Training		Based on agency rate

Appendix A
COMPREHENSIVE COMMUNITY SERVICES PROGRAM

Varies	Training (Bachelor)	(Bachelor)	Based on Authorized Use	setting
Varies	Employment Related Skill Training (Master)	Employment Related Skill Training (Master)	Based on Authorized Use	Based on agency rate setting
Varies	Individual and/or Family Psychoeducation	Psychotherapy/Psychoeducation	Based on Authorized Use	Based on agency rate setting
Varies	Wellness Management And Recovery Support	Recovery Support Services	Based on Authorized Use	Based on agency rate setting
Varies	Psychotherapy	Psychotherapy/Psychoeducation	Based on Authorized Use	Based on agency rate setting
Varies	Substance Abuse Treatment	Psychotherapy/Psychoeducation	Based on Authorized Use	Based on agency rate setting

C. TOTAL PAYMENT AUTHORIZED

Actual total payment will be based upon the amount of services authorized by the Purchaser and the amount of services performed by Provider based on the agency rate setting. It is understood and agreed by all parties that the Purchaser assumes no obligation to purchase from the Provider any minimum amount of services as defined in the terms of this contract.

Providers are required to indicate their usual and customary charge on claim details when submitting claims. The usual and customary charge is the Provider's charge for providing the same service to persons not entitled to the program's benefits through Medicaid or BadgerCare Plus. For Providers using a sliding scale, the usual and customary charge is the median of the individual Provider's charge for the service when provided to non-Medicaid or BadgerCare program patients. For Providers who have not established usual and customary charges, the charge should be reasonably related to the Provider's cost for providing the service. Provider's usual and customary charges, or its reasonable estimate related to the Provider's cost for providing the service, shall be subject to annual audit and recoupment by Purchaser of any excess charges.

D. PROVIDER RESPONSIBILITIES

1. **Provider** agrees that the provision of services meet Medicaid guidelines for psychosocial rehabilitation (under DHS 36). Services provided are to be person centered and recovery based.
2. **Provider** agrees to participate in required programming activities for service providers.
3. **Provider** will participate on recovery teams and at CCS monthly group meetings as requested. The **Provider** will be reimbursed by the **Purchaser** at the standard unit rate as listed above.
4. **Provider** will guarantee a timely exchange of information for necessary service coordination and the process for receiving and making referrals.
5. **Provider** will be in compliance with supervision and training requirements as described in DHS 36.11 and 36.12. **Provider** is to maintain a separate record of supervision and staff training hours. Provider will submit to the **Purchaser** verification that all requirements have been met on an annual basis, or more frequently if requested.
6. **Provider** will ensure that staff are knowledgeable and trained in their field of expertise and that all training and continuing education course work is complete and up to date.
7. Compliance with **Purchaser** policies and procedures regarding the prohibition of discrimination, appropriate credentialing of staff involved in CCS, background checks, misconduct reporting and investigation. Staff records are to be maintained and kept in compliance with all items listed in DHS 36.10(2) (d).
8. **Provider** will maintain all consumer service records in accordance with DHS 36.18.
9. **Provider** will ensure that outcomes in Quality Improvement indicators meet established standards.
10. **Provider** shall ensure that services respect cultural heritage and are accessible in a language in which consumer is fluent.

E. SERVICE DOCUMENTATION

1. **Provider** shall maintain progress notes and records that are in compliance with standards set forth by CCS (DHS 36) and Medicaid.
2. Provider will ensure that all CCS contacts are documented in a consumer specific progress note that includes the following: name of the consumer, date and time, name and signature of the individual providing the service, duration of the contact, treatment service provided, description of the contact, interventions used and the consumer's progress toward identified treatment goals.

Appendix A
COMPREHENSIVE COMMUNITY SERVICES PROGRAM

3. **Provider** will comply with Medicaid guidelines for CCS (DHS 36) record keeping and billing.

F. CONDITIONS FOR PAYMENT/BILLING

1. **Provider** shall submit monthly invoices and corresponding information (including, but not limited to, consumer progress notes) for payment as outlined in the Purchase of Service Contract Article 16.3.
2. **Purchaser** reserves the right to complete on-site inspections of consumer records at any time as well as Provider's records pertaining to the delivery of services, amounts billed, overhead costs, or any other matter related to the Provider's delivery of CCS services.

DRAFT

APPENDIX B: SERVICES, RATES AND PAYMENT

PROVIDER NAME

I. GENERAL TERMS AND CONDITONS

Comprehensive Community Services (CCS) provides individualized treatment in the community for people who have a mental health diagnosis and/or a substance use disorder. The main goal is to help consumers recover from their illness in a way that is meaningful to them.

II. PAYMENT FOR SERVICES

- A. The Provider is to submit all required documentation including progress notes, invoices to the Purchaser within ten days after the month of service, in accordance with Purchaser procedures. Payments for authorized services for which statements are received on a timely basis will be made within 30 days following the date of receipt by the Purchaser. The total amount to be paid to Provider by Purchaser for services provided in accordance with this Contract shall be based on the number of units of authorized services.
- B. Actual total payment for this contract will be based upon the amount of service authorized by the Purchaser and the amount of service performed by Provider. It is understood and agreed by all parties that the Purchaser assumes no obligation to purchase from the Provider any minimum amount of services.
- C. Purchasers that submit Medicaid billable service units are subject to a Medicaid audit by the Federal or State Medicaid audit bureau. If the results of the audit require Medicaid to generate a recoupment from the Purchaser, the recoupment amounts will be withheld from future payment(s) to the Provider from the Purchaser. If there are no future payments to the Provider, Provider will be billed for the amount due.
- D. Purchaser shall determine the type of services provided and the number of units of services provided for each consumer. The Purchaser will not reimburse the Provider for any unit of service not previously authorized by the Purchaser.
- E. Provider agrees to submit all year-end claims for payment to Purchaser by January 31st of the new calendar year. Purchaser shall not be responsible for making payment to Provider for any year-end claims submitted for payment after January 31st.
- F. Travel time associated with a billable service will be reimbursed at the billable rate per role as authorized by Purchaser. Purchaser will not reimburse for mileage.

III. PROVIDER RESPONSIBILITIES

- A. The Provider will comply with all reporting and service requirements pertaining to the provision of CCS services, in accordance with Wisconsin Administrative Code DHS 107 and Chapter DHS 36 or as directed by the Purchaser.
- B. The Provider is to notify the Purchaser of changes in consumer condition or situation, including medical and other pertinent issues, in accordance with Purchaser procedures. Within twenty-four hours, the Provider must notify the Purchaser of any hospital admission or emergency room visit.
- C. The Provider will comply with confidentiality requirements and adhere to all legal rights of the consumer, in accordance with Wisconsin Administrative Code.
- D. CCS workers will be employees of the Provider, unless specifically approved by the Purchaser on

an individual basis

- E. Purchaser CCS staff and supervisor are to have access to specified provider employee personnel and training records. The Purchaser will be allowed access to recipient records for the purpose of monitoring and review.
- F. CCS workers must meet training requirements according to standards. Providers will be responsible for documentation of qualifications of CCS workers and will be available upon request of Purchaser. Training requirements are either forty hours of CCS training or 20 hours with six months equivalent work experience and shall include the completion of Crisis CCS Dual Track Training provided by UW Green Bay. Further training may be necessary under certain circumstances, as directed by the Purchaser CCS staff. The Provider is also responsible for submitting documentation evidencing at least eight hours of in-service training annually in accordance with DHS 36.12(1)(c).
- G. Materials and equipment necessary for the delivery of CCS services will be supplied by the Provider.
- H. The Provider will check criminal histories of their CCS workers prior to hire and will not employ persons convicted of a crime related to the provision of services to vulnerable people. Providers shall produce appropriate background checks as needed by county staff or state auditors.
- I. Payments may be withheld if required documentation is not turned in or documents are not properly maintained (i.e., background checks, training records).
- J. Provider will comply with all Medicaid documentation standards per CCS requirements.
- K. Provider will ensure that all CCS contacts are documented in a consumer specific progress note that includes the following: name of the consumer, date and time, name and signature of the individual providing the service, duration of contact, treatment service provided, description of the contact, interventions used, the consumer's progress toward identified treatment goals and documentation time.
- M. The Provider is to report to and follow the directives of the Purchaser. Services shall be provided as directed in the individual recipient's Recovery Plan.

IV. SERVICE REQUIREMENTS

- A. CCS services shall be provided upon written order of a Purchaser CCS Supervisor.

"Comprehensive Community Services" may include one or more of the following activities:

- i. Assessment
- ii. Service Planning
- iii. Service Facilitation
- iv. Diagnostic Evaluations
- v. Medication Management
- vi. Physical Health Monitoring
- vii. Peer Support
- viii. Individual Skill Development and Enhancement
- ix. Employment Related Skill Training
- x. Individual and/or Family Psychoeducation
- xi. Wellness Management and Recovery / Recovery Support Services
- xii. Psychotherapy
- xiii. Substance Abuse Treatment

- B. The types, methods, and amounts of CCS services to be provided will be determined via assessment performed by the Service Facilitator, Consumer and Recovery Team. The Provider is to cooperate with and perform duties as directed and as mutually agreed upon.

DRAFT

MEMORANDUM

DATE: May 21, 2021
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Recommendation of Budget Priorities and Guidelines for 2022 Budget

The Executive Committee has the responsibility of providing budget guidelines and priorities of the member counties to the NCCSP Board by June 1 of each year. These recommendations proceed the Annual Board Meeting in May of each year. Per the Joint County Agreement, the Executive Committee is charged with coordinating the efforts of the Board in the creating and updating of program development plans as part of the annual budget development which establish intermediate and long-range goals based upon community needs assessment, which are explicit about tradeoffs and the impact of changes to the member Counties system.

A copy of the 2021 budget guidelines and priorities is attached as reference. The following budget priorities were discussed at the Executive Committee meeting and are being advanced to the full Board. For 2022, preliminary discussions on this matter have resulted in the following considerations for next year's budget guidelines and priorities.

- 1) Expand Outpatient Counseling in all three counties. Expansion of counseling would equate to a levy demand of \$20,000 per 1.0 FTE added. To meet demand concerns, the recommendation would be to add 5 counselors in Marathon County, and 1 additional each in Langlade and Lincoln Counties.
- 2) To develop a Targeted Case Management team as a shared service in Emergency & Crisis Services. A team of five individuals work actively case manage the approximately 250 individuals that each of our Counties has on a commitment or settlement agreement at any given time. Each case manager would have a case load of approximately 40-50 individuals. The total net cost of this program would be estimated to be approximately \$200,000 split amongst the three counties.
- 3) To identify a technology solution to be deployed in all vehicles of law enforcement officials within the three counties to enable on scene crisis tele-health video assessment capabilities before taking an individual into custody.
- 4) The Antigo school district would like a 2nd person to respond to crisis situations in the schools. There is currently only one Crisis Professional in Langlade County during normal business hours.
- 5) Langlade County has requested that NCHC investigate incorporating Therapeutic Youth Mentoring as a required competency for our Outpatient and Community Treatment staff.
- 6) The District Attorney in Langlade County would like NCHC to perform all AODA screens in the Jail without a charge to facilitate pre-trial drug treatment programming.
- 7) Recommit to conducting annual stakeholder summits with each County.

BUDGET GUIDELINES & PRIORITIES

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

BUDGET GUIDELINES

Present a formal proposed budget document in a similar format to prior year's budget documents 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 county appropriations (levy) 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.
- 4) Include some explanation that relates to whether particular programs, or services, are mandated and the level of those mandates.

BUDGET PRIORITIES

The Budget Priorities for 2021 from the perspective of our three county partners are as follows:

- Continue the implementation of past priorities and initiatives laid out in previous Budgets that are multi-year efforts that continue into the new budget year.
- Identify opportunities to provide more expansive mental health and recovery services in the county jails.
- Develop a plan for increasing the ability for onsite Medical Clearance by transitioning Emergency and Crisis Services to a more comprehensive Psychiatric Emergency Department.
- Educate stakeholders on the Human Services Research Institute's strategic plan recommendations and prepare implementation activities.
- Ensure the Sober Living Facility in Langlade County becomes operational.



2021 NCCSP BOARD CALENDAR

Thursday June 24, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Corporate Compliance and Quality Obligations of the NCCSP Board – Emerging Compliance Trends

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- HSRI Report
- Emergency and Crisis Services Plan

Board Policy to Review

- Business Associates Policy
- Contract Review and Approval Policy
- Contracting with Excluded Individuals and Entities Policy
- Purchasing Policy

Program Review: TBD

Board Policy Discussion Generative Topic: Effectiveness of the Corporate Compliance Program

Thursday July 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Current practices and performance around the human capital management of the organization.

Agenda Items

- Review of Employee Compensation Plan Effectiveness
- Review Employee Benefit Plan Performance
- Review Diversity, Equity, and Inclusion Plan

Board Policy to Review

- Employee Compensation Policy

Program Review: TBD

Board Policy Discussion Generative Topic: Effectiveness of Human Capital and Talent Management Programs

2021 NCCSP BOARD CALENDAR

Thursday August 26, 2021 (MEETING IN ANTIGO) – 3:00 PM – 5:00 PM

Educational Presentation: Annual Report from the Medical Staff

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- Medical Staff Bylaws

Program Review: Mount View Care Center and Aquatic Therapy Center

Board Policy Discussion Generative Topic: Effectiveness of the Medical Staff's oversight of the organization's quality of care.

Restart Survey

Place Bookmark

Mobile view off

Tools ▼

NCCSP Board Experience Transformer

Please complete the following question set based on your most recent NCCSP Board Meeting experience. Information from this survey will be used to enhance the collective experience of the Board and to improve Governance process.

Name (Optional)

If you could do this experience over - knowing what you know now - what would you do differently?

Experience Optimizer Factors

	Yes	Could Be Better	No
Are you leaving the meeting confident in the overall performance of our organization? If not, please elaborate on the concerns you would like to have addressed in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the materials included in the Board's pre-meeting packet adequately allow you to prepare for today's meeting? If not, what would've helped you be better prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had ample opportunity for input? If not, how could we better provide an opportunity for your input?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did all members participate in an active way? If not, why do you think that happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we focus on the right issues, giving the most important issues of strategy and policy adequate time? If not, what issues should we be focusing on or giving more time to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded "No" to any of the Experience Optimizer Factors above, please elaborate with additional feedback or context.

Missed thoughts you didn't have the chance to state or questions you have.