North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AMENDED 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, April 16, 2020 at 3:00 pm
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

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

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

Meeting number (access code): 1-408-418-9388, Access Code: 16049287

https://meetingsamer4.webex.com/meetingsamer4/j.php?MTID=mab10201c11c928f8933cc9149015c1dd

AGENDA

1. CALL TO ORDER

2. CHAIRMAN'S ANNOUNCEMENTS

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

4. CONSENT AGENDA

   A. Board Minutes and Committee Reports
      i. ACTION: *Motion to Approve the January 30, 2020 NCCSP Board Minutes*
      ii. Draft and Approved Minutes of Recent NCCSP Board Committees

   B. Policy Governance Monitoring Reports

   C. Executive Operational Updates

   D. ACTION: *Motion to Approve Board Policies up for Annual Review* – Policies for Cash Management, Capital Assets Management, Fund Balance, Write-off of Accounts Receivable, and Risk Reserve

E. ACTION: *Motion to Approve the Recommendation of the Medical Executive Committee to Approve Medical Staff Privileges for Susan R. Brust, APNP, Qun Wu, M.D., Gregory M. Varhely, M.D., and Anne Dibala, M.D.*

5. BOARD DISCUSSION AND ACTION

   A. Organizational Dashboard, Operational Plan and CEO Report – M. Loy

      i. Presentation on North Central Health Care's Evolving Operating Environment Related to COVID-19 - Short to Long-Term Implications and Potential Future NCCSP Board Policy Considerations

      ii. ACTION: *Motion to Accept 2020 Preliminary Financial Statements for January, February and March* – B. Glodowski and J. Meschke

      iii. ACTION: *Motion to Amend the 2020 Capital Improvement Budget to Defer or Adjust Previously Approved Projects*

   B. NCCSP Bylaw Amendments and Other Changes Required by the Adoption of the New Joint County Agreement – M. Loy

      i. ACTION: *Motion to Approve the Amended and Restated Bylaws of the North Central Community Services Program*

6. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

7. ASSESSMENT OF BOARD MEETING EFFECTIVENESS – Dr. S. Benson

8. 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: 04/13/2020 TIME: 4:00 PM BY: D. Osowski

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

January 30, 2020 | 3:00 p.m. | Wausau Board Room

Present:

X	Eric Anderson	X	Norbert Ashbeck	X	Randy Balk
X	Steve Benson	X	Ben Bliven	X	John Breske
X(via phone)	Meghan Mattek	X	Bill Metter	EXC	Corrie Norrbom
X	Rick Seefeldt	X	Romey Wagner	EXC	Bob Weaver
ABS	Theresa Wetzsteon	X	Jeff Zriny		

Staff Present: Michael Loy, Dr. Rob Gouthro, Jarret Nickel, Brenda Glodowski, Tom Boutain, Kim Gochanour, Laura Scudiere, Jennifer Peaslee

Guests: Matthew Stanford, WHA

1. Call to order
   Meeting was called to order at 3:02 p.m.

2. Public Comment for Matters Appearing on the Agenda
   No public comments

3. Chairman's Report and Announcements – J. Zriny
   Robin Stowe, Langlade County Corporation Counsel, stopped in briefly to introduce Dennis Clark, recently hired in a newly created position of Langlade County Manager.

   Zriny thanked Laura Scudiere for her service to North Central Health Care. Metter added that Laura joined the Executive team when there was turmoil amongst county partners and felt the improvement in these relationships was a direct result of her leadership.

4. Consent Agenda
   - **Motion**/second, Balk/Ashbeck, to approve the Consent Agenda which includes:
     - 12/12/2019 NCCSP Board Meeting Minutes
     - 1/16/2020 Executive Committee Minutes
     - CEO Work Plan Review and Report
     - Executive Updates
     - December Quality Dashboard and Executive Summary
     - Medical Staff Bylaws
     - Medical Staff Privileges for Laurence Gordon, DO, Gabriella Hangiandreou, MD, Patrick Helfenbein, MD, William Nietert, MD, Sencan Unal, MD

5. Board Discussion and Possible Action
   - Overview of the Political Landscape in 2020 – M. Stanford, General Counsel, Wisconsin Hospital Association

- Trends in hospital and health care show a recent decline in positive operating margins i.e. patient mix is challenging (more Medicaid vs private pay), typically when private pay ends Medicare begins.
- There is an increase in the aging population and a shrinking workforce. By 2032 it is estimated that the population over 75 will grow by 75% and the population under 18 will grow by only 3.5%. Wisconsin's population over 65 will double by 2030 and health care demand will increase by 30%.
- Some of the goals for WHA in 2019 was to increase Medicaid reimbursement to psychiatrists, expand Medicaid telemedicine reimbursement to all covered services and remote monitoring technologies, etc.
- In August of 2019 a DHS report indicated Wisconsin faces a shortage of 117.27 full-time psychiatrists. Wisconsin ranks among the lowest in the nation in meeting the demand for psychiatrist care. Working with the Medical College of Wisconsin in the Psychiatry Residency Program is vital to improving services in the State and our community.

- December Preliminary Financial Statements – B. Glodowski
  - Operationally revenue was down, census in both the nursing home and hospital were down, outpatient revenue was also below target, however, and residential services remained within target. Contracted services and legal expenses were over target for December. Diversions and health insurance were within target for December. A number of yearend adjustments have been built into the financials including the Waldinger settlement, WIMCR, and CCS settlement.
  - Our annual audit will be conducted in February with a presentation to the Board at its April meeting. We are working with Pine Crest with their annual audit wrap-up.
  - Days in accounts receivable in 2019 ended at 27 days compared to 32 at the end of 2018. Industry benchmark in the nursing home industry according to Wipfli is at 44 days and in the mental health industry at 50 days.
  - Write-offs are down as well as write-offs to gross revenue.
  - **Motion**/second, Ashbeck/Breske, to approve the December preliminary financials. Motion carried.

- Overview of Proposed Revision to the Agreement for Joint Sponsorship of Community Programs – L. Leonhard
  - A Joint Tri-County Agreement has been in place for a long time but had not been updated in decades. In 2016 a revised agreement was developed which included an additional oversight body, the Retained County Authority Committee (RCA) as well as a time period forcing a review of the agreement by July 2020. The RCA felt the timing of the review should be completed and presented to the three County Boards prior to the April elections.
  - A redlined version of the revised document is included in the Board packet and reflects trust in partners. The revisions include input from NCHC Board and moving the RCA oversight to be within the NCHC Board structure. The proposed structure of the NCCSP Board incorporates representation of each county's chief administrative position.

- Provision of Legal Services to North Central Health Care – L. Leonhard
  - Loy noted the need, and cost, for legal services has increased dramatically over the years. State Statutes do not allow us to hire our own attorney, although we are able to contract for legal services.

- Options: continue as we are and deal with the high cost, advocate for a change in legislation to allow NCHC to hire an attorney directly, or establish a dedicated attorney for NCHC through a County Corporation Counsel's office. (See Memo in packet.)
- Leonhard added the attorney would be a Marathon County employee but be housed at NCHC; the client being the multi-county agency. The attorney will have access to the other lawyers of the corporation counsel office who handle Chapter 51 cases, guardianships, etc. If there is a potential conflict of interest a private attorney would be contracted with. Feel there will be better consistency and a significant benefit working directly with M. Loy at NCHC.

- Divestiture and Transfer of Adult Protective Services from North Central Health Care to the Aging & Disability Resource Center of Central Wisconsin – M. Loy
  - In 2019 we agreed to pursue transferring the APS program to the ADRC.
  - The ADRC Board recently approved the transfer. If the NCHC Board approves the request to transfer the program to ADRC, the transfer will be presented to each of the three counties for their consideration.
  - There is no measurable impact that the community will experience except a different location from where services will be provided. APS provides guardianship services i.e. legal process to remove civil rights in decision-making; and at risk investigations and ultimately protective placements. There will be a negative contribution to indirect allocation of cost to operate ($200,000) which we should be able to work to absorb.
  - Leonhard stated the proposal will also need to be approved by Wood County as the ADRC includes Wood County in addition to Langlade, Lincoln and Marathon Counties.
  - **Motion**/second, Seefeldt/Wagner, to recommend the divestiture and transfer of Adult Protective Services from North Central Health Care to the Aging & Disability Resource Center of Central Wisconsin. Motion carried.

- Status and Future Direction for Psychiatry Recruitment – M. Loy
  - Important for Board to have a good understanding of the strategy and scope of depth in the shortage of psychiatrists in Wisconsin and specifically our tri-county area.
  - NCHC has provided the backbone support for the MCW Central Wisconsin Residency Program since 2016 including annual Stipend Support starting in 2016 at $53,000 to $230,000 for 2020 going forward. NCHC also provides faculty for training which takes staff out of production during that time and the program is at a point when we should see additional benefits in the potential recruitment of one or two residents as they graduate from the Residency Program.

- Board Review of the Joint Commission Re-Accreditation Process: J. Peaslee
  - NCHC entered its survey window starting in September 2019 through March 2021. This will be the second re-accreditation process.
  - The survey includes speaking with Board members.
  - Distributed documents to assist in anticipating the type of questions that are typically asked.
  - Cost of Joint Commission Accreditation is roughly $35,000 annually.
  - Accreditation is only the behavioral health services and does not include the nursing home. Accreditation offers deemed status benefits for CMS regulatory oversight and is a framework to improve quality of care.

6. MOTION TO GO INTO CLOSED SESSION
   - **Motion**/second, Ashbeck/Metter, to move into closed session,
     - Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* – J. Peaslee
     - Pursuant to Section 19.85(1) (c) Wis. Stats. for the purpose of considering employment, compensation, or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, to wit: *CEO Evaluation and Compensation Recommendation to the Retained County Authority Committee -* Todd Penske, PeopleFirst HR Solutions Inc.
   - Roll call. All ayes. Motion passed 10-0. Meeting convened in closed session at 4:45 p.m.

7. <u>RECONVENE TO Open Session and Report Out and Possible Action on Closed Session Item(s)</u>
   - **Motion**/second, Metter/Bliven, to reconvene into Open Session. All ayes. Motion passed 10-0. Meeting convened in Open Session at 5:43 p.m.
   - No report out or action taken.

8. <u>Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration</u>
   - Next Board Meeting is Thursday, February 27, 2020 at 3:00 p.m.

9. <u>Assessment of Board Effectiveness: Board Materials, Preparation and Discussion</u>
   - No comments made.

10. <u>Adjourn</u>
    - **Motion**/second, Bliven/Benson, to adjourn the meeting at 5:44 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

February 12, 2020 **10:30 AM** **NCHC – Wausau Board Room**

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

Others Present: Michael Loy, Jarret Nickel

Call to Order

- Meeting was called to order at 10:33 a.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made,

ACTION: Approval of 1/19/2020 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Norrbom, to approve the 1/19/2020 Executive Committee meeting minutes; motion passed.

CEO Report

- J. Zriny is not available for the February Board meeting; Dr. Benson will be chairing the meeting.
- Positive comments were received from the January Board meeting relative to the new time and food offerings.
- Procurement Policy is being updated by Atty. Dietrich and anticipate it being available for review at the Board meeting.
- Campus renovation update will be provided; pool should be finished in 4-5 weeks. Soft opening at the time it opens and public opening in May to include donors, etc. Youth Hospital and Crisis CBRF are well under way with opening on schedule at end of summer. Parking will be challenging over the next few months as the E wing demolition occurs and the new nursing tower construction begins.
- An update on the Electronic Medical Record replacement project will be provided. Cerner is the preferred vendor of the RFP process. Contract is being finalized. Project planning will occur through June with active implementation from June through year end. We are requesting representatives from the vendor be onsite during implementation plus an independent project manager to assist with the process.
- Will plan a discussion on diversity and cultural competency, implications for the Board, management and workforce. Hope to include MaiGer Moua, Crisis Services Manager, with this discussion.

- An offer has been made and accepted for the Chief Financial Officer. Jill Meschke comes with an impressive background. She will begin in March. She met with staff and Board members this week. Feedback from all parties has been positive.
- Have a candidate interested in the position of Executive Director of the North Central Health Foundation.
- Have contacted an individual who had previously applied for the CNO position to talk about the possibility of a combined CNO/Behavioral Health Executive role.
- Organizational Chart is being updated. Moving services to better fit talents, strategy and succession i.e. clinical support services, environmental services and developmental disabilities will report to the Operations Executive. Behavioral Health Executive will focus on behavioral health only. Nursing Home Executive will focus on nursing home operations. Updated org. chart will be provided to the Board.
- Physician recruitment continues. Anticipate three psychiatrists visiting in the next two months. If successful in these recruitment opportunities, the need for locum contracts should reduce dramatically.
- HSRI Needs Assessment continues working through stakeholder interviews. They just received State Medicaid data (after waiting 8 months). HSRI plans to attend the Board retreat in May. Goal is to do a public release at Noon at NTC followed by the Board retreat to review the details, strategize, and make recommendations. Committee would like to have details of the findings prior to the release and retreat.
- The revised Joint Contract will be presented to the Marathon County Board for approval this month. New NCCSP Board members will receive orientation in May and attend the May retreat.
- NCHC is applying for a $1 million Youth Crisis Stabilization Grant. This is a voluntary unit, 8 bed CBRF, for longer term youth crisis beds. The counties have given us a directive to complete the application. We should hear back in two weeks and if successful, we have six months to implement. The grant will help with start-up costs and should operate in the positive. It is paid for by Medicaid and not restrictive to our three counties; it is a first come first served basis.
- Sober Living facility in Antigo is slated to open Sept. 1, 2020. Some delays have been due to environmental contamination (known prior to the purchase of the property).
- Youth Hospital is scheduled to open August 2020.
- Homelessness work is being done in coordination with a coalition. A project called Envision, a community collective located behind St. Vincent DePaul, is a network of community agencies working to reduce homelessness. The goal is for a one source stop to homelessness. NCHC has been approached to have a physical presence there. With the HSRI study, housing will be a key part and NCHC will need to decide what role it will play.

- January financials are showing an overarching outcome with a loss of $250,000; all related to diversions. It was over target by 100 days which is not uncommon for January. February diversions have come down. We are working on strategies to reduce diversions. Dr. Gouthro is involved in the discussions for a solution along with many other staff. We will need to change behavior of our case management team and community treatment. This has been a chronic issue and we have not hit on a solution yet. Anticipate improvement with the structural changes occurring. Crisis CBRF is being utilized longer than anticipated and Community Treatment is taking longer. There are issues with Inclusa not moving patients in a timely manner and trouble with placements. Nursing staff have been influential on safety concerns and influencing physicians on diversions and relying on contract doctors. J. Nickel is working on security and staffing to eliminate those concerns. This is a complicated, multi-faceted issue.
- Health insurance is under budget for January.
- Census at Mount View and Pine Crest continues to drop. The path for both nursing homes is to continue to downsize. Pine Crest had a positive variance in January; Mount View did not. Our referrals and admissions are up but length of stays are down.
- With new staff in the Behavioral Health/Crisis areas, we've identified the 10 highest utilizers of services, and have given guidelines to staff when they are in contact with Crisis in an effort to provide continuity from our team with the clients.
- Dr. Benson recommended additional education for Board members to better understand diversions, visitation, and steps taken to address them.

<u>Update on Executive Recruitments</u>

- Provided in CEO Report

<u>February Board Agenda</u>

- Draft agenda reviewed

<u>Future agenda Items for Executive Committee or Board Consideration</u>

- Diversions
- Health insurance i.e. initiatives, progress being made, etc.

<u>Adjourn</u>

- **Motion**/second, Weaver/Benson, to adjourn the Committee meeting at 11:42 a.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

March 25, 2020 **12:00 PM** **NCHC – Wausau Board Room**

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

Others Present: Michael Loy, Jarret Nickel

Public Present: Community Member identified only as Josh (via phone)

Call to Order
- Meeting was called to order at 12:09 p.m.

Public Comment for Matters Appearing on the Agenda
- No public comment(s) made.

ACTION: Approval of 2/12/2020 Executive Committee Meeting Minutes
- **Motion**/second, Norrbom/Benson, to approve the 2/12/2020 Executive Committee meeting minutes; motion passed.

CEO Report – M. Loy
COVID-19 Pandemic Update:
- NCHC has an incredible management/leadership team which the Board should be very proud of. They are working tirelessly in a proactive collaborative approach during this COVID-19 pandemic.
- An emergency operations structure was put in place early at NCHC on 3/6/20 which has been extremely beneficial. Our team meets daily, reviews current reports of any potential COVID-19 cases and adjusts operations as needed. NCHC immediately implemented screening protocols, identified restricted access zones, established guidance on screening procedures, etc.
- We are in the process of getting auxiliary staff up to speed i.e. fast track training, revised new hire orientation.
- Clinical Prevention and Treatment team is headed by Dr. Gouthro and planning for treating in place of those individuals testing positive. We have identified and are preparing 3 areas in our organization to use as quarantine areas should the need arise.
- We are working actively with community partners. Most therapy services in the community are shifting to tele-communications and therapy; finance and administration are working on tracking information and cost structures specific to the COVID pandemic; supply/logistics group is diligently seeking out materials needed; and communications are being provided often to staff, residents, families, and community partners.

DRAFT

- The emergency operations team has identified five top priorities:
    - Revenue and expenses continue to be monitored closely; cancelling/delaying unnecessary expenses and maintaining necessary cash flow;
    - Restrictions and protocols have been implemented for patient safety;
    - PPE needs identified and continue to search and secure additional back-up equipment and supplies;
    - Proactively working to redeploy staff, preparing auxiliary staff, increased recruitment efforts, etc.;
    - Identified bed availability and quarantined areas of buildings for positive COVID-19 care.
- Other program changes:
    - Our plan is to find a new normal and operate on that basis for next 45 days; then we will re-evaluate.
    - MVCC census has softened a bit as all organizations in community are preparing for surge; not much activity on post-acute at this time; limiting admissions to dementia and long term care areas to allow for more acute care beds and preparing for positive COVID-19 units being ready to take on capacity from hospital if they get impacted.
    - The Medically Monitored Treatment program (MMT) has been temporarily suspended however other substance abuse treatment programs continue; closely monitor all diversions to and from outside tri-county.
    - Stood up practice for onsite medical clearance to help alleviate the emergency departments from these activities and have been able to provide about 60% of medical clearance onsite.
    - Outpatient and Community Treatment programs have pivoted to working remotely; moved to individual counseling therapy vs. groups and working well. Anticipate volumes to be down at this time but could increase if situation lasts longer. Those without telecommunication availability have continued to come in and receive services at the facility using tele-health stations at NCHC.
    - Community Living programs closed the Adult Day Services program although it may open on emergency basis. Continue to operate PreVocational Services but with job sites closing expect program to be impacted also. Residential sites continue to operate with controlled visitation, appropriate screening, etc.
    - Aquatic Services has closed and do not plan to open until the new pool opens at the end of April at the earliest. Aquatic staff are being redeployed to other program areas.
    - MVCC currently has an occupancy averaging 161 and has capacity for 188; Pine Crest has occupancy averaging 133 with a capacity of 170 beds. Inpatient hospital could have as many as 52 if a surge occurs. There are weekly meetings with Aspirus, Marshfield Clinic, St. Clare's, Ascension and other health care providers who are working together and planning should a surge occur.

DRAFT

Financial Report:

- We anticipate there will be a significant impact with the March financials with the unforeseen onset of the COVID-19 pandemic in our communities which resulted in sudden changes to how we provide services. We review financials daily and plan to stabilize a 'new normal' for the next 45 days. Initial projections for April is estimated at an $850,000 impact to the bottom line on a monthly basis. We continue to manage expenses and deferred some expenses to later in the year. Optimistically, and with patience in correcting parameters and guidelines, we could see potential additional revenues in all programs by year end which could help reduce the loss we are experiencing.
- Diversions have reduced and we continue to work on our goal to eliminate divisions altogether.
- Health insurance is significantly under budget at this time.

CFO Status:

- Jill Meschke joined us about 3-4 weeks ago and is doing a great job getting settled and being part of the team. B. Glodowski is transitioning her role through April and will contract her support as long as needed through the end of the year.

Psychiatry Residency Program Update:

- Three residents have been matched for our 4th class. They will join us on 7/1/2020. At that time we will have all 12 residents practicing. What is unique is that 2 of the 3 residents this year are coming from the Medical College of Wisconsin Medical School in Wausau. The residents continue to provide services during the COVID-19 situation and are part of the emergency response team.

HSRI Study Update:

- A challenge they are currently having is connecting for stakeholder input. We are looking at possibly moving the Board retreat to July and postponing the release of the report to the Board and community at that time also.

Renovation Update:

- The pool is slated for completion the end of April. The donor wall is being finalized.
- The Youth Hospital and Crisis CBRF structures are within timeline.
- E-wing demolition is complete. Tower construction will begin soon. No delays are anticipated due to the COVID-19 pandemic according to Miron Construction; weekly calls are conducted in which they indicate they are maintaining their work force. Bonding for the tower project will occur soon and anticipate an 18 month project timeline.

DRAFT

Recruitment/Vacancy Update:

- Physician recruitment continues with two interviews this week via telecommunications.
- The candidate who initially accepted the BHS Executive position has backed out. Candidate for the Executive Director of the Foundation has declined the position. We are holding off recruiting for these two positions along with the Chief Nursing Officer position. Unsure if Marathon County will be moving forward with filling the legal counsel position at this time.
- Have seen uptick in filling dietary and hospitality aid positions.
- Working with Northcentral Technical College on an accelerated CNA online learning (possible 3 week program).

<u>NCCSP Bylaw Updates and Other Changes Necessary Related to the New Joint County Agreement</u>

- Major changes focus on the composition of the Executive Committee with the new Joint County Agreement.
    - Committee will be composed of a representative from each county plus the NCCSP Board Chair.
    - With elections in April the biggest challenge will be preparing for the May Board meeting, selecting officers, etc. J. Zriny and R. Wagner have challengers for their county board seats which could also impact Board composition. In addition, with the COVID-19 pandemic, we will wait to see if the Governor delays the elections.
    - Following elections, the Governing Committee will meet and make recommendations for Officers of the Board.

<u>April Board Meeting and Agenda</u>

- Agenda will include several items deferred from February meeting in addition to regular agenda items and retreat preparation discussion.
- Will plan to hold the meeting via audio/video conferencing again due to the current Governor's order for social distancing/stay home until 4/24/20.

<u>Future Agenda Item(s) for Executive Committee or Board Consideration</u>

- Next Executive Committee Meeting is scheduled for April 10, 2020 at 10:30 a.m.
- April 16, 2020 Draft Board Agenda

<u>Adjourn</u>

- **Motion**/second, Weaver/Norrbom, to adjourn the Executive Committee meeting at 12:57 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DRAFT

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
NURSING HOME OPERATIONS COMMITTEE

February 20, 2020 3:00 PM Pine Crest Nursing Home

Present:	X	Jeff Zriny	X	Paul Gilk	X	Bob Weaver
	X	Bill Metter	X	Cindy Rider	X	Pat Voermans
	X	Romey Wagner				

Staff: Brenda Glodowski, Kim Gochanour, Kristin Woller, Connie Gliniecki, Zach Ziesemer, Ryan Hanson

Guests: Jason Hake, Lincoln County Administrator
Kevin Stevenson
Grace Crass
Greg Galbraith, Agri-View

Call to Order
- Meeting was called to order at 3:00 p.m.

Public comment for Matters Appearing on the Agenda
- No public comment.

Approval of January 16, 2020 Nursing Home Operations Committee Meeting Minutes
- **Motion**/second, Metter/Weaver, to approve the January 16, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski
- Mount View showed a loss for the month in the amount of ($102,571). Census was down in January averaging 175 per day. Census is also low in February; partly due to several cases of influenza in the nursing home which limits admissions for several days. We anticipate opening the Vent Unit for new admissions on 2/21 and on 2/26 for other admissions to the nursing home.
- Pine Crest showed a gain for January with just over $28,000. Census averaged 141 which is lower than the target of 155 and is also seeing a decrease in census in February. Overall payer mix is favorable at Pine Crest.
- Case Mix Index (CMI) was discussed including how it affects admissions, what is being done to try to improve the CMI for better reimbursement, and that it takes several months before additional funds are able to be captured. Reviewing CMI criteria is done on a continual basis due to how often resident's conditions change. There needs to be a mix of residents with Medicare, private pay, and Medicaid for favorable financials.

Nursing Home Operations Reports

- Mount View Care Center – Kristen Woller and Connie Gliniecki
    - Open positions were reviewed i.e. departments struggling to fill open positions is in Nursing with CNA positions and Dietary. In additional, several staff are on FMLA in these departments which add to the struggle with vacancies.
    - We may need to consider modifying the size of units i.e. Vent and dementia.
    - We continue to look for opportunities to reduce call time, overtime, contract staff, etc. by repositioning/realigning staff.
    - Compensation Policy is being reviewed by Senior Management for recommendations.
    - Readmission rate declined in January and is within target.
    - Referrals for the month totaled 95 with 23 admissions. Reasons individuals cannot be admitted include no payer/poor payer source. This may be due to the individual refusing to complete the necessary paperwork for Medicaid which would help cover costs for their care.
    - Discussion occurred on what constitutes a resident to resident altercation. An algorithm is used to determine if an incident is reportable but it is up to interpretation by the surveyor. Documentation of an altercation is noted in the medical record even if the incident is not deemed reportable to the State.

- Pine Crest Nursing Home – Zach Ziesemer and Ryan Hanson
    - Safety Zone is a new reporting program/application which staff have been utilizing well. Another program being rolled out is a learning management tool.
    - The annual survey began this past Monday and concluded today. Results were reviewed in detail. Several lower level citations were received; we plan to contest 2-3 citations. Will be contacting the Area Administrator next week for review and consideration to lower the severity or be removed.
    - Kudos to the team for a great job this week!
    - Pine Crest is also working their action plan to improve CMI's which would positively impact financials.

Pine Crest Transition Updates – Kim Gochanour

- Working to make some changes to improve the laundry service.
- Should have mock-ups of new marketing materials soon. Will be reaching out to Aegis Therapy to help fill Welcome bags for new admissions.
- The server has arrived but unfortunately CCIT has indicated it may be March or April before they can commit to a transfer date.
- Information was distributed on an upcoming LeadingAge event in May. It would be good for Board members to attend and talk with our elected officials.
- A handout on The Long-Term Care Workforce Crisis was provided.

Update on Nursing Home Renovation Project – Kristen Woller and Connie Gliniecki

- Copy of a letter that was sent recently to Residents and Families was provided which also included a sample floor plan of the new nursing tower.
- Demolition of E wing (former Evergreen and MMT Units) has begun.
- Several staff, including front line staff, will be touring facilities to look at call light systems.
- A 'mock room' was set up previously to allow staff to view the new layout. As staff moved items in and around the rooms, a redesign was done to allow for a more functional set-up.
- Furniture, fixture and equipment selection will begin soon.

Potential for Local Food Procurement – Jen Gorman

- Yes, food can be purchased from local CSA producers.
- CMS regulations exist for items such as milk and juice, however, food from local CSA producers is allowed with 'whole' foods items such as tomatoes, etc. There cannot be home canned items purchased. Sysco Food, vendor, purchases from local food vendors. Will also need to know how the food is transported and received.
- Gorman is willing to meet with local food producers to explore the potential of purchasing locally.
- It was noted that there is a need for food for staff within our own facilities; MVCC has a food pantry for staff who are needing assistance with basic essentials, they also have a scrub closet for anyone wishing to donate scrubs they do not want any more; as well as a 'Grab & Go' area with snack type items. All items are donated.
- Gorman also mentioned that NCHC is participating in Marathon County's Hunger Coalition which donates 'extra/left over' food items to local pantries; Pine Crest allows staff to take left over food that would have been thrown away.

Discussion of Future Agenda Items

- 5-Star Analysis
- Update on Pine Crest Survey

Adjourn Meeting

- **Motion**/second, Wagner/Rider, to adjourn the meeting at 4:11 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO+

North Central Health Care
Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
NURSING HOME OPERATIONS COMMITTEE

March 19, 2020 **3:00 PM** **Conference Call**

Present:	EXC	Jeff Zriny	X	Paul Gilk	X	Bob Weaver
	X	Bill Metter	ABS	Cindy Rider	X	Pat Voermans
	X	Romey Wagner				

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

Call to Order
- Meeting was called to order at 3:03 p.m.

Public comment for Matters Appearing on the Agenda
- No public comment.

Approval of February 20, 2020 Nursing Home Operations Committee Meeting Minutes
- **Motion**/second, Metter/Voermans, to approve the February 20, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – B. Glodowski
- Census in February went down at both locations. Expenses at Mount View aligned with the drop in census. At Pine Crest there was also a buy out in one contract for agency staff which contributed to the loss for the month.
- Regarding change in revenue from RUGS to PDPM, there was a payment change in October 2019 in that the average per day Jan-Sept. 2019 for MVCC was $509 and for Pine Crest the average per day was about $496. From October to February the monthly payment ranges from $509 to $549 for MVCC and from $517 to $563 for Pine Crest. The change has been beneficial for both locations.

Nursing Home Operations Reports
- Mount View Care Center – Kristen Woller
  - In summary, not much movement noted in Employee Engagement, patient experience is above target, and the number of falls has decreased. There was one survey visit in February with no citations; allegations were unsubstantiated. Census was down in February mainly related to respiratory illnesses.
- Pine Crest Nursing Home – Zach Ziesemer and Ryan Hanson
  - Following the annual survey one citation was dropped; plans of correction have been accepted and are being implemented. Patient satisfaction surveys have had good results.

DRAFT

Five Star Analysis and Nursing Home Operations Report – Kim Gochanour

- Five Star Analysis will be deferred to next month.
- Moving forward will include an operational overview of the facilities rather than a transition update.
- A draft of a new brochure including both nursing home operations will be available soon.
- Continue to improve consistency of supplies and pharmacy transitions.
- With the decline in occupancy staff are working on a strategic plan with potential changes that will be presented to the committee for consideration.
- Pine Crest continues to wait on CCIT for technology. CCIT has a backlog related to the overhaul of the 911 project. The date we were provided is 4/20 but anticipate possible delay due to COVID-19 situation.
- Nursing homes are particularly vulnerable in the COVID-19 pandemic. Z. Ziesemer, K. Woller, R. Hanson and C. Gliniecki and staff have been doing a phenomenal job. NCHC nursing homes were one of the first in the State to implement restricted access i.e. no visitation except special circumstances. Other preparedness has included:
    - Operating incident command structure 8-9 a.m. every day with Managers.
    - Have sectioned campus into zones; staff cannot cross zones.
    - Eliminated communal dining activities and now serving meals in resident rooms.
    - If staff present upper respiratory symptoms they are being asked to leave building and return when medically cleared.
    - Residents exhibiting upper respiratory illness are already put on precautions.
    - Preparing for auxiliary staff, working with the State on accelerating those who can work in the nursing home. Have a good plan to provide opportunities for those who may be laid off from other jobs to work at NCHC providing training and accommodating staff as much as possible.
    - Being thoughtful/careful of supplies i.e. PPE (personal protective equipment) for staff and visitors. Monitoring CDC information to procure supplies as needed and be prepared should there be a surge.
    - Moving to weekly monitoring of cash flow, as well as monthly monitoring of the budget, and managing resources closely.
    - Planning and preparing for the potential to care for active COVID-19 residents. We feel our role is to advance our ability to clinically take care of individuals here, reduce prevalence of infection, and support any local surge.
    - Have implemented a special 14 day COVID-19 sick leave benefit in addition to access to PLT banks (paid leave time).
    - Generally our nursing home has double occupancy but we will do everything we can to quarantine individuals if symptoms present; have discussed the possibility of using an entire wing as a quarantine area.
    - Staff are being monitored upon their arrival to their shift by their taking temperature, asking questions about travel, contact with anyone who is sick, etc. Employee health will follow-up as needed.
    - Communication has been and will continue to be extensive. This not only includes staff but also our community and county partners.
    - Some regulations have been relaxed i.e. a 3-day hospital stay is waived prior to admission, to assist with the potential influx in need for hospital beds.
    - The State has suspended survey visits during this time.

DRAFT

- Operations are being altered throughout the organization to minimize the impact of services provided and prepare for the possibility of a surge and need for additional services. Several programs are being temporarily closed i.e. aquatics, adult day services, etc. Staff from those areas are being reassigned to help in other areas.
- We do have cash position that can accommodate the financial strain for a short period of time.

Update on Nursing Home Renovation Project - J. Nickel

- Working with Miron Construction to split crews so there are no more than 10 workers in a given area.
- E-wing demolition has been completed; only minor clean up to complete.
- Large cranes will begin arriving on site for the start of the nursing tower construction which will change the flow of traffic and parking availability.
- Pool is scheduled to be completed by end of April.
- CBRF and Youth Hospital structures are on track for completion by end of June.
- Call light system has been selected. The new system mimics the system of Aspirus. The system will be installed throughout the campus and will have more access features to help work flow.

Vision for North Central Health Care – M. Loy

- Will table this agenda item until a future meeting date.

April Meeting Date – M. Loy

- The April meeting conflicts with the regularly scheduled meeting of the Board of Directors. A Doodle Poll will be sent to members to select an alternative date.

Discussion of Future Agenda Items

- Continue discussion on local food purchase

Adjourn Meeting

- **Motion**/second, Voermans/Wagner, to adjourn the meeting at 3:53 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DRAFT

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: April 9th, 2020
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 Information Services since our last meeting:

1. **COVID-19 Operational Developments:** Three distinct units have been identified and physically set up for COVID-19 treatment if needed. Two of the units are for skilled nursing and residential patients and one of the units is for behavioral health patients. Staffing ratios, unit protocol and procedures have been completed and will be operational if we have an internal need or our community need is great enough. We have worked through program downsizing or temporary closures due to emergency orders by creating a redeployment workforce pool. This workforce pool is managed daily and provides opportunity for those staff impacted by these operational changes the ability to maintain their standard number of hours in another capacity.

2. **Recruitment Update:** March recruitment exceeded our target number of recruitments by 6 with a total of 31 new hires. We expect this trend to continue into April with a number of employers in our community and surrounding communities beginning furlough or layoff processes. We've made major strides in a short amount of time on transitioning to a virtual orientation with our first virtual orientation completed on March 30th. With these new capabilities we are shifting our orientation permanently to a hybrid offering allowing for new hires to join our organization as quickly as possible while receiving a quality on-boarding experience.

3. **Certified Nursing Assistant Program:** We have partnered with North Central Technical College to host our own Certified Nursing Assistant Program. This program will allow community members and our own internal staff interested in transitioning to a care giver role to be able to do so. The course fees will be covered by North Central Health Care and incentives offered for those who pass the course and accept a position with NCHC.

4. **Leadership Safety Huddle:** Part of our 2020 Quality & Safety Plan was to implement leadership safety huddles. I'm pleased to announce we have succesfully rolled this out and have seen an increase in collaboration and information sharing as a result. We continue to review the huddle for effectivenees and efficiency and have seen significant progress made. Safety huddles are a best practice of the health care industry specifically to acute care settings, we've chosen to go beyond our hospital and include all service lines putting us ahead of many others in the long term care and clinic settings.

5. **Communication Efforts:** COVID-19 has shown us the importance of having multiple communication platforms for our employees and communicating constantly on these. We've created specific Facebook groups for our staff for communications as well as resource connections and continue to push messaging through email and our learning management system. On top of these communications we have been hosting a daily briefing with our entire management team to make sure communication is transcending throughout the organization and allow time for questions to be asked.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: April 10, 2020
TO: North Central Community Services Program Board
FROM: Dr. Rob 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**:
   - The MCW-CW residency again filled for the upcoming year and matched its top 3 candidates, an unusual feat, which far outperforms prior years. Two are local graduates from the MCW-CW program. A full complement of residents will be present in July of this year, meaning the program has reached maturity.

   - Resident supervision was modified in November of 2019 to more effectively utilize supervisor time, maximize education, and allow for increased resident billing. Prior to November 2019, each PGY-2 resident averaged less than 9 RVUs per week with no billing or supervision for therapy services. Since then potential billings increased to ~20 RVUs, and with the upcoming academic year beginning in July, a potential of 30-35 RVUs per PGY2 resident is expected.

   - A resident outpatient open access clinic is planned for July of 2020, which will provide an avenue for frequent no-show clients to receive services without utilizing scheduled provider slots, increase access for crisis patients, decrease IP admissions, and it should positively impact our no-show rate

   - Full time resident participation in Crisis Services will be rolled out late summer of 2020. This will allow for physician evaluation, medication intervention, and treatment recommendations to assist patients to receive needed care and triage. It is expected this will assist in decreasing diversions, inpatient hospitalizations, and the outside medical clearance rate.

2) **No-Show Rate**:
   - It is expected that transition to phone access and the ability for patients to connect to their provider without presenting to NCHC will lead to a noticeable decrease in our no-show rate in April. Early numbers suggest a 14.5% rate in psychiatry no-show percentage compared to a 28% no-show rate in Feb and 23% in March. Similar improvements are expected with our therapy providers.

   - With an updated No-Show Policy to be enacted post the COVID-19 crisis, combined with the resident open access clinic mentioned above, we expect to see no-show rates continue to decline, especially during the second half of this year.

3) **Patient Care and Provider Quality**:

- A physician Peer-Review plan has been outlined, including peer chart review and an oversight committee. Full rollout will be postponed until the end of the COVID-19 crisis, however a pilot peer chart review will begin in April 2020. This is expected to increase the quality of patient care and documentation.

- An ethics committee has been formed and will begin to facilitate decision making related to difficult patient care issues, policy, education, and research within the NCHC system.

- An in house medical clearance procedure was implemented to decrease ER and Law Enforcement utilization during the COVID-19 crisis. Since March 16th, 24 of 42 admits (57%) have been medically cleared at our facility. Historically near all medical clearances were completed at outside facilities. Given its success, this practice will continue post crisis.

- Medical Consent forms have been decreased from 5 pages per medication to one page for all prescribed medications saving significant unproductive RN time. This has assisted in providing additional patient support for clients seen by residents, decreasing the gap in care provided between services.

- Treatment plans for Outpatient services have been simplified, and has assisted staff to remain compliant with their completion.

- An eskatamine protocol has been developed. Implementation and financial impact analysis will be delayed until after the COVID-19 crisis has stabilized.

- An additional day of psychiatry service at the Merrill office will begin in May to increasing youth access.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: April 9, 2020
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive
RE: Nursing Home Operations Report

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

1) **Covid 19:** Most of our time has been spent working on COVID-19 and implementing the guidance from the CDC and CMS on restricted visitations and keeping those that we care for safe. Some highlights of federal waivers that were put in place to alleviate some of the additional parameters that have been issued are as follows:
    - Waiver of the 3 day hospitalization requirement prior to a skilled nursing stay
    - Suspension of all facility survey activities unless an immediate jeopardy situation or COVID-19 positive has occurred in a facility.
    - Removal of the sequestration on Medicare claims. This 2% reduction of overall charges has been in place since 2011.
    - C.N.A. training requirements have been lifted and competency training reduced. We are currently working with Northcentral Technical College to develop an accelerated online course for training staff and offering onsite clinical with our staff serving as instructors.
    - New staff orientation has been modified to require only the following pieces required: fire prevention, safety prevention and emergency procedures.
    - PBJ submission – payroll based journal requirement is suspended for our star rating repot.
    - PASARR – This is a pre-admission screening tool that has also been waived at this time. A PASSARR is a tool that every admission must be screened and deemed appropriate for placement in a skilled nursing facility.
    - Physician Services – the requirements for resident to be seen by a nurse practitioner or a physician every 30 days has been waived at this time as well.
    - Physical Environment – waiver to utilize nonresident rooms and expanding number of residents per room have been added.
    - Bedhold – has been suspended. It is no longer required if a resident discharges and is Medicaid eligible that we have to hold their bed for 15 days while hospitalized.
    - Group Activities – they have suspended the requirement that a resident has a right to participate in group activities of their choice during this time as well.
    - Transfer and Discharge requirements are also waived at this time. We no longer need to give notice if we need to make moves or discharge due to the COVID-19 related symptoms.

- Discharges for non-payment – Facilities are no longer allowed to issue a 30 day discharge notice for any resident for failure to pay for their care/stay at a facility.

2) **COVID-19 Positive Units:** In preparation of a surge from the hospital of Covid positive patients, we have identified and would be ready to accept covid positive resident referrals within 24 hours. We have a neighborhood identified in both facilities if the need arises.

3) **Declining Occupancy**: With the changes in our local market due to the COVID-19 pandemic, both facilities have seen a further decline in admissions due to non-emergent procedures being postponed or cancelled. We will be working with our local providers to educate that a 3 day hospital stay is not required for a patient to utilize their benefits for skilled nursing. As we continue to predict falling occupancy, both facilities will be reviewing their staffing patterns and making adjustments as needed.

4) **Monitoring of State and Federal Funding:** We continue to review the new incentive plans that are being put in place. We have worked with Leading Age to ask for an increase in our Medicaid payments for care, asked for the supplemental payment to be moved forward from normal payout in July and we are continuing to advocate for better overall rates from Medicaid and Family Care to help offset our increased costs from the requirements put in place during this time.

5) **Aquatic Therapy Pool:** With the Governor's Safer at Home orders we have suspended services for the pool until further notice. The aquatic employees have been redeployed into other critical areas for their help at this time with our restricted areas, employee and visitor screening at campus areas, and assisting in employee health.

6) **Pine Crest Transition:** We continue to work on the remaining transition items. These include changing out IT servers and copiers to CCIT for all of the facility, implementation of the OnShift scheduling program, and the July 2020 pharmacy transition to our in-house pharmacy.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: April 16, 2020
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. **Replacement of our Human Resources Management System (HRMS):** We continue to monitor some minor issues/enhancements as part of the project. We will transition remaining issues list to our internal team in May.

2. **Behavioral Health EHR Update:** I am excited to report that we completed the contract negotiations with Cerner in early March. The contracts have been signed with an estimated project kickoff in May. This project will continue despite the uncertainty that COVID-19 will bring.

Policy Title: Cash Management	North Central Health Care Person centered. Outcome focused.
Policy #: 105-0004	**Program:** Administration 105
Date Issued: 04/16/2020	**Policy Contact:** Chief Financial Officer

Related Forms

None

1. **Purpose**

   To formulate sound cash management practices to ensure operational cash needs are met and are according to the plan for achievement of strategic outcomes while adhering to proper audit guidelines.

2. **Definitions**

   Capital Expenditures: Includes moveable and fixed equipment, building and building improvements over $2,500

   Contingency: A provision for an unforeseen event or circumstance.

   Operating Cash: Cash used for operations, such as payroll and accounts payable.

3. **Policy**

   Having adequate cash is essential for the daily operations of North Central Health Care (NCHC) as well being essential to achievement of overall strategic outcomes. This policy delegates the responsibility of proper cash management to the Chief Financial Officer to assure adequate cash is available to meet the daily operational needs of NCHC, to be prepared for unforeseen events, and to plan for future cash needs.

   - Bank deposits shall be made daily. Designated petty cash funds may be maintained onsite, and all other cash and checks are to be deposited into the NCHC General Account.

   - Generally Accepted Account Principals must be used to establish internal controls and audit guidelines which will be clearly established, documented, and followed in the handling of cash.

   - Cash should be maintained in the general account to meet daily operational needs. The amount should be maintained, on average, equal to the anticipated monthly expenditures plus ten percent.

   - Cash for approved capital expenditures and Board Contingency shall be designated and encumbered.

   - Cash may also be designated and encumbered as directed and approved by the NCCSP Board for designated purposes such as program expansions, or other specified items as defined in a strategic plan.

- After the above criteria has been met, all remaining cash should be invested based on the NCHC Investment Policy. Cash may be transferred from investments to meet cash obligations as designated above.

4. General Procedure: None

5. References

5.1. CMS: None

5.2. Joint Commission: None

5.3. Other: None

Related Policies, Procedures and Documents

NCHC Investment Policy

Policy Title: Capital Asset Management	North Central Health Care Person centered. Outcome focused.
Policy #: 105-0001	**Program:** Administration 105
Date Issued: 04/16/2020	**Policy Contact:** Chief Financial Officer

Related Forms

None

1. **Purpose**

   To provide consistency and understanding for the funding and management of capital assets at NCHC and to assure there is adequate funds available for purchasing assets within the approved time frame.

2. **Definitions**

   Capital Asset: Assets that are used in operations and meet the threshold guidelines to be capitalized over a period of expected use.

   Moveable Equipment: Assets that are not part of the building or rolling stock.

   Rolling Stock: Includes assets such as vehicles, buses, tractors and mowers.

3. **Policy**

   It is the policy of North Central Health Care (NCHC) to establish guidelines that shall be used for funding and managing capital assets. This policy describes the funding and approval processes for capital asset requests.

   - NCHC shall maintain an account for restricted assets designated and encumbered for capital purchases. This is a cash account and adequate cash shall be available in this account to pay for approved capital. Once capital is approved, funding will be available for the approved year and for two consecutive years following the approved year. If the capital asset is not purchased within this time frame, the request must be resubmitted through the budget process. Any unused funds that are not used or have funds remaining after the purchase of the asset, shall have such funds roll back into the NCHC general fund. Status of approved capital items will be available and maintained for review at all times.

   - NCHC programs will have the opportunity to request capital needs during the budget process. The Chief Executive Officer (CEO) and Chief Financial Officer (CFO) review the requests and forward any requests to any authorizing body as required. The recommended list of capital requests is presented to the NCHC Board with the annual budget. Upon Board approval,

the approved capital for the following calendar year is established.

- All proposed building alterations to county owned property must be submitted to the County's Facilities Department for consideration and funding. If projects are approved and not funded by the county, NCHC may fund the project through its capital budget. All county owned property and improvements will be listed on NCHC's financial statements as NCHC assets regardless of funding source.

- In the unforeseen event a capital item is needed that has not been budgeted, the CEO will request approval from the NCHC Board if the item is over $30,000 and funding is available. If the item is under $30,000, the CFO may approve. Upon approval, the item will be added to the approved capital list.

- Moveable Equipment of any cost is considered operational and is the responsibility of NCHC for funding. These items will adhere to the NCHC budget policy and approval requirements as stated above.

4. General Procedure: None

5. References

5.1. CMS: None

5.2. Joint Commission: None

5.3. Other: None

Related Policies, Procedures and Documents

Policy Title: Fund Balance	North Central Health Care Person centered. Outcome focused.
Policy #: 105-0002	**Program:** Administration 105
Date Issued: 04/16/2020	**Policy Contact:** Chief Financial Officer

Related Forms
None

1. **Purpose**
   To maintain stable fund balances and to secure viability of the continued growth and future of North Central Health Care.

2. **Definitions**

   Invested Cash Reserves: Cash that has been invested, such as certificates of deposit.

   Net Position: Represents each County's share of equity in the organization.

   Operating Cash: Cash in the general checking account used for operations such as payroll and accounts payable.

   Operational Deficit: Excess expense over revenues from operations.

   Operational Surplus: Excess revenue over expenses from operations.

3. **Policy**
   It is the policy of North Central Health Care (NCHC) to establish and monitor the fund balances of each County on a regular basis and to report the activity to each County's Finance Director.

   - Each county will maintain an unrestricted fund balance between a minimum of 20% and a maximum of 35% of annual operating expenses.

   - In addition to the targeted fund balance, each County's fund balance will include an additional risk reserve of $250,000.

   - Invested Cash Reserves will be applied to each County based on the County's overall net position within the organization. Targeted days of Invested Cash Reserves will be 90 days of annual operational expense.

- The overall target for the unrestricted fund balance shall be the higher of the maximum target of operating expenses or 90 Days of Invested Cash Reserves.

- At the end of the fiscal year, the operational surplus or deficit for each County is applied to the respective fund balances and reported in the annual audit.

- At the completion of the annual audit, the Chief Financial Officer (CFO), will provide a Fund Balance Report to each County's Finance Director and the NCHC Board.

- If the balance of the unrestricted fund balance exceeds the overall target for two consecutive years, the Chief Executive Officer (CEO) and CFO will meet with the County Finance Director to review options for potential utilization of excess reserves. A plan for utilization will be reported back to the NCHC Board.

- For planning purposes, the CFO will provide the County Finance Directors the Fund Balance analysis immediately following the finalization of the audit. If any of the Fund Balances exceed the designated targets and the Finance Director of that County opts to utilize a portion of the excess reserves, the Finance Director shall notify NCHC by June 30th.

4. General Procedure: None

5. References

5.1. CMS: None

5.2. Joint Commission: None

5.3. Other: None

Related Policies, Procedures and Documents

Policy Title: Write-off of Accounts Receivable	North Central Health Care Person centered. Outcome focused.
Policy #: 300-0300	**Program:** Administration 105
Date Issued: 04/16/2020	**Policy Contact:** Chief Financial Officer

Related Forms
None

1. **Purpose**
   To provide a policy to permit the Write-off of certain accounts receivable charges.

2. **Definitions**

   Administrative: Write-offs related to internal process error including but not limited to outstanding balances being too small to collect, denials from not obtaining prior authorization, services deemed not medically necessary and insufficient documentation.

   Bad debt: Accounts uncollected due to unforeseen circumstances such as bankruptcy, death of a client, or collection agency returns.

   Write-off: A charge on a client account that is determined to be uncollectable.

3. **Policy**
   It is the policy of North Central Health Care (NCHC) to establish a Write-off process that requires authorization of Write-offs and allows for an efficient monitoring of the Write-off process. Write-offs will be classified as Bad Debt or Administrative in nature.

   - Patient Financial Services representatives shall pursue all avenues of collection on an account. Once all collection avenues have been deemed to be sufficiently exhausted, a request to Write-off the account may be made.

   - All Write-offs must be approved by both the Patient Financial Services Director and Chief Financial Officer.

   - Write-offs shall be processed in the system upon receipt of an authorized approval through a documented and monitored segregation of duties. A detailed analysis of all Write-off activity is completed and balanced to the general ledger on a regular basis, but not less than monthly. This analysis becomes part of the annual audit workflow and is reviewed by the audit firm.

- Write-off activity shall be reported to the NCHC Board along with the monthly financial statements.

4. **General Procedure:** None

5. **References**

   5.1. CMS: None

   5.2. Joint Commission: None

   5.3. Other: None

Related Policies, Procedures and Documents

Policy Title: Risk Reserve Guidelines	North Central Health Care Person centered. Outcome focused.
Policy #: 105-0003	**Program:** Administration 105
Date Issued: 04/16/2020	**Policy Contact:** Chief Financial Officer

Related Forms
None

1. **Purpose**
To ensure stability and accuracy of estimates within the financial statements for those areas that are considered risk areas.

2. **Definitions**

Accounts Receivable: Amounts for services that have been billed, but not yet collected.

Compliance Risk: Expenses for potentially not meeting a regulatory requirement that results in the possible return of funds to Medicare, Medicaid, or other Third Party payers, as well as the potential for fines or penalties.

Self-Funded Health Insurance: Health insurance claims or related expenses paid by the organization to provide health insurance benefits for employees enrolled in the benefit.

3. **Policy**
It is the policy of North Central Health Care (NCHC) to maintain guidelines to monitor and accrue a liability for the areas that are considered to be vulnerable to risk or uncertainty. These areas include accounts receivable, self-funded health insurance, and compliance related risks.

The annual audit process shall include an independent evaluation of the reasonableness of the estimates related to the risks areas identified below and the reasonableness of the process utilized in developing the estimates.

- Patient Accounts Receivable is the largest area of risk. Therefore, NCHC shall have adequate amounts in estimated allowances to ensure net accounts receivables are properly stated. Since reimbursement is received after the charges are incurred, accounts receivable are created. NCHC bills and is reimbursed from third parties such as Medicare, Medicaid, Insurances, HMO's, Family Care, and, to a more limited

extent, self-pay patients. NCHC has agreements with most of these third-party payers that provide for reimbursement at amounts which vary from NCHC's gross charges. Revenue will be recorded at gross charges and reduced to the net amount which is reasonably believed to be collected through the use of contractual adjustment accounts (contra revenue). The statement of net assets will record gross accounts receivable based on what was billed to the patient or the third party payer. Gross accounts receivable will be reduced, to the net amount expected to be collected, through the use of allowances for contractual adjustments. The process for estimating allowances for contractual adjustments is complex and important to the financial reporting process. Management will use estimates based on payments received through use of a zero balance report, in addition to reviewing specific payers with contracted amounts. For most areas, accounts over 180 days will have an allowance of 75% to 100%, with analysis of these accounts for potential collections. Once these accounts are identified as uncollectable, they will be closed.

- NCHC maintains a Self-Funded Health Insurance plan for employees. Self-funded insurance carries risk, as there is not a way to always predict high cost claims. Accordingly, NCHC shall maintain a liability for the self-funded insurance plan based on a claim lag report analysis at the end of the fiscal year provide by the third-party administrator of the Self-Funded Health Insurance plan.

- NCHC shall maintain a recorded Compliance Risk liability of $100,000 which may be required for unexpected payments to third party payers or others related to compliance violations or other events which occurred prior to the balance sheet date.

4. General Procedure: None

5. References

5.1. CMS: None

5.2. Joint Commission: None

5.3. Other: None

Related Policies, Procedures and Documents

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Susan R. Brust, APNP (Appoint/Reappoint) 04-16-2020 to 11-30-2021
Time Period

Requested Privileges
_____ Medical
_____ Psychiatry
_X_ Mid-Level Practitioner
_____ Medical Director

Medical Staff Status
_____ Courtesy
_X_ Active

Provider Type
_____ Employee
_X_ Locum — Locum Agency: NCHC
_____ Contract — Contract Name: _____

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: _____

(Chief Medical Officer or Designee Signature) — 3/30/20 (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

(MEC Committee or Designee Signature) — 4/3/20 (Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response:
_____ Concur
_____ Recommend further reconsideration

(Governing Board Signature) — (Signature Date)

(Chief Executive Officer Signature) — (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Qun Wu, M.D. Appoint/Reappoint 04-16-2020 to 09-30-2021
Time Period

Requested Privileges
___ Medical
X Psychiatry
___ Mid-Level Practitioner
___ Medical Director

Medical Staff Status
___ Courtesy
X Active

Provider Type
___ Employee
X Locum
___ Contract

Locum Agency: NCHC
Contract Name: ___

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: ___

(Chief Medical Officer or Designee Signature) 3/30/20 (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

B. [illegible] (MEC Committee or Designee Signature) 4/3/20 (Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: ___
(Date)

Response:
___ Concur
___ Recommend further reconsideration

(Governing Board Signature) (Signature Date)

(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Gregory M. Varhely, M.D. Appoint/Reappoint 05-01-2020 to 04-30-2022
Time Period

Requested Privileges
___ Medical
X Psychiatry
___ Mid-Level Practitioner
___ Medical Director

Medical Staff Status
___ Courtesy
X Active

Provider Type
___ Employee
___ Locum
X Contract

Locum Agency: ___
Contract Name: Varhely + Associates, LLC

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: ___

(Chief Medical Officer or Designee Signature) 3/30/20 (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

(MEC Committee or Designee Signature) 4/3/20 (Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: ___
(Date)

Response:
___ Concur
___ Recommend further reconsideration

(Governing Board Signature) (Signature Date)

(Chief Executive Officer Signature) (Signature Date)

North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Anne C. Dibala, M.D. Appoint/Reappoint 05-01-2020 to 04-30-2021
Time Period

Requested Privileges
___ Medical
_X_ Psychiatry
___ Mid-Level Practitioner
___ Medical Director

Medical Staff Status
_X_ Courtesy
___ Active

Provider Type
___ Employee
___ Locum Locum Agency: ___
_X_ Contract Contract Name: Anne Dibala MD PC

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: ___

(Chief Medical Officer or Designee Signature)

Robert Gonthro 3/30/20
(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

B. [illegible]
(MEC Committee or Designee Signature)

4/3/20
(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)

DEPARTMENT: NORTH CENTRAL HEALTH CARE									FISCAL YEAR: 2020								
PRIMARY OUTCOME GOAL	BENCHMARK	⇅	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																	
Vacancy Rate		↘	7-9%	10.3%	8.0%	8.1%										8.8%	9.6%
Retention Rate		↗	82-84%	97.9%	96.7%	94.9%										79.6%	85.1%
SERVICE																	
Patient Experience		↗	81-83%	84.1%	90.5%	88.0%										87.9%	81.0
QUALITY																	
Hospital Readmission Rate		↘	10-12%	20.0%	8.2%	6.6%										11.8%	11.9%
Nursing Home Readmission Rate		↘	10-12%	14.8%	4.2%	12.8%										10.9%	11.4%
Nursing Home Star Rating - MVCC		↗	4 Stars	★★★	★★★	★★★										★★★	★★
Nursing Home Star Rating - Pine Crest		↗	4 Stars	★★★	★★★	★★★										★★★	★★★
Zero Harm - Patients		↘	Monitoring	0.69	0.65	0.49										0.61	0.64
Zero Harm - Employees		↘	Monitoring	1.08	0.00	4.70										1.81	3.60
Out of County Placements	/	↘	220 per month	483	360	229										357	320
Hospital Length of Stay - NCHC		↘	Monitoring	6.34	6.15	5.99										6.16	5.86 Days
Hospital Length of Stay - Diversions		↘	Monitoring	10.85	13.39	12.74										12.12	7.45 Days
COMMUNITY																	
No Show Rate (OP/Psychiatry)		↘	8-10%	20.1%	18.1%	18.1%										18.8%	12.9%
Hospitalization Rate	/	↘	Monitoring	1.36%	1.19%	1.29%										1.28%	/
FINANCE																	
Direct Expense/Gross Patient Revenue	/	↘	60-62%	71.8%	70.2%	70.0%										70.7%	71.1%
Indirect Expense/Direct Expense	/	↘	39-41%	35.8%	38.8%	37.9%										37.4%	33.5%
Average Cost Per Day	/	↘	$67,000-$70,000	$81,197	$82,542	$73,304										$78,937	$76,395
Net Income	/	↗	2-3%	-3.8%	-2.6%	-2.5%										-3.0%	-4.5%

↗ Higher rates are positive
↘ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Annualized number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score
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. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. *Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)*
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	Employee Adverse Event Rate: #of OSHA Reportables x 200,000/hours worked
Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Hospitalization Length of Stay - NCHC	Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.
Hospitalization Length of Stay - Diversions	Average length of stay for patients on out-of-county placements that have discharged in month of report.
COMMUNITY	
No Show Rate	Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.
Hospitalization Rate	The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.
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.
Average Cost Per Day	Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.
Net Income	Net earnings after all expenses have been deducted from revenue.

2020 - Primary Dashboard Measure List

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	⇅	2019	Benchmark	Target Level	2020 YTD
North Central Health Care	People	Vacancy Rate	↘	9.6%		7-9%	8.8%
		Retention Rate	↗	85.1%		82-84%	79.6%
	Service	Patient Experience	↗	81.0		81-83%	87.9%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	11.8%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	10.9%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.61
		Zero Harm - Employees	↘	3.60		Monitoring	1.81
		Out of County Placements	↘	320	/	220 per month	357
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	6.16
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	12.12
	Community	No Show Rate	↘	12.9%		8-10%	18.8%
		Hospitalization Rate	↘	/	/	Monitoring	1.28%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	70.7%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	37.4%
		Average Cost Per Day	↘	$76,395	/	$67,000-$70,000	$78,937
		Net Income	↗	-4.5%	/	2-3%	-3.0%

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	92.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$652 - $978 per month	($2,446)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Community Treatment	People	Vacancy Rate	↘	7-9%	2.6%
		Retention Rate	↗	82-84%	93.2%
	Service	Patient Experience	↗	81-83%	95.4%
	Quality	Zero Harm - Patients	↘	Patients	0.02
		Zero Harm - Employees	↘	Employees	1.81
	Community	Hospitalization Rate	↘	Monitoring	1.53%
	Finance	Net Income	↗	$21,802 - $32,703 per month	$109,549

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Crisis & CBRF	People	Vacancy Rate	↘	7-9%	9.3%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	77.2%
	Quality	Zero Harm - Patients	↘	Patients	2.01
		Zero Harm - Employees	↘	Employees	1.81
	Community	Hospitalization Rate	↘	Monitoring	2.72%
	Finance	Net Income	↗	$6,091 - $9,136 per month	$5,609

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Hospital	People	Vacancy Rate	↘	7-9%	19.3%
		Retention Rate	↗	82-84%	51.6%
	Service	Patient Experience	↗	81-83%	80.7%
	Quality	Hospital Readmission Rate	↘	10-12%	11.8%
		Zero Harm - Patients	↘	Monitoring	5.08
		Zero Harm - Employees	↘	Monitoring	1.81
		Out of County Placements	↘	220 per month	357
		Hospital Length of Stay - NCHC	↘	Monitoring	6.16
		Hospital Length of Stay - Diversions	↘	Monitoring	12.12
	Finance	Net Income	↗	$11,341 - $17,012 per month	($233,741)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
MMT	People	Vacancy Rate	↘	5-7%	22.4%
		Retention Rate	↗	82-84%	33.2%
	Service	Patient Experience	↗	81-83%	95.8%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	1.81
		Hospitalization Rate	↘	Monitoring	5.88%
	Finance	Net Income	↗	$2,594 - $3,892 per month	($43,343)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Outpatient	People	Vacancy Rate	↘	7-9%	0.0%
		Retention Rate	↗	82-84%	52.8%
	Service	Patient Experience	↗	81-83%	94.5%
	Quality	Zero Harm - Patients	↘	Monitoring	0.25
		Zero Harm - Employees	↘	Monitoring	1.81
	Community	No Show Rate	↘	8-10%	18.8%
		Hospitalization Rate	↘	Monitoring	0.69%
	Finance	Net Income	↗	$5,774 - $8,661 per month	($9,459)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Psychiatry	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	TBD
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	1.81
	Community	No Show Rate	↘	8-10%	18.8%
		Hospitalization Rate	↘	Monitoring	1.27%
	Finance	Net Income	↗	$10,386 - $15,578 per month	($44,195)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.0%
		Retention Rate	↗	82-84%	86.4%
	Service	Patient Experience	↗	81-83%	97.7%
	Quality	Zero Harm - Patients	↘	Monitoring	1.18
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$6,481 - $9,721 per month	($23,049)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Residential Group Homes	People	Vacancy Rate	↘	7-9%	11.3%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	95.5%
	Quality	Zero Harm - Patients	↘	Monitoring	0.40
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$3,463 - $5,195 per month	$28,723

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Residential Services	People	Vacancy Rate	↘	7-9%	12.2%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	93.2%
	Quality	Zero Harm - Patients	↘	Monitoring	0.13
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$3,845 - $5,768 per month	($10,111)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	97.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$2,275 - $3,413 per month	($4,365)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
MVCC	People	Vacancy Rate	↘	7-9%	14.7%
		Retention Rate	↗	82-84%	75.2%
	Service	Patient Experience	↗	81-83%	89.1%
	Quality	Nursing Home Readmission Rate	↘	10-12%	9,1%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.39
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$38,717 - $58,705 per month	($51,727)

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Pine Crest	People	Vacancy Rate	↘	7-9%	6.6%
		Retention Rate	↗	82-84%	80.0%
	Service	Patient Experience	↗	81-83%	0.84
	Quality	Nursing Home Readmission Rate	↘	10-12%	12.5%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$24,836 - $37,253 per month	$2,021

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Business Operations	People	Vacancy Rate	↘	5-7%	3.1%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$79,051 - $83,004 per month	$81,945

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Human Resources	People	Vacancy Rate	↘	5-7%	5.6%
		Retention Rate	↗	82-84%	20.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$66,540 - $69,867 per month	$54,036

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Informatics	People	Vacancy Rate	↘	5-7%	2.3%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$233,098 - $244,753 per month	$222,093

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Marketing & Communication	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$30,969 - $32,518 per month	$29,172

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Organizational Development	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$48,344 - $50,751 per month	$31,815

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Patient Access Services	People	Vacancy Rate	↘	5-7%	2.4%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$57,705 - $60,590 per month	$49,764

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Patient Financial Services	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	71.6%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Indirect Expense/Direct Expense	↘	$70,757 - $74,295 per month	$67,485

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Pharmacy	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$10,804 - $16,206 per month	$18,217

Department	Domain	Outcome Measure	⇅	Target Level	2020 YTD
Transportation	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	1.81
	Finance	Net Income	↗	$720 - $1,080 per month	$6,159

North Central Health Care
Person centered. Outcome focused.

Dashboard Executive Summary

April 2020

Organizational Dashboard Outcomes

People

- **Vacancy Rate**
  The Vacancy Rate target range for 2020 is 7.0 - 9.0%. For March we achieved our vacancy rate target at 8.1% which is a 1.3% improvement from March of 2019. This is largely because of our increased recruitment efforts and larger onboarding groups with March having 31 new hires. For April this trend should continue as we are seeing an increase in applicant flow and accepted offers.

- **Employee Retention Rate**
  The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. March we exceeded target with a retention rate of 94.9% which is trending similar to 2019. As almost every organization in our community has faced retention challenges with COVID-19 we were impacted greatly by the positive case identification. Our leadership team did an outstanding job managing the concerns and fears amongst our staff to provide assurance and make employee safety our top priority. April will likely see a more traditional 1.5% drop in retention as employee concerns continue to decline.

Service

- **Patient Experience**
  NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. For the third month in a row, we have exceeded our target for a year to date outcome of 87.9%. Multiple efforts have been implemented to ensure our focus remains on providing excellent patient experience in the midst of the pandemic:

  - Virtual Greeting Cards available on our website offering the ability for loved ones to send a card to those in our nursing homes and inpatient hospital
  - Outreach to our community asking for notes, pictures and words of encouragement to be sent to our nursing homes
  - Virtual Visitation available for our patients in our psychiatric inpatient hospital

  In the coming months, we'll be checking in with those clients (Outpatient, Community Treatment) whose services have shifted mostly from in person visits to telehealth visits on their experience of services to make sure that we are still providing high quality care that is meeting their needs. As we continue to survey through this pandemic, we do anticipate that we will see a decrease in survey returns and are working to make sure we are still surveying in a time when it matters most. With increasing awareness of the COVID-19 situation in the U.S. we can expect to see similar patterns of other like facilities of patients' perceptions of cleanliness and support for family and friends being present during their care, both reflections of concerns and changes associated with the pandemic. We are actively analyzing data from surveys to monitor these potential trends.

Quality

- **Hospital Readmission Rate**
  The Readmission Rate is a combined measure consisting of the total number of residents re-hospitalized within 30 days of admission and the percent of patients who are readmitted within 30 days of discharge from the inpatient behavioral hospital for mental health primary diagnosis. March hospital readmission rate exceeded target at only 6.6%. This continues positive readmission experience from February at 8.2%. The target for hospital readmissions is 10-12% or less. Overall year to date, hospital readmissions are at 11.8%.

- **Nursing Home Readmission Rate**
  The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. This is a combined rate and for March, between the two facilities, we were 12.8% and year to date are within target with a 10.9% readmission rate.

- **Nursing Home Star Rating - MVCC**
  For 2020, we will continue to use the Nursing Home Star Rating as determined by CMS Standards with a target of 4 stars. The current rating as of March moved up to a 3 star in both facilities. With our current COVID-19 situation, CMS and the state have suspended all recertification surveys at this time. Mount View Care Center was in their survey window and will not see movement on the overall star report until annual survey has been completed.

- **Nursing Home Star Rating – Pine Crest**
  Pine Crest is rated as a 3 star facility as well. This is due to a recent change in CMS regulations that a facility with an abuse tag at a G level or higher would be kept at a 2 star for a year from the survey; therefore, Pine Crest will remain no higher than a 3 star for 2020. The Annual survey has been completed and the plan of correction was accepted.

- **Zero Harm – Patient**
  The Zero Harm rates are a monitoring measure for the organization. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x1000. February's overall rate was 0.65, stable with January's rate which was 0.69. March showed a decrease to 0.49 with a YTD rate of 0.61. This month we developed and implemented Safety Huddles with all managers that includes a report out of any safety concerns or incidents that occurred over the last 24 hours, and a focus on any potential safety concerns that could or may occur in the next 24 hours. With any identified concerns, management works to implement interventions that will prevent them from occurring. Additionally, follow up is completed on any items that needed to be addressed from the previous safety huddle. This is an evidence-based practice that has proven to increase the Safety Culture in organizations and reduce harm events.

- **Zero Harm – Employees**
  March saw a spike in employee harm which is in large part due to COVID-19. As we continue to work through multiple employees on leave of absences and potential exposures throughout our community this number will remain high throughout April and potentially into May.

- **Out of County Placements**
  Overall, Out of County Placements are improving. The number of days have decreased 100 days month over month from a high January. Total days in March was at 229 days which is just above the target of 220 per month. We will continue to exercise our strategies to reduce the total number of days at other institutions because it appears that efforts are showing results.

- **Hospital Length of Stay – NCHC**
  Overall, the Hospital Length of Stay at NCHC is reasonable at 6.16 days on average. Individual geriatric patients with stabilization difficulties due to potential co-occurring dementia are sagging this outcome higher than it would otherwise be with the remainder of the patient population. We will continue to work with physicians to determine whether referrals of neuropsychological diagnostic testing could be implemented sooner in geriatric patients.

- **Hospital Length of Stay – Diversions**
  Three complex case placements have continued to stretch several weeks. Once someone is admitting to another facility, discharge is often under the purview of the facility and sometimes discharge efforts lag. We will continue to directly address situations in which out-of-county placements and/or community partners are delaying appropriate moves to less restrictive due to process or other issues.

Community

- **No Show Rate (OP/Psychiatry)**
  The target is 8-10%, with March being 18.1% and YTD being 18.8%. The no shows are monitored daily and a reason for the no show is documented when possible. The common reasons provided for no shows include transportation issues and illness. Due to the pandemic, psychiatric and outpatient therapy services can now be provided through telehealth. Since services have transitioned to telehealth there has been a decrease in no shows, which will be reflected in April data.

- **Hospitalization Rate**
  Hospitalization Rate is a new monitoring measure. It appears the rate has been fairly stable in our Outpatient and Community Treatment programs. The data suggest that out of every 100 patients with a mental illness diagnosis there was approximately one individual that was hospitalized in the last month.

Finance

- **Direct Expense/Gross Patient Revenue**
  This measure looks at percentage of total direct expense to gross patient revenue. The 2020 target is 60-62%. This measure for March is 70.0%. This outcome is not within target range. Two components for March continue to affect this measure. The diversions for March are the main area of expenses that are over target and Mount View Care Center revenue is below budget target.

- **Indirect Expense/Direct Expense**
  Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for March is 37.9%, which is favorable to the target. This favorable trend is continuing from the prior year. Support areas continue to stay below the budget targets.

- **Average Cost Per Day**
  The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impacts this outcome when expense reductions don't follow to the same degree. The 2020 target is $67,000-$70,000 per day. For March, the average cost per day outcome is $73,304. The higher amount is due to the diversions being over target; however this is an improvement from January and February.

- **Net Income**
  Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3%. For March the measure is -2.5%. This is related to the diversions being high, and MVCC revenue being down and the expenses being up.

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

The following outcomes reported are measures that were not met at the program-specific level. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Human Service Operations

- **Clubhouse:**
  - Net Income in the Clubhouse is due to lower CCS billing revenue and the program not yet achieving their fundraising targets. The degree of the variance is relatively minor and will be corrected as we hold open a vacancy in the program.

- **Crisis & CBRF**
  - Vacancy Rate: One staff resigned for a higher paying position elsewhere; one staff resigned to focus on their education. Overall difficulty recruiting qualified individuals for Bachelor's-level shift work requiring nights/weekends (day shift recruitment is not an issue). We are focused on new graduates who demonstrate high levels of competency and ability to be coached into high performance, highlighting the excellent experience and perks the position offers. We did hire three new crisis professionals in March/April and are fully staffed, aside from converting one day position to another Clinical Manager.
  - Patient Experience: Patients continue to become upset when they receive bills, especially parents whose child called the crisis line without the parent's knowledge. Also, occasional cases of individuals feeling they did not receive excellent service, or their problem was not resolved. Work continues with Crisis Managers to determine new training strategies to address client satisfaction issues. Working with each patient who is upset about a bill to help them understand that psychiatric emergencies are similar to medical emergencies.
  - Net Income: Crisis patient volume saw a sharp decrease as COVID-19 became a concern. Law enforcement indicates they are involving themselves less in petty crimes/disturbances/mental health cases that are not severe; Emergency room sources indicated they are keeping mental health and substance abuse cases in-house as their census can accommodate their ability to care for these individuals.

- **Hospital**
  - Vacancy Rate: As is being experienced nationwide, nursing staff shortages are even more severe in settings with shift work requiring nights/weekends. We continue to work with HR on exhausting all recruiting avenues and to ensure we are on target with industry standard for pay. Work toward allocation of staffing budget to include LPNs on each shift to decreases costs. Two new RNs are currently training on the unit.
  - Retention Rate: Work culture and teamwork on unit has been good, but there is still room for improvement. The more we can provide excellence in training, communication, workers feeling supported, etc. the higher our retention rate should be. Will continue to improve training curriculum, communication and other process development, and continue to support all unit staff to meet their needs.
  - Patient Experience: This was within target for February and March. Surveys were continuing to reflect patient frustration over amount of food offered. Continue, through training and expectations, to work toward excellent patient engagement, group, and de-escalation practices from all unit staff. Worked with dietary to adapt to patient needs with increased servings of filling food for meals and snacks overall and especially for patients with medication side effects that include increased appetite.

- Out of County Placements: We almost made target on this for the first time, decreasing from 483 in January, to 360 in February, to 229 in March. We continue to see diversions attempted by some unit staff feeling specific patients are too difficult, and attempting to change physicians' and managements' mind on taking these patients even when census is low. Continue to work with the nurses who tend to drive a "can't-do" culture with the more challenging patients, through education and support. Continue to work away from specific clients having "do not admit to NCHC" as part of their crisis plan, instead training staff on how to deal with patients with Borderline Personality Disorder and other challenging diagnoses and/or histories of severe agitation.
- Net Income: We continue to see shared patient rooms (which results in "no roommate status" beds being blocked), out-of-county placements, and census to staff ratios due to patient acuity being our challenges to meeting net income targets. Continue to work with treatment team on ability to take challenging patients; develop improved no-roommate status/evaluation policy/procedure, as locum physicians have given Director feedback that they have to listen to the nurses requesting this status because they as physicians rotating in for a day or two don't know the patients well enough to say no; continue to have BHS Director and Crisis Admin/Diversion Coordinator work directly with out-of-county placements on improved LOS and with community partners on protective placement/housing needs being far more timely.

❖ **Medically Monitored Treatment (MMT)**

- Vacancy Rate: Following a period of difficulty finding candidates with appropriate mental health and substance abuse qualifications, decreased from 29% in January and February, to 8.3% for March due to additional recruiting efforts resulting in new hires. We will continue to work with HR on expanding recruiting efforts when there are needs for MH/SA professionals in the future.
- Retention Rate: New management had to adapt to some of the previous hires having competency issues, and the treatment and manager recognized a need to re-work the staffing requirements. Management and treatment team have worked extensively to bring MMT staffing requirements and competency to the desired level. This should bring improved retention.
- Finance: Failure of the State to provide funding for residential mental health/substance abuse treatment funding past CCS, a program that has its own struggles with keeping up with staffing and large caseloads. Attempt to work with the State on providing a more feasible funding source. If one cannot be established, BHS will have to work to come up with alternative plans to meet the need for individuals needing residential substance abuse/mental health services beyond outpatient-level of treatment.

❖ **Outpatient**

- Retention Rate: The 52.8% outcome is a calculated rate resulting from the number of staff lost in the 1st quarter and is forecasted forward based on what the final year to date would be if the vacancies are not filled. Retention dropped 11.8% with turnover early in the year.
- No Show Rate: The target is 8-10%, with March being 18.1% and YTD being 18.8%. Currently the no show rate is combined for therapy and psychiatry. We will be working to separate these measures to provide deeper insight into unique aspects of each area. The no shows are monitored daily and a reason for the no show is documented when possible. The common reasons provided for no shows include transportation issues and illness. Due to the pandemic, psychiatric and outpatient therapy services can now be provided through telehealth. Since services have transitioned to telehealth there has been a decrease in no shows, which will be reflected in April data.

- **Psychiatry**
  - No Show Rate: The target is 8-10%, with March being 18.1% and YTD being 18.8%. Currently the no show rate is combined for therapy and psychiatry. We will be working to separate these measures to provide deeper insight into unique aspects of each area. The no shows are monitored daily and a reason for the no show is documented when possible. The common reasons provided for no shows include transportation issues and illness. Due to the pandemic, psychiatric and outpatient therapy services can now be provided through telehealth. Since services have transitioned to telehealth there has been a decrease in no shows, which will be reflected in April data.
  - Net Income: The target is $10,386-$15, 578, with March being ($55,295). Expenses are being managed with a positive variance, but revenue is below target. The no show rate is a driver behind low revenue. The negative variance for revenue equates to 300-350 medication management visits. YTD there have been 654 no shows for psychiatry. The transition to telehealth services is anticipated to have a positive impact on the no show rate as well as financials.

- **Day Services**

  Net Income - Day Services was impacted in middle of March when emergency orders were announced. At this time it was decided to close down day services due to gatherings of 10 or more as well as a concern with bringing multiple homes together and risking a spread of COVID-19. Because of the decision to temporarily close down day services net income was not on target. The staff in day services have been redeployed into other programs at NCHC including MVCC, Pine Crest and Residential. We anticipate April to be off target as well with closure continuing.

- **Residential Group Home**

  Vacancy rate was 11.3% off target by 2.3%. Applicant flow continues to be a challenge for this area. March didn't see many layoffs or furloughs by employers like April has to this point so we anticipate the vacancy rate to improve for April and into May. Recruitment efforts have also increased utilizing artificial intelligence to source candidates and advertise on social media platforms for passive candidates.

- **Residential Services**

  Residential Services vacancy rate was 12.2% off target by 3.2%. Residential Services utilizes the same applicant pool of Residential Group Homes and as noted above we expect the vacancy rate to improve in April and May. Net income was off target by $13,956 year to date however March was only $938.00 off target. A large part for the correction in income was achieving targeted census. April is anticipated to continue to trend in the right direction with census remaining stable.

<u>Nursing Home Operations</u>

- **Aquatic Services:**
  - The Net Income target for Aquatic is $2,275 - $3,413 per month. For March the outcome was not at target with Net Income at ($4,365). This is due to the COVID-19 shutdown. We have worked to redeploy staff accordingly as we do not expect any billed revenue for April.

- **MVCC Overall:**
  - Vacancy Rate for the month of March showed an increase to 14.8 % with a target range of 6.4-8.4%. Per review of the 2018 Wisconsin data for direct caregiver vacancy in the State of Wisconsin, the average statewide is 19% vacancy. Year to date we are at 14.7% which is below the state average but does not meet our target. In an effort to give employees flexibility in their schedules, this causes changes in FTE status and increases vacancy. We are working with Northcentral Technical College to create an online modified certified nursing assistant course to try and recruit unemployed staff due to COVID-19.

- Retention Rate: In March we had 5 C.N.A resignations, 3 were casual staff (0.0 FTE), one was an involuntary resignation and 1 full time employee left for another career opportunity. We had a voluntary resignation in a long term full time nurse who relocated out of state with his family and a transfer of an RN to our inpatient hospital program. As part of our recovery plan, we are working with Northcentral Technical College and have created a streamlined nurse aide training course and will be utilizing our own nursing staff for the clinical portion of the training. Human Resources is piloting a new tool to enhance Certified Nursing Assistant recruitment through an outsourcing company as well. The Mount View team continues to hold recruitment and retention meetings, do in house polling of staff for ideas to enhance retention and look for ways for work life balance for these positions.
- Nursing Home Star Rating: Nursing Home star rating for Mount View remains a 3 star. At this time with the COVID-19 pandemic, there is a suspension of all health care surveys. Mount View was due for its annual survey and with this suspension, the opportunity to improve health surveys star rating is on hold at this time.
- Readmission Rate target for 2020 is 10-12%. In March the readmission rate was 10% which was within target. In March we had 2 readmissions in the 30-day timeframe which were unavoidable readmissions. National average is at 22.2% so even though we are over our target we still remain under the national average.
- Average Net income goal is $38,717 to $58,075 per month. For March we showed a loss of $62,605 which was driven by low census and our revenue rates for Medicaid were lower than budgeted. Also during March we were unable to admit residents on our rehab unit due to acute respiratory surveillance.

❖ **Pine Crest Overall:**

- Readmission rate target for 2020 is 10-12%. Pine Crest in March was at 14.8% which was above target. In March we had 4 readmissions in the 30 day timeframe that were unavoidable. The team is currently working on a quality assurance process improvement project to reduce re-hospitalizations and have shown some improvement from January 2020.
- Nursing Home Star Rating: Pine Crest remains a 3 star due to survey issue that places their health inspections at a 2 for the next year. Anticipate by 4th quarter to move to a 4 star overall.
- Average net income target is $24,836-$37,253 and for March missed the target by $37,457 and year to date there is a net income loss of $2,021. Pine Crest has struggled with declining census and not meeting their budgeted census numbers. Besides this variance, the better than budgeted Medicare occupancy and the Medicaid rate being higher than budgeted has helped offset the lower census. Focus continues to be on reduction of agency staff and continued implementation of price savings through NCHC purchasing groups.

Support Programs

❖ **Human Resources**

Human Resources had one employee turnover, our Human Resources Coordinator, and as a result the retention rate was not achieved. Recruitment for this position has been put on hold as we focus all recruitment efforts towards direct care positions in our organization. April and May will continue to see this variance as the position continues to hold for recruitment.

❖ **Patient Financial Services**

- An employee retired earlier this year, the vacancy is now filled and there are no open positions.

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Audit	NCCSP	Jan-20	Acceptance of annual audit by NCCSP Board in April	The audit is complete; however, the presentation to the NCCSP Board has been deferred until the Board's May meeting	Open												
Approve Board Recruitment Plan	NCCSP	Jan-20	Develop and approve Board Recruitment Plan	The Board Recruitment plan will be finalized following the April Election results and discussed with the Executive Committee at their next meeting.	Pending												
Facility Use Agreements	NCCSP	Jan-20	Signed agreements with each of the three Counties	This item remains pending in the Marathon County Corporation Counsel's office.	Pending												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA by March	The written evaluation has been completed but the in-person review of the evaluation with the RCA Chair and NCCSP Board Chair is pending the COVID-19 crisis.	Pending												
Prepare Local Plan	NCCSP	Jan-20	Adopted 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute continues to work on stakeholder interviews and data analysis. The report completion and presentation to the Board is on hold until travel from Boston is permitted	Open												
Approve Training Plan for Counties	NCCSP	Jan-20	Successful Stakeholder Summit in May 2020	The inaugural training summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Open												
Annual Report	NCCSP	Apr-20	Annual Report Released and Presentations made to County Boards in May	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report in April and September	Pending the annual report development	Pending												
County Fund Balance Reconciliation	NCCSP	Apr-20	Fund Balance Presentation and Adoption by NCCSP Board	Pending the audit acceptance.	Pending												
Reserve Policy Review	RCA	Apr-20	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	The Policy is slated for approval at the April Board meeting.	Pending												
Approval of Annual Budget	NCCSP	Apr-20	Develop a recommended Budget to the RCA	The Budget process for 2021 has begun in April.	Pending												
Policy Governance for the NCCSP Board	NCCSP	Sep-20	Policy Governance Board Effectiveness Review	Performed annually at the September NCCSP Board meeting.	Pending												
Annual Quality, Compliance and Safety Plan	NCCSP	Oct-20	Review current plan performance and approve plan for upcoming year	Performed annually at the October NCCSP Board meeting.	Pending												
Approve Utilization Review Plan	NCCSP	Dec-20	Approve annual utilization review plan	Performed annually at the December NCCSP Board meetings.	Pending												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing.	Open												
Approve Update Tri-County Agreement	RCA	Jan-20	Recommendation to County Boards	The new agreement has been approved and is effective May 1, 2020. Changes relative to governance will be implemented over the next month. This work plan will be redeveloped to represent changes in the agreement starting in May.													
CEO Appraisal & Compensation	RCA	Jan-20	Completed Appraisal	The RCA Chair will schedule the sit-down appraisal with the CEO and NCCSP Board Chair as soon as it is practical given the COVID-19 priorities.													
Annual Budget	RCA	May-20	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The Budget process for 2021 has begun in April.													
Performance Standards	RCA	Jul-20	Adopted Annual Performance Standards	The Performance Standards will be reviewed in July, 2020.													

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: April 9, 2020
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 March of ($185,452), compared to the targeted loss of ($19,510) resulting in a negative variance of ($165,942). The financials now include Pine Crest and Lincoln Industries.

2) **Revenue Key Points:**
- Overall revenue for March was short of the budgeted target by ($184,718).
- MVCC census averaged 165 compared to the target of 183. Pine Crest census averaged 132 compared to the target of 155.
- In addition to the lower than budgeted census, both MVCC and Pine Crest payer mix is unfavorable to plan with a lower mix of Medicare residents than budgeted resulting in revenue shortfalls to plan of ($153,741) and ($87,839) respectively.
- The hospital census averaged 12 to a budget of 15 for the month of March resulting in a shortfall from plan of ($72,290). Average census for the last week of March was 8, which is a trend continuing into April.
- Revenue for the outpatient areas combined exceeded overall targets.

3) **Expense Key Points:**
- Overall expenses for March approximated budget with direct expenses exceeding plan by ($116,034) and indirect expenses favorable to plan by $134,596.
- Salaries are favorable to budget for March $357,476, but there is agency staff being utilized. When this is factored in, the salaries are exceeding target.
- Benefits are meeting targets. Health insurance was below target for the month. As the year progresses and employees utilize health care this cost will increase.
- Purchased services represent the greatest unfavorable variance to plan at ($402,357). This overage offsets the favorability in salaries expense.
- Diversions were unfavorable to plan ($107,501).

5) **COVID-19 Financial Considerations:**

- New accounting structures have been implemented to track expenses related to the COVID-19 pandemic in order to categorize and report for potential relief dollars.
- In March, purchasing expenses related to COVID-19 totaled $64,695. These are purchases outside of normal operating expenses.
- Additionally, employee wage expenses for those utilizing the COVID-19 related sick benefit in March were $16,157. This expense increases in April.
- Reforecasting efforts have begun in April in effort to manage expected losses.

6) **2019 Audit:**

- The auditors have completed their field work and are working their review.
- Presentation to the Board of Directors by Wipfli LLC is scheduled for the May Board of Directors meeting.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2020

	Human Services	Nursing Home - Marathon County	Nursing Home - Lincoln County	Total	Prior Year Combined
Current Assets:					
Cash and cash equivalents	(6,539,772)	3,832,653	1,455,397	(1,251,722)	4,352,659
Accounts receivable:					
Patient - Net	3,581,961	1,272,382	1,028,343	5,882,685	4,936,546
Outpatient - WIMCR & CCS	2,893,750	0	0	2,893,750	2,326,333
Nursing home - Supplemental payment program	0	197,083	179,167	376,250	175,000
Marathon County	360,485	0	0	360,485	441,244
Appropriations receivable	55,837	125,000	36,735	217,571	84,242
Net state receivable	1,046,178	0	0	1,046,178	1,219,833
Other	582,647	0	193,358	776,005	295,045
Inventory	381,138	28,706	0	409,844	427,687
Other	400,946	400,825	400,825	1,202,597	1,124,752
Total current assets	2,763,169	5,856,649	3,293,824	11,913,642	15,383,341
Noncurrent Assets:					
Investments	14,166,000	0	0	14,166,000	13,644,000
Assets limited as to use	1,555,716	106,900	180,500	1,843,116	862,188
Contingency funds	500,000	500,000	0	1,000,000	1,000,000
Restricted assets - Patient trust funds	18,630	21,005	0	39,635	36,815
Receivable restricted to pool project	1,732,590	0	0	1,732,590	0
Net pension asset	3,331,431	2,228,367	0	5,559,798	0
Nondepreciable capital assets	5,705,771	0	0	5,705,771	685,428
Depreciable capital assets - Net	6,763,581	3,070,889	0	9,834,470	10,670,028
Total noncurrent assets	33,773,719	5,927,161	180,500	39,881,380	26,898,459
Deferred outflows of resources - Related to pensions	6,154,191	4,116,489	0	10,270,680	12,070,837
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	42,691,080	15,900,299	3,474,324	62,065,703	54,352,637

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JANUARY 2020

	Human Services	Nursing Home - Marathon County	Nursing Home - Lincoln County	Total	Prior Year Combined
Current Liabilities:					
Current portion of capital lease liability	22,460	6,789	0	29,249	0
Accounts payable - Trade	385,794	258,054	167,592	811,440	776,290
Appropriations advances	0	0	0	0	0
Accrued liabilities:					
Salaries and retirement	593,021	592,843	592,843	1,778,707	2,268,095
Compensated absences	651,646	651,450	651,450	1,954,546	1,640,737
Health and dental insurance	223,378	223,311	223,311	670,000	847,000
Other Payables	67,043	67,023	67,023	201,090	234,000
Amounts payable to third-party reimbursement programs	220,000	0	0	220,000	220,000
Unearned revenue	39,183	0	0	39,183	76,873
Total current liabilities	2,202,525	1,799,471	1,702,220	5,704,216	6,062,995
Noncurrent Liabilities:					
Net pension liability	565,969	378,572	0	944,541	1,582,088
Long-term portion of capital lease liability	55,144	16,667	0	71,811	0
Related-party liability - Master Facility Plan	2,949,609	891,528	0	3,841,137	0
Patient trust funds	18,630	21,005	0	39,635	36,815
Total noncurrent liabilities	3,589,351	1,307,772	0	4,897,124	1,618,903
Total liabilities	5,791,876	3,107,243	1,702,220	10,601,339	7,681,898
Deferred inflows of resources - Related to pensions	6,587,067	4,406,036	0	10,993,103	5,021,704
Net Position:					
Net investment in capital assets	9,468,615	3,070,889	0	12,539,504	11,355,455
Restricted for capital assets - pool project	1,732,590	0	0	1,732,590	0
Unrestricted:					
Board designated for contingency	500,000	500,000	0	1,000,000	1,000,000
Board designated for capital assets	1,555,716	106,900	180,500	1,843,116	862,188
Undesignated	17,278,839	4,811,802	1,563,303	23,653,944	28,358,280
Operating Income / (Loss)	(223,624)	(102,571)	28,300	(297,896)	73,112
Total net position	30,312,137	8,387,020	1,772,103	40,471,259	41,649,035
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	42,691,080	15,900,299	3,474,324	62,065,703	54,352,637

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING January 31, 2020

51.42./.437 PROGRAMS

	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	$3,210,869	$3,061,081	$149,788	$3,210,869	$3,061,081	$149,788
OTHER REVENUE						
State Match / Addendum	$417,915	$418,150	($235)	$417,915	$418,150	($235)
Grant Revenue	$220,134	$183,767	$36,368	$220,134	$183,767	$36,368
County Appropriation-net	$296,021	$296,021	$0	$296,021	$296,021	$0
Departmental and Other Revenue	$320,437	$283,920	$36,517	$320,437	$283,920	$36,517
Total Other revenue	$1,254,507	$1,181,857	$72,650	$1,254,507	$1,181,857	$72,650
TOTAL REVENUE	$4,465,376	$4,242,938	$222,438	$4,465,376	$4,242,938	$222,438
EXPENSES						
Direct expenses	$3,811,544	$3,271,227	$540,317	$3,811,544	$3,271,227	$540,317
Indirect Expenses	$910,292	$960,237	($49,944)	$910,292	$960,237	($49,944)
Total Expenses	$4,721,836	$4,231,463	$490,373	$4,721,836	$4,231,463	$490,373
Operating Income (Loss)	($256,460)	$11,475	($267,935)	($256,460)	$11,475	($267,935)
Nonoperating Gains(Losses):						
Interest Income	$29,990	$30,833	($843)	$29,990	$30,833	($843)
Donations and Gifts	$2,845	$0	$2,845	$2,845	$0	$2,845
Gain/(loss) Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains(Losses)	$32,835	$30,833	$2,002	$32,835	$30,833	$2,002
Operating Income (Loss)	($223,624)	$42,308	($265,933)	($223,624)	$42,308	($265,933)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING January 31, 2020

NURSING HOME-MVCC

	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	$1,611,763	$1,708,372	($96,609)	$1,611,763	$1,708,372	($96,609)
OTHER REVENUE						
County Appropriation-net	$125,000	$125,000	$0	$125,000	$125,000	$0
Departmental and Other Revenue	$137,380	$124,091	$13,289	$137,380	$124,091	$13,289
Total Other revenue	$262,380	$249,091	$13,289	$262,380	$249,091	$13,289
TOTAL REVENUE	$1,874,143	$1,957,463	($83,319)	$1,874,143	$1,957,463	($83,319)
EXPENSES						
Direct Expenses	$1,384,113	$1,282,686	$101,427	$1,384,113	$1,282,686	$101,427
Indirect Expenses	$592,809	$653,451	($60,642)	$592,809	$653,451	($60,642)
Total Expenses	$1,976,922	$1,936,137	$40,785	$1,976,922	$1,936,137	$40,785
Operating Income (Loss)	($102,779)	$21,326	($124,105)	($102,779)	$21,326	($124,105)
Nonoperating Gains(Losses):						
Interest Income	$0	$0	$0	$0	$0	$0
Donations and Gifts	$208	$0	$208	$208	$0	$208
Gain/(loss) Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains(Losses)	$208	$0	$208	$208	$0	$208
Operating Income (Loss)	($102,571)	$21,326	($123,897)	($102,571)	$21,326	($123,897)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING January 31, 2020

NURSING HOME-PINE CREST

	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	$1,207,509	$1,203,043	$4,467	$1,207,509	$1,203,043	$4,467
OTHER REVENUE						
County Appropriation-net	$36,735	$36,735	$0	$36,735	$36,735	$0
Departmental and Other Revenue	$2,508	$16,750	($14,242)	$2,508	$16,750	($14,242)
Total Other revenue	$39,243	$53,485	($14,242)	$39,243	$53,485	($14,242)
TOTAL REVENUE	$1,246,752	$1,256,527	($9,775)	$1,246,752	$1,256,527	($9,775)
EXPENSES						
Direct Expenses	$1,182,163	$1,217,304	($35,141)	$1,182,163	$1,217,304	($35,141)
Indirect Expenses	$36,326	$38,441	($2,115)	$36,326	$38,441	($2,115)
Total Expenses	$1,218,489	$1,255,744	($37,255)	$1,218,489	$1,255,744	($37,255)
Operating Income (Loss)	$28,263	$783	$27,480	$28,263	$783	$27,480
Nonoperating Gains(Losses):						
Interest Income	$37	$0	$37	$37	$0	$37
Donations and Gifts	$0	$0	$0	$0	$0	$0
Gain/(loss) Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains(Losses)	$37	$0	$37	$37	$0	$37
Operating Income (Loss)	$28,300	$783	$27,517	$28,300	$783	$27,517

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING January 31, 2020

TOTAL

	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	$6,030,142	$5,972,496	$57,646	$6,030,142	$5,972,496	$57,646
OTHER REVENUE						
State Match / Addendum	$417,915	$418,150	($235)	$417,915	$418,150	($235)
Grant Revenue	$220,134	$183,767	$36,368	$220,134	$183,767	$36,368
County Appropriation-net	$457,755	$457,755	$0	$457,755	$457,755	$0
Departmental and Other Revenue	$460,325	$424,760	$35,565	$460,325	$424,760	$35,565
Total Other revenue	$1,556,130	$1,484,433	$71,697	$1,556,130	$1,484,433	$71,697
TOTAL REVENUE	$7,586,271	$7,456,929	$129,343	$7,586,271	$7,456,928	$129,343
EXPENSES						
Direct expenses	$6,377,820	$5,771,217	$606,604	$6,377,820	$5,771,217	$606,604
Indirect Expenses	$1,539,427	$1,652,128	($112,701)	$1,539,427	$1,652,128	($112,701)
Total Expenses	$7,917,247	$7,423,345	$493,903	$7,917,247	$7,423,345	$493,903
Operating Income (Loss)	($330,976)	$33,584	($364,560)	($330,976)	$33,584	($364,560)
Nonoperating Gains(Losses):						
Interest Income	$30,027	$30,833	($806)	$30,027	$30,833	($806)
Donations and Gifts	$3,053	$0	$3,053	$3,053	$0	$3,053
Gain/(loss) Disposal of Assets	$0	$0	$0	$0	$0	
Total Nonoperating Gains(Losses)	$33,080	$30,833	$2,247	$33,080	$30,833	$2,247
Operating Income (Loss)	($297,895)	$64,417	($362,313)	($297,895)	$64,417	($362,313)

NORTH CENTRAL HEALTH CARE

REPORT ON AVAILABILITY OF FUNDS

January 31, 2020

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
PFM Investments	455 Days	2/13/2020	2.73%	$482,000	X
BMO Harris	549 Days	2/26/2020	2.50%	$500,000	X
Abby Bank	730 Days	3/15/2020	1.71%	$400,000	X
People's State Bank	365 Days	3/28/2020	2.10%	$250,000	X
PFM Investments	365 Days	4/3/2020	2.58%	$486,000	x
PFM Investments	730 Days	4/29/2020	2.57%	$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	$500,000	X
BMO Harris	365 Days	5/28/2020	2.45%	$500,000	X
People's State Bank	365 Days	5/29/2020	2.40%	$350,000	X
People's State Bank	365 Days	5/30/2020	2.40%	$500,000	X
PFM Investments	365 Days	6/3/2020	2.53%	$486,000	X
PFM Investments	365 Days	7/8/2020	2.27%	$487,000	X
People's State Bank	365 Days	8/21/2020	1.74%	$500,000	X
Abby Bank	730 Days	8/29/2020	2.57%	$500,000	X
Abby Bank	730 Days	9/1/2020	2.57%	$500,000	X
PFM Investments	273 Days	9/8/2020	1.66%	$492,000	X
Abby Bank	365 Days	10/29/2020	1.82%	$500,000	X
PFM Investments	365 Days	12/4/2020	1.60%	$490,000	X
CoVantage Credit Union	456 Days	12/9/2020	2.00%	$500,000	X
PFM Investments	365 Days	12/17/2020	1.80%	$490,000	X
Abby Bank	365 Days	12/30/2020	1.40%	$500,000	X
PFM Investments	365 Days	12/30/2020	1.60%	$980,000	X
Abby Bank	730 Days	1/6/2021	2.65%	$500,000	X
CoVantage Credit Union	456 Days	1/29/2021	2.00%	$300,000	X
CoVantage Credit Union	455 Days	2/19/2021	2.00%	$500,000	X
Abby Bank	730 Days	2/25/2021	2.69%	$500,000	X
CoVantage Credit Union	455 Days	3/3/2021	2.00%	$500,000	X
CoVantage Credit Union	730 Days	3/8/2021	2.72%	$500,000	X
Abby Bank	730 Days	7/19/2021	2.45%	$500,000	X
TOTAL FUNDS AVAILABLE				$14,166,000	
WEIGHTED AVERAGE	495.53 Days		2.174% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of January 31, 2020

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Activities	500.00
Adult Day Services	6,677.63
Adventure Camp	2,829.96
Alvin Therapy Dog	516.14
Birth to 3 Program	2,035.00
Clubhouse	8,525.78
Community Treatment - Adult	535.03
Community Treatment - Youth	6,925.51
Fishing Without Boundries	6,657.28
General Donated Funds	53,172.60
Hope House	902.09
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	4,467.25
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	1,522.95
Total Legacies by the Lake	3,481.20
Marathon Cty Suicide Prev Task	25,482.92
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	7,116.82
Nursing Home - General Fund	6,460.83
Outpatient Services - Marathon	401.08
Pool	31,148.20
Prevent Suicide Langlade Co.	2,444.55
Recovery Coach	19,031.40
Resident Council	421.05
United Way	67.54
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	228,789.42
Total Checking/Savings	228,789.42
Total Current Assets	228,789.42
TOTAL ASSETS	**228,789.42**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	109,904.73
Net Income	-4,639.06
Total Equity	228,789.42
TOTAL LIABILITIES & EQUITY	**228,789.42**

North Central Health Care
Budget Revenue/Expense Report

Month Ending January 31, 2020

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	7,586,271	7,456,929	7,586,271	7,456,928	129,343
EXPENSES:					
Salaries and Wages	3,374,238	3,543,517	3,374,238	3,543,517	(169,279)
Fringe Benefits	1,484,656	1,477,455	1,484,656	1,477,455	7,201
Departments Supplies	865,573	871,744	865,573	871,744	(6,171)
Purchased Services	938,207	580,629	938,207	580,629	357,578
Utilitites/Maintenance Agreements	520,060	357,869	520,060	357,869	162,191
Personal Development/Travel	38,095	43,729	38,095	43,729	(5,635)
Other Operating Expenses	135,098	207,393	135,098	207,393	(72,294)
Insurance	40,065	43,167	40,065	43,167	(3,102)
Depreciation & Amortization	196,130	222,842	196,130	222,842	(26,712)
Client Purchased Services	325,125	75,000	325,125	75,000	250,125
TOTAL EXPENSES	**7,917,247**	**7,423,345**	**7,917,247**	**7,423,345**	**493,903**
Nonoperating Income	33,080	30,833	33,080	30,833	2,247
EXCESS REVENUE (EXPENSE)	**(297,895)**	**64,417**	**(297,895)**	**64,417**	**(362,313)**

North Central Health Care
Write-Off Summary
January 2020

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	($4,150)	($4,150)	$852
Bad Debt	$1,561	$1,561	$41
Outpatient:			
Administrative Write-Off	$4,128	$4,128	$2,802
Bad Debt	$296	$296	$206
Nursing Home:			
Daily Services:			
Administrative Write-Off	($376)	($376)	$3,960
Bad Debt	$0	$0	$36
Ancillary Services:			
Administrative Write-Off	$310	$310	$15
Bad Debt	$0	$0	$0
Pharmacy:			
Administrative Write-Off	$11	$11	$18
Bad Debt	$263	$263	$14
Total - Administrative Write-Off	($78)	($78)	$7,648
Total - Bad Debt	$2,121	$2,121	$297

North Central Health Care
2020 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
January	MVCC	5,673	5,413	(260)	97.34%	92.88%
	Pine Crest	4,805	4,372	(433)	96.88%	88.15%
	Hospital	465	409	(56)	93.75%	82.46%
February	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
March	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
April	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
May	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
				0		
June	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
July	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
August	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
September	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
October	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
November	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
December	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
YTD	MVCC	5,673	5,413	(260)	97.34%	92.88%
	Pine Crest	4,805	4,372	(433)	96.88%	88.15%
	Hospital	465	409	(56)	93.75%	82.46%

North Central Health Care
Review of 2020 Services
Langlade County

Direct Services:	January 2020 Actual Rev	January 2020 Budg Rev	Variance	January 2020 Actual Exp	January 2020 Budg Exp	Variance	Variance by Program
Outpatient Services	$41,914	$57,358	($15,444)	$37,931	$68,127	$30,196	$14,752
Community Treatment-Adult	$57,899	$58,217	($318)	$42,608	$58,217	$15,609	$15,291
Community Treatment-Youth	$123,620	$116,750	$6,870	$129,847	$116,750	($13,097)	($6,227)
Sober Living	$0	$10,667	($10,667)	$169	$10,667	$10,498	($169)
Day Services	$21,100	$31,500	($10,400)	$31,152	$31,500	$348	($10,052)
	$244,533	$274,492	($29,959)	$241,707	$285,260	$43,553	$13,595
Shared Services:							
Inpatient	$42,685	$39,659	$3,026	$39,918	$39,968	$50	$3,076
Hospital Psychiatry	$3,603	$3,923	($320)	$14,145	$15,365	$1,220	$900
Residency Program	$2,888	$2,888	$1	$3,930	$4,149	$219	$220
Youth Hospital	$0	$0	$0		$0	$0	$0
CBRF	$11,590	$11,143	$447	$8,700	$11,143	$2,443	$2,890
Crisis	$5,407	$5,459	($52)	$28,965	$22,357	($6,608)	($6,660)
MMT (Lakeside Recovery)	$1,063	$8,829	($7,766)	$12,016	$14,269	$2,253	($5,513)
Outpatient Psychiatry	$9,422	$10,821	($1,399)	$35,816	$37,607	$1,791	$392
Protective Services	$7,097	$0	$7,097	$6,456	$0	($6,456)	$641
Birth To Three	$13,068	$0	$13,068	$13,395	$0	($13,395)	($327)
Group Homes	$17,289	$16,857	$432	$15,499	$16,857	$1,358	$1,790
Supported Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$40,686	$8,598	($32,088)	($32,088)
	$114,112	$99,578	$14,535	$219,526	$170,312	($49,214)	($34,680)
Totals	$358,645	$374,069	($15,424)	$461,233	$455,572	($5,661)	($21,085)
Base County Allocation	$66,544	$66,544	($0)				($0)
Nonoperating Revenue	$1,939	$2,386	($447)				($447)
County Appropriation	$12,573	$12,573	$0				$0
Excess Revenue/(Expense)	$439,701	$455,572	($15,871)	$461,233	$455,572	($5,661)	($21,532)

North Central Health Care
Review of 2020 Services
Lincoln County

Direct Services:	January 2020 Actual Rev	January 2020 Budget Rev	Variance	January 2020 Actual Exp	January 2020 Budg Exp	Variance	Variance By Program
Outpatient Services	$26,636	$34,933	($8,297)	$29,309	$54,231	$24,922	$16,625
Community Treatment-Adult	$73,734	$64,033	$9,701	$64,234	$64,033	($201)	$9,500
Community Treatment-Youth	$166,166	$151,200	$14,966	$165,029	$151,200	($13,829)	$1,137
Lincoln Industries	$78,160	$158,583	($80,423)	$83,233	$158,583	$75,350	($5,073)
	$344,696	$408,750	($64,054)	$341,805	$428,048	$86,243	$22,189
Shared Services:							
Inpatient	$58,210	$54,080	$4,130	$54,438	$54,501	$63	$4,193
Inpatient Psychiatry	$4,914	$5,349	($435)	$19,288	$20,952	$1,664	$1,228
Residency Program	$3,938	$3,938	$1	$5,358	$5,658	$300	$300
Youth Hospital	$0	$0	$0	$0	$0	$0	$0
CBRF	$15,804	$15,194	$610	$11,864	$15,194	$3,330	$3,940
Crisis	$7,373	$7,444	($71)	$39,498	$30,486	($9,012)	($9,082)
Outpatient Psychiatry	$12,849	$14,756	($1,907)	$48,840	$51,282	$2,442	$535
MMT (Lakeside Recovery)	$1,450	$12,040	($10,590)	$16,386	$19,458	$3,072	($7,518)
Protective Services	$9,678	$0	$9,678	$8,803	$0	($8,803)	$875
Birth To Three	$19,213	$0	$19,213	$19,695	$0	($19,695)	($482)
Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$55,481	$11,725	($43,756)	($43,756)
	$133,429	$112,801	$20,628	$279,651	$209,257	($70,394)	($49,766)
Totals	$478,125	$521,551	($43,426)	$621,456	$637,305	$15,849	($27,577)
Base County Allocation	$69,165	$69,165	$0				$0
Nonoperating Revenue	$2,706	$3,326	($620)				($620)
County Appropriation	$43,264	$43,264	$1				$1
Excess Revenue (Expense)	$593,260	$637,305	($44,045)	$621,456	$637,305	$15,849	($28,196)

North Central Health Care
Review of 2020 Services
Marathon County

Direct Services:	January 2020 Actual Rev	January 2020 Budget Rev	Variance	January 2020 Actual Exp	January 2020 Budget Exp	Variance	Variance by Program
Outpatient Services	$100,191	$130,652	($30,461)	$182,479	$166,354	($16,126)	($46,586)
Community Treatment-Adult	$465,452	$373,991	$91,461	$456,769	$373,991	($82,778)	$8,683
Community Treatment-Youth	$558,635	$325,924	$232,712	$493,299	$325,924	($167,376)	$65,336
Day Services	$105,194	$133,949	($28,755)	$122,430	$133,949	$11,519	($17,236)
Clubhouse	$17,538	$24,918	($7,380)	$29,323	$32,585	$3,262	($4,118)
Demand Transportation	$35,470	$35,992	($522)	$32,256	$35,992	$3,736	$3,214
Aquatic Services	$76,283	$85,224	($8,941)	$101,468	$113,753	$12,285	$3,344
Pharmacy	$547,772	$540,200	$7,573	$497,148	$540,200	$43,052	$50,624
	$1,906,535	$1,650,849	$255,686	$1,915,172	$1,722,746	($192,426)	$63,260
Shared Services:							
Inpatient	$287,170	$266,796	$20,374	$268,539	$268,874	$335	$20,709
Inpatient Psychiatry	$24,242	$26,391	($2,149)	$95,156	$103,362	$8,206	$6,058
Residency Program	$19,425	$19,425	$0	$26,435	$27,912	$1,477	$1,477
Youth Hospital	$0	$0	$0	$0	$0	$0	$0
CBRF	$77,966	$74,959	$3,007	$58,527	$74,959	$16,432	$19,439
Crisis Services	$36,371	$36,722	($351)	$194,858	$150,399	($44,459)	($44,810)
MMT (Lakeside Recovery)	$7,153	$59,396	($52,243)	$80,837	$95,994	$15,157	($37,086)
Outpatient Psychiatry	$63,388	$72,796	($9,408)	$240,944	$252,993	$12,049	$2,641
Protective Services	$47,742	$0	$47,742	$43,430	$0	($43,430)	$4,312
Birth To Three	$95,352	$0	$95,352	$97,742	$0	($97,742)	($2,390)
Group Homes	$160,321	$156,310	$4,011	$143,722	$156,310	$12,588	$16,599
Supported Apartments	$191,854	$192,250	($396)	$200,083	$192,250	($7,833)	($8,229)
Contracted Services	$0	$0	$0	$273,705	$57,843	($215,862)	($215,862)
	$1,010,984	$905,045	$105,940	$1,723,978	$1,380,895	($343,083)	($237,144)
Totals	$2,917,519	$2,555,893	$361,626	$3,639,150	$3,103,641	($535,509)	($173,883)
Base County Allocation	$282,206	$282,442	($236)				($236)
Nonoperating Revenue	$25,345	$25,122	$223				$223
County Appropriation	$240,184	$240,184	($0)				($0)
Excess Revenue/(Expense)	$3,465,254	$3,103,641	$361,613	$3,639,150	$3,103,641	($535,509)	($173,896)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
FEBRUARY 2020

	Human Services	Nursing Home - Marathon County	Nursing Home - Lincoln County	Total	Prior Year Combined
Current Assets:					
Cash and cash equivalents	(6,860,955)	3,665,415	2,016,276	(1,179,263)	3,939,024
Accounts receivable:					
Patient - Net	4,158,736	1,488,063	1,890,988	7,537,787	4,560,437
Outpatient - WIMCR & CCS	3,107,500	0	0	3,107,500	2,505,667
Nursing home - Supplemental payment program	0	394,167	358,333	752,500	350,000
Marathon County	480,368	0	0	480,368	882,489
Appropriations receivable		250,000		250,000	0
Net state receivable	755,165	0	0	755,165	1,448,931
Other	650,380	0	196,652	847,032	357,570
Inventory	381,138	28,706	0	409,844	427,687
Other	416,187	416,062	416,062	1,248,311	1,081,462
Total current assets	3,088,519	6,242,412	4,878,311	14,209,244	15,553,267
Noncurrent Assets:					
Investments	14,174,000	0	0	14,174,000	13,644,000
Assets limited as to use	1,472,398	104,302	176,636	1,753,336	838,261
Contingency funds	500,000	500,000	0	1,000,000	1,000,000
Restricted assets - Patient trust funds	19,728	21,005	0	40,733	36,509
Receivable restricted to pool project	1,732,590	0	0	1,732,590	0
Net pension asset	3,331,431	2,228,367	0	5,559,798	5,559,798
Nondepreciable capital assets	5,733,972	0	0	5,733,972	1,048,322
Depreciable capital assets - Net	6,595,893	3,030,751	0	9,626,644	10,667,972
Total noncurrent assets	33,560,011	5,884,426	176,636	39,621,073	32,794,862
Deferred outflows of resources - Related to pensions	6,154,191	4,116,489	0	10,270,680	10,270,680
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES:	42,802,722	16,243,327	5,054,947	64,100,996	58,618,809

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
FEBRUARY 2020

	Human Services	Nursing Home - Marathon County	Nursing Home - Lincoln County	Total	Prior Year Combined
Current Liabilities:					
Current portion of capital lease liability	22,460	6,789	0	29,249	29,249
Accounts payable - Trade	444,502	452,645	232,207	1,129,354	769,820
Appropriations advances	55,837	0	36,735	92,571	84,242
Accrued liabilities:					
Salaries and retirement	730,798	730,579	730,579	2,191,956	2,262,724
Compensated absences	652,878	652,682	652,682	1,958,241	1,692,954
Health and dental insurance	223,378	223,311	223,311	670,000	847,000
Other Payables	67,043	67,023	67,023	201,090	234,000
Amounts payable to third-party reimbursement programs	220,000	0	0	220,000	220,000
Unearned revenue	39,185	0	0	39,185	76,881
Total current liabilities	2,456,081	2,133,029	1,942,536	6,531,646	6,216,870
Noncurrent Liabilities:					
Net pension liability	565,969	378,572	0	944,541	944,541
Long-term portion of capital lease liability	53,401	16,141	0	69,542	96,522
Related-party liability - Master Facility Plan	2,949,609	891,528	0	3,841,137	343,429
Patient trust funds	19,728	21,005	0	40,733	36,509
Total noncurrent liabilities	3,588,707	1,307,246	0	4,895,953	1,421,001
Total liabilities	6,044,788	3,440,275	1,942,536	11,427,599	7,637,871
Deferred inflows of resources - Related to pensions	6,587,067	4,406,036	0	10,993,103	10,993,103
Net Position:					
Net investment in capital assets	9,329,128	3,030,751	0	12,359,879	11,343,616
Restricted for capital assets - pool project	1,732,590	0	0	1,732,590	0
Unrestricted:					
Board designated for contingency	500,000	500,000	0	1,000,000	1,000,000
Board designated for capital assets	1,472,398	104,302	176,636	1,753,336	838,261
Undesignated	17,501,645	4,854,538	2,967,166	25,323,349	26,819,837
Operating Income / (Loss)	(364,894)	(92,575)	(31,393)	(488,860)	(13,878)
Total net position	30,170,867	8,397,016	3,112,410	41,680,295	39,987,836
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	42,802,722	16,243,327	5,054,947	64,100,996	58,618,809

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 29, 2020

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$5,428,091	$5,636,411	($208,319)	$11,458,233	$11,608,906	($150,673)
Other Revenue:						
State Match / Addendum	$417,915	$418,150	($236)	$835,829	$836,301	($472)
Grant Revenue	$278,647	$183,767	$94,881	$498,782	$367,533	$131,249
County Appropriations - Nets	$457,755	$457,755	($0)	$915,510	$915,511	($0)
Departmental and Other Revenue	$406,182	$424,760	($18,578)	$866,507	$849,521	$16,986
Total Other Revenue	$1,560,499	$1,484,433	$76,067	$3,116,629	$2,968,865	$147,764
Total Revenue	$6,988,590	$7,120,844	($132,253)	$14,574,862	$14,577,771	($2,910)
Expenses:						
Direct Expenses	$5,776,219	$5,506,526	$269,693	$12,154,039	$11,277,742	$876,297
Indirect Expenses	$1,455,571	$1,622,886	($167,315)	$2,994,998	$3,275,014	($280,016)
Total Expenses	$7,231,789	$7,129,412	$102,378	$15,149,037	$14,552,756	$596,281
Operating Income (Loss)	($243,199)	($8,568)	($234,631)	($574,175)	$25,015	($599,190)
Nonoperating Gains(Losses):						
Interest Income	$28,980	$30,833	($1,853)	$59,007	$61,667	($2,659)
Donations and Gifts	$23,253	$0	$23,253	$26,306	$0	$26,306
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	
Total Nonoperating Gains / (Losses)	$52,233	$30,833	$21,400	$85,314	$61,667	$23,647
Income / (Loss)	($190,966)	$22,265	($213,231)	($488,860)	$86,682	($575,544)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 29, 2020

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,898,679	$2,870,644	$28,035	$6,109,548	$5,931,725	$177,823
Other Revenue:						
State Match / Addendum	$417,915	$418,150	($236)	$835,829	$836,301	($472)
Grant Revenue	$278,647	$183,767	$94,881	$498,782	$367,533	$131,249
Count Appropriations - Net	$296,021	$296,021	($0)	$592,041	$592,042	($0)
Departmental and Other Revenue Revenue	$250,465	$283,920	($33,455)	$570,902	$567,839	$3,063
Total Other Revenue	$1,243,047	$1,181,857	$61,190	$2,497,554	$2,363,715	$133,840
Total Revenue	$4,141,726	$4,052,501	$89,225	$8,607,103	$8,295,440	$311,663
Expenses:						
Direct Expenses	$3,475,810	$3,130,636	$345,174	$7,287,354	$6,401,862	$885,491
Indirect Expenses	$858,600	$943,241	($84,640)	$1,768,893	$1,903,477	($134,585)
Total Expenses	$4,334,410	$4,073,876	$260,534	$9,056,246	$8,305,340	$750,907
Operating Income (Loss)	($192,684)	($21,375)	($171,309)	($449,144)	($9,900)	($439,244)
Nonoperating Gains(Losses):						
Interest Income	$28,934	$30,833	($1,900)	$58,924	$61,667	($2,743)
Donations and Gifts	$22,481	$0	$22,481	$25,325.93	$0	$25,326
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$51,414	$30,833	$20,581	$84,250	$61,667	$22,583
Income / (Loss)	($141,270)	$9,458	($150,728)	($364,894)	$51,767	($416,661)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 29, 2020

NURSING HOME - MOUNT VIEW	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,487,600	$1,621,893	($134,293)	$3,099,364	$3,330,265	($230,901)
Other Revenue:						
County Appropriations - Net	$125,000	$125,000	$0	$250,000	$250,000	$0
Departmental and Other Revenue	$124,002	$124,091	($89)	$261,382	$248,181	$13,201
Total Other Revenue	$249,002	$249,091	($89)	$511,382	$498,181	$13,201
Total Revenue	$1,736,603	$1,870,984	($134,381)	$3,610,746	$3,828,446	($217,701)
Expenses:						
Direct Expenses	$1,170,861	$1,214,114	($43,253)	$2,554,975	$2,496,800	$58,175
Indirect Expenses	$555,992	$641,885	($85,893)	$1,148,801	$1,295,336	($146,535)
Total Expenses	$1,726,853	$1,855,999	($129,146)	$3,703,775	$3,792,136	($88,361)
Operating Income (Loss)	$9,750	$14,985	($5,235)	($93,029)	$36,310	($129,340)
Nonoperating Gains(Losses):						
Interest Income	$0	$0	$0	$0	$0	$0
Donations and Gifts	$247	$0	$247	$454	$0	$454
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$247	$0	$247	$454	$0	$454
Income / (Loss)	$9,996	$14,985	($4,988)	($92,575)	$36,310	($128,885)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 29, 2020

NURSING HOME - PINE CREST	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,041,812	$1,143,874	($102,062)	$2,249,321	$2,346,916	($97,595)
Other Revenue:						
County Appropriations - Net	$36,735	$36,735	$0	$73,469	$73,469	$0
Departmental and Other Revenue	$31,715	$16,750	$14,965	$34,223	$33,500	$723
Total Other Revenue	$68,450	$53,485	$14,965	$107,692	$106,969	$723
Total Revenue	$1,110,261	$1,197,358	($87,097)	$2,357,013	$2,453,885	($96,872)
Expenses:						
Direct Expenses	$1,129,548	$1,161,776	($32,228)	$2,311,711	$2,379,080	($67,369)
Indirect Expenses	$40,979	$37,760	$3,218	$77,305	$76,201	$1,104
Total Expenses	$1,170,526	$1,199,536	($29,010)	$2,389,015	$2,455,281	($66,265)
Operating Income (Loss)	($60,265)	($2,178)	($58,087)	($32,002)	($1,395)	($30,607)
Nonoperating Gains(Losses):						
Interest Income	$46	$0	$46	$84	$0	$84
Donations and Gifts	$526	$0	$526	$526	$0	$526
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$572	$0	$572	$610	$0	$610
Income / (Loss)	($59,693)	($2,178)	($57,515)	($31,393)	($1,395)	($29,998)

NORTH CENTRAL HEALTH CARE

REPORT ON AVAILABILITY OF FUNDS

February 29, 2020

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
Abby Bank	730 Days	3/15/2020	1.71%	$400,000	X
People's State Bank	365 Days	3/28/2020	2.10%	$250,000	X
PFM Investments	365 Days	4/3/2020	2.58%	$486,000	x
PFM Investments	730 Days	4/29/2020	2.57%	$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	$500,000	X
BMO Harris	365 Days	5/28/2020	2.45%	$500,000	X
People's State Bank	365 Days	5/29/2020	2.40%	$350,000	X
People's State Bank	365 Days	5/30/2020	2.40%	$500,000	X
PFM Investments	365 Days	6/3/2020	2.53%	$486,000	X
PFM Investments	365 Days	7/8/2020	2.27%	$487,000	X
People's State Bank	365 Days	8/21/2020	1.74%	$500,000	X
Abby Bank	730 Days	8/29/2020	2.57%	$500,000	X
Abby Bank	730 Days	9/1/2020	2.57%	$500,000	X
PFM Investments	273 Days	9/8/2020	1.66%	$492,000	X
Abby Bank	365 Days	10/29/2020	1.82%	$500,000	X
PFM Investments	365 Days	12/4/2020	1.60%	$490,000	X
CoVantage Credit Union	456 Days	12/9/2020	2.00%	$500,000	X
PFM Investments	365 Days	12/17/2020	1.80%	$490,000	X
Abby Bank	365 Days	12/30/2020	1.40%	$500,000	X
PFM Investments	365 Days	12/30/2020	1.60%	$980,000	X
Abby Bank	730 Days	1/6/2021	2.65%	$500,000	X
BMO Harris	335 Days	1/26/2021	1.50%	$500,000	X
CoVantage Credit Union	456 Days	1/29/2021	2.00%	$300,000	X
PFM Investments	368 Days	2/14/2021	1.60%	$490,000	X
CoVantage Credit Union	455 Days	2/19/2021	2.00%	$500,000	X
Abby Bank	730 Days	2/25/2021	2.69%	$500,000	X
CoVantage Credit Union	455 Days	3/3/2021	2.00%	$500,000	X
CoVantage Credit Union	730 Days	3/8/2021	2.72%	$500,000	X
Abby Bank	730 Days	7/19/2021	2.45%	$500,000	X
TOTAL FUNDS AVAILABLE				$14,174,000	
WEIGHTED AVERAGE	484.95 Days		2.100% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of February 29, 2020

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Activities	500.00
Adult Day Services	6,677.63
Adventure Camp	2,829.96
Alvin Therapy Dog	516.14
Birth to 3 Program	2,035.00
Clubhouse	8,306.38
Community Treatment - Adult	535.03
Community Treatment - Youth	6,915.51
Fishing Without Boundries	6,657.28
General Donated Funds	53,062.60
Hope House	902.09
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	4,485.95
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	1,322.14
Total Legacies by the Lake	3,280.39
Marathon Cty Suicide Prev Task	25,482.92
National Suicide Lifeline Stipe	5,676.37
Northern Valley West	7,116.82
Nursing Home - General Fund	6,415.04
Outpatient Services - Marathon	421.08
Pool	34,718.18
Prevent Suicide Langlade Co.	2,569.55
Recovery Coach	19,031.40
Resident Council	421.05
United Way	271.54
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	234,641.10
Total Checking/Savings	234,641.10
Total Current Assets	234,641.10
TOTAL ASSETS	**234,641.10**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	109,904.73
Net Income	1,212.62
Total Equity	234,641.10
TOTAL LIABILITIES & EQUITY	**234,641.10**

North Central Health Care
Budget Revenue/Expense Report

Month Ending February 29, 2020

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	6,988,590	7,120,844	14,574,862	14,577,771	(2,910)
EXPENSES:					
Salaries and Wages	3,038,349	3,314,906	6,412,587	6,858,423	(445,836)
Fringe Benefits	1,127,538	1,382,133	2,612,194	2,859,588	(247,394)
Departments Supplies	899,741	871,744	1,765,315	1,743,488	21,827
Purchased Services	884,120	610,629	1,822,327	1,191,258	631,068
Utilitites/Maintenance Agreements	609,222	357,869	1,129,282	715,738	413,543
Personal Development/Travel	41,085	43,729	79,180	87,458	(8,279)
Other Operating Expenses	150,395	207,393	285,494	414,786	(129,292)
Insurance	40,133	43,167	80,198	86,333	(6,136)
Depreciation & Amortization	221,349	222,842	417,479	445,683	(28,205)
Client Purchased Services	219,858	75,000	544,983	150,000	394,983
TOTAL EXPENSES	**7,231,789**	**7,129,412**	**15,149,037**	**14,552,756**	**596,281**
Nonoperating Income	52,233	30,833	85,314	61,667	23,647
EXCESS REVENUE (EXPENSE)	**(190,966)**	**22,265**	**(488,860)**	**86,682**	**(575,544)**

North Central Health Care
Write-Off Summary
February 2020

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$3,867	($283)	$6,677
Bad Debt	$583	$2,144	$84
Outpatient:			
Administrative Write-Off	$9,246	$13,373	$8,300
Bad Debt	$223	$519	$313
Nursing Home:			
Daily Services:			
Administrative Write-Off	$131	($244)	$4,966
Bad Debt	$0	$0	$269
Ancillary Services:			
Administrative Write-Off	$0	$310	$15
Bad Debt	$0	$0	$0
Pharmacy:			
Administrative Write-Off	$16	$26	$88
Bad Debt	$0	$263	$14
Total - Administrative Write-Off	$13,260	$13,182	$20,046
Total - Bad Debt	$806	$2,927	$680

North Central Health Care
2020 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
January	MVCC	5,673	5,413	(260)	97.34%	92.88%
	Pine Crest	4,805	4,372	(433)	96.88%	88.15%
	Hospital	465	409	(56)	93.75%	82.46%
February	MVCC	5,307	4,903	(404)	97.34%	89.93%
	Pine Crest	4,495	3,926	(569)	96.88%	84.61%
	Hospital	435	389	(46)	93.75%	83.84%
March	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
April	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
May	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
				0		
June	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
July	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
August	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
September	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
October	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
November	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
December	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
YTD	MVCC	10,980	10,316	(664)	97.34%	91.45%
	Pine Crest	9,300	8,298	(1,002)	96.88%	86.44%
	Hospital	900	798	(102)	93.75%	83.13%

North Central Health Care
Review of 2020 Services
Langlade County

Direct Services:	Jan-Feb 2020 Actual Rev	Jan-Feb 2020 Budg Rev	Variance	Jan-Feb 2020 Actual Exp	Jan-Feb 2020 Budg Exp	Variance	Variance by Program
Outpatient Services	$62,242	$114,717	($52,475)	$74,086	$136,254	$62,168	$9,693
Community Treatment-Adult	$114,335	$116,433	($2,098)	$83,944	$116,433	$32,489	$30,391
Community Treatment-Youth	$265,694	$233,500	$32,194	$247,597	$233,500	($14,097)	$18,097
Sober Living	$0	$21,333	($21,333)	$169	$21,333	$21,164	($169)
Day Services	$53,243	$63,000	($9,757)	$60,444	$63,000	$2,556	($7,201)
	$495,514	$548,983	($53,469)	$466,240	$570,521	$104,281	$50,811
Shared Services:							
Inpatient	$74,204	$79,318	($5,114)	$79,528	$79,935	$407	($4,706)
Hospital Psychiatry	$7,161	$7,846	($685)	$30,525	$30,729	$204	($481)
Residency Program	$5,786	$5,775	$11	$7,974	$8,298	$324	$335
Youth Hospital	$0	$0	$0	$0	$0	$0	$0
CBRF	$24,094	$22,285	$1,809	$16,827	$22,285	$5,458	$7,267
Crisis	$14,464	$10,918	$3,547	$52,093	$44,713	($7,380)	($3,833)
MMT (Lakeside Recovery)	$4,641	$17,658	($13,017)	$27,598	$28,539	$941	($12,077)
Outpatient Psychiatry	$19,661	$21,642	($1,981)	$74,755	$75,214	$459	($1,522)
Protective Services	$14,309	$0	$14,309	$12,381	$0	($12,381)	$1,928
Birth To Three	$25,713	$0	$25,713	$25,713	$0	($25,713)	$0
Group Homes	$32,876	$33,714	($838)	$27,848	$33,714	$5,866	$5,028
Supported Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$68,194	$17,197	($50,998)	($50,998)
	$222,909	$199,155	$23,754	$423,436	$340,624	($82,812)	($59,058)
Totals	$718,423	$748,138	($29,715)	$889,676	$911,145	$21,469	($8,247)
Base County Allocation	$133,089	$133,089	$1				$1
Nonoperating Revenue	$3,809	$4,772	($963)				($963)
County Appropriation	$25,146	$25,146	$0				$0
Excess Revenue/(Expense)	$880,467	$911,145	($30,678)	$889,676	$911,145	$21,469	($9,209)

North Central Health Care
Review of 2020 Services
Lincoln County

Direct Services:	Jan-Feb 2020 Actual Rev	Jan-Feb 2020 Budget Rev	Variance	Jan-Feb 2020 Actual Exp	Jan-Feb 2020 Budg Exp	Variance	Variance By Program
Outpatient Services	$57,207	$69,867	($12,660)	$60,728	$108,462	$47,734	$35,075
Community Treatment-Adult	$147,025	$128,067	$18,958	$121,982	$128,067	$6,085	$25,043
Community Treatment-Youth	$317,934	$302,400	$15,534	$304,850	$302,400	($2,450)	$13,084
Lincoln Industries	$112,512	$317,167	($204,655)	$161,515	$317,167	$155,652	($49,003)
	$634,678	$817,500	($182,822)	$649,075	$856,096	$207,021	$24,199
Shared Services:							
Inpatient	$101,118	$108,161	($7,043)	$108,447	$109,003	$556	($6,487)
Inpatient Psychiatry	$9,765	$10,699	($934)	$41,625	$41,904	$279	($655)
Residency Program	$7,890	$7,875	$15	$10,873	$11,316	$443	$458
Youth Hospital	$0	$0	$0	$0	$0	$0	$0
CBRF	$32,856	$30,389	$2,467	$22,945	$30,389	$7,444	$9,911
Crisis	$19,724	$14,888	$4,837	$71,035	$60,973	($10,062)	($5,226)
Outpatient Psychiatry	$26,810	$29,512	($2,702)	$101,938	$102,565	$627	($2,075)
MMT (Lakeside Recovery)	$6,328	$24,080	($17,752)	$37,634	$38,917	$1,283	($16,469)
Protective Services	$19,513	$0	$19,513	$16,883	$0	($16,883)	$2,630
Birth To Three	$37,807	$0	$37,807	$37,806	$0	($37,806)	$1
Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$92,992	$23,450	($69,542)	($69,542)
	$261,811	$225,602	$36,209	$542,178	$418,514	($123,664)	($87,455)
Totals	$896,489	$1,043,102	($146,613)	$1,191,253	$1,274,610	$83,357	($63,256)
Base County Allocation	$138,330	$138,330	$1				$1
Nonoperating Revenue	$5,317	$6,651	($1,334)				($1,334)
County Appropriation	$86,527	$86,527	$0				$0
Excess Revenue (Expense)	$1,126,663	$1,274,610	($147,947)	$1,191,253	$1,274,610	$83,357	($64,590)

North Central Health Care

Review of 2020 Services

Marathon County

Direct Services:	Jan-Feb 2020 Actual Rev	Jan-Feb 2020 Budget Rev	Variance	Jan-Feb 2020 Actual Exp	Jan-Feb 2020 Budget Exp	Variance	Program
Outpatient Services	$209,548	$261,303	($51,755)	$335,433	$332,707	($2,726)	($54,481)
Community Treatment-Adult	$810,516	$747,982	$62,534	$793,319	$747,982	($45,337)	$17,197
Community Treatment-Youth	$1,069,831	$651,847	$417,984	$943,994	$651,847	($292,147)	$125,837
Day Services	$240,836	$267,898	($27,062)	$237,935	$267,898	$29,963	$2,901
Clubhouse	$34,346	$49,836	($15,490)	$55,613	$65,170	$9,557	($5,934)
Demand Transportation	$72,459	$71,984	$475	$60,907	$71,984	$11,077	$11,552
Aquatic Services	$144,358	$170,449	($26,091)	$196,415	$227,506	$31,091	$5,001
Pharmacy	$1,057,478	$1,080,399	($22,921)	$1,035,972	$1,080,399	$44,427	$21,506
	$3,639,373	$3,301,697	$337,676	$3,659,588	$3,445,492	($214,096)	$123,580
Shared Services:							
Inpatient	$499,192	$533,592	($34,400)	$535,003	$537,747	$2,744	($31,656)
Inpatient Psychiatry	$48,175	$52,781	($4,606)	$205,348	$206,724	$1,376	($3,230)
Residency Program	$38,922	$38,850	$72	$53,640	$55,823	$2,183	$2,255
Youth Hospital	$0	$0	$0	$0	$0	$0	$0
CBRF	$162,088	$149,918	$12,170	$113,197	$149,918	$36,721	$48,891
Crisis Services	$97,306	$73,445	$23,861	$350,441	$300,798	($49,643)	($25,782)
MMT (Lakeside Recovery)	$31,220	$118,792	($87,572)	$185,662	$191,988	$6,326	($81,247)
Outpatient Psychiatry	$132,265	$145,592	($13,327)	$502,896	$505,986	$3,090	($10,237)
Protective Services	$96,262	$0	$96,262	$83,290	$0	($83,290)	$12,972
Birth To Three	$187,625	$0	$187,625	$187,620	$0	($187,620)	$5
Group Homes	$304,855	$312,620	($7,765)	$258,226	$312,620	$54,394	$46,629
Supported Apartments	$352,293	$384,500	($32,207)	$381,644	$384,500	$2,856	($29,351)
Contracted Services	$0	$0	$0	$458,760	$115,686	($343,074)	($343,074)
	$1,950,203	$1,810,089	$140,114	$3,315,728	$2,761,790	($553,938)	($413,824)
Totals	$5,589,576	$5,111,786	$477,790	$6,975,316	$6,207,282	($768,034)	($290,245)
Base County Allocation	$564,410	$564,883	($473)				($473)
Nonoperating Revenue	$49,798	$50,244	($446)				($446)
County Appropriation	$480,369	$480,369	$0				$0
Excess Revenue/(Expense)	$6,684,153	$6,207,282	$476,871	$6,975,316	$6,207,282	($768,034)	($291,163)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2020

	Human Services	Nursing Home - Marathon County	Nursing Home - Lincoln County	Total	Prior Year Combined
Current Assets:					
Cash and cash equivalents	(4,746,270)	4,552,642	567,961	374,333	1,326,550
Accounts receivable:					
Patient - Net	3,947,341	1,693,437	1,637,048	7,277,826	4,845,385
Outpatient - WIMCR & CCS	3,301,250	0	0	3,301,250	2,685,000
Nursing home - Supplemental payment program	0	591,250	537,500	1,128,750	525,000
Marathon County	1	0	0	1	1,323,733
Appropriations receivable		0		0	0
Net state receivable	599,597	0	0	599,597	1,880,133
Other	661,300	0	194,113	855,413	358,679
Inventory	381,138	28,706	0	409,844	427,687
Other	388,186	388,069	388,069	1,164,324	986,374
Total current assets	4,532,542	7,254,104	3,324,692	15,111,337	14,358,541
Noncurrent Assets:					
Investments	13,524,000	0	0	13,524,000	13,644,000
Assets limited as to use	1,461,545	104,300	176,000	1,741,845	923,084
Contingency funds	500,000	500,000	0	1,000,000	1,000,000
Restricted assets - Patient trust funds	21,413	22,511	0	43,924	40,055
Receivable restricted to pool project	1,732,590	0	0	1,732,590	3,213,262
Net pension asset	0	0	0	0	5,559,798
Nondepreciable capital assets	6,478,003	0	0	6,478,003	1,068,457
Depreciable capital assets - Net	6,294,089	3,372,775	0	9,666,864	10,512,843
Total noncurrent assets	30,011,640	3,999,586	176,000	34,187,226	35,961,499
Deferred outflows of resources - Related to pensions	10,955,494	7,328,040	0	18,283,534	10,270,680
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES:	45,499,676	18,581,731	3,500,692	67,582,098	60,590,720

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2020

	Human Services	Nursing Home - Marathon County	Nursing Home - Lincoln County	Total	Prior Year Combined
Current Liabilities:					
Current portion of capital lease liability	22,460	6,789	0	29,249	29,249
Accounts payable - Trade	312,877	369,712	239,846	922,436	776,368
Appropriations advances	0	0	0	0	0
Accrued liabilities:					
Salaries and retirement	551,104	550,938	550,938	1,652,981	1,780,091
Compensated absences	668,600	668,400	668,400	2,005,400	1,801,871
Health and dental insurance	223,378	223,311	223,311	670,000	847,000
Other Payables	67,043	67,023	67,023	201,090	233,973
Amounts payable to third-party reimbursement programs	220,000	0	0	220,000	220,000
Unearned revenue	39,187	0	0	39,187	76,891
Total current liabilities	2,104,650	1,886,174	1,749,519	5,740,342	5,765,443
Noncurrent Liabilities:					
Net pension liability	4,508,861	3,015,941	0	7,524,802	944,541
Long-term portion of capital lease liability	51,656	15,613	0	67,269	94,294
Related-party liability - Master Facility Plan	3,517,406	1,063,146	0	4,580,552	343,429
Patient trust funds	21,413	22,511	0	43,924	40,055
Total noncurrent liabilities	8,099,337	4,117,211	0	12,216,548	1,422,319
Total liabilities	10,203,987	6,003,385	1,749,519	17,956,890	7,187,762
Deferred inflows of resources - Related to pensions	5,656,278	3,783,439	0	9,439,717	10,993,103
Net Position:					
Net investment in capital assets	9,559,896	3,372,775	0	12,932,671	11,208,622
Restricted for capital assets - pool project	1,732,590	0	0	1,732,590	3,213,262
Unrestricted:					
Board designated for contingency	500,000	500,000	0	1,000,000	1,000,000
Board designated for capital assets	1,461,545	104,300	176,000	1,741,845	923,084
Undesignated	16,910,576	4,973,013	1,569,108	23,452,697	26,870,007
Operating Income / (Loss)	(525,196)	(155,181)	6,064	(674,312)	(805,119)
Total net position	29,639,411	8,794,907	1,751,172	40,185,491	42,409,856
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	45,499,676	18,581,731	3,500,692	67,582,098	60,590,720

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2020

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$5,786,280	$5,972,496	($186,216)	$17,244,513	$17,581,402	($336,889)
Other Revenue:						
State Match / Addendum	$417,915	$418,150	($236)	$1,253,744	$1,254,451	($708)
Grant Revenue	$235,184	$183,767	$51,418	$733,967	$551,300	$182,667
County Appropriations - Net	$457,755	$457,755	($0)	$1,373,266	$1,373,266	($0)
Departmental and Other Revenue	$375,076	$424,760	($49,685)	$1,241,582	$1,274,281	($32,698)
Total Other Revenue	$1,485,930	$1,484,433	$1,497	$4,602,559	$4,453,298	$149,261
Total Revenue	$7,272,210	$7,456,929	($184,718)	$21,847,072	$22,034,700	($187,628)
Expenses:						
Direct Expenses	$5,953,392	$5,837,358	$116,034	$18,107,431	$17,115,100	$992,331
Indirect Expenses	$1,535,318	$1,669,914	($134,596)	$4,530,316	$4,944,928	($414,612)
Total Expenses	$7,488,710	$7,507,272	($18,562)	$22,637,747	$22,060,028	$577,719
Operating Income (Loss)	($216,500)	($50,343)	($166,157)	($790,675)	($25,328)	($765,347)
Nonoperating Gains(Losses):						
Interest Income	$27,927	$30,833	($2,906)	$86,935	$92,500	($5,565)
Donations and Gifts	$3,121	$0	$3,121	$29,427	$0	$29,427
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$31,048	$30,833	$215	$116,362	$92,500	$23,862
Income / (Loss)	($185,452)	($19,510)	($165,942)	($674,312)	$67,172	($741,485)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2020

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$3,111,853	$3,061,081	$50,772	$9,221,401	$8,992,806	$228,595
Other Revenue:						
State Match / Addendum	$417,915	$418,150	($236)	$1,253,744	$1,254,451	($708)
Grant Revenue	$235,184	$183,767	$51,418	$733,967	$551,300	$182,667
Count Appropriations - Net	$296,021	$296,021	($0)	$888,062	$888,062	($0)
Departmental and Other Revenue Revenue	$238,828	$283,920	($45,092)	$809,729	$851,759	($42,029)
Total Other Revenue	$1,187,947	$1,181,857	$6,090	$3,685,502	$3,545,572	$139,930
Total Revenue	$4,299,800	$4,242,938	$56,861	$12,906,902	$12,538,378	$368,524
Expenses:						
Direct Expenses	$3,611,139	$3,315,373	$295,766	$10,898,493	$9,717,235	$1,181,257
Indirect Expenses	$879,582	$970,574	($90,992)	$2,648,475	$2,874,051	($225,577)
Total Expenses	$4,490,721	$4,285,947	$204,774	$13,546,967	$12,591,287	$955,681
Operating Income (Loss)	($190,921)	($43,008)	($147,913)	($640,065)	($52,908)	($587,157)
Nonoperating Gains(Losses):						
Interest Income	$27,871	$30,833	($2,963)	$86,794	$92,500	($5,706)
Donations and Gifts	$2,749	$0	$2,749	$28,074	$0	$28,074
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$30,619	$30,833	($214)	$114,869	$92,500	$22,369
Income / (Loss)	($160,302)	($12,175)	($148,127)	($525,196)	$39,592	($564,788)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2020

NURSING HOME - MOUNT VIEW	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,561,625	$1,708,372	($146,747)	$4,660,989	$5,038,637	($377,648)
Other Revenue:						
County Appropriations - Net	$125,000	$125,000	$0	$375,000	$375,000	$0
Departmental and Other Revenue	$117,097	$124,091	($6,994)	$378,479	$372,272	$6,207
Total Other Revenue	$242,097	$249,091	($6,994)	$753,479	$747,272	$6,207
Total Revenue	$1,803,722	$1,957,463	($153,741)	$5,414,467	$5,785,909	($371,442)
Expenses:						
Direct Expenses	$1,249,645	$1,304,681	($55,036)	$3,804,620	$3,801,481	$3,139
Indirect Expenses	$617,054	$660,486	($43,432)	$1,765,854	$1,955,821	($189,967)
Total Expenses	$1,866,699	$1,965,167	($98,468)	$5,570,474	$5,757,303	($186,828)
Operating Income (Loss)	($62,977)	($7,704)	($55,273)	($156,007)	$28,606	($184,613)
Nonoperating Gains(Losses):						
Interest Income	$0	$0	$0	$0	$0	$0
Donations and Gifts	$371	$0	$371	$826	$0	$826
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$371	$0	$371	$826	$0	$826
Income / (Loss)	($62,606)	($7,704)	($54,902)	($155,181)	$28,606	($183,788)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2020

NURSING HOME - PINE CREST	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,112,803	$1,203,043	($90,240)	$3,362,124	$3,549,959	($187,835)
Other Revenue:						
County Appropriations - Net	$36,735	$36,735	$0	$110,204	$110,204	$0
Departmental and Other Revenue	$19,151	$16,750	$2,401	$53,374	$50,250	$3,124
Total Other Revenue	$55,886	$53,485	$2,401	$163,578	$160,454	$3,124
Total Revenue	$1,168,688	$1,256,527	($87,839)	$3,525,702	$3,710,413	($184,711)
Expenses:						
Direct Expenses	$1,092,607	$1,217,304	($124,696)	$3,404,318	$3,596,384	($192,065)
Indirect Expenses	$38,682	$38,854	($172)	$115,987	$115,055	$932
Total Expenses	$1,131,290	$1,256,158	($124,868)	$3,520,305	$3,711,439	($191,134)
Operating Income (Loss)	$37,399	$369	$37,030	$5,396	($1,026)	$6,422
Nonoperating Gains(Losses):						
Interest Income	$57	$0	$57	$140	$0	$140
Donations and Gifts	$1	$0	$1	$527	$0	$527
Gain / (Loss) on Disposal of Assets	$0	$0	$0	$0	$0	$0
Total Nonoperating Gains / (Losses)	$58	$0	$58	$667	$0	$667
Income / (Loss)	$37,456	$369	$37,087	$6,064	($1,026)	$7,090

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
March 31, 2020

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
PFM Investments	365 Days	4/3/2020	2.58%	$486,000	x
PFM Investments	730 Days	4/29/2020	2.57%	$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	$500,000	X
BMO Harris	365 Days	5/28/2020	2.45%	$500,000	X
People's State Bank	365 Days	5/29/2020	2.40%	$350,000	X
People's State Bank	365 Days	5/30/2020	2.40%	$500,000	X
PFM Investments	365 Days	6/3/2020	2.53%	$486,000	X
PFM Investments	365 Days	7/8/2020	2.27%	$487,000	X
People's State Bank	365 Days	8/21/2020	1.74%	$500,000	X
Abby Bank	730 Days	8/29/2020	2.57%	$500,000	X
Abby Bank	730 Days	9/1/2020	2.57%	$500,000	X
PFM Investments	273 Days	9/8/2020	1.66%	$492,000	X
Abby Bank	365 Days	10/29/2020	1.82%	$500,000	X
PFM Investments	365 Days	12/4/2020	1.60%	$490,000	X
CoVantage Credit Union	456 Days	12/9/2020	2.00%	$500,000	X
PFM Investments	365 Days	12/17/2020	1.80%	$490,000	X
Abby Bank	365 Days	12/30/2020	1.40%	$500,000	X
PFM Investments	365 Days	12/30/2020	1.60%	$980,000	X
Abby Bank	730 Days	1/6/2021	2.65%	$500,000	X
BMO Harris	335 Days	1/26/2021	1.50%	$500,000	X
CoVantage Credit Union	456 Days	1/29/2021	2.00%	$300,000	X
PFM Investments	368 Days	2/14/2021	1.60%	$490,000	X
CoVantage Credit Union	455 Days	2/19/2021	2.00%	$500,000	X
Abby Bank	730 Days	2/25/2021	2.69%	$500,000	X
CoVantage Credit Union	455 Days	3/3/2021	2.00%	$500,000	X
CoVantage Credit Union	730 Days	3/8/2021	2.72%	$500,000	X
Abby Bank	730 Days	7/19/2021	2.45%	$500,000	X
TOTAL FUNDS AVAILABLE				$13,524,000	
WEIGHTED AVERAGE	479.92 Days		2.112% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of March 31, 2020

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Activities	500.00
Adult Day Services	6,677.63
Adventure Camp	2,829.96
Alvin Therapy Dog	516.14
Birth to 3 Program	2,035.00
Clubhouse	8,306.38
Community Treatment - Adult	535.03
Community Treatment - Youth	6,915.51
Fishing Without Boundries	6,657.28
General Donated Funds	51,317.01
Hope House	902.09
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	4,485.95
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	1,495.05
Total Legacies by the Lake	3,453.30
Marathon Cty Suicide Prev Task	24,199.92
National Suicide Lifeline Stipe	5,676.37
Northern Valley West	7,116.82
Nursing Home - General Fund	6,358.87
Outpatient Services - Marathon	421.08
Pool	34,233.67
Prevent Suicide Langlade Co.	2,569.55
Resident Council	421.05
United Way	161.54
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	212,103.34
Total Checking/Savings	212,103.34
Total Current Assets	212,103.34
TOTAL ASSETS	**212,103.34**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	109,904.73
Net Income	-21,325.14
Total Equity	212,103.34
TOTAL LIABILITIES & EQUITY	**212,103.34**

North Central Health Care
Budget Revenue/Expense Report

Month Ending March 31, 2020

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	7,272,210	7,456,929	21,847,072	22,034,700	(187,628)
EXPENSES:					
Salaries and Wages	3,245,619	3,603,095	9,658,206	10,461,518	(803,312)
Fringe Benefits	1,189,861	1,501,804	3,802,055	4,361,392	(559,337)
Departments Supplies	930,961	871,744	2,696,275	2,615,232	81,043
Purchased Services	982,987	580,629	2,805,313	1,771,887	1,033,426
Utilitites/Maintenance Agreements	507,836	357,869	1,637,117	1,073,607	563,510
Personal Development/Travel	33,817	43,729	112,997	131,188	(18,191)
Other Operating Expenses	140,367	207,393	425,861	622,178	(196,317)
Insurance	40,099	43,167	120,297	129,500	(9,203)
Depreciation & Amortization	234,662	222,842	652,141	668,525	(16,384)
Client Purchased Services	182,501	75,000	727,484	225,000	502,484
TOTAL EXPENSES	**7,488,710**	**7,507,272**	**22,637,747**	**22,060,028**	**577,719**
Nonoperating Income	31,048	30,833	116,362	92,500	23,862
EXCESS REVENUE (EXPENSE)	**(185,452)**	**(19,510)**	**(674,312)**	**67,172**	**(741,485)**

North Central Health Care
Write-Off Summary
March 2020

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$16,565	$16,282	$12,066
Bad Debt	$1,565	$3,709	$106
Outpatient:			
Administrative Write-Off	$2,930	$16,303	$13,648
Bad Debt	$185	$705	$702
Nursing Home:			
Daily Services:			
Administrative Write-Off	$0	($244)	$4,966
Bad Debt	$127	$127	$1,398
Ancillary Services:			
Administrative Write-Off	$0	$310	$449
Bad Debt	$0	$0	$0
Pharmacy:			
Administrative Write-Off	$20	$46	$738
Bad Debt	$0	$263	$14
Total - Administrative Write-Off	$19,515	$32,697	$31,866
Total - Bad Debt	$1,877	$4,804	$2,219

North Central Health Care
2020 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
January	MVCC	5,673	5,413	(260)	97.34%	92.88%
	Pine Crest	4,805	4,347	(458)	96.88%	87.64%
	Hospital	465	409	(56)	93.75%	82.46%
February	MVCC	5,307	4,903	(404)	97.34%	89.93%
	Pine Crest	4,495	3,883	(612)	96.88%	83.69%
	Hospital	435	389	(46)	93.75%	83.84%
March	MVCC	5,673	5,115	(558)	91.50%	82.50%
	Pine Crest	4,805	4,118	(687)	96.88%	83.02%
	Hospital	465	383	(82)	93.75%	77.22%
April	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
May	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
				0		
June	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
July	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
August	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
September	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
October	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
November	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
December	MVCC			0	0.00%	0.00%
	Pine Crest					
	Hospital			0	0.00%	0.00%
YTD	MVCC	16,653	15,431	(1,222)	97.34%	90.20%
	Pine Crest	14,105	12,348	(1,757)	96.88%	84.81%
	Hospital	1,365	1,181	(184)	93.75%	81.11%

North Central Health Care
Review of 2020 Services
Langlade County

Direct Services:	Jan-Mar 2020 Actual Rev	Jan-Mar 2020 Budg Rev	Variance	Jan-Mar 2020 Actual Exp	Jan-Mar 2020 Budg Exp	Variance	Variance by Program
Outpatient Services	$88,625	$172,075	($83,450)	$113,569	$204,381	$90,812	$7,362
Community Treatment-Adult	$164,475	$174,650	($10,175)	$127,034	$174,650	$47,616	$37,441
Community Treatment-Youth	$437,606	$350,250	$87,356	$403,461	$350,250	($53,211)	$34,145
Sober Living	$0	$32,000	($32,000)	$167	$32,000	$31,833	($167)
Day Services	$75,127	$94,500	($19,373)	$88,420	$94,500	$6,080	($13,293)
	$765,833	$823,475	($57,642)	$732,651	$855,781	$123,130	$65,488
Shared Services:							
Inpatient	$105,955	$118,976	($13,021)	$118,985	$119,903	$918	($12,103)
Hospital Psychiatry	$11,410	$11,769	($359)	$48,072	$46,094	($1,978)	($2,337)
Residency Program	$8,636	$8,663	($27)	$11,794	$12,447	$653	$626
Youth Hospital	$0	$0	$0	$406	$0	($406)	($406)
CBRF	$31,773	$33,428	($1,655)	$25,052	$33,428	$8,376	$6,721
Crisis	$20,383	$16,376	$4,007	$75,947	$67,070	($8,877)	($4,870)
MMT (Lakeside Recovery)	$6,080	$26,488	($20,408)	$36,703	$42,808	$6,105	($14,303)
Outpatient Psychiatry	$28,451	$32,463	($4,012)	$111,429	$112,821	$1,392	($2,620)
Protective Services	$23,072	$0	$23,072	$18,643	$0	($18,643)	$4,430
Birth To Three	$31,957	$0	$31,957	$36,158	$0	($36,158)	($4,201)
Group Homes	$49,450	$50,571	($1,121)	$41,062	$50,571	$9,509	$8,388
Supported Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$90,826	$25,795	($65,031)	($65,031)
	$317,166	$298,733	$18,434	$615,077	$510,936	($104,141)	($85,707)
Totals	$1,082,999	$1,122,208	($39,208)	$1,347,727	$1,366,717	$18,989	($20,219)
Base County Allocation	$199,633	$199,633	$0				$0
Nonoperating Revenue	$5,611	$7,158	($1,547)				($1,547)
County Appropriation	$37,719	$37,719	$0				$0
Excess Revenue/(Expense)	$1,325,962	$1,366,717	($40,755)	$1,347,727	$1,366,717	$18,989	($21,766)

North Central Health Care
Review of 2020 Services
Lincoln County

Direct Services:	Jan-Mar 2020 Actual Rev	Jan-Mar 2020 Budget Rev	Variance	Jan-Mar 2020 Actual Exp	Jan-Mar 2020 Budg Exp	Variance	Variance By Program
Outpatient Services	$81,746	$104,800	($23,054)	$90,243	$162,694	$72,450	$49,396
Community Treatment-Adult	$223,524	$192,100	$31,424	$184,306	$192,100	$7,794	$39,218
Community Treatment-Youth	$517,869	$453,600	$64,269	$488,254	$453,600	($34,654)	$29,615
Lincoln Industries	$183,239	$475,750	($292,511)	$241,975	$475,750	$233,775	($58,736)
	$1,006,378	$1,226,250	($219,872)	$1,004,778	$1,284,144	$279,366	$59,494
Shared Services:							
Inpatient	$144,484	$162,241	($17,756)	$162,253	$163,504	$1,251	($16,505)
Inpatient Psychiatry	$15,559	$16,048	($489)	$65,553	$62,855	($2,698)	($3,187)
Residency Program	$11,776	$11,813	($36)	$16,083	$16,973	$890	$854
Youth Hospital	$0	$0	$0	$554	$0	($554)	($554)
CBRF	$43,327	$45,583	($2,257)	$34,162	$45,583	$11,421	$9,165
Crisis	$27,795	$22,331	$5,464	$103,564	$91,459	($12,105)	($6,641)
Outpatient Psychiatry	$38,797	$44,268	($5,471)	$151,949	$153,847	$1,898	($3,573)
MMT (Lakeside Recovery)	$8,290	$36,119	($27,829)	$50,049	$58,375	$8,325	($19,504)
Protective Services	$31,462	$0	$31,462	$25,422	$0	($25,422)	$6,040
Birth To Three	$46,986	$0	$46,986	$53,164	$0	($53,164)	($6,178)
Apartments	$0	$0	$0	$0	$0	$0	$0
Contract Services	$0	$0	$0	$123,853	$35,175	($88,678)	($88,678)
	$368,476	$338,403	$30,073	$786,605	$627,771	($158,834)	($128,762)
Totals	$1,374,854	$1,564,653	($189,799)	$1,791,383	$1,911,915	$120,531	($69,268)
Base County Allocation	$207,494	$207,494	$0				$0
Nonoperating Revenue	$7,831	$9,977	($2,146)				($2,146)
County Appropriation	$129,791	$129,791	$0				$0
Excess Revenue (Expense)	$1,719,970	$1,911,915	($191,945)	$1,791,383	$1,911,915	$120,531	($71,414)

North Central Health Care
Review of 2020 Services
Marathon County

Direct Services:	Jan-Mar 2020 Actual Rev	Jan-Mar 2020 Budget Rev	Variance	Jan-Mar 2020 Actual Exp	Jan-Mar 2020 Budget Exp	Variance	Program
Outpatient Services	$311,479	$391,955	($80,476)	$503,722	$499,061	($4,662)	($85,138)
Community Treatment-Adult	$1,197,186	$1,121,973	$75,213	$1,159,968	$1,121,973	($37,995)	$37,218
Community Treatment-Youth	$1,640,675	$977,771	$662,905	$1,489,665	$977,771	($511,895)	$151,010
Day Services	$362,067	$401,846	($39,779)	$359,186	$401,846	$42,660	$2,881
Clubhouse	$54,482	$74,754	($20,272)	$84,821	$97,754	$12,933	($7,339)
Demand Transportation	$103,903	$107,976	($4,073)	$85,427	$107,976	$22,549	$18,476
Aquatic Services	$199,951	$255,673	($55,722)	$298,633	$341,259	$42,626	($13,096)
Pharmacy	$1,664,692	$1,620,599	$44,094	$1,610,040	$1,620,599	$10,558	$54,652
	$5,534,435	$4,952,546	$581,889	$5,591,462	$5,168,238	($423,224)	$158,665
Shared Services:							
Inpatient	$712,790	$800,388	($87,598)	$800,446	$806,621	$6,174	($81,424)
Inpatient Psychiatry	$76,758	$79,172	($2,414)	$323,394	$310,087	($13,308)	($15,722)
Residency Program	$58,095	$58,275	($180)	$79,344	$83,735	$4,391	$4,211
Youth Hospital	$0	$0	$0	$2,733	$0	($2,733)	($2,733)
CBRF	$213,745	$224,877	($11,132)	$168,532	$224,877	$56,345	$45,213
Crisis Services	$137,123	$110,167	$26,956	$510,915	$451,198	($59,718)	($32,762)
MMT (Lakeside Recovery)	$40,895	$178,189	($137,294)	$246,910	$287,982	$41,072	($96,222)
Outpatient Psychiatry	$191,396	$218,387	($26,991)	$749,615	$758,979	$9,364	($17,627)
Protective Services	$155,212	$0	$155,212	$125,415	$0	($125,415)	$29,797
Birth To Three	$233,179	$0	$233,179	$263,836	$0	($263,836)	($30,657)
Group Homes	$458,539	$468,930	($10,391)	$380,757	$468,930	$88,173	$77,782
Supported Apartments	$523,154	$576,750	($53,596)	$553,488	$576,750	$23,262	($30,334)
Contracted Services	$0	$0	$0	$611,009	$173,529	($437,480)	($437,480)
	$2,800,886	$2,715,134	$85,753	$4,816,394	$4,142,685	($673,710)	($587,957)
Totals	$8,335,321	$7,667,680	$667,642	$10,407,857	$9,310,923	($1,096,934)	($429,293)
Base County Allocation	$846,617	$847,325	($708)				($708)
Nonoperating Revenue	$73,352	$75,366	($2,013)				($2,013)
County Appropriation	$720,553	$720,553	$0				$0
Excess Revenue/(Expense)	$9,975,843	$9,310,923	$664,921	$10,407,857	$9,310,923	($1,096,934)	($432,014)

AMENDED AND RESTATED BYLAWS OF
NORTH CENTRAL COMMUNITY SERVICES PROGRAM
DATED: ~~September 26, 2019~~May 1, 2020

These Amended and Restated Bylaws (hereinafter "Bylaws") of the North Central Community Services Program ("NCCSP" or the "Program") are hereby enacted to be effective on the date hereinabove referenced. These Bylaws shall be approved by the North Central Community Services Board who shall file the Bylaws and any amendments with the County Clerk of Langlade, Lincoln and Marathon Counties, Wisconsin (the "Counties" and individually the "County").

ARTICLE 1 - Purpose and Background

Section 1.1 - Langlade, Lincoln and Marathon Counties by action of their respective boards of supervisors have entered into a certain Joint County Agreement (the "Agreement") for the purpose of establishing the North Central Community Services Program to administer a community mental health, developmental disabilities, alcoholism and drug abuse program, pursuant to Section 51.42 of the Wisconsin Statutes ("Governing Statutes"). NCCSP shall be operated pursuant to the terms of the Agreement. The purpose of these Bylaws is to compliment the Agreement by establishing policies and procedures to guide the orderly and efficient operation of NCCSP in order to enhance the ability of NCCSP and the Counties to properly meet their responsibilities for the well-being, treatment and care of the mentally ill, developmentally disabled, alcoholic and other drug dependent citizens as required by and subject to the terms, conditions and limitations provided under Section 51.42 of the Governing Statutes.

Section 1.2 - While the core statutory requirements of the NCCSP are contained in the Agreement, the North Central Community Services Board (the "Board") is authorized pursuant to Section 51.42(5) to develop county community program board operating procedures. Furthermore, the Counties wish to ratify the operational procedures, memorialize the delegation of authority to the Board as permitted under the Governing Statutes, all of which is intended to assist NCCSP and the Board to efficiently operate consistent within the terms of the Agreement and the Governing Statutes.

Section 1.3 - The previous Bylaws dated ~~February 22, 2018~~September 26, 2019 are being amended and restated in their entirety in order to assure consistency and remove duplication between these Bylaws and the provisions of the Agreement. It is intended that these Bylaws and the Agreement shall be consistent and complimentary with the Agreement setting forth the primary governing provisions of NCCSP and these Bylaws defining procedures for proper and efficient administration of NCCSP consistent with the Governing Statutes. In the event there is any conflict between these Bylaws and the Agreement, the terms of the Agreement shall control.

DRAFT

ARTICLE 2 - Name and Office

The name of the Program shall be as provided in the Agreement. As of the date of adopting these Amended and Restated Bylaws, the name of the Program is "North Central Community Services Program." The legal entity is identified with government agencies as the Human Services Board serving North Central Health Care Facility d/b/a North Central Health Care. The principal office of NCCSP shall be at 1100 Lake View Drive, Wausau, Wisconsin 54403.

ARTICLE 3 - Board of Directors

The Program shall be governed by the Board which shall be governed by the terms of the Agreement. Appointment, election, qualification, removal, powers and all other matters relating to the Board shall be governed by the Agreement.

ARTICLE 4 - Delegation of Program Administration

Section 4.1 - Pursuant to Section 51.42(4)(a), each of Langlade, Lincoln and Marathon Counties, by and through action taken by their respective board of supervisors, hereby delegate all of the powers and duties of the county departments of community programs of each such County not expressly retained as described in the Agreement to the Board.

Section 4.2 - In order to fulfill the responsibility to provide Program services as delegated by the Counties, the Board may by resolution create subsidiary agencies, and joint ventures, cooperative working agreements, contractual arrangements, including subunits of the Board, committees or subcommittees of the Board, or corporations, nonprofit corporations or other legal entities that are controlled by NCCSP, to operate and govern specific health care programs and services that are not inconsistently with the purposes set forth in the Agreement, the Governing Statutes, or approved by the Counties. The Board is authorized to appoint and remove all members of the governing body committee or subcommittee of each subsidiary or subunit agency that it creates, and shall have final authority over each such organization's or operating unit's budget, bylaws, policies, procedures, instruments, operational documents and other matters. The subsidiary agency's governing instruments shall reflect the requirements of this Section 4.2 and shall specify the purpose of such subsidiary agency. Any subsidiary agency that is a corporation shall be organized as a non-stock, not-for-profit, corporation organized under Chapter 181 of the Wisconsin Statutes.

ARTICLE 5 - Officers

Section 5.1 - The O~~o~~fficers of the Board shall be a Chair, Chair-Elect, and Secretary/Treasurer ~~The Chair, Chair-Elect and Secretary/Treasurer~~and shall be referred to as the "Board Officers." The~~, and the~~ Chair-Elect and Secretary/Treasurer shall be elected by the Board at its annual meeting. ~~The Chair, Chair-Elect and Secretary/ Treasurer, along with the Immediate Past-Chair shall make up the Executive Committee, which shall have the authority to act for and on behalf of the Board of Directors between Board meetings in emergency situations only and can be delegated specific responsibilities by the Board.~~ ~~The Committee shall exercise additional responsibility as set forth in these bylaws and in the corresponding Policy Governance Manual. The Chair, Chair-Elect and Secretary/Treasurer shall be referred to as the "Board Officers."~~

DRAFT

Section 5.2 - NCCSP shall also have, at a minimum, the following additional O~~o~~fficers, none of which shall be members of the Executive Committee or Board: (i) Chief Executive Officer ("CEO"); (ii) Chief Financial Officer ("CFO"); and (iii) Compliance Officer. Notwithstanding the above, the CEO shall be an ex-officio member of the Executive Committee but shall not have a vote on any matter.

Section 5.3 - A nomination for each of the Board Officers shall be made by the majority agreement of the ~~Executive~~ Governance Committee. The slate of Board ~~Officers selected by~~ Officers from the ~~Executive~~ Governance Committee shall be presented to the Board at the annual meeting. The Chair shall also call for additional nominations from the membership of the Board at the annual meeting of the Board. Vacancies of Board Officers that occur during the year shall be filled upon nomination from the ~~Executive~~ Governance Committee, additional nominations from the floor, and shall be elected by the Board as required in Section 3. Filled vacancies shall serve the remaining term of the member that they replaced.

Section 5.4 - Board Officers shall be elected by the Directors casting their written and signed ballots for each office. The nominee receiving the most votes for each office shall be elected.

Section 5.5 - The term of office of each Board Officer shall be one (1) year from the annual meeting but shall continue until a successor shall be duly elected, the officer resigns, or is terminated by the Board.

Section 5.6 - The Chair shall preside at all meetings of the Board and Executive Committee and be responsible for setting the agenda.

Section 5.7 - The Chair-Elect shall, in the absence or incapacity of the Chair, perform the duties of that O~~o~~fficer. The Chair-Elect shall be eligible to vote on matters of the Executive Committee in performing these duties in the absence or incapity of the Chair~~.~~

Section 5.8 - The Secretary/Treasurer shall be responsible for the minutes of the meetings of the Board ~~and Executive Committee~~ and shall assure the notices of all meetings of the Board ~~and Executive Committee~~ are provided as required hereunder.

Section 5.9 – The CEO, CFO and Board members shall not be eligible to serve as the Compliance Officer. The Compliance Officer shall have direct access to the Board of Directors, shall administratively report directly to the CEO, but may be terminated only by majority vote by the Board.

ARTICLE 6 - Board Procedures

Section 6.1 - The annual meeting of the Board shall be held in May at the time and place designated by the Chair.

Section 6.2 - The regular meetings of the Board will be held on the last Thursday of each month or as otherwise scheduled by the Chair.

DRAFT

Section 6.3 - Special meetings of the Board shall be called by the Secretary/Treasurer upon request of the Chair or on written request of one-third (1/3) of the members of the Board.

Section 6.4 - 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 Meetings Law.

Section 6.5 - At all meetings of the Board, the presence of eight (8) members shall constitute a quorum and action shall be taken by majority vote of members present and constituting the quorum.

Section 6.6 - The Board shall arrange for an annual audit of its finances using an independent certified public accounting firm.

Section 6.7 - The fiscal year of the Board shall be from January 1 through December 31.

Section 6.8 - All parliamentary practice in conducting the business of the meeting not herein specifically provided for shall follow "Roberts' Rules of Order (Newly Revised)."

Section 6.9 - Members shall be paid for meeting attendance and travel expenses in accord with the Board's policy.

Section 6.10 - Constructive Presence at a Meeting: A member of the Board or Committee of the Board may participate in a meeting of such Board or Committee by a videoconference, telephone or similar communication equipment, by means of which all persons participating in the meeting can hear each other at the same time, and provided that members of the public shall be able to hear all members so as to conform with the public meeting requirements of Wis. Stats. 19.83, where such meetings are required to be open to the public. All meetings of the Board that are required to be open and accessible to the public shall take place at the location indicated in the public notice issued pursuant to Wis. Stats. 19.84. Any Board member participating by telecommunications shall be responsible for making arrangements in advance to facilitate participation at the designated meeting location by arranging for speaker phone or other suitable device. Participating by means of telecommunications shall constitute presence in person at a meeting except for purposes of determining whether a quorum is present at such meeting.

ARTICLE 7 - Board Committees

Section 7.1 - The Board will have the following committees enfranchised in these ~~bylaws~~ Bylaws in addition to any Ad-Hoc committees created from time to time by the Chair to advise the Board:

A. Executive Committee.
   (1) As described in the Agreeement, the Executive Committee shall be composed of the Chair and the three highest appointed Administrative Officials of each County, or his/her appointed designee~~, Chair-Elect, Immediate Past Chair and Secretary/Treasurer~~. The CEO shall be an ex-officio, non-voting member of the Executive Committee.

DRAFT

(2) The Executive Committee shall have the authority to act on behalf of the Board between board meetings in the event of an emergency requiring timely action that cannot be taken by the ~~board of directors~~Board due to the circumstances. Any action taken by the Executive Committee under this provision shall be subject to ratification by the Board.

~~(2)~~(3) The Committee shall exercise additional ~~responsibility~~retained authority as set forth in the Agreement, these B~~b~~ylaws and in the Board's ~~corresponding~~ Policy Governance Manual.

B. Governance Committee.

(1) The Governance Committee includes the three (3) members of the Board appointed by the Chair but shall not include the Chair.

(2) The Governance Committee shall have the authority to develop the means necessary to help facilitate the assessment of whether the Board is functioning appropriately and effectively within the Policy Governance Manual. The Governance Committee shall coordinate the Board's recruitment and development activities in accordance with Board defined competencies.

C. Ad-Hoc Committees.

(1) It is the intent and desire of the Board to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Board. The Board is authorized to create Ad-Hoc Committees on specific issues and to advise the Board with respect to those issues.

D. Structure and Operation of Committees

(1) Chairperson of Committee. The Board Chair assigns the Chairperson of the Committee.

(2) Committee Meetings. The Committee shall meet as frequently as required to fulfill its duties and responsibilities. Meetings shall be at such times and places as the Committee deems necessary to fulfill its responsibilities. The Board shall also have the authority to convene a meeting of the Committee for any purpose.

(3) Special Committee Meetings. The Board Chair or the CEO may call a special meeting of any Committee.

(4) Committee Agenda. The Committee will set its own general agenda based on issues that it deems to be of importance in respect to the Committee's Charter. The Board Chair may also request that an item be placed on the agenda of the Committee at a regular or a special meeting. Upon receipt of any such request, the Chairperson of the Committee shall place the requested item on the Agenda for the next regularly scheduled meeting of the Committee; provided that the issue is within the scope of the Committee's Charter. The requesting party shall be responsible for summarizing and presenting the issue. The Committee shall vote whether to take further action on the recommended agenda item. Proposed

DRAFT

agenda items that are declined because they are not within the scope of Committee authority will be reported to the Board. Approved agenda items will be assigned for further action by the Committee. The Board of Directors of NCCSP may also direct the Committee to place any item on its agenda.

(5) Committee Reporting. Committees shall report regularly and upon request to the Board regarding its actions and make recommendations to the Board as appropriate.

(6) Governing Rules. Committees are governed by the same rules regarding meetings (including meetings in person or by telephone or other similar communications equipment), action without meetings, notice, waiver of notice, and voting requirements as are applicable to the Board.

(7) Review of Charter. Committees shall review ~~this~~ their Charter at least annually and recommend any proposed changes to the Board for approval.

(8) Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee at any time with or without cause and may restructure the Committee in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is otherwise unavailable or unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

(9) Each Committee shall consist of at least three (3) appointed members, at least two (2) of which must be Board members. The Chair may appoint as members of committees persons who are qualified to serve but who are not members of the Board. The number of members appointed to committees may be increased by the Board Chair. A majority of the committee members shall constitute a quorum to transact business. Actions of committees shall be approved by majority vote.

(10) Following the annual meeting of the Board, the Chair will appoint members of the Board to respective committees and also designate committee chairs and vice-chairs. The Chair and Vice-Chair of the committees must be a Board member.

(11) All Board members may attend any committee meeting as ex-officio members but cannot vote unless appointed to the committee by the chair.

ARTICLE 8 - Chief Executive Officer

Section 8.1 - The Chief Executive Officer shall be appointed as provided for in the Agreement and shall have the powers and duties enumerated within the Agreement.

DRAFT

Section 8.2 - The Chief Executive Officer shall fulfill the role and execute all of the duties, powers and obligations of the community programs director as defined in the Governing Statutes.

Section 8.3 - The Chief Executive Officer has the power and authority to execute contracts and agreements and take all necessary actions to fulfill the policies of the Board and to take actions to administer the Programs and facilities that are under the operational control of NCCSP.

ARTICLE 9 - Facilities

Section 9.1 - The Chief Executive Officer will operate facilities owned, leased, or managed by NCCSP in consultation and as determined by the Board. The business of the Board's facilities shall be operated collectively under the name of North Central Health Care.

ARTICLE 10 - Amendments

Upon five (5) days written notice, these Bylaws may be amended at any regular meeting of the Board or at any special meeting called for the purpose of amendment, by a vote of two-thirds (2/3) of the members present; provided that any amendment that increases the delegation and authority to the Board from any of the Counties shall require consent by such Counties.

DRAFT

2020 NCCSP BOARD CALENDAR – Next Three Months

Thursday May 28, 2020 – 3:00 PM – 5:00 PM (Annual Meeting)

Elections: Election of Officers consistent with applicable provisions in the bylaws.

Educational Presentation(s):

Audit Presentation

Annual Report & Program Review – Presentation of the Annual Report from prior year. Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

Board Policy to Review: Board Strategic Planning Policy

Board Discussion:

Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond

Long Range Financial Plan and Short-Term Expectations on the Implications of Diversions, Physician Recruitment and Campus Renovations

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Retained County Authority Committee.

Discussion on the quality of the strategic plan to gain a better alignment of expectations and structure of the plan

Board Action:

Bi-monthly report of investigations related to corporate compliance activities and significant events.

Accept Annual Financial Audit and Fund Balance Statement.

Board and Committees – Review the Board's composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Capital Projects – Review capital budget and forecast for the organization.

NO MEETING OF THE NCCSP BOARD IS SCHEDULED FOR JUNE

2020 NCCSP BOARD CALENDAR – Next Three Months

Thursday July 16, 2020 (3rd Thursday) – 3:00 PM – 5:00 PM

Educational Presentation:

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

Review Employee Compensation, Recruitment and Retention Strategies – Review current practices and performance around the human capital management of the organization.

Diversity and Cultural Competency – Implications for the Board, Management and our Workforce

Board Action:

Performance Expectations – Review and approve the performance expectations in conjunction with the Executive Committee.

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

Board Policy to Review: Employee Compensation Policy and Manual, Business Associate Agreements Policy, Investment Policy, Contract Review Policy

Board Policy Discussion Generative Topic: Risk Management, Legal and Corporate Compliance Review – Evaluate past and potential issues regarding employment practices, internal policy compliance, required licenses and permits, nonprofit compliance, and facilities and real property risk management.