

OFFICIAL NOTICE AND AGENDA

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, January 30, 2025 at 3:00 pm

North Central Health Care, **Eagle Board Room, 2400 Marshall Street, Suite A,** Wausau WI 54403

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

Meeting number: 1-408-418-9388 **Access Code:** 2484 037 6911 **Password:** 1234

Our Mission

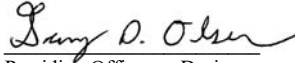
Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery, and long-term care needs.

AGENDA

1. CALL TO ORDER
2. RECOGNITION OF SERVICE FOR RANDY BALK
3. CHAIRMAN’S ANNOUNCEMENTS
4. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA (Limited to 15 Minutes)
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the November 21, 2024, NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the November 20, 2024 and December 12, 2024 Executive Committee Meetings
6. BOARD DISCUSSION AND/OR ACTION
 - A. Educational Presentations
 - i. Program Updates
 - a. Nursing Home Presentations
 - i. Pine Crest Nursing Home - Ryan Hanson
 - ii. Mount View Care Center - Kristin Woller
 - ii. Financial Update – J. Hake
 - B. Board Duties – G. Olsen
 - C. Board Policy Review
 - i. Purchasing Procurement Policy – G. Olsen
7. BOARD CALENDAR AND FUTURE AGENDA ITEMS
 - A. Next Board Meeting: Thursday, March 27, 2025 at 3:00 p.m.
8. ADJOURN

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.

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: 01/24/2025 TIME: 1:30 PM BY: D. Osowski



North Central Health Care

Person centered. Outcome focused.

RESOLUTION

SERVICE OF

RANDY BALK

WHEREAS, Randy Balk has served North Central Health Care with dedication, distinction and honor for 9 years; and

WHEREAS, Mr. Balk was appointed to the North Central Community Services Program (NCCSP) Board February 2016 to represent Marathon County; and

WHEREAS, Mr. Balk has served on the NCCSP Board of Directors, the Finance, Personnel & Property Committee, and Governance Committee; and

WHEREAS, Mr. Balk's services to the Board have been of utmost dedication and effort to assure North Central Health Care provides excellent quality services, in a cost-effective manner, to the citizens of Langlade, Lincoln and Marathon Counties;

NOW, THEREFORE, BE IT RESOLVED that the North Central Community Services Program Board, assembled on 30th day of January, 2025, does hereby honor Randy Balk for his years of service and express our gratitude for his efforts on behalf of its consumers, families, and staff.

Kurt Gibbs, Chair
NCCSP Executive Committee

Gary D. Olsen, Executive Director
North Central Health Care

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

November 21, 2024

3:00 p.m.

North Central Health Care

Present: X _(WebEx) Eric Anderson	X _(WebEx) Randy Balk	X _(WebEx) Chad Billeb
X Roy Dieck	X Chantelle Foote	X Kurt Gibbs
X _(WebEx) Kody Hart	X Liberty Heidmann	X Jeremy Hunt
X _(WebEx) Renee Krueger	X Lance Leonhard	X _(WebEx) Jessi Rumsey
EXC Robin Stowe	X _(WebEx) Laurie Thiel	

Staff Present: Gary Olsen, Jason Hake, Vicki Tylka, Wendy Peterson, Kimberly Moore, Katie Haupt, Karie Koppa, Monique Fox

Call to Order

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

Chairman's Announcements

- Thank you for willingness to serve on the NCCSP Board for the community.

Public Comment for Matters Appearing on the Agenda

- None

Consent Agenda and Monitoring Reports

- **Motion**/second, Leonhard/Foote, to approve the September 26, 2024 NCCSP Board meeting minutes. Motion carried.

Program Update – Behavioral Health Hospitals

- An overview of the Crisis/Lakeside Recovery Program was provided by Wendy Peterson, Director of Acute Care Services, Kimberly Moore, Assistant Director of Acute Care Services, Karie Koppa, Manager of Crisis Services, and Katie Haupt, Clinical Manager of Adult Crisis Stabilization and Medically Monitored Treatment.

Financial Update – J. Hake

- A review of the financials through the end of October 2024 was provided by Jason Hake. Several highlights included receiving updated rates for Mount View Care Center which are retroactive to January 1, 2024, and a reduction in the overall loss in health insurance resulting in a lower increase in premiums for 2025. Also, the accounting team is working with Wipfli on ways to improve our financial reporting and structure.

- Eric Anderson requested a five-year capital projects projection be provided prior to the 2026 budget presentation.

Board Calendar and Future Agenda Items

- Sincere thanks and appreciation were expressed to Randy Balk for his years of service, commitment, and dedication as a member of the NCCSP Board.
- Next meeting is scheduled for Thursday, January 30, 2025 and will include a program update on the nursing homes.

Adjournment

- **Motion**/second, Balk/Anderson, to adjourn the meeting at 3:51 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Senior Executive Assistant

DRAFT

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

November 20, 2024

1:00 p.m.

North Central Health Care

Present: EXC Kurt Gibbs X_(WebEx) Renee Krueger
 X Lance Leonhard X_(WebEx) Robin Stowe

Staff Present: Gary Olsen, Jason Hake, Vicki Tylka, Marnie Bredlau

Others Present: Dejan Adzic, Deputy Corporation Counsel

Call to Order

- Meeting was called to order by Lance Leonhard, Acting Chair, at 1:00 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Approval of October 30, 2024 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Krueger, to approve the October 30, 2024 Executive Committee Meeting minutes. Motion carried.

Organization Structure

- The revised organizational structure and memo were provided in the meeting packet. Changes would be effective immediately, however, any changes to compensation would be presented through the compensation study.
- **Motion**/second, Stowe/Krueger, to adopt the new position changes as set forth in the organizational chart effective immediately with an understanding there are no immediate changes to compensation until further adoption of the wage study. Motion carried.

Medical Staff Recommendations

- **Motion**/second, Stowe/Krueger, to approve the following Medical Staff appointments contingent on the approval of the Medical Staff Executive Committee at their next meeting: Reappointments of Heidi Heise, APNP, Mandi Sikorski, APNP, and amendments for Theresa Micke, PA-C. Motion carried.

Financial and Budget Update

- October financials are fairly consistent with prior months. The large losses at the nursing homes are specifically due to decreases in the supplemental payments. These decreases were not anticipated, and staff are working to obtain an explanation as well as clarification on recording revenue of these supplemental payments. Staff will also be talking with the Department of Health Services (DHS) and legislators regarding these payments.

- We received notice from DHS they will be adjusting our rates effective 1/1/2024 making an adjustment of about \$360,000 and reducing the loss in the nursing homes for October to \$700,000.

Discussion on Process and Timeline for the Executive Director Evaluation

- Lance Leonhard will provide a memo regarding the Executive Director evaluation process and timeline for the next meeting.

Next Meeting Date & Time, Location and Future Agenda Items

- Changed to: Thursday, December 12, 2024, 1:00 p.m., NCHC Eagle Board Room

Adjournment

- **Motion**/second, Stowe/Krueger, to adjourn the meeting at 1:22 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Senior Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM EXECUTIVE COMMITTEE MEETING MINUTES

December 12, 2024

1:00 p.m.

North Central Health Care

Present: X_(WebEx) Kurt Gibbs X_(WebEx) Renee Krueger
X Lance Leonhard X Robin Stowe

Staff Present: Gary Olsen, Jason Hake, Vicki Tylka, Marnie Bredlau, Wendy Peterson

Others Present: Dejan Adzic, Deputy Corporation Counsel_(WebEx), Jessi Rumsey, John Zenkovich, Christa Jensen

Call to Order

- Meeting was called to order by Kurt Gibbs, Chair, at 1:00 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Approval of November 20, 2024 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Leonhard, to approve the November 20, 2024 Executive Committee Meeting minutes. Motion carried.

Consider Update to the Desired Future State

- Revisions to the current Desired Future State for Community Programs were reviewed.
- **Motion**/second, Leonhard/Stowe, to approve the edits to the Desired Future State as presented. Motion carried.

Update to Director of Compliance and Quality Job Description and Set New Wage Scale for Position

- Mr. Olsen provided an overview of the proposed changes to the current Compliance Officer position to Director of Compliance and Quality. The position will again oversee compliance and quality in all community and behavioral health programs. In addition, the\is position will oversee these programs in the nursing homes.
- **Motion**/second, Krueger/Stowe, to approve the Director of Compliance and Quality job description and wage scale as presented. Motion carried.

2025 Fee Schedule

- The 2025 Fee Schedule was presented, reviewed, and discussed.
- **Motion**/second, Leonhard/Stowe, to adopt the 2025 fee schedule as presented. Motion carried.

Human Services Leadership Committee

- Members of the Human Services Leadership Committee, Vicki Tylka, Jessi Rumsey, John Zenkovich, Christa Jensen shared the year's accomplishments which emphasized an improved level of communication and collaboration between all organizations and a better understanding of the roles, responsibilities, and limitations, of each organization. The Committee will meet regularly in 2025 and continue to strengthen these partnerships.

Behavioral Health Services Update

- Medical clearance is sometimes required for individuals prior to receiving services in Crisis and Behavioral Health. It is felt an evaluation of the process for medical clearance would be beneficial to us, the two major health systems in the area, as well as our law enforcement partners.
- The Committee supports the plan to evaluate internal medical clearance. Staff understand if implementation of an internal medical clearance process is recommended, it must be presented to the Committee for formal approval prior to the addition of a new program.

Financial Update

- Due to the Committee meeting held earlier in the month, the November financials are not yet available. Committee members will receive a copy of the financials when available.

2025 Meeting Schedule Update

- No changes were made to the 2025 meeting schedule.

Evaluation Form and Criteria for the Executive Director Evaluation Process

- Last year's evaluation form was distributed (see attached). Committee members were asked to review the form and forward any requested revisions to Mr. Gibbs.
- Mr. Gibbs will compile all comments and forward the revised form to the Committee and Mr. Olsen by 12/31/2024.

Next Meeting Date & Time, Location and Future Agenda Items

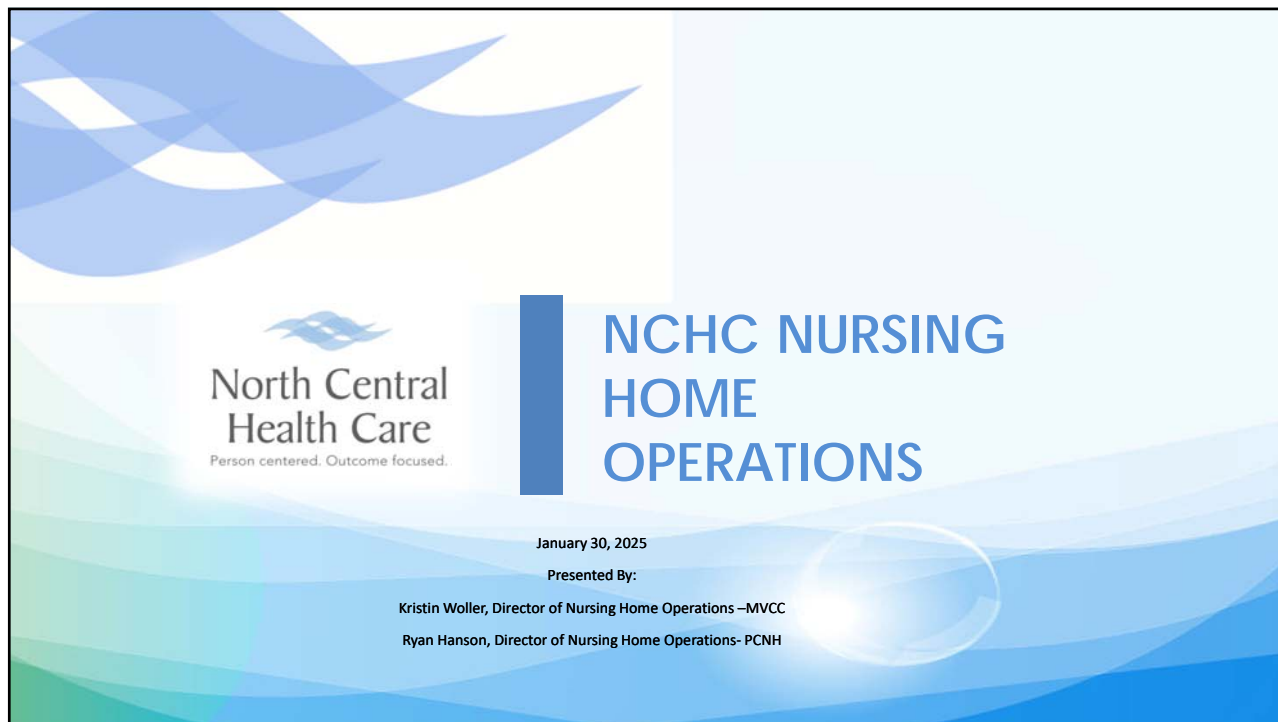
- Wednesday, January 29, 2025, 1:00 p.m., NCHC Eagle Board Room

Adjournment

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

Attach.

Minutes prepared by Debbie Osowski, Senior Executive Assistant

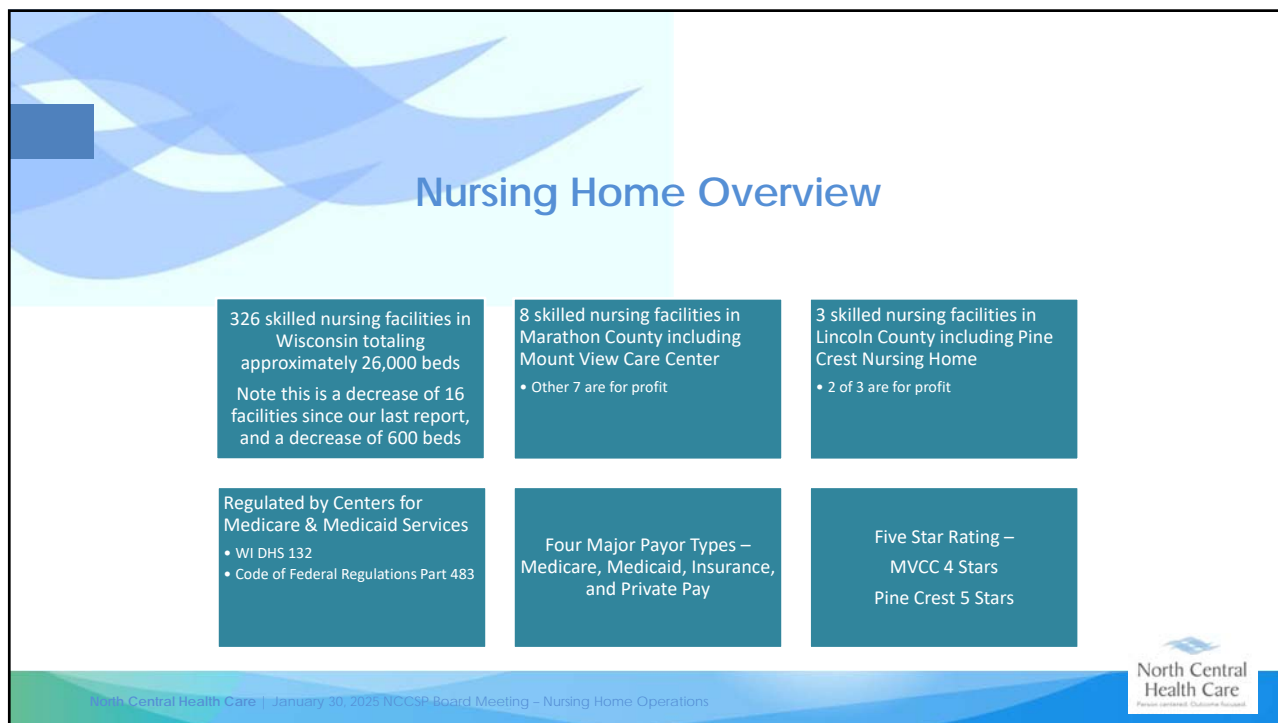


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NCHC NURSING HOME OPERATIONS

January 30, 2025
Presented By:
Kristin Woller, Director of Nursing Home Operations –MVCC
Ryan Hanson, Director of Nursing Home Operations- PCNH


1



Nursing Home Overview

<p>326 skilled nursing facilities in Wisconsin totaling approximately 26,000 beds</p> <p>Note this is a decrease of 16 facilities since our last report, and a decrease of 600 beds</p>	<p>8 skilled nursing facilities in Marathon County including Mount View Care Center</p> <ul style="list-style-type: none"> • Other 7 are for profit 	<p>3 skilled nursing facilities in Lincoln County including Pine Crest Nursing Home</p> <ul style="list-style-type: none"> • 2 of 3 are for profit
<p>Regulated by Centers for Medicare & Medicaid Services</p> <ul style="list-style-type: none"> • WI DHS 132 • Code of Federal Regulations Part 483 	<p>Four Major Payor Types – Medicare, Medicaid, Insurance, and Private Pay</p>	<p>Five Star Rating – MVCC 4 Stars Pine Crest 5 Stars</p>

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations




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Nursing Home Regulations

- Overseen by Federal & State Government
- State Government conducts survey
 - Federal look back can occur
- Survey window is 9 to 15 months from prior survey
- Unannounced and multiple surveyors
- Lasts three to five days and includes patient care and life safety
- Issue deficiencies and civil monetary penalties
 - 9.6 US average
 - 8.4 Wisconsin average
 - MVCC 2023 deficiencies: 4
 - Pine Crest 2023 deficiencies: 5

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations




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Revenue & Resident Type

- For most payer sources skilled nursing facilities receive reimbursement depending on the acuity or care needs of each resident
- Medicare is the largest reimbursement rate but also the greatest risk due to facility obligations
- Medicaid is the lowest reimbursement rate with the lowest risk
- We have seen significant increases in Medicaid rates in recent years, however these increases have also resulted in a significant decrease to our Supplemental Payments from the State
- Vent Unit impact and rates for Mount View Care Center
- Dementia/special care residents
- Long term care Residents
- Short term rehab residents

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations



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Medicaid Increases, Supplemental Payment Decreases- MVCC

Average Medicaid Rates

- 2021
 - \$237/day
- 2022
 - \$306/day
- 2023
 - \$426/day
- 2024
 - \$432/day

Supplemental Payments

- SFY22 (Paid Dec21/June22)
 - \$2,406,600
- SFY23 (paid Dec22/Jun23)
 - \$1,312,000
- SFY24 (paid Dec23/Spring24)
 - \$1,676,650
- SFY25- projected award
 - \$946,824




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Medicaid Increases, Supplemental Payment Decreases- MVCC

Mount View	SFY22	SFY23	SFY24	SFY25 - projected award
Supplemental	\$ 2,406,600.00	\$ 1,312,000.00	\$ 1,676,650.00	\$ 946,824.00
Medicaid	\$ 7,253,977.02	\$ 8,560,512.49	\$ 10,878,200.08	
Total	\$ 9,660,577.02	\$ 9,872,512.49	\$ 12,554,850.08	\$ 946,824.00



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North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations

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Medicaid Increases, Supplemental Payment Decreases- Pine Crest

Average Medicaid Rates

- 2021
 - \$201/day
- 2022
 - \$273/day
- 2023
 - \$363/day
- 2024
 - \$407/day

Supplemental Payments

- SFY22 (Paid Dec21/June22)
 - \$2,188,600
- SFY23 (paid Dec22/Jun23)
 - \$1,089,700
- SFY24 (paid Dec23/Spring24)
 - \$884,854
- SFY25- projected award
 - \$87,345




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Pursuing Excellence

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Medicaid Increases, Supplemental Payment Decreases- Pine Crest

<u>Pine Crest</u>	<u>SFY22</u>	<u>SFY23</u>	<u>SFY24</u>	<u>SFY25 - projected award</u>
Supplemental	\$ 2,188,600.00	\$ 1,089,700.00	\$ 884,854.00	\$ 87,345.00
Medicaid	\$ 5,034,202.46	\$ 6,714,663.38	\$ 8,009,895.61	
Total	\$ 7,222,802.46	\$ 7,804,363.38	\$ 8,894,749.61	\$ 87,345.00



North Central Health Care
Pursuing Excellence

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations

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PINE CREST NURSING HOME

Presented By:


Ryan Hanson, Director of Nursing Home Operations -PCNH

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Pine Crest Nursing Home Overview

- Provides skilled nursing services including short-term/rehab, long-term care, dementia care, palliative care, hospice care and more.
- One of only 3 Skilled Nursing Facilities in Lincoln County, and by far the largest of the 3
- Only non-profit Skilled Nursing Facility in Lincoln County
- Served 172 residents in 2024 between short-term and long-term care
 - Over 90% of these residents are Lincoln County natives
- Currently home to approximately 80 residents between short-term and long-term care
 - Over 90% of these residents are Lincoln County natives
- Currently employs approximately 150 staff
 - Over 86% of these are Lincoln County natives

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations



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Pine Crest Nursing Home Quality


Overall and Quality Star rating of 5 out of 5 Stars

Regulatory surveys

- Skilled Nursing Facilities are required to have an annual survey by DHS (state)/CMS (federal)
- Historically Pine Crest has positive survey results with minimal findings
- Last annual CMS survey was conducted in March 2024 with 2 low level citations.

Rehospitalization Rates (lower is better)


- National average 22%
- 2024 Pine Crest average 0%



North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations


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Pine Crest Nursing Home Financials (End of Year 2024)




**2024 Lincoln
County tax levy
revenue \$441,000
million**

Average Pine
Crest daily
resident
census 81
Levy amount
per resident
\$5,444



**2024 Pine Crest revenues
covered all of the 2024
expenses**



North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations

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Census vs Licensed Bed Count-Pine Crest

- 2024 Licensed Bed Count
 - 120
- 2024 Average Census
 - 81
- Why such a large difference?
 - Staffing and referral flow
 - Limited staffing reduces the facility's safe maximum census
 - Limiting census results in reduction in referral flow
 - This becomes a continuous cycle

North Central Health Care | January 30, 2025 NCCSP Board Meeting - Nursing Home Operations



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MOUNT VIEW NURSING HOME

Presented By:

Kristin Woller, Director of Nursing Home Operations - MVCC

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Mount View Nursing Home Overview

- Provides skilled nursing services including short-term/rehab, long-term care, specialized dementia care and ventilator dependent care.
- One of 8 Skilled Nursing Facilities in Marathon County.
 - Only not for profit Skilled Nursing Facility in Marathon County.
- Served 298 residents in 2024 between short-term and long-term care
 - 239 of these residents are Marathon County natives
 - 17 of these residents were ventilator dependent.
- Currently home to approximately 122 residents between short-term and long-term care
 - 105 of these residents are Marathon County natives
- Currently employs approximately 153 staff
 - Over 86% of these are Marathon County natives

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Mount View Nursing Home Quality

Overall and Quality Star rating of 4 out of 5 Stars

Regulatory surveys

- Last annual CMS survey was conducted in June 2024 and resulted in a 3 low level citations.

Rehospitalization Rates

- National average 22%
- 2024 Mount View average 11.3%

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Mount View Nursing Home Financials (End of Year 2024) Revenue

2024 Marathon
County tax levy
revenue \$1.5
million

Average
Mount View
daily resident
census 122
Levy amount
per resident
\$12,295

2024 Mount View revenues
covered all of the 2024
expenses

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations

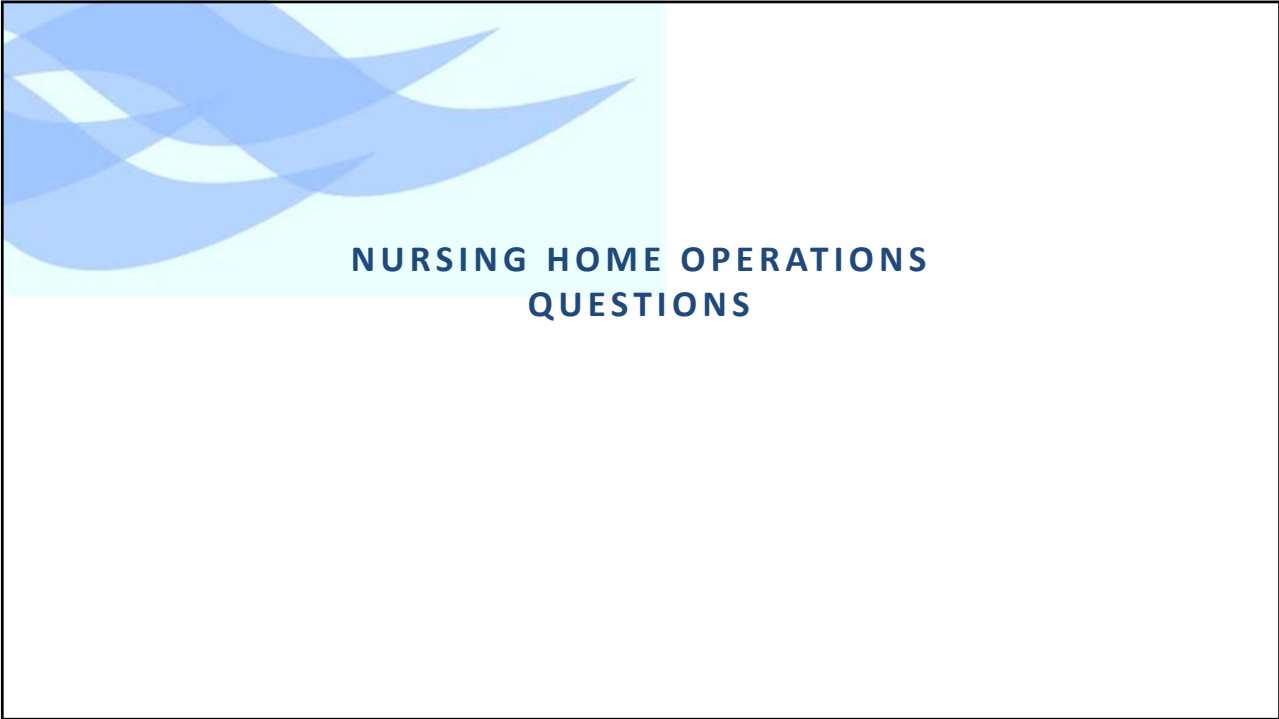
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Census vs Licensed Bed Count-MVCC

- 2024 Licensed Bed Count
 - 159
- 2024 Average Census
 - 122
- Why such a large difference?
 - Staffing and referral flow
 - Limited staffing reduces the facility's safe maximum census
 - Limiting census results in reduction in referral flow
 - This becomes a continuous cycle

North Central Health Care | January 30, 2025 NCCSP Board Meeting – Nursing Home Operations

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North Central Health Care
 Programs by Service Line - Current Month
 December-24

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	695,425	698,682	(3,257)	552,998	601,659	48,661	142,427	45,405
Adult Crisis Stabilization Facility	337,552	227,792	109,759	181,994	185,440	3,446	155,558	113,205
Lakeside Recovery MMT	132,529	142,715	(10,187)	144,758	133,418	(11,340)	(12,229)	(21,526)
Youth Behavioral Health Hospital	267,390	252,205	15,185	317,537	332,124	14,587	(50,147)	29,772
Youth Crisis Stabilization Facility	77,698	120,130	(42,431)	116,670	100,529	(16,141)	(38,971)	(58,572)
Contracted Services (Out of County Placements)	-	-	-	172,968	-	(172,968)	(172,968)	(172,968)
Crisis Services	259,444	282,193	(22,749)	247,511	267,143	19,633	11,933	(3,117)
Psychiatry Residency	15,883	73,107	(57,224)	23,986	87,891	63,906	(8,103)	6,682
	<u>1,785,920</u>	<u>1,796,824</u>	<u>(10,904)</u>	<u>1,758,421</u>	<u>1,708,204</u>	<u>(50,216)</u>	<u>27,500</u>	<u>(61,120)</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	338,135	506,883	(168,748)	424,272	553,067	128,795	(86,137)	(39,953)
Outpatient Services (Lincoln)	64,125	105,073	(40,949)	77,889	87,837	9,948	(13,764)	(31,000)
Outpatient Services (Langlade)	63,852	84,916	(21,064)	66,193	63,596	(2,597)	(2,341)	(23,661)
Community Treatment Adult (Marathon)	452,045	536,381	(84,335)	594,604	594,606	2	(142,558)	(84,333)
Community Treatment Adult (Lincoln)	85,782	79,305	6,477	121,051	88,893	(32,158)	(35,269)	(25,681)
Community Treatment Adult (Langlade)	25,710	35,652	(9,942)	46,049	64,123	18,074	(20,339)	8,132
Community Treatment Youth (Marathon)	594,403	578,846	15,557	710,646	562,165	(148,482)	(116,244)	(132,925)
Community Treatment Youth (Lincoln)	186,875	171,582	15,294	228,445	167,122	(61,324)	(41,570)	(46,030)
Community Treatment Youth (Langlade)	159,664	125,150	34,514	186,664	125,372	(61,291)	(27,000)	(26,777)
Hope House (Sober Living Marathon)	11,339	8,270	3,069	7,733	8,264	532	3,606	3,601
Sober Living (Langlade)	10,970	3,841	7,128	4,873	6,072	1,199	6,097	8,327
Adult Protective Services	78,025	80,727	(2,702)	76,690	91,590	14,900	1,335	12,198
Jail Meals (Marathon)	-	-	-	42	-	(42)	(42)	(42)
	<u>2,070,925</u>	<u>2,316,626</u>	<u>(245,702)</u>	<u>2,545,152</u>	<u>2,412,708</u>	<u>(132,443)</u>	<u>(474,227)</u>	<u>(378,145)</u>
COMMUNITY LIVING								
Day Services (Langlade)	21,758	31,157	(9,399)	25,106	26,963	1,857	(3,348)	(7,542)
Supportive Employment Program	22,677	26,164	(3,487)	21,544	27,810	6,265	1,133	2,778
	<u>44,435</u>	<u>57,321</u>	<u>(12,886)</u>	<u>46,651</u>	<u>54,772</u>	<u>8,122</u>	<u>(2,215)</u>	<u>(4,764)</u>
NURSING HOMES								
Mount View Care Center	2,177,327	2,116,905	60,422	2,024,527	2,032,562	8,036	152,800	68,457
Pine Crest Nursing Home	1,120,053	-	1,120,053	1,326,942	-	(1,326,942)	(206,889)	(206,889)
	<u>3,297,380</u>	<u>2,116,905</u>	<u>1,180,475</u>	<u>3,351,469</u>	<u>2,032,562</u>	<u>(1,318,907)</u>	<u>(54,089)</u>	<u>(138,432)</u>
Pharmacy	565,641	676,612	(110,971)	577,975	722,244	144,269	(12,334)	33,298
OTHER PROGRAMS								
Aquatic Services	80,084	116,080	(35,997)	80,410	136,108	55,698	(326)	19,701
Birth To Three	-	-	-	-	-	-	-	-
Demand Transportation	31,675	38,589	(6,914)	50,009	49,672	(337)	(18,335)	(7,251)
	<u>111,758</u>	<u>154,669</u>	<u>(42,911)</u>	<u>130,419</u>	<u>185,780</u>	<u>55,361</u>	<u>(18,661)</u>	<u>12,450</u>
Total NCHC Service Programs	<u>7,876,060</u>	<u>7,422,405</u>	<u>453,655</u>	<u>8,410,087</u>	<u>7,422,402</u>	<u>(835,440)</u>	<u>(534,027)</u>	<u>(381,785)</u>
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	641,961	-	641,961	1,370,140	-	(1,370,140)	(728,179)	(728,179)
Dental Insurance Trust Fund	35,430	-	35,430	32,173	-	(32,173)	3,257	3,257
Total NCHC Self-Funded Insurance Trusts	<u>677,390</u>	<u>-</u>	<u>677,390</u>	<u>1,402,313</u>	<u>-</u>	<u>(1,402,313)</u>	<u>(724,922)</u>	<u>(724,922)</u>

North Central Health Care
 Programs by Service Line - Year to Date
 For the Period Ending December 31, 2024

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
BEHAVIORAL HEALTH SERVICES								
Adult Behavioral Health Hospital	8,214,173	8,384,183	(170,010)	6,395,960	7,219,911	823,951	1,818,213	653,941
Adult Crisis Stabilization Facility	3,302,365	2,733,508	568,857	2,021,704	2,225,274	203,570	1,280,661	772,427
Lakeside Recovery MMT	1,335,064	1,712,584	(377,520)	1,548,444	1,601,013	52,569	(213,380)	(324,951)
Youth Behavioral Health Hospital	3,382,548	3,026,465	356,083	3,239,755	3,985,492	745,738	142,793	1,101,821
Youth Crisis Stabilization Facility	1,486,901	1,441,556	45,345	1,268,130	1,206,350	(61,780)	218,771	(16,436)
Contracted Services (Out of County Placements)	-	-	-	1,793,192	-	(1,793,192)	(1,793,192)	(1,793,192)
Crisis Services	3,060,069	3,386,316	(326,247)	2,479,548	3,205,716	726,168	580,521	399,921
Psychiatry Residency	190,596	877,280	(686,684)	281,199	1,054,696	773,497	(90,603)	86,813
	<u>20,971,715</u>	<u>21,561,891</u>	<u>(590,176)</u>	<u>19,027,932</u>	<u>20,498,453</u>	<u>1,470,521</u>	<u>1,943,783</u>	<u>880,344</u>
COMMUNITY SERVICES								
Outpatient Services (Marathon)	4,886,799	6,082,600	(1,195,801)	5,508,088	6,636,810	1,128,723	(621,289)	(67,078)
Outpatient Services (Lincoln)	1,174,561	1,260,881	(86,320)	971,690	1,054,041	82,351	202,872	(3,969)
Outpatient Services (Langlade)	882,641	1,018,993	(136,352)	778,763	763,161	(15,602)	103,878	(151,954)
Community Treatment Adult (Marathon)	5,704,082	6,436,567	(732,486)	6,591,446	7,135,269	543,824	(887,364)	(188,662)
Community Treatment Adult (Lincoln)	795,434	951,663	(156,229)	973,888	1,066,716	92,828	(178,454)	(63,401)
Community Treatment Adult (Langlade)	292,418	427,823	(135,404)	481,489	769,483	287,994	(189,071)	152,590
Community Treatment Youth (Marathon)	6,466,457	6,946,150	(479,693)	7,085,916	6,745,977	(339,940)	(619,459)	(819,633)
Community Treatment Youth (Lincoln)	1,962,853	2,058,981	(96,128)	2,065,339	2,005,464	(59,875)	(102,486)	(156,003)
Community Treatment Youth (Langlade)	1,618,992	1,501,799	117,192	1,604,888	1,504,469	(100,420)	14,103	16,773
Hope House (Sober Living Marathon)	94,274	99,242	(4,967)	94,200	99,172	4,972	74	5
Sober Living (Langlade)	89,407	46,097	43,310	57,852	72,867	15,014	31,555	58,324
Adult Protective Services	851,004	968,725	(117,722)	804,048	1,099,083	295,035	46,955	177,313
Jail Meals (Marathon)	74,265	-	74,265	38,183	-	(38,183)	36,082	36,082
	<u>24,893,187</u>	<u>27,799,522</u>	<u>(2,906,334)</u>	<u>27,055,790</u>	<u>28,952,512</u>	<u>1,896,721</u>	<u>(2,162,603)</u>	<u>(1,009,613)</u>
COMMUNITY LIVING								
Day Services (Langlade)	315,474	373,883	(58,409)	305,313	323,554	18,241	10,161	(40,168)
Supportive Employment Program	249,744	313,972	(64,229)	281,179	333,716	52,537	(31,435)	(11,692)
	<u>565,218</u>	<u>687,856</u>	<u>(122,638)</u>	<u>586,492</u>	<u>657,269</u>	<u>70,777</u>	<u>(21,274)</u>	<u>(51,860)</u>
NURSING HOMES								
Mount View Care Center	25,231,622	25,402,864	(171,242)	22,458,154	24,390,755	1,932,601	2,773,468	1,761,358
Pine Crest Nursing Home	14,124,504	-	14,124,504	13,561,922	-	(13,561,922)	562,582	562,582
	<u>39,356,126</u>	<u>25,402,864</u>	<u>13,953,262</u>	<u>36,020,076</u>	<u>24,390,755</u>	<u>(11,629,322)</u>	<u>3,336,050</u>	<u>2,323,940</u>
Pharmacy	7,196,003	8,119,347	(923,344)	7,123,778	8,666,933	1,543,155	72,225	619,811
OTHER PROGRAMS								
Aquatic Services	1,128,003	1,392,966	(264,963)	952,216	1,633,297	681,081	175,787	416,117
Birth To Three	519,440	-	519,440	519,440	-	(519,440)	-	-
Demand Transportation	410,588	463,067	(52,478)	502,573	596,069	93,496	(91,984)	41,018
	<u>2,058,031</u>	<u>1,856,033</u>	<u>201,998</u>	<u>1,974,229</u>	<u>2,229,366</u>	<u>255,137</u>	<u>83,802</u>	<u>457,135</u>
Total NCHC Service Programs	<u>95,040,280</u>	<u>89,068,855</u>	<u>5,971,424</u>	<u>91,788,298</u>	<u>89,068,855</u>	<u>(2,719,443)</u>	<u>3,251,983</u>	<u>3,251,981</u>
SELF-FUNDED INSURANCE TRUST FUNDS								
Health Insurance Trust Fund	8,054,214	-	8,054,214	9,628,819	-	(9,628,819)	(1,574,605)	(1,574,605)
Dental Insurance Trust Fund	441,052	-	441,052	391,125	-	(391,125)	49,927	49,927
Total NCHC Self-Funded Insurance Trusts	<u>8,495,265</u>	<u>-</u>	<u>8,495,265</u>	<u>10,019,944</u>	<u>-</u>	<u>(10,019,944)</u>	<u>(1,524,678)</u>	<u>(1,524,678)</u>

North Central Health Care
Fund Balance Review
For the Period Ending December 31, 2024

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
YTD Appropriation (Tax Levy) Revenue	5,829,041	236,491	1,058,853	7,124,385
Total Revenue at Period End	66,492,884	6,042,344	22,505,053	95,040,280
County Percent of Total Net Position	70.0%	6.4%	23.7%	
Total Operating Expenses, Year-to-Date *	63,835,129	6,138,173	21,814,995	91,788,298
<i>* Excluding Depreciation Expenses to be allocated at the end of the year</i>				
Share of Operating Cash	20,063,350	1,823,197	6,790,603	28,677,150
Days Cash on Hand	115	108	114	114
Minimum Target - 20%	12,767,026	1,227,635	4,362,999	18,357,660
Over/(Under) Target	7,296,324	595,563	2,427,604	10,319,491
Share of Investments	-	-	-	-
Days Invested Cash	0	0	0	0
Days Invested Cash on Hand Target - 90 Days	15,740,169	1,513,522	5,379,040	22,632,731
Current Percentage of Operating Cash	31.4%	29.7%	31.1%	31.2%
Over/(Under) Target	7,296,324	595,563	2,427,604	10,319,491
Share of Investments	-	-	-	-
Amount Needed to Fulfill Fund Balance Policy	<u>7,296,324</u>	<u>595,563</u>	<u>2,427,604</u>	<u>10,319,491</u>

North Central Health Care
Review of Services in Marathon County
For the Period Ending December 31, 2024

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	4,886,799	6,082,600	(1,195,801)	5,508,088	6,636,810	1,128,723	(621,289)	(67,078)
Community Treatment-Adult	5,704,082	6,436,567	(732,486)	6,591,446	7,135,269	543,824	(887,364)	(188,662)
Community Treatment-Youth	6,466,457	6,946,150	(479,693)	7,085,916	6,745,977	(339,940)	(619,459)	(819,633)
Hope House Sober Living	94,274	99,242	(4,967)	94,200	99,172	4,972	74	5
Demand Transportation	410,588	463,067	(52,478)	502,573	596,069	93,496	(91,984)	41,018
Jail Meals	74,265	-	74,265	38,183	-	(38,183)	36,082	36,082
Aquatic Services	1,128,003	1,392,966	(264,963)	952,216	1,633,297	681,081	175,787	416,117
Mount View Care Center	25,231,622	25,402,864	(171,242)	22,458,154	24,390,755	1,932,601	2,773,468	1,761,358
	<u>43,996,090</u>	<u>46,823,456</u>	<u>(2,827,366)</u>	<u>43,230,775</u>	<u>47,237,349</u>	<u>4,006,574</u>	<u>765,315</u>	<u>1,179,208</u>
Shared Services								
Adult Behavioral Health Hospital	6,187,421	6,313,624	(126,203)	4,747,904	5,359,547	611,642	1,439,517	485,439
Youth Behavioral Health Hospital	2,513,034	2,248,703	264,331	2,404,963	2,958,545	553,583	108,071	817,913
Residency Program	141,485	651,230	(509,745)	208,742	782,931	574,189	(67,257)	64,444
Supportive Employment Program	185,392	233,071	(47,679)	208,727	247,727	38,999	(23,335)	(8,679)
Crisis Services	2,524,089	2,766,272	(242,183)	1,840,640	2,379,695	539,056	683,450	296,873
Adult Crisis Stabilization Facility	2,451,440	2,029,161	422,279	1,500,769	1,651,885	151,116	950,671	573,395
Youth Crisis Stabilization Facility	1,103,769	1,070,108	33,661	941,369	895,508	(45,861)	162,400	(12,201)
Pharmacy	5,341,799	6,027,224	(685,425)	5,288,185	6,433,713	1,145,528	53,614	460,103
Lakeside Recovery MMT	1,032,338	1,312,582	(280,244)	1,149,454	1,188,478	39,024	(117,116)	(241,221)
Adult Protective Services	630,432	717,820	(87,388)	596,868	815,881	219,013	33,564	131,625
Birth To Three	385,595	-	385,595	385,595	-	(385,595)	-	-
Contracted Services (Out of County Placements)	-	-	-	1,331,138	-	(1,331,138)	(1,331,138)	(1,331,138)
	<u>22,496,794</u>	<u>23,369,795</u>	<u>(873,001)</u>	<u>20,604,354</u>	<u>22,713,909</u>	<u>2,109,554</u>	<u>1,892,439</u>	<u>1,236,553</u>
Excess Revenue/(Expense)	66,492,884	70,193,251	(3,700,367)	63,835,129	69,951,258	6,116,128	2,657,755	2,415,761

North Central Health Care
Review of Services in Lincoln County
For the Period Ending December 31, 2024

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	1,174,561	1,260,881	(86,320)	971,690	1,054,041	82,351	202,872	(3,969)
Community Treatment-Adult	795,434	951,663	(156,229)	973,888	1,066,716	92,828	(178,454)	(63,401)
Community Treatment-Youth	1,962,853	2,058,981	(96,128)	2,065,339	2,005,464	(59,875)	(102,486)	(156,003)
Pine Crest Nursing Home	14,124,504	-	14,124,504	13,561,922	-	(13,561,922)	562,582	562,582
	<u>18,057,353</u>	<u>4,271,525</u>	<u>13,785,828</u>	<u>17,572,839</u>	<u>4,126,221</u>	<u>(13,446,618)</u>	<u>484,514</u>	<u>339,210</u>
Shared Services								
Adult Behavioral Health Hospital	1,272,671	1,298,654	(25,983)	977,529	1,103,458	125,929	295,142	99,945
Youth Behavioral Health Hospital	515,527	461,105	54,422	495,149	609,124	113,975	20,378	168,397
Residency Program	29,130	134,079	(104,950)	42,977	161,195	118,218	(13,847)	13,268
Supportive Employment Program	38,170	47,986	(9,816)	42,974	51,004	8,029	(4,804)	(1,787)
Crisis Services	372,994	422,856	(49,862)	378,963	489,947	110,984	(5,969)	61,122
Adult Crisis Stabilization Facility	504,718	417,777	86,942	308,988	340,101	31,113	195,730	118,054
Youth Crisis Stabilization Facility	227,251	220,321	6,930	193,815	184,373	(9,442)	33,436	(2,512)
Pharmacy	1,099,804	1,240,923	(141,120)	1,088,765	1,324,614	235,849	11,038	94,729
Lakeside Recovery MMT	179,559	237,258	(57,698)	236,657	244,691	8,034	(57,098)	(49,664)
Adult Protective Services	128,488	146,480	(17,992)	122,887	167,979	45,092	5,601	27,100
Birth To Three	79,389	-	79,389	79,389	-	(79,389)	-	-
Contracted Services (Out of County Placements)	-	-	-	274,063	-	(274,063)	(274,063)	(274,063)
	<u>4,447,700</u>	<u>4,627,439</u>	<u>(179,739)</u>	<u>4,242,156</u>	<u>4,676,485</u>	<u>434,329</u>	<u>205,544</u>	<u>254,589</u>
Excess Revenue/(Expense)	22,505,053	8,898,964	13,606,089	21,814,995	8,802,706	(13,012,290)	690,057	593,799

North Central Health Care
Review of Services in Langlade County
For the Period Ending December 31, 2024

	Revenue			Expense			Net Income/ (Loss)	Variance From Budget
	Actual	Budget	Variance	Actual	Budget	Variance		
Direct Services								
Outpatient Services	882,641	1,018,993	(136,352)	778,763	763,161	(15,602)	103,878	(151,954)
Community Treatment-Adult	292,418	427,823	(135,404)	481,489	769,483	287,994	(189,071)	152,590
Community Treatment-Youth	1,618,992	1,501,799	117,192	1,604,888	1,504,469	(100,420)	14,103	16,773
Sober Living	89,407	46,097	43,310	57,852	72,867	15,014	31,555	58,324
Adult Day Services	315,474	373,883	(58,409)	305,313	323,554	18,241	10,161	(40,168)
	<u>3,198,932</u>	<u>3,368,595</u>	<u>(169,663)</u>	<u>3,228,306</u>	<u>3,433,533</u>	<u>205,227</u>	<u>(29,374)</u>	<u>35,564</u>
Shared Services								
Adult Behavioral Health Hospital	754,081	771,904	(17,823)	670,527	756,906	86,380	83,555	68,557
Youth Behavioral Health Hospital	353,987	316,657	37,330	339,643	417,823	78,180	14,344	115,510
Residency Program	19,981	91,971	(71,989)	29,480	110,570	81,090	(9,498)	9,101
Supportive Employment Program	26,182	32,916	(6,733)	29,478	34,985	5,508	(3,296)	(1,226)
Crisis Services	162,986	197,188	(34,202)	259,946	336,074	76,129	(96,960)	41,926
Adult Crisis Stabilization Facility	346,207	286,570	59,637	211,947	233,289	21,341	134,259	80,978
Youth Crisis Stabilization Facility	155,881	151,127	4,754	132,946	126,469	(6,477)	22,935	(1,723)
Pharmacy	754,400	851,200	(96,800)	746,828	908,606	161,778	7,572	64,978
Lakeside Recovery MMT	123,167	162,745	(39,578)	162,333	167,844	5,511	(39,166)	(34,067)
Adult Protective Services	92,084	104,425	(12,341)	84,293	115,223	30,930	7,791	18,589
Birth To Three	54,456	-	54,456	54,456	-	(54,456)	-	-
Contracted Services (Out of County Placements)	-	-	-	187,991	-	(187,991)	(187,991)	(187,991)
	<u>2,843,411</u>	<u>2,966,702</u>	<u>(123,290)</u>	<u>2,909,867</u>	<u>3,207,791</u>	<u>297,924</u>	<u>(66,456)</u>	<u>174,633</u>
Excess Revenue/(Expense)	6,042,344	6,335,297	(292,953)	6,138,173	6,641,324	503,151	(95,829)	210,197

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending December 31, 2024

	<u>MTD</u>	<u>YTD</u>
Behavioral Health Hospitals		
Charity Care	\$ 22,083	\$ 844,092
Administrative Write-Off	\$ (8,256)	\$ 549,902
Bad Debt	\$ 74,498	\$ 704,535
Outpatient & Community Treatment		
Charity Care	\$ 15,249	\$ 340,909
Administrative Write-Off	\$ 8,582	\$ 141,769
Bad Debt	\$ 11,816	\$ 148,396
Nursing Home Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 46,393	\$ 114,866
Bad Debt	\$ 2,945	\$ 9,748
Aquatic Services		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ -	\$ 10,221
Bad Debt	\$ 2,103	\$ 15,604
Pharmacy		
Charity Care	\$ -	\$ -
Administrative Write-Off	\$ 50	\$ 379
Bad Debt	\$ -	\$ -
Other Services		
Charity Care	\$ (0)	\$ 127
Administrative Write-Off	\$ 85	\$ 15,057
Bad Debt	\$ 24	\$ 51
Grand Total		
Charity Care	<u>\$ 37,332</u>	<u>\$ 1,185,128</u>
Administrative Write-Off	<u>\$ 46,854</u>	<u>\$ 832,194</u>
Bad Debt	<u>\$ 91,386</u>	<u>\$ 878,333</u>



North Central Health Care

Person centered. Outcome focused.

To: NCCSP Board

From: Gary D. Olsen, MPA, Executive Director

Date: January 16, 2025

RE: Executive Director's Report for the January 30, 2025, Board Meeting

Board Duties and Purchasing Policy Review:

Included in the Board Packet is a document originally presented to the Board in 2023 that provides a clearer definition of the Board's responsibilities. Given the addition of new Board members, I would like to take this opportunity to review the document with the Board.

A portion of the Board's responsibilities pertains to purchasing. In 2024, we adopted a revised Purchasing Policy, and I believe it would be beneficial to review this policy as well. A copy of the policy is also included in the Board Packet.

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Wausau Campus
1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Antigo Center
1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694

Merrill Center
607 N. Sales Street, Ste. 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center
2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Pine Crest Nursing Home
2100 E. 6th Street
Merrill, WI 54452
715.536.0355

Updated January 2025

Explanation of NCCSP Board

The following is an explanation of how the NCCSP Board will fulfill their duties that are found in the 2022 Amended and Restated Intergovernmental Agreement Establishing a Multicounty Department of Community Programs hereto referred to as Agreement, Section V (North Central Community Services Program Board) I (Powers of NCCSP Board).

Budget and Program Priorities:

Agreement V(I)(2)(a) The Board shall recommend program priorities and identify services and needs that must be met.

Agreement V(I)(2)(b) The Board shall assist the Executive Director in the preparation of short-term and long-term plans, budgets, and strategies for identified services and organizational needs to be submitted to the Executive Committee for consideration and final approval.

Agreement V(I)(2)(f) The Board shall advise the Director on the coordination of local services and continuity of care.

Agreement V(I)(2)(C) Upon approval and authorization by the Executive Committee, the Board shall prepare for submission and submit the final approved budget to the Department of Health Services in accordance with s. 46.031 (1) for authorized services:

- Each meeting, the Board will review a program with program managers to give the Board members a better understanding of the specific 51.42 programs and nursing home operations.
- March of every year, the Board will discuss with the Executive Director if there are any 51.42 program changes they would like to see considered in the next budget. These suggestions would then be taken to the NCCSP Executive Committee for final consideration and approval.
- If any Board member feels there is a need for better coordination of local services and continuity of care as it relates to services found in s. 51.42, they can advise the Executive Director of these issues, which could be brought to the attention of the Board.
- The Board will recommend any changes to the Budget Policy to the Executive Committee for final approval.

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- September of every year, the approved budget will be presented to the Board. At this meeting, a motion will be required to approve the Executive Director to forward the submitted final approved budget to the Department of Health Services in accordance with s. 46.031 (1) for authorized services.
- Any strategic planning process would begin at the Board level.
- The Board will recommend any changes to the Strategic Planning Policy to the Executive Committee for final approval.
- The Board is the “voice” of the community for 51.42 services.

Purchasing

Agreement V(I)(2)(d) The Board shall advise the Executive Director on purchasing and providing services, and the selection process of vendors for the services.

Agreement V(I)(2)(e) The Board shall provide the Executive Committee with recommendations for how the services and the selection of vendors should be changed:

- The Board will work with the Executive Director and Deputy Executive Director regarding any proposed updates to the Purchasing Procurement Policy. These changes would then be presented to the Executive Committee for final approval.

Administrative Duties

Agreement V(I)(3)(a) The Board shall, as necessary, develop operating procedures for Board consideration with the Tri-County Agreement and any other governing authority and shall submit said procedures to the Executive Committee for final approval.

Agreement V(I)(3)(b) As requested by the Executive Director or Executive Committee, the Board shall help create cooperative working agreements with those who provide health, education, vocational, or welfare services consistent with the services NCCSP provides:

- As needed or required by the Executive Director, the Board will assist in developing any operating procedures that are required by the Tri-County Agreement that would need to go before the Executive Committee for final approval.
- As needed or required by the Executive Director, the Board will help create cooperative working agreements with those who provide health, education, vocational, or welfare services consistent with the services NCCSP provides.

Conflict of Interest

Agreement V(I)(5) The Board shall adopt and enforce a policy to avoid conflicts of interest:

- The Board will approve the Conflict-of-Interest policy.

Policies Approved by the Board

The Board reviews the following policies, and revisions are forwarded to the Executive Committee for final approval:

- ***Budget Policy***
- ***Contract Review and Approval Policy***
- ***Strategic Planning Policy***
- ***Purchasing Policy***

The following policies require the Board's approval:


- ***Contracting with Excluded Individuals and Entities Policy,***
- ***Conflict of Interest Policy***

Meeting Schedule

It is anticipated that the meeting schedule for the Board will be as follows:

- January regular meeting
- March (will discuss program changes at this meeting)
- May regular meeting
- July regular meeting
- September budget meeting
- November regular meeting

This was originally distributed to the Board in August 2023

Policy Title: Purchasing & Procurement	 <p data-bbox="899 180 1463 233">North Central Health Care</p> <p data-bbox="984 235 1377 262">Person centered. Outcome focused.</p>
Policy #: 300-xxx	Program: Business Operations 300
Date Issued: 07/31/2024	Policy Contact: Managing Director of Finance and Administration

Related Forms & Manuals

Purchase Order Form (available in the Purchasing area)
Purchasing Procedure Manual

1. Purpose

The purpose of the policy is to maintain a consistent ordering procedure for all NCHC programs and to utilize buying groups providing beneficial pricing for NCHC and to ensure all purchases are approved by the correct individual within the program. NCHC’s goal is to achieve an effective and efficient procurement of goods and services that are consistent with quality and delivery needs at the lowest possible cost.

2. Policy

Fair and open competition is a core principle of public procurement and inspires public confidence that goods and services are procured equitably and economically. Documentation of the acts taken and effective monitoring mechanisms are important means of avoiding improprieties and establishing public confidence in the procurement process. It is the duty of all NCHC staff to maintain the public trust by adhering to NCHC standards of professional conduct and ethical behavior. All NCHC personnel are responsible for maintaining the integrity of the procurement process and will be held accountable for actions taken that do not conform to the established procurement process.

3. Application

This Policy applies to contracts for the procurement of supplies, services, and construction, entered into by NCHC and to every expenditure of public funds by NCHC for public purchasing irrespective of its source. It also applies to any sale or other disposition of public property by NCHC.

When the procurement involves the expenditure of federal or state assistance or contract funds, the procurement shall be conducted in accordance with any applicable mandatory federal or state law and regulation not reflected in this Policy. Nothing in this Policy shall prevent NCHC from complying with the terms and conditions of any grant, gift or bequest consistent with law.

4. Program Specific Procedures

4.1. Budget limitations are to be considered on all purchases. When making purchases, NCHC employees are required to act in the best interests of the organization. No staff member shall benefit in a personal manner as a result of any purchase made by NCHC.

- 4.2. The purchasing function is responsible to ensure that purchases of materials and equipment are obtained at prices that are most beneficial to the organization.
- 4.3. Director of Accounting must be notified of all rebates, which are considered revenue to the institution. The Director of Accounting will be responsible for monitoring all rebates and vendor incentives. Every effort will be made to include discounts into the pricing. Rebates received after the fact will be recorded into purchasing and used to offset the cost of memberships in buying groups.
- 4.4. The purchase of supplies and equipment is authorized in advance of purchase as part of the budgetary process. Program Leaders may proceed (through the Purchasing function) with purchases of routine nature provided they are budgeted. All budgeted capital expenditures need approval from the Managing Director of Finance and Administration prior to purchase. All non-budgeted purchases exceeding \$10,000 shall also require the independent approval of Managing Director of Finance and Administration and/or Executive Director. See Paragraph 7.7 for emergency expenditures.
- 4.5. When the need to dispose of NCHC assets or equipment arises, the program shall contact the Director of Accounting for instructions on how to dispose of the items. Items may be redeployed, sold, donated for a public purpose if permissible under applicable law, or stored for future use. Asset identification information will be provided to the Director of Accounting for accounting purposes. Additionally, any disposal activities must adhere to reverse procurement methods that are consistent with the organization's procurement policy.

5. Developing Specifications

Specifications establish the design, type, quality, functional capability and performance level desired. Identify the need and the key factors to fulfill the need completely. Be specific, identify grade, type, or other industry standards that must be met. It is very difficult to disqualify a poor quality product if the specifications are vague or limited.

Specifications include, but are not limited to:

- Type of construction or materials.
“Product shall be stainless steel” is typically not specific enough in most cases.
“Product shall be 20 gauge 304 stainless steel” is a much better specification.
- Minimum level of performance required.
“High capacity fan” is typically not specific enough in most cases.
“Fan shall be 50 CFM (cubic feet per minute) minimum” is a much better specification.
- Physical characteristics, size, weight, color, shape, etc.
“Lightweight design” is typically not specific enough in most cases.
“Product weight shall not exceed 20 lbs.” is a much better specification.
- Delivery and installation requirements. Is NCHC responsible for unloading the product from the vendor’s truck? Does the product need to be unloaded by the vendor and set in a specific location? Is the vendor required to install the product?
- Quantity and packaging requirements. 1000 items loose in a box or 10 bundles of 100?
- Warranty requirements.
- Training requirements.
- This or equal quality. Identify a specific product (by manufacturer and part number) that meets all our needs and allow bidders to bid that product or an alternate product of equal quality.

Policy Title: Purchasing & Procurement

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Owner: Managing Director of Finance & Admin

Next Review Date:

Approver: Executive Director

- Scope of services. Include method of service delivery, onsite, online, phone, etc. Identify timeliness of service delivery, response time, lead time, time to complete project. Describe in detail what is required including outcomes desired.

6. Procurement Thresholds and Approval Levels

In determining the amount of the purchase, must take into consideration the entire amount paid during the term of the contract. If contract auto renews on ongoing basis, must factor in at least the projected cost over a five-year period.

Micro Purchases

- Purchases up to \$9,999.00
- No quotation or a cost/price analysis is necessary if price is determined to be fair and reasonable
- Cannot divide contract to lower cost below small purchase threshold to avoid competitive bidding requirements
- Purchases should, when practicable, be distributed equitably among qualified suppliers (to the extent practicable)
 - Ex. If two local businesses are selling identical writing utensils for \$.25 per piece, and all other factors being the same, NCHC should strive to purchase 50% of the necessary quantity from one business and 50% from the other in order to ensure equitable distribution.

Small Purchases (*Does not apply to public work improvement projects that exceed \$25,000.00*)

- Purchases ranging from \$10,000.00-\$79,999.00
- Price and rate quotes must be obtained from at least three (3) qualified sources
 - Price rate quotes must be documented in writing and retained by organization for audit and other purposes
 - If the organization cannot obtain price and rate quotes from at least three (3) qualified sources, it must document its diligent efforts to do so. With only one qualified source, a sole-source procurement may be authorized. However, if two qualified sources are identified, their quotes will be evaluated to determine the best value option
- Must be approved by NCHC Managing Director of Finance and Administration
- Cannot divide contract to lower cost below small purchase threshold to avoid competitive bidding requirements

Large Purchases (>\$80,000.00)

Sealed Bids

- Used when product specifications can be clearly defined
- Preferred method for construction projects
- Requires formal advertising
- Two or more bidders are willing and able to respond
- Public bid opening is required
- Award to lowest cost responsible bidder

Competitive Proposal

- Used when sealed bids method is not appropriate and award cannot be made strictly on specification or price
- Requires advertising
- Must include written method for conducting the technical evaluation
- Responses must be solicited from multiple qualified sources
- Award should be fixed price or cost reimbursable

Sole Source

- Only used in following circumstances:
 - Product and/or services is available through a single source
 - Public exigency or emergency will not permit delay required for competition
 - Awarding federal agency has expressly authorized a noncompetitive process
 - After solicitation of number of sources, competition is deemed inadequate
- Must be documented in detail and documentation must be retained for audit and other organizational purposes

7. Procurement Methods

The following methods are approved competitive processes to be used in the procurement process. The Managing Director of Finance and Administration should be contacted to determine the best method for a particular procurement. The Executive Director shall have the final authority on the method of procurement to be used. For procedural requirements that are applicable to the undermentioned procurement methods, the rules and procedures set forth in NCHC's Procurement Procedure Manual must be followed.

7.1. Simplified Bidding/Acquisition

"Simplified bidding" is a method of procurement used when the estimated cost of a transaction is \$79,999.00 or less. Simplified bidding takes place when three or more qualified suppliers are solicited to submit bids on a procurement. However, "three or more" is a minimum. The definition of "three or more" bidders is not to be used to restrict competition or to prevent qualified bidders from bidding on procurements.

7.2. Request for Bid (RFB)

A Request for Bid is an advertised solicitation that is conducted by the Purchasing Department for goods and services for \$80,000.00 or more and that can be defined with clear specifications.

7.3. Request for Proposal (RFP)

A Request for Proposal is an advertised solicitation conducted by the Managing Director of Finance and Administration that is used for goods and/or services that are not able to be clearly defined, outcome requirements that have multiple methods to accomplish, or for projects for which the skill or quality of the Contractor needs to be weighed with the cost. RFP solicitations are weighted and scored by an evaluation team and awarded to the highest scoring proposer.

7.4. Request for Information (RFI)

A Request for Information is a type of request used when information and pricing is not readily available for goods, professional services, specialized services or specific construction projects that require a higher degree of skill than usual. The Request for Information may be used to create a short list of vendors for either direct negotiation or bid requests.

7.5. Cooperative Purchasing/Participation in Buying Groups

NCHC may participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of goods and services. Cooperative purchases shall be made in accordance with public procurement principles of open and equitable competition. NCHC may also purchase from any other government entity or from State awarded contracts without the intervention of bids (Section 66.0131 (2) Wis. Stat.). NCHC is a party to multiple cooperative purchase partnerships. The department soliciting the procurement should contact the NCHC Managing Director of Finance and Administration in order to obtain information regarding the buying groups that NCHC is a party to.

7.6. Sole Source Purchasing

The Managing Director of Finance and Administration, after approval from the Executive Director, may procure goods and services without competition when the Managing Director of Finance and Administration determines in writing, after conducting a good faith review of reasonably available sources, that there is only one source for the required supply, service or construction item, and when allowed by law. The Managing Director of Finance and Administration shall conduct negotiations, as appropriate, as to price, delivery, and terms. The Managing Director of Finance and Administration shall maintain a public record of sole source procurement that lists each contractor's name, the amount and type of each contract, a listing of the item(s) procured under each contract, and the identification number of each contract file.

7.7. Emergency Purchases

The Managing Director of Finance and Administration and/or the Executive Director may make or authorize others to make emergency procurements of supplies, services or construction items when there exists a threat to public health, welfare, or safety, provided that such emergency procurements shall be made with as much competition as is practicable under the circumstances. The Managing Director of Finance and Administration shall include in the contract file a written determination of the basis for the emergency and for the selection of the particular contractor. As soon as practicable, the Managing Director of Finance and Administration shall notify the Executive Director and make a record of each emergency procurement setting forth the contractor's name, the amount and type of the contract, a listing of the item(s) procured under the contract, and the identification number of the contract file.

7.8. Used Equipment Purchases

The purchase of used equipment from vendors when, in the discretion of the department's respective head, the purchase of said used equipment will result in considerable savings to NCHC, shall be submitted to the Managing Director of Finance and Administration or Executive Director's review. Respective department head must provide written justification to Managing Director of Finance and Administration or Executive Director for review and approval.

7.9. Public Work or Public Construction Projects

Public work is construction of roads, signs, or other systems carried out by the government for the use and benefit of the community. Public construction means a contract for the construction, execution, repair, remodeling or improvement of a public work or building or for the furnishing of supplies or material of any kind, proposals for which are required to be advertised for by law. Any improvement, remodel, remediation, expansion, repair, to any county owned building, utility, or fixture, has been interpreted to constitute public construction. Public contracts do not include equipment.

Wisconsin Statute § 59.52(29)(a) sets the limits on NCHC's ability to adopt its own procurement standards as they relate to public construction projects. For contracts involving public construction, all matters, negotiations, bidding procedure, etc. shall be referred Marathon County Facilities & Capital Maintenance Department or to Marathon County Corporation Counsel.

8. Information Technology Purchases

All requisitions and purchases for information technology (IT) equipment or software must have prior approval from the CCIT Director. If a RFB or RFP is issued, the CCIT Director shall provide input about the compatibility and other issues related to the software or equipment prior to an award being made. This is to ensure the compatibility of the requested equipment and software with existing systems and also ensure the new technology does not pose risks to cybersecurity of County systems. The CCIT Director may waive the compatibility requirement.

9. Limited Exceptions to Procurement Requirements

This section outlines exceptions to the standard procurement requirements for specific situations related to contracted physicians, non-physician professional clinical services, and staffing agencies. It's important to note that compliance with Stark Law requirements and adherence to the NCHC's Physician Compensation Policy (for contracted physicians) and NCHC's Provider Compensation Fair Market Value Calculation (for all providers) are mandatory for both new and existing service arrangements.

These policies and provisions are intended to, and should be applied to, ensure fair and open competition, to maximize the purchasing value of public funds in procurement, and to achieve the general purpose laid out in sections 1 and 2 of this policy.

9.1 Contracted Physicians

- New Services. Contracting with new independent contractor physicians shall be exempt from the large purchase threshold. However, these arrangements must follow the small purchase procedures outlined in Section 6.
- Continuation of Existing Services. Existing contracts with physicians can be renewed without adhering to procurement thresholds. Renewals must comply with Stark Law requirements and all compensation arrangements must adhere to both the NCHC Physician Compensation Policy and NCHC's Provider Compensation Fair Market Value Calculation.

9.2 Non-Physician Professional Clinical Services

- New Services. Similar to contracted physicians, there shall be a waiver of the large purchase requirements when contracting for new non-physician professional clinical services. These arrangements must follow the small purchase procedures in Section 6 and, in addition, these arrangements must also adhere to NCHC's Provider Compensation Fair Market Value Calculation.
- Continuation of Existing Services. The renewal process for non-physician professional clinical services mirrors that of contracted physicians (outlined above). Renewals are exempt from procurement thresholds but all payment arrangement must comply with NCHC's Provider Compensation Fair Market Value Calculation.

9.3 Staffing Agency Contracts

- New Services. Similar to the above categories, the large purchase threshold is waived for contracting with staffing agencies for clinical services. Accordingly, these arrangements must follow the small purchase procedures outlined in Section 6 above.
- Continuation of Existing Services. All agency contracts, including those under the small purchase threshold, shall be reviewed at least every three years to ensure the organization is receiving the best value. Additionally, if a specific agency physician or professional works more than 0.5 FTE (Full-Time Equivalent) on an annual basis, then compensation must fall within NCHC's Provider Compensation Fair Market Value Calculation or, in the alternative, three quotes must be obtained from different agencies annually to ensure the organization is getting the best value for services procured.

10. Tied Bids

Tied bids exist when the total costs of two or more responses to a request for bid are identical. Cost totals can be carried out to two decimal points to break a tie. Tied bids do not apply to requests for proposals. If the final scores of two or more proposals are identical, the best and final offer process shall be used to break the tie. If a tie bid occurs, award may be made to the bidder offering the best additional economic benefit to NCHC such as discounts for early payment, volume discounts, more advantageous contract term, etc. If all economic benefits are equal, the Managing Director of Finance and Administration or designee and one witness may conduct and document one of the following processes to complete the award:

- o If only two vendors are tied, flip a coin: Assign "heads" to the vendor whose company name is alphabetically first, and "tails" to the other vendor. Flip the coin allowing the coin to come to rest on the floor. If "heads" is up, the vendor whose company name is alphabetically first wins. If "tails" is up, the other vendor wins.
- o If more than two vendors are tied, draw lots: Assign similar sized pieces of paper for each tied vendor and conduct a blind draw to select one awarded vendor. The process used and the results shall be documented on the bid tabulation.

11. Contractor/Vendor Selection

Although efforts should be made to award all contracts to the lowest cost responsible bidder whenever possible, lowest price is not always the sole consideration in determining the contractor and/or vendor best suited for meeting organizational purchasing needs. When making decisions regarding purchasing, all department staff should be cognizant of long term impacts on NCHC for any given contract and ensure that the contractor and/or vendor selected will be the highest quality and most cost efficient option for NCHC over the entire duration of the contract. For example, when one contractor/vendor has the lowest bid, but the maintenance costs over the product life cycle are significantly more than the bid price gap between two contractors/vendors, NCHC should select the contractor/vendor that provides NCHC with highest quality and best price over the contract and/or product life cycle. Other considerations include, but are not limited to, the following:

- Contractor/vendor reputation and quality;
- Product warranties and other quality indicators;
- Compatibility of product with NCHC's systems;
- Whether staff training is offered as part of the product/service delivered or whether training and implementation will result in additional acquisition costs;
- Availability of goods/services within the required delivery time;
- Financial stability of the vendor;
- Payment terms;
- Any other factor resulting in increased value and/or decreased cost to NCHC.

12. Appeals Process

If unsuccessful bidder, offeror or contractor can show good cause as to why an award of contract was not in the best interests of NCHC, a formal protest must be filed with the Managing Director of Finance and Administration, in writing, within five (5) business days of the date of notice of award. The written notice of intent to protest must identify the Statutes or NCHC Policy provisions that are alleged to have been violated.

The Managing Director of Finance and Administration shall inform the Executive Director and conduct an investigation regarding each protest and may request information from departments or Legal Counsel when necessary. The Managing Director of Finance and Administration may also create an evaluation team to review the merits of the protest, depending on the complexity of the project.

The decision of the Managing Director of Finance and Administration may be appealed to the Executive Director within five (5) working days of issuance. The appeal must allege a violation of a Wisconsin Statute or a NCHC Policy provision.

13. Ethics in Public Contracting

Employees' Conflict of Interest

It shall be unethical for an employee to participate, directly or indirectly, in a procurement when the employee knows or should know that:

- the employee or any member of the employee's immediate family has a financial interest pertaining to the procurement; or
- any other person, business or organization with whom the employee or any member of an employee's immediate family is negotiating or has an arrangement concerning prospective employment is involved in the procurement.

An employee or any member of an employee's immediate family who holds a financial interest in a disclosed blind trust shall not be deemed to have a conflict of interest with regard to matters pertaining to that financial interest.

Gratuities and Kickbacks

Gratuities. It shall be unethical for any person to offer, give or agree to give an employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a contract or subcontract or to any solicitation or proposal.

Kickbacks. It shall be unethical for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated with the prime contractor or higher tier subcontractor, as an inducement for the award of a subcontract, or order.

Contract Clause. The Managing Director of Finance and Administration shall ensure that the prohibition against gratuities and kickbacks prescribed in this section shall be conspicuously set forth in every contract and solicitation.

Prohibition Against Contingent Fees

It shall be unethical for a person to directly or by retaining another person to solicit or secure a NCHC contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business.

Use of Confidential Information

It shall be unethical for any employee or former employee knowingly to use confidential information for the actual or anticipated personal gain of the employee or former employee or of that person's immediate family.

14. Socioeconomic Contracting

As part of the procurement process, NCHC shall take affirmative steps to assure that minority-owned, women-owned, small, and labor surplus area firms are appropriately considered for award. The affirmative steps must include at least the following:

- Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small, minority-owned, and women-owned businesses;
- Establishing delivery schedules, where the requirement permits, which encourage participation by small, minority-owned, and women-owned businesses;
- Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce;
- Requiring the prime contractor, if subcontracts are to be let, to take the five previous, affirmative steps.