

**Chairman:** Thomas Lutzow  
**Vice-Chairperson:** Maria Perez  
**Secretary:** Michael Davis  
**Senior Executive Assistant:** Jodi Mapp, 257-5202

**MILWAUKEE COUNTY MENTAL HEALTH BOARD  
EXECUTIVE COMMITTEE**

**Friday, December 6, 2019 - 2:00 P.M.**  
**Milwaukee County Mental Health Complex**  
**Conference Room 1045**

**MINUTES**

**PRESENT:** Thomas Lutzow, Maria Perez, Michael Davis, and Duncan Shrout

**NOTE:** All Items were Verbal Updates.

**SCHEDULED ITEMS:**

**1. Welcome.**

Chairman Lutzow greeted Committee Members and welcomed everyone to the December 6, 2019, Mental Health Board Executive Committee meeting.

**2. Governance Committee Recommendation.**

Chairman Lutzow explained a broader discussion is needed surrounding unfinished Board business related to strategic planning, functionality, governance, and authority within the County as an organization. These elements could fall under the purview of an established governance committee. Inclusive of the discussion, are the options of said committee either being chartered through the bylaws or ad hoc.

Discussion ensued at length.

Chairman Lutzow was appreciative of the open dialogue and recommended this item be addressed at the upcoming Board meeting.

**3. Psychiatric Crisis Services Proposal.**

Michael Lappen, Administrator, Behavioral Health Division (BHD)

Mr. Lappen stated several Board Members sit on an Advisory Committee and have been part of the emergency room discussion. Others have participated in a Steering Committee focused on a broader crisis continuum. BHD is currently attempting to execute the Human Services Research Institute (HSRI) study recommendations directing BHD to focus efforts on prevention,

**SCHEDULED ITEMS (CONTINUED):**

	<p>reintegration, and to minimize the time spent in the acute treatment of crisis. This can be done by reducing dependence on the number of inpatient bed days and emergency room visits and by focusing on upstream access to care and post-acute interventions.</p> <p>Work completed to implement the recommendations include establishing programs like Team Connect, expanding Crisis Resource Centers' services, Community Healthcare Partnership collaborations, and peer services expansion. The premise of redesigning community crisis services is to expand what works and bring fresh ideas to areas where there are gaps. The plan put in place for the future has to fully integrate with the health systems. The health systems have expressed interest and have made a commitment to engage in due diligence to explore a joint venture to co-fund, govern, and operate a future state emergency department as part of a broader continuum of care. All entities involved are at the table to collaboratively address the challenges.</p>
4.	<p><b>Universal Health Services Timeline.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division (BHD)</p> <p>At a recent meeting of the Milwaukee Healthcare Partnership Mental Health Committee, the Vice-President (VP) of Universal Health Services (UHS) called into the meeting and expressed interest in participating in the Partnership, which is a sign of UHS' commitment to the community. The VP stated the intent is to break ground on or before March 1, 2020, and thus far are on track with the timeline. The facility will be open by June of 2021 but not at full capacity. BHD referrals will be accepted and admitted, but the full transition could take another six months. BHD's timeline has always allowed for that cushion. BHD has moved forward with the retention agreements in the last few weeks. The retention period, as designed, goes through December 2021. There were last minute challenges related to the courtroom design. UHS was connected to the Chief Judge and staff for a resolution. The City of West Allis regulations have been met, and UHS is ready to move forward.</p> <p>It would be ideal for the Mental Health Board, County Board, and County Executive to be present at the ground breaking ceremony, which has not been scheduled at this time.</p>
5.	<p><b>Protesting Centers for Medicare and Medicaid Services (CMS)/Department of Health Services (DHS) Audit Process and Findings.</b></p> <p>Chairman Lutzow stated while there were corrections needed and the two-year corrective action plan was signed with CMS to bring the hospital into compliance, there were clear irregularities in the way the audit was conducted. He recommended the Behavioral Health Division (BHD) go on record accepting responsibility all while holding the auditors accountable for their irresponsibility. The stance taken should be firm yet non-offensive. If the concerns relayed are not addressed, the complaint will be elevated to a higher level. A compilation of irregularities is needed. Options for drafting the document include doing it in-house, having a third-party resource auditor review the audit process, and/or using outside counsel for litigation</p>

**SCHEDULED ITEMS (CONTINUED):**

	<p>purposes. A formalized complaint should be submitted from the Mental Health Board copying the Secretary of Health, CMS, and possibly others delineating the irregularities. Discussion ensued related to the options detailed and how to move forward with the planned submission. It is important to find out if the auditors violated their own internal policy for conducting audits.</p> <p>The Committee directed Mr. Lappen to draft the letter, with the assistance of the expert consultant. The consultant has national stature, significant experience in identifying irregularities and concerns related to the process, and can contribute to the contents of the letter. The letter should also reflect the fact that BHD has already entered into a Systems Improvement Agreement.</p> <p>With approval of the consultant contract, Critical Management Solutions will be engaged by early January. A gap analysis report is due to CMS on February 4, 2020.</p>
6.	<p><b>Administration Transition Implications.</b></p> <p>Michael Lappen, Administrator, Behavioral Health Division</p> <p>Chairman Lutzow questioned if there was a sense of urgency by the private health systems related to the redesign of Psychiatric Crisis Services in correlation with the upcoming administration change.</p> <p>Mr. Lappen indicated the hospital representatives involved in discussions don't appear to be tuned into the politics of the venture and are more focused on the hospital operations perspective.</p>
7.	<p><b>Comprehensive Compliance Risk Management Plan.</b></p> <p>Jennifer Bergersen, Chief of Operations, Behavioral Health Division (BHD)</p> <p>Ms. Bergersen stated the intent is to hire for a position of Registered Nurse/Quality Auditor to assist with ongoing auditing and monitoring. It will fall under the umbrella of the Hospital Quality Assurance Performance Improvement (QAPI) Committee, which monitors compliance and standards. This will be another resource for BHD to do ongoing monitoring of compliance sustainability, an area this organization has had difficulty with in the past. The QAPI Committee will develop a plan for the hospital utilizing feedback from the expert consultant. A structured plan of organized monitoring will help track the compliance requirements through transition and closure of the hospital.</p>
8.	<p><b>Testing Actuarial Soundness of Wraparound Rates.</b></p> <p>Brian McBride, Director, Children's Community Services and Wraparound Milwaukee, Behavioral Health Division (BHD) Matt Fortman, Fiscal Administrator, BHD</p>

**SCHEDULED ITEMS (CONTINUED):**

Mr. McBride stated after the last Board meeting, he conferred with the Fiscal Administrator related to addressing the rate issue who, in turn, sought feedback from the State as to how the rate is set.

Mr. Fortman reached out to an actuarial firm who will provide a quote for services. Mr. Fortman is in the process of developing the scope of work.

Chairman Lutzow stated BHD should have received a statement confirming the actuarial soundness of the rates. Along with the statement are rate tables explaining how the costs were calculated, including direct costs and the administration piece separated by county and area. There are at least fifteen actuarial standards of practice, each with a reference number, which requires the State's compliance. If the State decides not to pay the right level of administrative costs, they have to justify it in accordance with the actuarial standards of practice. The actuarial firm acquired will have to obtain the data file, which is the source of information for the rate tables provided with the statement. The firm will also have to be in a position to test the rates against the data file and look at the regulations, as well as the actuarial standards of practice, and be able to conclude whether the State violated those regulations and standards of practice.

Mr. McBride stated as part of other programming, enrollment numbers were reviewed from system partners and referral sources. Wraparound is seeing an uptick in referrals and enrollments. Part of the success of the overall program in limiting of out of home placements has triggered a review of the fiscal aspect as well. The practice of keeping kids in home and in the community has had an impact on the fiscal side. Generally, the high utilizers of service somewhat average out the low utilizers of service.

Comprehensive Community Services (CCS) expansion efforts has also impacted Wraparound contracted services and programs. An analysis of the lower utilizers in the Wraparound Health Management Organization (HMO) resulted in a decision to transition those individuals into the CCS program to provide the same level of care but in a lesser benefit that, at this point, has no cost to the County.

It has made it difficult to plan the budget when the capitation rate was changed in July, which is six to seven months into the County's budget process. The rate has been known to fluctuate in the past but not to this extent. All of these factors has had an impact in one way or another.

Wraparound is also in the process of working with the State on an update in the form of a contractual change to the current contract based on the Centers for Medicare and Medicaid Services (CMS) 2018 guidelines related to how data is reported and how the contract is governed. As of November 1, 2019, a timeline of eighteen months was put in place to come into compliance with CMS' new regulations and new data reporting structure.

**SCHEDULED ITEMS (CONTINUED):**

9.	<p><b>Redesigning Mental Health, Alcohol and Other Drug Abuse (AODA), and Emergency Detention Rates/Programs.</b></p> <p>Dr. John Schneider, Chief Medical Officer, Behavioral Health Division Michael Lappen, Administrator, BHD</p> <p>Chairman Lutzow referred to the Wisconsin Health News article announcing a 33% increase in reimbursement rates for psychiatrists.</p> <p>Dr. Schneider provided clarification. The rate of reimbursement for six of the 25 Evaluation and Management codes went up 33%. They're generally the level one codes. It's not 33% across the board nor does it include complex patients.</p> <p>Chairman Lutzow indicated it's just another example in a series of examples where the State is being flexible on rates. This provides an opportunity to create a new vision around emergency services for individuals with AODA and mental health/behavioral health issues. It will also allow more intensive services to be provided at the Emergency Detention level.</p> <p>Mr. Lappen stated the only reimbursement accessible is the professional services fees for the physicians. That same environment is causing the health systems to lose adequate resources in their emergency rooms due to the lack of reimbursement for those resources. Mr. Lappen is looking to connect with someone who has the knowledge and is willing to work with a team comprised of BHD and health system representatives who will be tasked with creating the request for new codes. An improvement in the reimbursement structure would facilitate a better continuum of care. It would most importantly benefit the individuals who are not receiving the care needed.</p>
10.	<p><b>Board Support Staff Position.</b></p> <p>Chairman Lutzow plans to reach out to the Milwaukee County Comptroller related to providing the Mental Health Board with the same research support services his office provides to the County Board of Supervisors.</p>
11.	<p><b>Incumbent Board Officers' Interest in Remaining in Place.</b></p> <p>Chairman Lutzow indicated if there are any Board Officers who do not intend to run for their current position, they should let it be known to allow other Board Members time to consider their possible interest in the vacancy. Intent to continue serving should also be communicated.</p> <p>Discussion ensued surrounding difficulty the County Executive's Office and the County Board has related to recruitment of Board Members considering the specific statutory description of each seat.</p>

**SCHEDULED ITEMS (CONTINUED):**

12. **Adjournment.**

Chairman Lutzow ordered the meeting adjourned.

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, is available on the Milwaukee County Behavioral Health Division/Mental Health Board web page.

Length of meeting: 2:10 p.m. to 4:34 p.m.

Adjourned,

*Jodi Mapp*

**Jodi Mapp**

Senior Executive Assistant  
Milwaukee County Mental Health Board

**The next meeting for the Milwaukee County Mental Health Board Executive Committee  
Will be on Tuesday, February 4, 2020, at 9:00 a.m. at the  
Mental Health Complex  
9455 W. Watertown Plank Rd.**

**Visit the Milwaukee County Mental Health Board Web Page at:**

**<https://county.milwaukee.gov/EN/DHHS/About/Governance>**

The December 6, 2019, meeting minutes of the Milwaukee County Mental Health Board Executive Committee have been reviewed and are hereby approved.



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Michael Davis, Secretary  
Milwaukee County Mental Health Board

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Executive Committee  
December 6, 2019