AGENDA

Marsh Country Health Alliance
Monday, August 29, 2022 – 10:00 a.m.
Administration Building
Room 1H & 1I
127 East Oak Street, Juneau, Wisconsin 53039

The following business will be brought before the Committee for initiation, discussion, deliberation, and possible formal action subject to the rules of the Board, which may be inspected in the office of the County Clerk.

1. Call to Order
2. Roll Call and Non-Committee Member County Board Attendance
3. Public Comment
4. Election of Officers: Vice Chair and Secretary
5. Approval of the Minutes of the August 30, 2021 Annual Meeting, November 29, 2021 Quarterly Financial Meeting, February 28, 2022, and May 23, 2022 Quarterly Financial Meeting
6. Census
7. Financial Presentation
    - Current Financial Status
    - 2023 Preliminary Budget
    - Long-Range Capital Plans
8. 2023 Assessment Rate Setting
9. Future Agenda Items
10. Next Meeting Date and Time: Quarterly Financial Conference Call (*Board Members: Chair, Vice Chair, and Secretary*) on **November 28, 2022 at 9:30 a.m.**
11. Adjourn

*(920) 386-4172 is the call-in number if you cannot attend in person - limited to <u>12</u> call-ins total

It is possible that individual members of other governing bodies of the County government may attend the above meeting to listen, gather information and comment. Such attendance may constitute a meeting of other governing bodies pursuant to *State ex rel. Badke. v. Vill.Bd. of Vill. Of Greendale*, 173 Wis2d 553, 578-74, 494 N.W. 2d 408 (1993). No action will be taken by any other governmental body except by the governing body noticed in the caption above.

Any person wishing to attend whom, because of a disability, requires special accommodation, should contact the Dodge County Clerk's Office at 920-386-3600, at least 24 hours before the scheduled meeting time so appropriate arrangements can be made. The building entrance, which is accessible by a person with a disability, is located on the east side of the building off Miller Street.

WISCONSIN MEDICAID PROGRAM 2021 NURSING HOME COST REPORT

SCHEDULE 1: Facility & Preparer Information

SECTION A - FACILITY INFORMATION

Facility Name	Main Telephone Number	Main Email Address	
Clearview	(920) 386-3400	N/A	
Facility Street Address	**City**	**State**	**Zip Code**
198 County DF	Juneau	WI	53039

Contact Person	Contact Telephone Number	Contact Email Address
Nicole Grossman	(920) 386-3428	ngrossman@co.dodge.wi/us

Cost Report Period Start Date	Cost Report Period End Date	Medicaid Provider Number	National Provider Identifier (NPI)	POP ID Number
1/1/2021	12/31/2021	100010586	1649571787	276

Administrator	Chief Financial Officer	Where are the financial records of the nursing home located?
Edward Somers	Nicole Grossman	Available remotely

SECTION B - PREPARER OF THE REPORT IF NOT AN EMPLOYEE OF THE PROVIDER

Name and Title		Telephone Number	
Wipfli LLP		715-858-6678	
Address	**City**	**State**	**Zip Code**
4890 Owen Ayres Court	Eau Claire	WI	54702-0690

SIGNATURE - Original Signature of Preparer	Date Signed

SECTION C - CERTIFICATION BY AN OFFICER OR ADMINISTRATOR OF THE NURSING HOME

This certification must be signed and submitted before the information included in the cost report can be used to calculate Medicaid payment rates. Misrepresentation or falsification of any information contained in this report may be punishable by fine and/or imprisonment under state or federal law.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying report and any supporting schedules.

I HEREBY CERTIFY that to the best of my knowledge and belief, it is a true, correct, and complete report prepared from the books and records of the provider in accordance with applicable instructions, except as noted in the report.

SIGNATURE - Original Signature of Officer or Administrator of Nursing Home	Title	Date Signed

SCHEDULE 2: Provider Notes

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 3: General Information

1. Type of Medicaid certification (check all that apply) [x] (01) Nursing Facility [ ] (10) ICF-IID

2. Type of ownership (check one) [ ] (1) Proprietary [ ] (2) Voluntary Non-Profit [x] (3) Governmental

3. County of facility: Dodge — County Code: 14

4. Does the facility self-fund any of the fringe benefits reported on schedule 28? If yes, complete Schedule S-F FB. [ ] (1) Yes [x] (2) No

5. Fiscal Year Beginning Month: Jan — Fiscal Year Ending Month: Dec

6. List the number of licensed beds at the beginning and end of your cost reporting period. Do not include restricted beds.

	DATE	BEDS
Beds at Beginning of Cost Reporting Period	1/1/2021	166
Beds at End of Cost Reporting Period	12/31/2021	166

If there has been a change in the number of licensed beds, list the date(s) of the change(s), the number of beds and briefly explain.

7. Has a certified audit been conducted for the cost reporting period? If yes, submit complete report copy including notes to the financial statements. [x] (1) Yes [ ] (2) No

8. Check all related party transaction types for which expenses are reported.
[ ] (1) Related party lease of building [ ] (2) Compensation to owners/family relation
[ ] (3) Interest expense on related party loans [ ] (4) Other related party transactions

9. A final adjusted trial balance for the cost reporting period, including a reconciliation of the trial balance to the cost report must be submitted with this cost report. Has documentation been submitted with this cost report? [x] Yes [ ] No

10. Asset depreciation schedules detailing amounts reported on Schedule 34 - Depreciation expenses must be submitted. Has documentation been submitted with this cost report? [x] Yes [ ] No

11. Single occupancy rooms: Based on the license that was in effect as of the last day of the cost report period, report the number of single-bed rooms in column C (Single-Bed Rooms).
In column D (Beds in Multiple-Bed Rooms), report the number of beds located in multiple-bed rooms.
Add the number of beds in single rooms (column C) to the number of beds in multiple-bed rooms (column D) and enter the total in Column E (Total Licensed Beds).
This total must agree with the maximum capacity shown on your license. If your facility has more than one license, list each license on a separate line and total for each column.

	A. NAME	B. License Number	C. Single-Bed Rooms	D. Beds in Multiple-Bed Rooms	E. Total Licensed Beds
1.	Clearview	2380	120	-	120
2.	Clearview FDD	2977	46		46
3.					-
4.	TOTAL		166	-	166

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 4: Shared Services

Identify all major revenue generating activities with which the Medicaid nursing home provider is associated.	**Check services shared with the nursing home**							
	Nursing	**Sp. Care**	**Dietary**	**Maint.**	**Hskg.**	**Laundry**	**A & G**	**Util.**
1. Another Medicaid NH provider, Name of provider:	☐	☐	☐	☐	☐	☐	☐	☐
2. Hospital, Name of hospital:								
Beds at end of cost report period:	☐	☐	☐	☐	☐	☐	☐	☐
3. Non-Medicaid Nursing Home, Beds at end of cost report period:	☐	☐	☐	☐	☐	☐	☐	☐
4. Non-Medicaid CBRF, Beds at end of cost report period:	☐	☐	☐	☐	☐	☐	☐	☐
5. Apartment units, Beds at end of cost report period:	☐	☐	☐	☐	☐	☐	☐	☐
6. Room and Board - Other, Beds at end of cost report period:	☐	☐	☐	☐	☐	☐	☐	☐
7. Therapy services, Describe:	☐	☐	☐	☐	☐	☐	☐	☐
8. Pharmacy	☐	☐	☐	☐	☐	☐	☐	☐
9. Laboratory or radiology services	☐	☐	☐	☐	☐	☐	☐	☐
10. Rental of building space	☐	☐	☐	☐	☐	☐	☐	☐
11. Adult Day Care	☐	☐	☐	☐	☐	☐	☐	☐
12. Home Health	☐	☐	☐	☐	☐	☐	☐	☐
13. Food catering services (meals on wheels, etc.)	☐	☐	☐	☐	☐	☐	☐	☐
14. Child care	☐	☐	☐	☐	☐	☐	☐	☐
15. Clinic	☐	☐	☐	☐	☐	☐	☐	☐
16. Other, Describe:	☐	☐	☐	☐	☐	☐	☐	☐
17. Any items checked in this column x = Yes blank = No								

SCHEDULE 5 - NO LONGER USED

SCHEDULE 6: Total Patient Days

SECTION A - INHOUSE PATIENT DAYS

		LEVEL OF CARE (LOC) NON DD	DD	TOTAL
1a.	Medicaid (T-19)	24,771		24,771
1b.	ICF-IID Medicaid (T-19)		9,903	9,903
1c.	Family Care (T-19)	1,260	3,113	4,373
1d.	Other Medicaid Managed Care (T-19)	856		856
1e.	Hospice (T-19)	720		720
1f.	Ventilator (T-19)			-
2a.	Medicare (T-18)	1,424		1,424
2b.	Medicare Advantage, for days covered as a Part A stay	735		735
3a.	Private pay & Insurance	2,391		2,391
3b.	Medicare Advantage, for days not covered as a Part A stay			-
3c.	Hospice (Private pay & Insurance)	244		244
4.	Other, Specify:			
5.	TOTAL INHOUSE PATIENT DAYS	32,401	13,016	45,417

SECTION B - BED HOLD DAYS
Charged Bed Hold Days Only

		NON DD	DD	TOTAL
6a.	Medicaid (T-19)	3		3
6b.	ICF-IID Medicaid (T-19)		22	22
6c.	Family Care & Partnership (T-19)	19	4	23
7.	All Other	42		42
8.	TOTAL CHARGED BED HOLD DAYS	64	26	90

SECTION C - TOTAL PATIENT DAYS

		NON DD	DD	TOTAL
9.	**TOTAL DAYS**	**32,465**	**13,042**	**45,507**

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 7 - NO LONGER USED

SCHEDULE 8: Medicaid Bedhold Eligibility

		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	TOTAL
1.	MONTH													
2.	Days in Month	31	28	31	30	31	30	31	31	30	31	30	31	365
3.	Licensed Beds for Bed Hold Testing. . . .	166	166	166	166	166	166	166	166	166	166	166	166	1,992
4.	Occupancy Test:													
	Row 2 x (Row 3 x 94%)	4,837	4,369	4,837	4,681	4,837	4,681	4,837	4,837	4,681	4,837	4,681	4,837	56,952
5.	Inhouse patient days	3,820	3,506	3,862	3,808	4,056	3,881	3,966	3,914	3,707	3,855	3,562	3,480	45,417
6.	Bed Hold days	11	1	1	3	13	27	29	3	-	-	1	1	90
7.	**TOTAL DAYS . . .**	3,831	3,507	3,863	3,811	4,069	3,908	3,995	3,917	3,707	3,855	3,563	3,481	45,507
		n/a	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	Fail	

Explanation for why Licensed Beds for Bed Hold Testing are less than Licensed Beds:

NOTE: If "Occupancy Test" on line 4 is greater than the "Total Days" on Line 7, bed hold should not be billed in the following month.

SCHEDULE 9 - NO LONGER USED

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 10: Balance Sheet

ASSETS	Begin Date 1/1/21	End Date 12/31/21
CURRENT ASSETS		
Cash on hand and in bank	$ 7,037,154	$ 9,785,174
Temporary investments		
Resident accounts receivable	2,392,260	2,035,745
Other accounts receivable		
Due from related parties		
Notes receivable		
Accrued interest receivable		
Inventories	127,030	146,086
Prepaid expenses	15,076	46,284
Resident funds held in trust		
Other current assets, list below:		
PROPERTY TAX CURRENT	1,699,916	1,471,807
JUDGEMENT RECEIVABLE	6,114	6,114
DUE FROM GENERAL FUND	2,064,719	3,205,944
TOTAL CURRENT ASSETS	$ 13,342,269	$ 16,697,154
PROPERTY, PLANT, EQUIP.		
Land	$ 8,749	$ 8,749
Land improvements	92,217	68,910
Buildings	45,458,089	45,324,829
Leasehold improvements		
Fixed equipment		
Moveable equipment	2,336,434	1,847,031
Transportation equipment		
Other		
Less: accumulated depreciation	(13,303,471)	(14,177,274)
TOTAL PROPERTY, PLANT, EQUIPMENT	$ 34,592,018	$ 33,072,245
OTHER		
Long term investments		
Other Assets, list below:		
Long Term Receivables	156,996	144,590
GASB 68	9,370,908	
TOTAL OTHER ASSETS	$ 9,527,904	$ 144,590
TOTAL ASSETS	$ 57,462,191	$ 49,913,989

LIABILITIES AND OWNERS' EQUITY	Begin Date 1/1/21	End Date 12/31/21
CURRENT LIABILITIES		
Notes and loans payable, list below:		
Bonds Payable	$ 2,271,275	$ 2,052,500
ALLOW FOR BAD DEBTS	589,868	
ACCRUED LIABILITY	46,858	
DEF INFLOW CURRENT YR	1,699,918	
Due to related parties		
Accounts payable	296,813	303,622
Accrued salaries	1,564,354	1,340,555
Other accrued expenses		22,192
Resident trust funds payable		
Other current liabilities		196,869
TOTAL CURRENT LIABILITIES	$ 6,469,086	$ 3,915,738
LONG TERM LIAB.		
Notes and loans payable (list) below:		
Bonds Payable	18,787,539	16,297,000
GASB (Net)	10,197,039	1,259,404
Other long term liabilities		
TOTAL LONG TERM LIABILITIES	$ 28,984,578	$ 17,556,404
OWNER EQUITY		
OWNERS' EQUITY, list below:		
Owner's Equity	22,008,527	28,441,847
TOTAL OWNER'S EQUITY	$ 22,008,527	$ 28,441,847
TOTAL LIABILITIES AND EQUITY	$ 57,462,191	$ 49,913,989

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 10A: Summary of Changes to Equity

1.	Beginning Owners' Equity (from schedule 10)			$ 22,008,527
2.	Add	Net income (from schedule 11, line 19)	$ 6,420,980	
		Owners' capital contribution		
		County appropriation		
		Net decrease in accrued vacation, holiday and sick time		
		Other, Specify: Prior Year Adj	12,340	
		Other, Specify:		
		Total additions		6,433,320
3.	Deduct	Net loss (from schedule 11, line 19)	($ -)	
		Dividends and withdrawals	( )	
		Net increase in accrued vacation, holiday and sick time	( )	
		Other, Specify:	( )	
		Other, Specify:	( )	
		Total deductions		(-)
4.	**ENDING OWNERS' EQUITY (schedule 10).**			$ 28,441,847

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 11: Summary of Revenues & Expenses

All values are automatically posted from other schedules.

SECTION A - SUMMARY OF REVENUE

1.	Daily patient service revenue	schedule 14, lines 1-4	$	3,433,744
2.	Service fees	schedule 15, line 14A		631,181
3.	Rent from outside medical providers	schedule 15, line 14B		-
4.	Other	schedule 15, line 14C		-
5.	Dietary revenues	schedule 16, line 5A		-
6.	Miscellaneous services and materials revenue	schedule 16, line 16		42,297
7.	Rental revenues	schedule 17, line 22		-
8.	Revenues from other major activities	schedule 17, line 38		12,320,095
9.	Sales to related organizations	schedule 18, line 41		-
10.	Investment revenue	schedule 18, line 42		20
11.	Gains (Losses) on disposal of assets	schedule 18, line 43		-
12.	Grants for government-subsidized employees	schedule 18, line 44		-
13.	Grants, contributions, donations	schedule 18, line 45		9,635
14.	Other revenue	schedule 18, line 50		16,022,378
15.	Subtract: deductions from revenues	schedule 14, line 5	(	299,139)
16.	NET REVENUES		$	32,160,211

SECTION B - SUMMARY OF NET INCOME OR LOSS

17.	Subtract: total expenses	schedule 12, line 37	$ (	25,739,231)
18.	Add or subtract the amount to adjust related party transactions to cost	schedule 42, line 15		-
19.	**NET INCOME OR LOSS**		$	**6,420,980**

SCHEDULE 12: Summary of Total Expenses

All values are automatically posted from other schedules.

Cost Center	Reference	Expense
1. Daily patient service expense	S20, L10	$ 6,384,068
2. Laboratory & Radiology	S21, L13a	10,684
3. Respiratory	S21, L13b	-
4. Pharmacy	S21, L13c	61,878
5. PT, OT and Speech	S22, L13a	580,750
6. Dental	S22, L13b	36,546
7. Physician	S22, L13c	86,390
8. Social Services	S23, L13a	7,456
9. Recreational Activities	S23, L13b	247,860
10. Religious Services	S23, L13c	-
11. Volunteer Coordinator	S24, L13a	12,552
12. Ward Clerks	S24, L13b	163,227
13. Psychotherapy	S24, L13c	-
14. Other	S24, L13d	
15. Dietary	S25, L14a	1,702,313
16. Plant Operations and Maintenance	S25, L14b	814,505
17. Housekeeping	S25, L14c	113,498
18. Laundry and Linen	S25, L14d	180,537
19. Security	S25, L14e	-

Cost Center	Reference	Expense
20. Transportation	S25, L14f	$ 68,326
21. Administrative service expense	S26, L12	1,750,046
Other cost centers, Specify:		
22. Nurse Aide Training	S27, L16a	
23. Beauty/Barber Shop	S27, L16b	675
24. CBRF	S27, L16c	829,635
25. Adult Family Home	S27, L16d	527,381
26. CBH / CBIU	S27, L16e	5,093,036
UNASSIGNED EXPENSES		
27. Employee fringe benefit expense	S28, L17	4,489,407
28. Heating fuel and utility expense	S29, L10	392,683
29. Interest on operating working capital loans	S30, L6	-
30. Insurance expense	S31, L9	110,918
31. Amortization expense	S32, L5	-
32. Interest on plant asset loans	S33, L15h	534,322
33. Depreciation expense	S34, L20c	1,540,538
34. Expense on operating and non-cap.leases	S35, L14	-
35. Expense on capitalized leases	S36A, L5	-
36. Property tax expense	S37, L7	-
37. TOTAL EXPENSES FOR REPORT PERIOD		$ 25,739,231

(To schedule 11, line 17)

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 13: Summary of Salary & Wage Expenses

All values are automatically posted from other schedules.

Cost Center and Schedule		Total Salary and Wage Expense	Cost Center and Schedule			Total Salary and Wage Expense
Daily patient service	S20, L1d	$ 5,836,190	Dietary		S25, L1a	1,107,224
Laboratory & Radiology	S21, L1a	-	Plant operation / maintenance		S25, L1b	472,347
Respiratory	S21, L1b & 3b	-	Housekeeping		S25, L1c	105,934
Pharmacy	S21, L1c & 3c	-	Laundry and Linen		S25, L1d	-
PT, OT and Speech	S22, L1a &3a	-	Security		S25, L1e	-
Dental	S22, L1b &3b	-	Transportation		S25, L1f	47,647
Physician	S22, L1c &3c	55,756	Administrative service		S26, L5	307,150
Social Services	S23, L3a	5,899	Nurse aide training		S27, L1a	-
Recreational Activities	S23, L3b	240,670	Beauty and barber		S27, L1b	-
Religious Services	S23, L3c	-	Other, Specify:	CBRF	S27, L1c	688,456
Volunteer Coordinator	S24, L3a	-		Adult Family Home	S27, L1d	489,668
Ward Clerks	S24, L3b	163,227		CBH / CBIU	S27, L1e	3,661,254
Psychotherapy	S24, L1c & 3c	-	**TOTAL SALARY AND WAGE EXPENSE**			$ 13,181,422
Other	S24, L1d & 3d	-				

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 14: Daily Patient Service Revenues

SECTION A - DAILY RATE CHARGES	**Revenue**
1. Medicare Daily Rate	$791,318
2. Medicaid Daily Rate (including bed hold)	1,422,324
3. Private Pay	1,202,174
4. Medical Supplies,Other	17,928

SECTION B - Deductions From Revenue	
5. TOTAL DEDUCTIONS FROM REVENUE	(299,139)

SECTION C - TOTAL	
6. TOTAL DAILY PATIENT SERVICE REVENUE	$ 3,134,605

Do Medicaid revenues on Line 2 include retroactive Medicaid rate adjustments? (check one)

- [x] Yes, all significant retroactive Medicaid rate adjustments are included.
- [ ] No, substantial retroactive Medicaid rate adjustments are NOT included.
- [ ] Estimate, an estimate of retroactive Medicaid rate adjustments IS included
- [ ] Other, Specify

Average Daily Private Pay Rate

7. Average Daily	$325.00
8. Facility Comment (Optional)	

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 15: Special Services Revenue

SECTION A - SERVICE REVENUES

		A. Service Fee Charges	B. Rent from Outside Medical Providers	C. From Other Sources	Describe Other
1.	Laboratory	$ 2,328			
2.	Radiology	2,249			
3.	Pharmacy	44,008			
4.	Physical therapy	281,356			
5.	Speech/hearing therapy	63,980			
6.	Occupational therapy	216,400			
7.	Physician care				
8.	Psychotherapy				
9.	Respiratory therapy	13,471			
10.	Social services				
11.	Recreational activities				
12.	Special duty nursing				
13.	Other, Specify: Dental	7,389			
14.	TOTAL SPECIAL SERVICE REVENUE	$ 631,181	$ -	$ -	

SECTION B - THERAPY REVENUES

15. Are physical, occupational, or speech therapy services provided by staff, assistants, contractors, or consultants IN SPACE AT YOUR FACILITY? [X] Yes [ ] No

16. Total gross billings for physical, occupational, and speech therapy services provided at your facility during the cost report period $ 561,736
Provide the total regardless of who provides the services, who bills for the services, or who receives the services (residents vs. non-residents).

17. From section A, total the amounts in columns A, B and C on lines 4, 5 and 6 (sum 4A, 4B, 4C, 5A, 5B, 5C, 6A, 6B, 6C) $ 561,736

18. If there is any variance between the totals reported on lines 16 and 17, explain.

19. Are therapy services provided to individuals in addition to your nursing home residents? [X] Yes [ ] No If yes, amount of revenue $ 133,849

20. Does your facility or related organization bill Medicare Part B for therapy services at your facility? [X] Yes [ ] No If yes, amount of revenue $ 187,334

21. Did you charge rent to a rehabilitation agency or independent contractor? [ ] Yes [X] No If yes, amount of revenue

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 16: Other Revenues

SECTION A - CAFETERIA AND DIETARY REVENUE

1.	Donated and surplus food commodities		Included in food supply expense for donated/surplu	
2.	Dietary supplies sold		Cost of dietary supplies sold (if known)	
3.	Meals sold to employees (transfer to sched. 25A, line 10)			
4.	Meals On Wheels			
5.	Other Meals Sold			
5a.	**TOTAL DIETARY REVENUE**	**$ -**		

SECTION B - MISCELLANEOUS SERVICES AND MATERIALS

			Expenses Directly Ascribable To Or Identifiable With Revenue			
		Revenue	A. Related Direct Expense (if known)	B. Cost Center where expense included	C. Schedule Number	D. Line Number
6.	Laundry					
7.	Sale of personal hygiene items					
8.	Transportation	34,885				
9.	Beauty and barber shops	7,412				
10.	Gift Shop					
11.	Canteen and snack counter					
12.	Vending machines					
13.	Sale of clothing					
14.	Television and cable service					
15.	Telephone and Internet					
16.	**TOTAL MISCELLANEOUS SERVICES AND MATERIALS**	**$ 42,297**				

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 17: Other Revenues

SECTION A - RENTAL REVENUE		Revenue	Property Rented	Square Feet Rented	Services Provided
18.	Equipment rental				
19.	Rental of nursing home space				
20.	Rental of non-nursing home space				
21.	Parking				
22.	**TOTAL RENTAL REVENUES**	**$ -**			

SECTION B - REVENUE FROM MAJOR ACTIVITIES		Revenue	Total Billable Patient Days if revenue generated from activities
23.	Another Medicaid nursing home provider		
24.	Hospital		
25.	Non-Medicaid Nursing Home		
26.	Non-Medicaid CBRF	976,899	0
27.	Apartment Units		
28.	Room and Board - Other		
29.	Adult Day Care		
30.	Home Health		
31.	Child Care		
32.	Clinic		
33.			
34.	Behavior Health Unit	5,219,375	
35.	Adult Family Home	278,902	
36.	Group Home / Tramatic Brain Inury Unit	5,844,919	
37.			
38.	**TOTAL REVENUE FROM OTHER MAJOR ACTIVITIES**	**$ 12,320,095**	

SCHEDULE 18: Other Revenues

		Revenue
	SALES TO RELATED ORGANIZATIONS	
38.		
39.		
40.		
41.	TOTAL SALES TO RELATED ORGANIZATIONS	$ -
42.	TOTAL INVESTMENT REVENUE	$ 20
43.	TOTAL GAINS (LOSSES) ON DISPOSAL OF ASSETS	
44.	TOTAL GRANTS FOR GOVT. SUBS. EMPLOYEES	
45.	TOTAL GRANTS, CONTRIBUTIONS, DONATIONS	$ 9,635
	OTHER REVENUES	
46.	Property Tax Revenue / Sale Tax Capital Transfer	$ 3,916,649
47.	Other Health Services Revenue / Miscellaneous Revenue	8,718,928
48.	Rebates / Supplemental Payments	2,273,687
49.	Provider Relief Funds	1,113,114
50.	TOTAL OTHER REVENUES	$ 16,022,378

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SCHEDULE 20: Daily Patient Service Expense

Salaries, Wages & Purchased Serv.	A. Registered Nurses	B. Licensed Practical Nurses	C. Nurse Aides and Assistants	D. Total Expenss or Hours
1. TOTAL SALARY AND WAGE EXPENSE	$ 1,512,330	$ 1,203,453	$ 3,120,407	$ 5,836,190
2. TOTAL SALARY AND WAGE HOURS	41,253 hrs.	37,773 hrs.	161,763 hrs.	$ 240,789
3. EXPENSE FOR PURCHASED SERVICES				$ -
AVERAGE WAGE PER HOUR	$ 36.66	$ 31.86	$ 19.29	$ 24.24

NURSING AND INCONTINENCY SUPPLIES		
4. Catheters, Incontinency Supplies (including purchased laundry service)		$ 83,781
OXYGEN		
5. Oxygen, or daily rental of oxygen concentrators, all other oxygen supplies and cylinder rental		39,854
OTHER		
6. Other medical supplies, personal comfort supplies and minor medical equipment		361,175
7. Nonbillable over the counter (OTC) drugs for all residents (include billable OTC drugs on Schedule 21, Line 9c)		60,644
8. Medicare A Consolidated		2,424
9.		
10. TOTAL DAILY PATIENT SERVICE EXPENSE		**$ 6,384,068**

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SCHEDULE 21: Special Service Expenses

SECTION A - SALARY AND WAGES	TYPE OF SERVICE A. Laboratory & Radiology	B. Respiratory	C. Pharmacy
1. Expense for hours worked - Billable			
2. Number of hours worked - Billable			
3. Expense for hours worked - Non-billable	$ -		
4. Number of hours worked - Non-billable	hrs.		
5. TOTAL SALARY AND WAGE EXPENSE	$ -	$ -	$ -
SECTION B - PURCHASED SERVICES			
6. Expense for purchased service - Billable	$ 10,684		
7. Expense for purchased service - Non billable	$ -		
SECTION C - SUPPLY AND OTHER EXPENSE			
8. Pharmacy - legend drugs Billable	$ -	$ -	53,281
9. Pharmacy - over the counter drugs Billable	$ -	$ -	
10. Supply and Other			8,597
11.			
12.			
SECTION D - TOTAL			
13. TOTAL EXPENSES	**$ 10,684**	**$ -**	**$ 61,878**
14. TOTAL HOURS	**hrs.**	**hrs.**	**hrs.**

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SCHEDULE 22: Special Service Expenses

		TYPE OF SERVICE		
SECTION A - SALARY AND WAGES		**A. Physical, Occupational And Speech Therapy**	**B. Dental**	**C. Physician**
1.	Expense for hours worked - Billable.			$ 55,756
2.	Number of hours worked - Billable.			796 hrs.
3.	Expense for hours worked - Non-billable.			
4.	Number of hours worked - Non-billable.			
5.	TOTAL SALARY AND WAGE EXPENSE	$ -	$ -	$ 55,756
SECTION B - PURCHASED SERVICES				
6.	Expense for purchased service - Billable	$ 580,750		
7.	Expense for purchased service - Non billable		$ 36,546	$ 25,638
SECTION C - SUPPLY AND OTHER EXPENSE				
8.	Supplies			4,996
9.				
10.				
11.				
12.				
SECTION D - TOTAL				
13.	TOTAL EXPENSES	$ 580,750	$ 36,546	$ 86,390
14.	TOTAL HOURS	hrs.	hrs.	796 hrs.

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SCHEDULE 23: Special Service Expenses

		TYPE OF SERVICE		
SECTION A - SALARY AND WAGES		**A. Social Services**	**B. Recreational Activities**	**C. Religious Services**
1.	Expense for hours worked - Billable	$ -	$ -	$ -
2.	Number of hours worked - Billable	hrs.	hrs.	hrs.
3.	Expense for hours worked - Non-billable	$ 5,899	$ 240,670	
4.	Number of hours worked - Non-billable	205 hrs.	9,732 hrs.	
5.	TOTAL SALARY AND WAGE EXPENSE	$ 5,899	$ 240,670	$ -
SECTION B - PURCHASED SERVICES				
6.	Expense for purchased service - Billable	$ -	$ -	$ -
7.	Expense for purchased service - Non billable		$ 3,740	
SECTION C - SUPPLY AND OTHER EXPENSE				
8.	Supplies	$ 1,557	$ 3,450	
9.				
10.				
11.				
12.				
SECTION D - TOTAL				
13.	**TOTAL EXPENSES**	**$ 7,456**	**$ 247,860**	**$ -**
14.	**TOTAL HOURS**	**205 hrs.**	**9,732 hrs.**	**hrs.**

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SCHEDULE 24: Special Service Expenses

		TYPE OF SERVICE			
SECTION A - SALARY AND WAGES		**A. Volunteer Coord.**	**B. Ward Clerks**	**C. Psychotherapy**	
1.	Expense for hours worked - Billable	$ -	$ -		
2.	Number of hours worked - Billable	hrs.	hrs.		
3.	Expense for hours worked - Non-billable		$ 163,227		
4.	Number of hours worked - Non-billable		8,358 hrs.		
5.	TOTAL SALARY AND WAGE EXPENSE	$ -	$ 163,227	$ -	$ -
SECTION B - PURCHASED SERVICES					
6.	Expense for purchased service - Billable				
7.	Expense for purchased service - Non billable				
SECTION C - SUPPLY AND OTHER EXPENSE					
8.	Supplies	$ 12,552			
9.					
10.					
11.					
12.					
SECTION D - TOTAL					
13.	**TOTAL EXPENSES**	$ 12,552	$ 163,227	$ -	
14.	**TOTAL HOURS**	hrs.	8,358 hrs.	hrs.	hrs.

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SCHEDULE 25: General Service Expenses

SECTION A - SALARIES AND WAGES	A. Dietary	B. Plant Op./Maint.	C. Housekeeping	D. Laundry / Linen	E. Security	F. Transportation
1. TOTAL SALARY AND WAGE EXPENSE	$ 1,107,224	$ 472,347	$ 105,934			$ 47,647
2. NUMBER OF HOURS WORKED	58,122 hrs.	17,302 hrs.	6,491 hrs.			2,617 hrs.
SECTION B - DIETICIAN CONSULTANT						
3. Dietician consultant expense		$ -	$ -	$ -	$ -	$ -
SECTION C - OUTSIDE SERVICE						
4. Purchased Services	$ 1,470	$ 216,882		$ 176,063		
5.						
6.						
7.						
8. **TOTAL OUTSIDE SERVICE EXPENSES**	$ 1,470	$ 216,882	$ -	$ 176,063	$ -	$ -
SECTION D - SUPPLY AND OTHER EXPENSE						
9. Food	$ 529,887					
10. Supplies	63,732	104,853	7,564	4,474		20,679
11. Repairs		20,423				
12.						
13.						
SECTION E - TOTAL						
14. **TOTAL EXPENSES**	**$ 1,702,313**	**$ 814,505**	**$ 113,498**	**$ 180,537**	**$ -**	**$ 68,326**

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SCHEDULE 25A: Support Services Expense Allocations

SECTION A - ALLOCATION OF DIETARY EXPENSES

1.	Total dietary expenses (from Schedule 25, Line 14a)	$ 1,702,313
2.	Deduct expense for food products provided to employees without charge (to line 9 below)	
3.	Deduct amount for donated and surplus food commodities included in dietary expense (from schedule 16, line 1)	$ -
4.	Deduct revenue (related expense) for food products sold (from schedule 16, line 2)	$ -
5.	NET DIETARY EXPENSES TO ALLOCATE (to line 8 A below)	$ 1,702,313

		A. Total	B. Residents' Meals	C. Employees' Meals	D. Meals on Wheels	E.Other	F. Other CBIC and Other
6.	Meals served	139,469	139,251	218			-
7.	Ratio to total meals served to 4 decimals	1.0000	0.9984	0.0016			0.0000
8.	DIETARY EXPENSE ALLOCATION . . . . . (see instructions below line to complete)	$ 1,702,313 From line 5	$ 1,699,589 8A x 7B	$ 2,724 8A x 7C	$ - 8A x 7D	$ - 8A x 7E	$ - 8A x 7F

9.	Food products provided to employes without charge (from line 2)	$ -
10.	Deduct revenue from meals sold to employees (from schedule 16, line 3)	-
11.	NET EXPENSE (PROFIT) FOR MEALS AND FOOD PROVIDED TO EMPLOYEES (line 8C + line 9C - line 10C)	$ 2,724

SECTION B - ALLOCATION OF PLANT OPERATION AND MAINTENANCE EXPENSES

		A. Total Area	B. Nursing Home Area	C. Emp. Unique Fringe Benefit Area	Non-Nursing Home Areas w/ Plant Operation and Maint. D. CBH	E. CIBC	F.
12.	Total square feet for areas	201,408	142,073		35,223	24,112	
13.	Ratio to total square feet to 4 decimals . .	1.0000	0.7054		0.1749	0.1197	
14.	TOTAL PATIENT OP/MAINT EXP. ALLOC.	$ 814,505 From S25, L18	$ 574,552 14A x 13B	$ - 14A x 13C	$ 142,457 14A x 13D	$ 97,496 14A x 13E	$ - 14A x 13F

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SCHEDULE 25B: Support Services Expense Allocations

SECTION A - ALLOCATION OF HOUSEKEEPING EXPENSES

		A. Total	B. Nursing Home Area	Non-Nursing Home Areas Receiving Housekeeping Services: CBH	CBIC	
15.	Square feet or hours of service provided	183,408	124,073	35,223	24,112	
16.	Ratio to total sq. ft./hours to 4 decimals	1.0000	0.6765	0.1920	0.1315	
17.	TOTAL HOUSEKEEPING EXP. ALLOC.	$ 113,498	$ 76,781	$ 21,792	$ 14,925	$ -
		From S25, L18	17A x 16B	17A x 16C	17A x 16D	17A x 16E

SECTION B - ALLOCATION OF LAUNDRY AND LINEN EXPENSES

		A. Total	B. Nursing Home Area	Non-Nursing Home Areas Receiving Laundry/Linen Services: CBH	CBIC	
18.	Pounds of laundry processed	63,205	45,417	11,710	6,078	
19.	Ratio to total pounds to 4 decimals	1.0000	0.7186	0.1853	0.0962	
20.	TOTAL LAUNDRY/LINEN EXP. ALLOC.	$ 180,537	$ 129,734	$ 33,454	$ 17,368	$ -
		From S25, L18	20A x 19B	20A x 19C	20A x 19D	20A x 19E

SECTION C - ALLOCATION OF SECURITY EXPENSES

		A. Total	B. Nursing Home Area	Non-Nursing Home Areas Receiving Security Services		
21.	Total square feet of area	-				
22.	Ratio to total square feet to 4 decimals . .	1.0000				
23.	TOTAL SECURITY EXPENSE ALLOC.		$ -	$ -	$ -	$ -
		From S25, L18	23A x 22B	23A x 22C	23A x 22D	23A x 22E

SECTION D - ALLOCATION OF TRANSPORTATION EXPENSES

		A. Total	B. Nursing Home Area	Non-Nursing Home Areas Receiving Transportation Services: CBH	CBIC	
24.	Alloc. Basis, Specify: Days	63,205	45,417	11,710	6,078	
25.	Ratio to total alloc. basis to 4 decimals	1.0000	0.7186	0.1853	0.0962	
26.	TOTAL TRANS. EXPENSE ALLOC.	$ 68,326	$ 49,099	$ 12,661	$ 6,573	$ -
		From S25, L18	26A x 25B	26A x 25C	26A x 25D	26A x 25E

SCHEDULE 26: Administrative Service Expenses

		Expenses
SECTION A - SALARY AND WAGES		
1.	General Admin & Accounting	$ 254,024
2.	Medical Records	53,126
3.	Central Supply	
4.	Scheduling	
5.	Total Salary and Wage Expense	$ 307,150
SECTION B - RELATED ORGANIZATION CENTRAL SERVICE COSTS		
6.	Home office costs allocated to facility	
	Name of home office	
	From (date)	
	Through (date)	
7.	County costs allocated to facility	1,686,006
SECTION C - NON-SALARY EXPENSES		
8.	Purchased services - legal	$ 1,147
9.	Licensed bed assessment	747,120
10.	Contractual management fees	
11.	Total other non-salary (from schedule 26 attachment)	(991,377)
SECTION D - TOTAL		
12.	TOTAL ADMINISTRATIVE SERVICE EXPENSES	$ 1,750,046

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SCHEDULE 26ATT: Administrative Service Expenses - Other Non-Salary

	Description of Other Non-Salary Administrative Service Expenses	Expense Amount
1.	BACKGROUND CHECKS	$ 1,400
2.	PROFESSIONAL FEES & PURCHASED SERVICES	86,030
3.	TELEPHONE	38,195
4.	PRINTING & DUPLICATION	4,025
5.	OFFICE SUPPLIES & MINOR EQUIPMENT	113,210
6.	MEMBERSHIP DUES	10,676
7.	COMPUTER LICENSES & REPAIR	26,986
8.	RECRUITING	5,451
9.	MILEAGE	109
10.	CONFERENCES REGISTRATION FEES	14,494
11.	POSTAGE PARCEL DELIVERY	5,350
12.	NEWPAPER / PERIODICALS / BOOKS	111,627
13.	ADVERTISING / CONTRIBUTIONS	26,369
14.	LICENSES & PERMITS	2,401
15.	ACTUARIAL ADJUSTMENTS	(1,437,700)
16.	**TOTAL OTHER NON-SALARY ADMINISTRATIVE SERVICE EXPENSES (to Sch 26, Line 11) . . . . . .**	**$ (991,377)**

SCHEDULE 26: Related Party Administrative Service Expenses

		Expenses
SECTION A - SALARY AND WAGES		
1.	General Admin & Accounting	
2.	Medical Records	
3.	Central Supply	
4.	Scheduling	
5.	Total Salary and Wage Expense	$ -
SECTION B - RELATED ORGANIZATION CENTRAL SERVICE COSTS		
6.	Home office costs allocated to facility	
	Name of home office	
	From (date)	
	Through (date)	
7.	County costs allocated to facility	
SECTION C - NON-SALARY EXPENSES		
8.	Purchased services - legal	
9.	Licensed bed assessment	
10.	Contractual management fees	
11.	Total other non-salary (from schedule 26 attachment)	-
SECTION D - TOTAL		
12.	TOTAL ADMINISTRATIVE SERVICE EXPENSES	$ -

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SCHEDULE 26ATTRP: Related Party Administrative Service Expenses - Other Non-Salary

	Description of Other Non-Salary Administrative Service Expenses	Expense Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	**TOTAL OTHER NON-SALARY ADMINISTRATIVE SERVICE EXPENSES (to Sch 26, Line 11).**	**$ -**

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SCHEDULE 26B: Allocation of Administrative Expenses

1.	Total Admin. Service Expense (S26, 12)	$ 1,750,046

SECTION A - DIRECT EXPENSES

	Exp. Directly Ascribable To Each Activity	A. Total	B. NH Provider	Non-Nursing Home Areas Receiving Administrative Services: Behavior Health Unit	CBRF / AFH	Group Home / TBI
2.	N/A	$ -	$ -			
3.		-				
4.		-				
5.		-				
6.		-				
7.		-				
8.		-				
9.		-				
10.		-				
11.		-				
12.		-				
13.		-				
14.		-				
15.	TOTAL DIRECT EXPENSE.	$ -	$ -			
16.	NET UNASSIGNED EXPENSE	$ 1,750,046				

SECTION B - ALLOC. OF INDIRECT EXP.

		A. Total	B. NH Provider	Behavior Health Unit	CBRF / AFH	Group Home / TBI
17.	Allocation basis amounts	15,454,700	3,134,605	5,219,375	1,255,801	5,844,919
18.	Ratio to total basis to 4 decimals	1.0000	0.2028	0.3377	0.0813	0.3782
19.	UNASSIGNED ADMIN. EXP. ALLOC	$ 1,750,046	354,909	590,991	142,279	661,867
		net from line 16	19A x 18B	19A x 18C	19A x 18D	19A x 18E
20.	TOTAL ADMINISTRATIVE EXPENSE	$ 1,750,046	$ 354,909	$ 590,991	$ 142,279	$ 661,867
		(line 15A + 19A)	B15 + B19	C15 + C19	D15 + D19	E15 + E19

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SCHEDULE 27: Other Cost Centers

SECTION A - SALARY AND WAGES	A. Nurse Aide Training	B. Beauty/Barber Shop	CBRF	Adult Family Home	CBH / CBIU
1. TOTAL SALARY AND WAGE EXPENSE			$ 688,456	$ 489,668	$ 3,661,254
2. NUMBER OF HOURS WORKED			33,485 hrs.	21,355 hrs.	138,579 hrs.

SECTION B - NON-SALARY EXPENSES	A. Nurse Aide Training	B. Beauty/Barber Shop	CBRF	Adult Family Home	CBH / CBIU
3. Non-Salary Expenses		$ 675	$ 141,179	$ 37,713	$ 1,431,782
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15. **TOTAL NON-SALARY EXPENSES**	$ -	$ 675	$ 141,179	$ 37,713	$ 1,431,782

SECTION C - TOTAL	A. Nurse Aide Training	B. Beauty/Barber Shop	CBRF	Adult Family Home	CBH / CBIU
16. TOTAL EXPENSES		**$ 675**	**$ 829,635**	**$ 527,381**	**$ 5,093,036**

SCHEDULE 28: Fringe Benefits

	Fringe Benefits Paid on Behalf of Employees	Self-Funded?	Expense
1.	Employer's share of F.I.C.A.		$ 968,142
2.	State unemployment compensation		34,384
3.	Federal unemployemnt compensation		
4.	Worker's compensation insurance	☐ Yes ☒ No	102,858
5.	Health, Dental & Vision Insurance	☐ Yes ☒ No	2,328,889
6.	Life and disability insurance	☐ Yes ☒ No	1,744
7.	Wage continuation insurance	☐ Yes ☐ No	
8.	Pension and deferred comp. plans (section C)	☐ Yes ☒ No	828,504
9.	Post-Employment Physicals and Vaccines		
10.	Uniforms		
11.	Health Savings Account		219,895
12.	Drug Alcohol Test Fee		3,600
13.	Other Fringe Benefits		1,391
14.			
15.	TOTAL PAID ON BEHALF OF EMPLOYEES		$ 4,489,407
16.	Expense for special salary or wage payments to employees not included elsewhere		

- ☐ Christmas bonus
- ☐ Longevity bonus
- ☐ Productivity bonus
- ☐ Bonuses to owners and immediate family relations, Specify:
- ☐ Other, Specify:

17.	**TOTAL FRINGE BENEFIT EXPENSE**	**$ 4,489,407**

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SCHEDULE 28B: Fringe Benefits - Self-Funded

	Type of Self-Funded Expenses	Worker's Compensation Insurance	Health, Dental and Vision Insurance	Life and Disability Insurance	Wage Continuation Insurance	Pension and Deferred Compensation Plans
	Checked as self-funded on Sch 28?					
1	Actual Claims Paid					
2	Premium costs for re-insurance (stop loss) policies purchased from an unrelated party					
3	Costs paid to administer the self insurance plan not reported elsewhere in the cost report					
4	Costs paid to an independent unrelated trustee to manage the self-insurance plan					
5	Costs paid to an unrelated actuary to perform actuarial determinations					
6	Employee Contributions					
7	Proceeds from re-insurance (stop loss) policies, dividend proceeds, and audit adjustment cost decreases or (increases)					
8	Investment income earned by the self insurance fund					
9	Gain on the sale of self insurance fund securities					
10	Total allowable self-funded fringe benefit expenses (add lines 1 thru 5 and subtract lines 6 thru 9)	$ -	$ -	$ -	$ -	$ -

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SCHEDULE 29: Heating and Utility Service Expenses

SECTION A - ACCRUED EXPENSE BY TYPE

	Expense by Type	Accrued Expense
1.	Fuel oil	
2.	Natural gas	42,237
3.	L.P. gas	
4.	Coal	
5.	Electricity	290,736
6.	Water and sewer utility charges	59,710
7.	Purchased steam	
8.		
9.		
10.	**TOTAL FUEL AND UTILITY EXPENSE . . .**	**$ 392,683**

SECTION B - ALLOCATION OF FUEL AND UTILITY EXPENSE

					Non-NH Areas, Other Rev. Areas Receiving Fuel/Util. Serv.		
		A. Total	B. NH Area	C. Emp. Unique Fringe Ben. Area	CBH	CBIC	
11.	Total square feet for areas	201,408	142,073		35,223	24,112	
12.	Ratio to total square feet to 4 decimals	1.0000	0.7054		0.1749	0.1197	
13.	**TOTAL ALLOC. FUEL/UTIL. EXPENSE**	**392,683**	**$ 276,999**	**$ -**	**$ 68,680**	**$ 47,004**	**$ -**
		From line 10	13A x 12B	13A x 12C	13A x 12D	13A x 12E	13A x 12F

SCHEDULE 30: Working Capital Loans

	A. Name of Lender	B. Is Lender a Related Party?	C. Interest Expense
1.		☐ Yes ☐ No	
2.		☐ Yes ☐ No	
3.		☐ Yes ☐ No	
4.		☐ Yes ☐ No	
5.		☐ Yes ☐ No	
6.	**TOTAL EXPENSES ON OPERATING WORKING CAPITAL LOANS**		$ -

SCHEDULE 31: Accrued Insurance Expenses

	A. Type of Insurance Coverage	B. Self-Funded?	C. Insurance Expense
1.	Property insurance on building and contents	☐ Yes ☒ No	$ 36,761
2.	Automobile insurance	☐ Yes ☐ No	
3.	Liability insurance	☐ Yes ☒ No	74,157
4.	Business interruption insurance	☐ Yes ☐ No	
5.	Life insurance on owners and employes with facility as the beneficiary	☐ Yes ☐ No	
6.	Mortgage insurance	☐ Yes ☐ No	
7.	Other Property	☐ Yes ☐ No	
8.	Other General	☐ Yes ☐ No	
9.	**TOTAL INSURANCE EXPENSE.**		**$ 110,918**

SCHEDULE 32: Amortized Expenses

	A. Bond Issue	B. Sch. 33 Line Number	C. Original Amount	D. Number of Years Amortized	E. Unamortized Begin. Balance	F. Unamortized End. Balance	G. Amortization Expense
1.							
2.							
3.							
4.							
5.	**TOTAL AMORTIZATION EXPENSE**						**$ -**

SCHEDULE 30RP: Related Party Working Capital Loans

	A. Name of Lender	B. Is Lender a Related Party?	C. Interest Expense
1.		☐ Yes ☐ No	
2.		☐ Yes ☐ No	
3.		☐ Yes ☐ No	
4.		☐ Yes ☐ No	
5.		☐ Yes ☐ No	
6.	**TOTAL EXPENSES ON OPERATING WORKING CAPITAL LOANS**		$ -

SCHEDULE 31RP: Related Party Accrued Insurance Expenses

	A. Type of Insurance Coverage	B. Self-Funded?	C. Insurance Expense
1.	Property insurance on building and contents	☐ Yes ☐ No	
2.	Automobile insurance	☐ Yes ☐ No	
3.	Liability insurance	☐ Yes ☐ No	
4.	Business interruption insurance	☐ Yes ☐ No	
5.	Life insurance on owners and employes with facility as the beneficiary	☐ Yes ☐ No	
6.	Mortgage insurance	☐ Yes ☐ No	
7.		☐ Yes ☐ No	
8.		☐ Yes ☐ No	
9.	**TOTAL INSURANCE EXPENSE**		$ -

SCHEDULE 32RP: Related Party Amortized Expenses

	A. Bond Issue	B. Sch 33RP Line Number	C. Original Amount	D. Number of Years Amortized	E. Unamortized Begin. Balance	F. Unamortized End. Balance	G. Amortization Expense
1.							
2.							
3.							
4.							
5.	**TOTAL AMORTIZATION EXPENSE**						$ -

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SCHEDULE 33: Plant Asset Loans

Lender Name and Purpose of Loan	A. Original Month, Year of Loan	B. Maturing Month,Year of Loan	C. Original Amount of Loan	Remaining Balance of Loan Principal D. Begin date 1/1/2021 Begin Bal.	E. 6Mo.date 6/30/2021 6 Mo. Bal.	F. End date 12/31/2021 End Bal.	G. Interest Rate	H. Interest Expense
1. Name: Bonds Related party? [ ] Yes [x] No Purpose: New Construction	Mar-11	Aug-31	$ 40,390,000	$ 21,862,709	$ 20,106,105	$ 18,349,500	3.00%	$ 534,322
2. Name: Related party? [ ] Yes [ ] No Purpose:								
3. Name: Related party? [ ] Yes [ ] No Purpose:								
4. Name: Related party? [ ] Yes [ ] No Purpose:								
5. Name: Related party? [ ] Yes [ ] No Purpose:								
6. Name: Related party? [ ] Yes [ ] No Purpose:								
7. Name: Related party? [ ] Yes [ ] No Purpose:								
15 TOTAL LOAN PRINCIPAL AND INTEREST EXPENSE (Including Page 2).				$ 21,862,709	$ 20,106,105	$ 18,349,500		$ 534,322

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SCHEDULE 33P2: Plant Asset Loans- Page 2

Lender Name and Purpose of Loan	A. Original Month, Year of Loan	B. Maturing Month,Year of Loan	C. Original Amount of Loan	Remaining Balance of Loan Principal D. Begin date 1/1/2021 Begin Bal.	E. 6Mo.date 6/30/2021 6 Mo. Bal.	F. End date 12/31/2021 End Bal.	G. Interest Rate	H. Interest Expense
8. Name Related party? ☐ Yes ☐ No Purpose								
9. Name Related party? ☐ Yes ☐ No Purpose								
10. Name Related party? ☐ Yes ☐ No Purpose								
11. Name Related party? ☐ Yes ☐ No Purpose								
12. Name Related party? ☐ Yes ☐ No Purpose								
13. Name Related party? ☐ Yes ☐ No Purpose								
14. Name Related party? ☐ Yes ☐ No Purpose								

SEE SCHEDULE 33 FOR TOTAL LOAN PRINCIPAL AND INTEREST EXPENSE OF SCHEDULE 33, INCLUDING PAGE 2

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 33RP: Related Party Plant Asset Loans

Lender Name and Purpose of Loan	A. Original Month, Year of Loan	B. Maturing Month,Year of Loan	C. Original Amount of Loan	Remaining Balance of Loan Principal D. Begin date 1/1/2021 Begin Bal.	E. 6Mo.date 6/30/2021 6 Mo. Bal.	F. End date 12/31/2021 End Bal.	G. Interest Rate	H. Interest Expense
1. Name								
Related party? ☐ Yes ☐ No								
Purpose								
2. Name								
Related party? ☐ Yes ☐ No								
Purpose								
3. Name								
Related party? ☐ Yes ☐ No								
Purpose								
4. Name								
Related party? ☐ Yes ☐ No								
Purpose								
5. Name								
Related party? ☐ Yes ☐ No								
Purpose								
6. Name								
Related party? ☐ Yes ☐ No								
Purpose								
7. Name								
Related party? ☐ Yes ☐ No								
Purpose								
15 TOTAL RELATED PARTY LOAN PRINCIPAL AND INTEREST EXPENSE (Including Page 2).				$ -	$ -	$ -		$ -

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 33P2RP: Related Party Plant Asset Loans - Page 2

Lender Name and Purpose of Loan	A. Original Month, Year of Loan	B. Maturing Month,Year of Loan	C. Original Amount of Loan	Remaining Balance of Loan Principal D. Begin date 1/1/2021 Begin Bal.	E. 6Mo.date 6/30/2021 6 Mo. Bal.	F. End date 12/31/2021 End Bal.	G. Interest Rate	H. Interest Expense
8. Name								
Related party? ☐ Yes ☐ No								
Purpose								
9. Name								
Related party? ☐ Yes ☐ No								
Purpose								
10. Name								
Related party? ☐ Yes ☐ No								
Purpose								
11. Name								
Related party? ☐ Yes ☐ No								
Purpose								
12. Name								
Related party? ☐ Yes ☐ No								
Purpose								
13. Name								
Related party? ☐ Yes ☐ No								
Purpose								
14. Name								
Related party? ☐ Yes ☐ No								
Purpose								

SEE SCHEDULE 33- RELATED PARTY FOR TOTAL LOAN PRINCIPAL AND INTEREST EXPENSE OF SCHEDULE 33, INCLUDING PAGE 2

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 34: Depreciation Expenses

SECTION A - CAPITALIZED HISTORICAL COST

	Begin Date 1/1/2021 B. Beginning Balance	C. Additions During Report Period	D. Disposals During Report Period	End Date 12/31/2021 E. Ending Balance
1. Land	8,748		( )	$ 8,748
2. Land Improvements	87,917		(19,007)	68,910
3. Buildings	42,964,165		(59,492)	42,904,673
4. Leasehold Improvements	2,228,207	191,949	( )	2,420,156
5. Fixed equipment	669,333		(669,333)	-
6. Moveable equipment	3,286,891		(1,439,860)	1,847,031
7. Transportation vehicles	482,960		(482,960)	-
8. Group Homes	224,174		(224,174)	-
9.			( )	-
10. TOTAL CAPITALIZED COST . .	$ 49,952,395	$ 191,949	($ 2,894,826)	$ 47,249,518

SECTION B - DEPRECIATION EXPENSE AND ACCUMULATION DEPRECIATION

	A. Depreciation Method, Lives Used	Begin Date 1/1/2021 B. Beginning Balance	C. Depreciation Exp. During Report Period	D. Removal of Accum. Deprec. On Disposals.	End Date 12/31/2021 E. Ending Balance
11. Land Improvements		$ 44,377	$ 8,218	( )	$ 52,595
12. Buildings		9,919,600	1,124,980	( )	11,044,580
13. Leasehold Improvements		397,162	8,752	( )	405,914
14. Fixed equipment		470,837		( )	470,837
15. Moveable equipment		3,083,057	398,588	( )	3,481,645
16. Transportation vehicles		488,006		( )	488,006
17. Capital Asset Reclass		48,840		( )	48,840
18.				( )	-
19. TOTAL ACCUMULATED DEPRECIATION		$ 14,451,879		($ -)	$ 15,992,417
20. TOTAL DEPRECIATION EXPENSE			**$ 1,540,538**		

21. Cost of Bariatric Equipment included with Additions reported above purchased during this cost report period

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 34RP: Related Party Depreciation Expenses

SECTION A - CAPITALIZED HISTORICAL COST

	Begin Date 1/1/2021 B. Beginning Balance	C. Additions During Report Period	D. Disposals During Report Period	End Date 12/31/2021 E. Ending Balance
1. Land			( )	$ -
2. Land Improvements			( )	-
3. Buildings			( )	-
4. Leasehold Improvements			( )	-
5. Fixed equipment			( )	-
6. Moveable equipment			( )	-
7. Transportation vehicles			( )	-
8.			( )	-
9.			( )	-
10. TOTAL CAPITALIZED COST . .	$ -	$ -	($ -)	$ -

SECTION B - DEPRECIATION EXPENSE AND ACCUMULATION DEPRECIATION

	A. Depreciation Method, Lives Used	Begin Date 1/1/2021 B. Beginning Balance	C. Depreciation Exp. During Report Period	D. Removal of Accum. Deprec. On Disposals.	End Date 12/31/2021 E. Ending Balance
11. Land Improvements				( )	$ -
12. Buildings				( )	-
13. Leasehold Improvements				( )	-
14. Fixed equipment				( )	-
15. Moveable equipment				( )	-
16. Transportation vehicles				( )	-
17.				( )	-
18.				( )	-
19. TOTAL ACCUMULATED DEPRECIATION		$ -		($ -)	$ -
20. TOTAL DEPRECIATION EXPENSE			**$ -**		

21. Cost of Bariatric Equipment included with Additions reported above purchased during this cost report period

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 35: Lease Expenses

SECTION A - LEASE EXPENSE FOR LAND, BUILDING AND FIXED EQUIPMENT

	A. Name of Lessor	B. Related Party?	C. Lease Purchase Agreement?	D. Lessor Acquisition Cost (If known)	E. Lease Inception Date (MM/YY)	F. Describe Property	G. Lease Exp.
1.		☐ Yes ☐ No	☐ Yes ☐ No				
2.		☐ Yes ☐ No	☐ Yes ☐ No				
3.		☐ Yes ☐ No	☐ Yes ☐ No				

SECTION B - LEASE EXPENSE FOR MOVEABLE EQUIPMENT AND OTHER LEASES

	A. Name of Lessor	B. Related Party?	C. Lease Purchase Agreement?	D. Lessor Acquisition Cost (If known)	E. Lease Inception Date (MM/YY)	F. Describe Property	G. Lease Exp.
4.		☐ Yes ☐ No	☐ Yes ☐ No				
5.		☐ Yes ☐ No	☐ Yes ☐ No				
6.		☐ Yes ☐ No	☐ Yes ☐ No				
7.		☐ Yes ☐ No	☐ Yes ☐ No				
8.		☐ Yes ☐ No	☐ Yes ☐ No				
9.		☐ Yes ☐ No	☐ Yes ☐ No				
10.		☐ Yes ☐ No	☐ Yes ☐ No				
11.		☐ Yes ☐ No	☐ Yes ☐ No				
12.		☐ Yes ☐ No	☐ Yes ☐ No				
13.		☐ Yes ☐ No	☐ Yes ☐ No				

SECTION C - TOTAL

14. TOTAL LEASE EXPENSE ON OPERATING LEASES AND NON-CAPITALIZED LEASES $ -

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 36A: Capitalized Leases

SECTION A - CAPITALIZED LEASE INFORMATION

Lease Expense

1.	Name of lessor		1a. Amortization of capitalized lease value	
	Is lessor a related party?	☐ Yes ☐ No	1b. Interest expense on capital lease obligation	
	Beginning Lease Date		1c. Accrued contingent lease payments for period . . .	
	Ending Lease Date		1d. SUBTOTAL LEASE EXPENSE	
	Is this a lease purchase agreement?	☐ Yes ☐ No		
	Description of leased property			
2.	Name of lessor		2a. Amortization of capitalized lease value	
	Is lessor a related party?	☐ Yes ☐ No	2b. Interest expense on capital lease obligation	
	Beginning Lease Date		2c. Accrued contingent lease payments for period . . .	
	Ending Lease Date		2d. SUBTOTAL LEASE EXPENSE	
	Is this a lease purchase agreement?	☐ Yes ☐ No		
	Description of leased property			
3.	Name of lessor		3a. Amortization of capitalized lease value	
	Is lessor a related party?	☐ Yes ☐ No	3b. Interest expense on capital lease obligation	
	Beginning Lease Date		3c. Accrued contingent lease payments for period . . .	
	Ending Lease Date		3d. SUBTOTAL LEASE EXPENSE	
	Is this a lease purchase agreement?	☐ Yes ☐ No		
	Description of leased property			
4.	Name of lessor		4a. Amortization of capitalized lease value	
	Is lessor a related party?	☐ Yes ☐ No	4b. Interest expense on capital lease obligation	
	Beginning Lease Date		4c. Accrued contingent lease payments for period . . .	
	Ending Lease Date		4d. SUBTOTAL LEASE EXPENSE	
	Is this a lease purchase agreement?	☐ Yes ☐ No		
	Description of leased property			

5. TOTAL CAPITALIZED LEASE EXPENSE FOR REPORTING PERIOD . . . . . **$ -**

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 36B: Capitalized Leases

SECTION B - ACTUAL LEASE PAYMENTS RELATED TO CAPITALIZED LEASES

A1. Name of lessor

A2. Actual payments required by lease in report period . . . .

A3. Are any capitalized costs reported on other schedules? . . . . . ☐ Yes ☐ No

A4. If yes, (schedule) (line) (amount)

B1. Name of lessor

B2. Actual payments required by lease in report period . . . .

B3. Are any capitalized costs reported on other schedules? . . . . . ☐ Yes ☐ No

B4. If yes, (schedule) (line) (amount)

C1. Name of lessor

C2. Actual payments required by lease in report period . . . .

C3. Are any capitalized costs reported on other schedules? . . . . . ☐ Yes ☐ No

C4. If yes, (schedule) (line) (amount)

D1. Name of lessor

D2. Actual payments required by lease in report period . . . .

D3. Are any capitalized costs reported on other schedules? . . . . . ☐ Yes ☐ No

D4. If yes, (schedule) (line) (amount)

E. TOTAL CAPITALIZED LEASE PAYMENTS RELATED TO CAPITALIZED LEASES . . . . . $ -

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 37: Property Taxes

SECTION A - FOR ALL PROVIDERS

	Expense
1. 2021 Real Estate Tax Bill	
2. 2021 Personal Property Tax Bill	

3a. Have the amounts reported on lines 1 and 2 been paid in full? ☐ Yes, go to question 3b ☐ No, explain below

Date(s) paid _____ Amount(s) paid _____ Amount still outstanding _____

3b. Are there any real estate or personal property tax still outstanding from prior years, eg. 2019 or 2020? ☐ Yes, explain below ☐ No

Tax year _____ Amount still outstanding _____ Tax year _____ Amount still outstanding _____

SECTION B - FOR TAX-EXEMPT PROVIDERS ONLY

	Expense
4. 2021 Municipal Service Fee or Payment in Lieu of Taxes	

5. Identify where municipal service fee expenses are reported in the cost report if not above on this schedule.

Cost center name _____ Schedule number _____ Line number _____ Amount reported _____

6. Describe the services provided by the municipality for the above fees. _____

7. TOTAL PROPERTY TAX AND/OR MUNICIPAL SERVICE EXPENSE . . . . . **$ -**

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 37RP: Related Party Property Taxes

SECTION A - FOR ALL PROVIDERS **Expense**

1. 2021 Real Estate Tax Bill
2. 2021 Personal Property Tax Bill

3a. Have the amounts reported on lines 1 and 2 been paid in full? ☐ Yes, go to question 3b ☐ No, explain below

Date(s) paid _____ Amount(s) paid _____ Amount still outstanding _____

3b. Are there any real estate or personal property tax still outstanding from prior years, eg. 2019 or 2020? ☐ Yes, explain below ☐ No

Tax year _____ Amount still outstanding _____ Tax year _____ Amount still outstanding _____

SECTION B - FOR TAX-EXEMPT PROVIDERS ONLY **Expense**

4. 2021 Municipal Service Fee or Payment in Lieu of Taxes
5. Identify where municipal service fee expenses are reported in the cost report if not above on this schedule.

Cost center name _____ Schedule number _____ Line number _____ Amount reported _____

6. Describe the services provided by the municipality for the above fees. _____

TOTAL PROPERTY TAX AND/OR MUNICIPAL SERVICE EXPENSE . . . . . **$ -**

SCHEDULE 38 - NO LONGER USED

SCHEDULE 39 - NO LONGER USED

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 40: Allocated Property Expenses

				Areas for Non-NH Serv. Or Other Major Revenue-Generating Activities		
				C.	D.	E.
SECTION A - DIRECT PROPERTY EXP.		**A. Total From Sched.**	**B. NH Service Area**			
1.	Property insurance (s31)	$ 36,761				
2.	Mortgage insurance (s31)	-				
3.	Amortization debt premium discount (s32)	-				
4.	Plant asset interest expense (s33)	534,322				
5.	Depreciation land improvements (s34)	8,218				
6.	Depreciation buildings (s34)	1,124,980				
7.	Depreciation leasehold improve. (s34)	8,752				
8.	Depreciation fixed equipment (s34)	-				
9.	Depreciation moveable equip. (s34)	398,588				
10.	Depreciation transportation veh. (s34)	-				
11.	Depreciation other (s34)	-				
12.	Expense on operating leases (s35)	-				
13.	Expense on capitalized leases (s36)	-				
14.	Property taxes or fees (s37)	-				
15.	TOTAL EXPENSE	$ 2,111,621	$ -			
16.	Less total directly assigned property exp.	$ -				
17.	**NET UNASSIGNED/INDIRECT PROP. . . . .**	**$ 2,111,621**				
SECTION B - NON-SALARY EXPENSES		**A. Total From Sched.**	**B. NH Area**			
18.	Square feet of service's building area	142,703	142,703			
19.	Ratio to total square feet to 4 decimals	1.0000	1.0000			
20.	Indirect property expense allocation	$ 2,111,621	2,111,621	-	-	-
		(from 17A)	20A x 19B	20A x 19C	20A x 19D	20A x 19E
SECTION C - TOTAL		**A. Total From Sched.**	**B. NH Area**			
21.	**TOTAL PROP. EXP. FOR EACH AREA**	**$ 2,111,621**	**$ 2,111,621**	**$ -**	**$ -**	**$ -**
		17A + 20 A	15B + 20B	15C + 20C	15D + 20D	15E + 20E

SCHEDULE 41: Paid Time-Off Expenses

SECTION A - POLICIES AND PRACTICES

1. Accounting method - expenses are to be reported on the accrual method of accounting except for governmental facilities, which may use the cash method. Check the accounting method used in this cost report. [X] Accrual [ ] Cash

2. Capitalization of plant assets - briefly describe the facility's policy or practice for the capitalization of plant assets purchases.

xxx

3. Volunteer and unpaid employees - briefly explain if and how volunteer and other unpaid employee hours are reported in this cost report

N/A

4. Conformity - describe any accounting practices/policies in reporting revenues and expenses which are known to NOT conform to generally accepted accounting principles.

N/A

SECTION B - NON-PRODUCTIVE SALARY EXPENSE AND HOURS

Type of Paid Time-Off	A. Based on Actual or Earned Time-Off?		B. Are Reported Amounts an Estimate?	
1. Vacation	[X] Actual	[ ] Earned	[ ] Yes	[X] No
2. Holidays	[X] Actual	[ ] Earned	[ ] Yes	[X] No
3. Sick time	[X] Actual	[ ] Earned	[ ] Yes	[X] No
4. Break, meal time	[X] Actual	[ ] Earned	[ ] Yes	[X] No
5. Holiday premium	[X] Actual	[ ] Earned	[ ] Yes	[X] No
6. In-service training	[X] Actual	[ ] Earned	[ ] Yes	[X] No
7.	[ ] Actual	[ ] Earned	[ ] Yes	[ ] No

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 42: Identification of Expenses from Transactions with Related Parties and Organizations

SECTION A - RELATED PARTY LEASES

	A. Description of Expense Item	Location and Amount of Expense Included in This Cost Report				
		B. Cost Ctr.	C. Schedule	D. Column	E. Line	F. Net Expense
1.	Total related party lease expense					
2.	Insurance expense					
3.	Amortization deferred expense					
4.	Interest expense					
5.	Depreciation expense					
6.	Property tax expense					
7.						
8.						
9.	SUBTOTAL FOR RELATED PARTY LEASES					$ -

SECTION B - OTHER RELATED PARTY TRANSACTIONS

10.						
11.						
12.						
13.						
14.						
15.	**TOTAL AMOUNT TO ADJUST RELATED PARTY TRANSACTIONS TO COST (to schedule 11, line 18)**					$ -

SECTION C - IDENTIFICATION OF RELATED PARTIES

16. List the name and location of the related parties with whom the nursing home provider has transacted business with during the cost report period.

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 43: Identification of Expenses Not Related to Patient Care

A. Description of Expense Item	Amount	Location of Expense in Cost Report			
		Cost Ctr.	Schedule	Column	Line
1. Promotional expenses					
2. Gifts and flowers					
3. Personal expenses of owners					
4. Entertainment for non-residents					
5. Telephone, television, internet and cable service in resident rooms					
6. Contributions and donations					
7. Fines and penalties					
8. Interest expense on non-care working capital loans					
9. Interest expense on non-care plant asset loans					
10. Non-care related membership fees					
11. Training programs for non-employes					
12. Special legal and professional fees					
13. Owner or key person life insurance					
14. Taxes					
15. Fund raising expenses					
16. Excess property					
17. Out of State Travel (Destination)					
18. Gift, flower, or coffee shops and snack counters					
19. Reorganization, stockholder, or stock purchase expenses					
20. Goodwill and Abondoned Planning Expenses					
21 Other - describe:					
22. Other - describe:					

SCHEDULE 43A - NO LONGER USED

SCHEDULE 44 - NO LONGER USED

SCHEDULE 45: Distribution of Compensation Expenses to Key Personnel
Submit as a separate supporting document.

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 46: Identification of Expenses for Employee Unique Fringe Benefits

	A. Name of Employee	B. Title	C. Describe Unique Fringe Benefit Item	D. Cost Ctr. Salary Exp.	E. Cost Ctr. Benefit Exp.	F. Schedule	G. Column	H. Line	I. Benefit Expense Amount
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									

SCHEDULE 49: Percentage of Ownership

	Name of Individual or Entity	Percentage of Ownership
1.	Dodge County	100%
2.		
3.		
4.		
5.		

SCHEDULE 50: Interest in Other Providers

	Name and City of Medicaid Provider	Type of Medical Services Provided	Nature and Extent of Interest in Provider
1.			
2.			
3.			
4.			
5.			

SCHEDULE 51 - NO LONGER USED

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 52: Miscellaneous Medicaid Non-Rate Revenues

Medicaid Revenue Item	Revenue Amount	Location in Cost Report: Schedule	Location in Cost Report: Line
1. Personalized durable medical equipment including Clinitron beds and motorized wheelchairs……..			
2. Specialized services for the mentally ill…..…….			
3a. Nurse aide training and competency evaluations - revenues from training aides for other facilities……			
3b. Nurse aide training and competency evaluations - revenues from training aides for your own facilities…...			
3c. Nurse aide training and competency evaluations - revenues for performing competency evaluations……			
4. TOTAL MISCELLANEOUS MEDICAID NON-RATE REVENUES	**$ -**		

Medicaid PopID & Provider Number 276-100010586

SCHEDULE 53: Incentives – Private Room & Property

SECTION A - PRIVATE ROOM INCENTIVE

Indicate if your facility is requesting a private room incentive [x] Yes, my facility is requesting the private room incentive.

AFFIDAVIT			
I HEREBY ATTEST and affirm that from July 1, 2022, to June 30, 2023, the Clearview nursing home will not charge/has not charged Medicaid residents any amount for private rooms including but not limited to the surcharge as provided under Ch DHS 107.09(4)(k), Wis. Admin. Rules. I furthermore acknowledge that all payments the facility has received for the Medicaid Private Room Incentive may be recouped retroactive to July 1, 2022, if the facility has charged Medicaid residents for private rooms during this period.			
SIGNATURE -	Original Signature of Officer or Administrator of Nursing Home	Title	Date

SECTION B - PROPERTY INCENTIVE

1. Did the facility get approval for the Innovative Area Incentive prior to 7/1/12? [ ] YES

2. Did the facility get approval for the Innovative Area Incentive on or after 7/1/12? [ ] YES

3. If 1 or 2 above is checked yes, please complete:

MARSH COUNTRY HEALTH ALLIANCE

MINUTES OF THE ANNUAL MEETING OF THE MEMBERS AND COMMISSION BOARD

August 30, 2021 ~ 10:00 a.m.

1. **CALL TO ORDER**: The meeting was called to order by Marsh Country Health Alliance ("MCHA") Chair Russell Kottke at 10:00 a.m.

2. **ROLL CALL AND NON-COMMITTEE MEMBER COUNTY BOARD ATTENDANCE**:

Members Present (in person):

- Russell Kottke, Dodge County Board Chairman
- Mark Stead, Grant County Board Supervisor
    - Robert Keeney, Grant County Board Chairman
- Herbert Hanson, Green County Board Supervisor
- Kristine Deiss, Washington County Board Supervisor
- Duane Paulson, Waukesha County Board Supervisor

Members Present (via teleconference):

- Russell Kutz, Jefferson County Board Supervisor
- Rick Rolfsmeyer, Iowa County Board Supervisor

Members Absent:

- Jack Allen, Adams County Board Supervisor
- James Foley, Columbia County Board Supervisor
- Kathy Geracie, Ozaukee County Board Supervisor
- Brian Knudson, Rock County Board Supervisor
- Valerie McAuliffe, Sauk County Board Supervisor
- Karen Powers, Winnebago County Board Supervisor

Human Services in Person

- Randy Setzer, Waukesha County Manager of Fiscal Administrative Support Division of Health and Human Services
- Mary Smith, Waukesha County ADRC Coordinator

Human Services Via Teleconference:

- Brian Bellford, Jefferson County Administrative Services Division Manager
- Jennifer Thompson, Rock County ADRC/APS Division Manager
- Melissa Hoodie, Winnebago County Community Support Program/Comprehensive Community Services Supervisor

Also Present:

- Attorney Andrew Phillips
- Dave Ehlinger, Dodge County Finance Director
- Ed Somers, Clearview Administrator / Executive Director
- Nicole Grossman, Clearview Finance Director
- Jill Soldner, Marsh Country Health Alliance Deputy Secretary/Clearview Administrative Secretary

3. **PUBLIC COMMENT:** None.

4. **ELECTION OF OFFICERS: VICE CHAIR AND SECRETARY (1-year term, August 2021 to August 2022)**:

Nominations were taken from the Commission Board to elect officers for a one-year term, from August 2021 to August 2022.

VICE CHAIR: Motion by Grant County; seconded by Washington County, to re-elect Duane Paulson (Waukesha County) as Vice Chair for a one-year term (August 2021 to August 2022). Motion carried.

SECRETARY: Motion by Grant County; seconded by Waukesha County, to re-elect Herbert Hanson (Green County) as Secretary for a one-year term (August 2021 to August 2022). Motion carried.

5. **APPROVAL OF THE MINUTES OF THE AUGUST 24, 2020, NOVEMBER 23, 2020, AND FEBRUARY 22, 2021, MEETINGS:**

Motion by Green County; seconded by Washington County, to approve the Minutes from the August 24, 2020, November 23, 2020, and February 22, 2021 meetings. Motion carried.

6. **CENSUS UPDATE (*July's 2021 average census*):**

Clearview:	91.7 of 120
ICF-IID (formerly FDD):	36.3 of 46

Not Part of MCHA:

Clearview Brain Injury Center:	17.6 of 30

Clearview Behavioral Health 1/2/3/4:	31.6of 40
Trailview	3.6 of 4
Clearview Community Group Home:	3.2 of 4
Northview Heights (CBRF):	17.7 of 20

7. FINANCIAL PRESENTATION:

Current Financial Status: MCHA Facilities are not generating as great a loss compared to budget primarily due to spending controls and larger than anticipated retroactive Medicaid rate increases.

2022 Preliminary Budget: The 2022 MCHA preliminary budget reflects a loss of $1,665,517. MCHA had a strong 2020 year end primarily due to supplemental COVID relief funding and dues are being set to cover administrative costs associated with maintaining the alliance.

Long Range Capital Plans: MCHA long range capital plans include the purchase of replacement transport vehicles annually, nurse call system replacement, parking lot replacement, replacing carpet on the households, and serving kitchen replacement.

8. **2022 ASSESSMENT RATE SETTING:** Motion by Grant County to approve the assessment rate for 2022 in the amount of $150,000.00; seconded by Waukesha County. Motion carried.

9. **ANNUAL INDEPENDENT AUDIT – REPORT ON FILE:** The annual independent audit may be found on the Dodge County website.

10. **FUTURE AGENDA ITEMS**: None.

11. **NEXT MEETING DATE**: **Quarterly Board Meeting (*Chair, Vice Chair, and Secretary*) (conference call) on Monday, November 29, 2021, at 9:30 a.m.**, in Room A1, at the Dodge County Administration Building, located at 127 East Oak Street, Juneau, Wisconsin. **The call-in number is (920) 386-4172.**

12. ADJOURN: There being no further business to come before the Commission, motion by Grant County to adjourn; seconded by Green County. Motion carried. Meeting adjourned at 10:23 a.m.

Respectfully submitted this 29th day of August, 2022.

MARSH COUNTRY HEALTH ALLIANCE

By:_____

_____, Secretary

MARSH COUNTRY HEALTH ALLIANCE
MEETING OF COMMISSION BOARD HELD VIA TELECONFERENCE

MINUTES OF BOARD MEMBERS MEETING
November 29, 2021

1. **CALL TO ORDER**: The meeting was called to order by Marsh Country Health Alliance ("MCHA") Chair Russell Kottke at 9:30 a.m.

2. **ROLL CALL**:

Board Members Present in Person:
- Russell Kottke, Dodge County (Chair)

Board Members Present Via Teleconference:
- Herbert Hanson, Green County (Secretary)
- Duane Paulson, Waukesha County (Vice Chair)

Also Present Via Teleconference:
- Mary Smith, Waukesha County ADRC Coordinator

Also Present, in Person:
- Ed Somers, Clearview Administrator / Executive Director
- Nicole Grossman, Clearview Director of Finance /MCHA Deputy Treasurer
- Jill Soldner, Clearview Administrative Support Specialist / MCHA Deputy Secretary

3. **PUBLIC COMMENT:** None.

4. **CENSUS (as of 11/28/21):**

Clearview:	81 of 120
IID (formerly FDD):	37 of 46

Not part of MCHA:

Clearview Brain Injury Center:	17 of 30
Clearview Behavioral Health 1, 2, 3, 4:	34 of 40
Trailview	4 of 4
Clearview Community Group Home:	4 of 4
Northview Heights (CBRF):	17 of 20

5. **QUARTERLY FINANCIAL REPORT:** Executive Director Somers updated the Board on the 2021 MCHA financial status.

MCHA Income Statement as of September 30, 2021:

- There was a budgeted loss of ($1,009,655), with ($218,521) in actual losses in 2021.
- Campus-wide, as a whole, Clearview is doing good.
- There were not many elective surgeries due to COVID-19, which resulted in fewer admissions.
- Staffing continues to be difficult.

Motion by Waukesha County accepting the financial reported as presented; seconded by Green County. Motion carried.

6. **FUTURE AGENDA ITEMS:** None.

7. **NEXT MEETING DATE: February 28, 2022, at 9:30 a.m.** (quarterly financial meeting/conference call) at the Dodge County Administration Building, 127 East Oak Street, Rooms 1A, Juneau, Wisconsin 53039.

8. **ADJOURN**: There being no further business to come before the Commission Board, motion by the Chair to adjourn. Meeting adjourned at 9:39 a.m. Motion carried.

Respectfully submitted this 29th of August, 2022.

MARSH COUNTRY HEALTH ALLIANCE

By:_____

_____, Secretary

MARSH COUNTRY HEALTH ALLIANCE
MEETING OF COMMISSION BOARD HELD VIA TELECONFERENCE

MINUTES OF BOARD MEMBERS MEETING
February 28, 2022

1. **CALL TO ORDER**: The meeting was called to order by Marsh Country Health Alliance ("MCHA") Chair Russell Kottke at 9:33 a.m.

2. **ROLL CALL**:

Board Members Present in Person:
- Russell Kottke, Dodge County (Chair)

Board Members Present Via Teleconference:
- Herbert Hanson, Green County (Secretary)
- Duane Paulson, Waukesha County (Vice Chair)

Also Present Via Teleconference:
- Randy Setzer, Waukesha County Manager of Fiscal Administrative Support Division of HHS
- Mary Smith, Waukesha County ADRC Coordinator

Also Present, in Person:
- Larry Bischoff, Dodge County Board Supervisor (District 17)
- David Frohling, Dodge County Board Supervisor (District 23)
- Ed Somers, Clearview Administrator / Executive Director
- Jill Soldner, Clearview Administrative Secretary / MCHA Deputy Secretary

3. **PUBLIC COMMENT:** None.

4. **CENSUS (year-to-date average):**

Clearview:	88.8 of 120
IID (formerly FDD):	35.7 of 46

Not part of MCHA:

Clearview Brain Injury Center:	16.7 of 30
Clearview Behavioral Health 1, 2, 3, 4:	32.1 of 40
Trailview	3.4 of 4
Clearview Community Group Home:	3.7 of 4
Northview Heights (CBRF):	16.9 of 20

5. **QUARTERLY FINANCIAL REPORT:** Somers updated the group on the 2022 MCHA financial status.

The MCHA Income Statement as of December 31, 2021, was reviewed with the Board members.

- Working to close out 2021 by March 2022.

Motion by Waukesha County accepting the financial report as presented, subject to audit; seconded by Green County. Motion carried.

6. **FUTURE AGENDA ITEMS:** None.

7. **NEXT MEETING DATE: Monday, May 23, 2022, at 9:30 a.m.** (quarterly financial Board meeting – via conference call) at the Dodge County Administration Building, 127 East Oak Street, Room 1A, Juneau, Wisconsin 53039.

The **Annual Meeting** for the full Commission will be held on **Monday, August, 29, 2022, at 10:00 a.m.** at the Administration Building, 127 East Oak Street, Rooms 1H and 1I, Juneau, Wisconsin 53039.

8. **ADJOURN**: There being no further business to come before the Commission Board, motion by the Chair to adjourn. Meeting adjourned at 9:42 a.m. Motion carried.

Respectfully submitted this 29th of August, 2022.

MARSH COUNTRY HEALTH ALLIANCE

By:_____

_____, Secretary

MARSH COUNTRY HEALTH ALLIANCE
MEETING OF COMMISSION BOARD HELD VIA TELECONFERENCE

MINUTES OF BOARD MEMBERS MEETING
May 23, 2022

1. **CALL TO ORDER**: The meeting was called to order by Marsh Country Health Alliance ("MCHA") Chair David Frohling at 9:30 a.m.

2. **ROLL CALL**:

Board Members Present in Person:
- David Frohling, Dodge County (Chair)

Board Members Present Via Teleconference:
- Michael Furgal, Green County (Secretary)

Also Present Via Teleconference:
- Randy Setzer, Waukesha County Administrative Services Division Manager – Health and Human Services
- Mary Smith, Waukesha County Aging and Disability Resource Center Manager – Health and Human Services

Also Present, in Person:
- Ed Somers, Clearview Administrator / Executive Director
- Nicole Grossman, Clearview Director of Finance /MCHA Deputy Treasurer
- Jill Soldner, Clearview Administrative Support Specialist / MCHA Deputy Secretary

Absent:
- Waukesha County Supervisor (Vice Chair) – not yet selected for Waukesha County (Duane Paulson retired)

3. **PUBLIC COMMENT:** None.

4. **CENSUS (as of 5/23/22):**

Clearview:	67 of 120
IID (formerly FDD):	34 of 46

Not part of MCHA:

Clearview Brain Injury Center:	14 of 30
Clearview Behavioral Health 1, 2, 3, 4:	33 of 40
Trailview	4 of 4
Clearview Community Group Home:	4 of 4
Northview Heights (CBRF):	19 of 20

5. **QUARTERLY FINANCIAL REPORT:** Executive Director Somers updated the Board on the 2022 MCHA financial status.

MCHA Income Statement as of March 31, 2022:

- There was a budgeted MCHA loss of ($410,675), with ($787,675) in actual losses in 2022 after overhead expenses included.
- Campus-wide, as a whole, Clearview is doing o.k.
- Staffing continues to be difficult and constrains admissions.

Motion by Green County accepting the financial reported as presented; seconded by Dodge County. Motion carried.

6. FUTURE AGENDA ITEMS: None.

7. NEXT MEETING DATE: Monday, August 29, 2022, at 10:00 a.m. (Annual Meeting – full Commission meets in person) at the Dodge County Administration Building, 127 East Oak Street, Rooms 1H and 1I, Juneau, Wisconsin 53039.

8. ADJOURN: There being no further business to come before the Commission Board, motion by the Chair to adjourn. Meeting adjourned at 9:35 a.m. Motion carried.

Respectfully submitted this 29th of August, 2022.

MARSH COUNTRY HEALTH ALLIANCE

By:_____

_____, Secretary

Marsh Country Health Alliance
Total Loss Calculation
Loss for 2023 Rates
Data from 2021 Cost Report

MCHA Loss -Schedule 11	6,420,980	
Less: CBH Revenue		(5,558,014)
Less: Group/CBRF Home Revenue		(1,577,626)
Less: CBIC Revenue		(5,594,874)
Add: Direct CBH Expenses		2,135,357
Add: Direct Group Home/CBRF Expenses		1,777,607
Add: Direct CBIC Expenses		3,560,129
CBH/Group Home/CBIC (Profit)/Loss	(5,257,421)	
Overhead Allocations Removed:		
Group Home/CBRF	1,105,015	
CBIC	876,857	
CBH	1,315,893	
Total Gain (Loss)	4,461,324	

Estimated 2023 MCHA Assessment

Adams		0.00
Columbia		1,450.00
Grant		927.00
Green		0.00
Iowa		1,368.00
Jefferson		594.00
Ozaukee		1,070.00
Rock		1,124.00
Sauk		395.00
Washington		2,395.00
Waukesha		20,514.00
Winnebago		1,788.00
Total		**31,625.00**

arsh Country Health Alliance
ss Calculation, 2023 Rates, from 2021 Cost Report
location of Overhead

	Total Expenses	MCHA	Group Homes/CBRF	CBIC	CBH	Totals
Patient Days		45,417	9,616	6,212	11,509	72,754
Percent Allocation-All		62.43%	13.22%	8.54%	15.82%	100.00%
Square Feet		152,020	21,468	24,112	25,276	222,876
Percent Allocation-All		68.21%	9.63%	10.82%	11.34%	100.00%
Dietary	2,007,528	1,253,208	265,338	171,410	317,572	2,007,528
Plant Op	835,059	569,580	80,435	90,341	94,703	835,059
Housekeeping	193,353	131,883	18,624	20,918	21,928	193,353
Laundry	180,538	112,702	23,862	15,415	28,559	180,538
Transportation	88,536	55,269	11,702	7,560	14,006	88,536
Administration	433,423	270,566	57,286	37,007	68,563	433,423
Medical Records	70,738	44,159	9,350	6,040	11,190	70,738
Financial Services	417,868	260,856	55,230	35,679	66,103	417,868
Restorative Nursing	53,402	33,336	7,058	4,560	8,448	53,402
Physican Services	294,301	183,719	38,898	25,128	46,556	294,301
Social Services	61,284	38,257	8,100	5,233	9,695	61,284
Activities	304,320	189,973	40,222	25,984	48,141	304,320
Utilities	430,878	293,895	41,503	46,615	48,865	430,878
Other	1,863,777	1,163,471	246,338	159,136	294,832	1,863,777
Interest	534,322	364,452	51,467	57,806	60,597	534,322
Depreciation	1,442,205	983,704	138,917	156,026	163,558	1,442,205
Insurance Expense	110,918	75,655	10,684	12,000	12,579	110,918
Totals	9,322,449	6,024,683	1,105,015	876,857	1,315,893	9,322,449

Clearview
MCHA
Payer Report
Fiscal Year 2021

	Total Days	Payer Mix
Medicaid	35,394	77.93%
MCO	5,229	11.51%
Medicare/Medicare Replace	2,159	4.75%
Private Pay / Commercial Insurance	2,635	5.80%
Totals	45,417	100%

Occupancy Calculation
Fiscal Year 2021

	Total Patient Days	Total Capacity	Occupancy Rate
Clearview IID	13,016	16,790	77.52%
Clearview Nursing Home	32,401	43,800	73.97%
Totals	45,417	60,590	74.96%

MARSH COUNTRY HEALTH ALLIANCE ASSESSMENT RATE CALCULATION 2023

2022 rate paid for in 2023

COUNTY	2017-2021 Utilization			2023 ASSESSMENT RATE JANUARY-DECEMBER BASED ON LOSS OF: 150,000
	2020 census days	2021 census days	% TOTAL	
ADAMS			0.00%	0
BROWN			0.00%	0
BURNETT			0.00%	0
CLARK			0.00%	0
COLUMBIA	2,516	1,936	0.97%	1,450
DANE	3,654	3,622	1.81%	2,713
DODGE	145,695	143,576	71.70%	107,546
FOND DU LAC	70	70	0.03%	52
GRANT	1,604	1,238	0.62%	927
GREEN	0	0	0.00%	0
IOWA	1,827	1,826	0.91%	1,368
JEFFERSON	1,390	793	0.40%	594
KENOSHA	3,654	3,320	1.66%	2,487
MARINETTE	357	53	0.03%	40
MARQUETTE			0.00%	0
MILWAUKEE	5,481	5,474	2.73%	4,100
OUTAGAMIE	139	92	0.05%	69
OZAUKEE	1,550	1,428	0.71%	1,070
PORTAGE			0.00%	0
RACINE			0.00%	0
ROCK	2,599	1,501	0.75%	1,124
SAUK	904	528	0.26%	395
WALWORTH	1,827	1,826	0.91%	1,368
WASHINGTON	3,564	3,197	1.60%	2,395
WAUKESHA	30,910	27,386	13.68%	20,514
WINNEBAGO	2,051	2,387	1.19%	1,788
TOTALS	209,792	200,253	100%	150,000

MCHA Income Statement as of December 31, 2021 8/9/2022														
					Through December 31, 2021									
	2021 MCHA Budget	2021 MCHA Actuals	2020 MCHA Actuals		Behavioral Health	Group Homes/ CBRF	Brain Injury	Totals			Other Information			
Medicaid	10,032,992	9,996,980	5,172,431				5,074,489	15,071,469						
Medicare	2,067,640	1,053,958	531,277					1,053,958						
Private Pay/Insurance	2,524,852	1,213,130	854,572		5,220,622	1,572,364	475,684	8,481,801			**Current Medicaid Rate**			
Other Revenue	3,497,169	4,588,485	2,016,310		315,890	223,632	165,905	5,293,913			Clearview Nursing Home			230.42
Total Revenue	18,122,653	16,852,553	8,574,590		5,536,512	1,795,996	5,716,079	29,901,140			IID			324.5
Direct Expenses	11,743,674	9,005,408	4,363,020		2,135,357	1,777,607	3,560,129	16,478,501						
Net Income/Loss	6,378,979	7,847,145	4,211,570		3,401,156	18,390	2,155,949	13,422,640			**Payer Breakdown for MCHA**			
											Medicaid			88%
Overhead Expenses											Private Pay/Commerical			6%
											Medicare			6%
Restorative Nursing/PT OT Therapy	44,466	33,855	19,083		8,766	6,254	4,527	53,402			Other			0%
Physician Services/Consultants	575,746	186,576	200,399		48,309	34,467	24,949	294,301						
Social Services	295,048	38,852	113,509		10,060	7,177	5,195	61,284			Other Revenue			
Recreation Activities	178,279	192,928	65,600		49,953	35,641	25,798	304,320			Misc Revenue			1,182,067
Dietary Services	1,402,331	1,272,702	573,544		329,529	235,114	170,183	2,007,528			Supplemental Payment			2,252,396
Maintenance	574,881	532,314	216,605		131,968	80,435	90,342	835,059			Misc MCHA Revenue (COVID)			1,083,247
Housekeeping	273,216	123,254	88,833		30,556	18,624	20,918	193,353			MCHA Assessment Revenue			20,061
Laundry	153,168	114,455	57,440		29,635	21,144	15,305	180,538			Other Revenue			50,714
Transportation	87,560	56,129	23,061		14,533	10,369	7,505	88,536			**Total**			**4,588,485**
Utilities	286,785	274,666	130,688		68,094	41,503	46,615	430,878						
Finance	547,964	264,913	168,894		68,592	48,939	35,424	417,868						
Medical Records	59,499	44,845	22,317		11,611	8,285	5,997	70,738						
Administration	580,817	274,787	224,483		71,148	50,763	36,744	433,443						
Depreciation/Capital Assets	1,065,964	919,342	203,728		227,919	138,918	156,027	1,442,205						
Interest	345,902	340,606	180,854		84,441	51,467	57,806	534,322						
County Overhead	1,111,885	1,077,687	460,630		279,036	199,088	144,106	1,699,916						
Other Expenses	145,371	103,882	12,585		26,897	19,191	13,891	163,861						
Total Overhead	7,728,884	5,851,793	2,762,253		1,491,047	1,007,380	861,330	9,211,550						
Total Gain (Loss)	(1,349,905)	1,995,352	1,449,317		1,910,109	(988,991)	1,294,620	4,211,090						

MCHA Income Statement
as of June 30, 2022
****All numbers are pro-rated through June 30, 2022**

	2022 MCHA Budget	2022 MCHA Actuals	2021 MCHA Actuals	Through June 30, 2022 Behavioral Health	Group Homes/ CBRF	Brain Injury	Totals
Medicaid	5,723,408	4,716,814	4,957,407			1,946,793	6,663,608
Medicare	880,205	473,322	522,648				473,322
Private Pay/Insurance	853,031	402,987	601,580	2,781,036	774,852	301,738	4,260,614
Other Revenue	2,056,099	1,743,164	2,275,386	154,037	106,518	115,176	2,118,895
Total Revenue	9,512,744	7,336,287	8,357,019	2,935,073	881,370	2,363,708	13,516,439
Direct Expenses	6,093,966	4,255,954	4,465,695	966,954	876,518	1,740,054	7,839,480
Net Income/Loss	3,418,778	3,080,333	3,891,324	1,968,119	4,853	623,653	5,676,958
Overhead Expenses							
Restorative Nursing/PT OT Therapy	23,992	21,504	16,788	6,615	4,576	3,039	35,734
Physician Services/Consultants	141,061	106,762	92,521	32,844	22,720	15,089	177,416
Social Services	152,285	137,522	19,266	42,307	29,266	19,437	228,532
Recreation Activities	204,593	97,623	95,671	30,033	20,775	13,798	162,228
Dietary Services	748,508	569,722	631,121	175,269	121,243	80,523	946,756
Maintenance	315,518	266,907	263,969	66,170	40,331	45,298	418,707
Housekeeping	155,175	112,350	61,120	27,853	16,977	19,068	176,248
Laundry	70,612	51,520	56,757	15,850	10,964	7,282	85,616
Transportation	36,555	35,247	27,834	10,843	7,501	4,982	58,573
Utilities	147,029	134,946	136,204	33,455	20,391	22,902	211,694
Finance	253,090	213,308	131,368	65,622	45,394	30,148	354,472
Medical Records	32,943	15,230	22,238	4,685	3,241	2,153	25,308
Administration	359,644	254,807	136,264	78,389	54,226	36,014	423,436
Depreciation/Capital Assets	522,306	484,508	455,893	127,242	77,555	87,106	805,150
Interest	132,458	51,726	168,903	12,824	7,816	8,779	81,144
County Overhead	477,385	442,838	534,415	136,235	94,241	62,589	735,903
Other Expenses	80,343	131,044	51,514	40,314	27,887	18,521	217,767
Total Overhead	3,853,498	3,127,564	2,901,848	906,552	605,103	476,728	5,144,686
Total Gain (Loss)	(434,720)	(47,231)	989,476	**1,061,567**	(600,250)	**146,925**	532,272

Other Information

Current Medicaid Rate	
Clearview Nursing Home	198.76
IID	324.50
Payer Breakdown for MCHA	
Medicaid	91%
Private Pay/Commerical	6%
Medicare	3%
Other	0%
Other Revenue	
Misc Revenue	520,355
Supplemental Payment	768,650
Misc MCHA Revenue (COVID)	454,159
MCHA Assessment Revenue	0
Total	**1,743,164**

FUTURE MCHA MEETING DATES

2022

Monday, November 28, 2022	**9:30 a.m. conference call** **Board only (Chair, Vice Chair, and Secretary)** **Quarterly financials**

2023

Monday, February 27, 2023	**9:30 a.m. conference call** **Board only (Chair, Vice Chair, and Secretary)** **Quarterly financials**
Monday, May 22, 2023	**9:30 a.m. conference call** **Board only (Chair, Vice Chair, and Secretary)** **Quarterly financials**
Monday, August 28, 2023	**10:00 a.m. – in person meeting** **FULL COMMISSION** **Annual Meeting**
Monday, November 27, 2023	**9:30 a.m. conference call** **Board only (Chair, Vice Chair, and Secretary)** **Quarterly financials**