

 WRAPAROUND MILWAUKEE POLICY & PROCEDURE	Date Issued: 5/31/03	Reviewed: 5/29/09 By: DT Last Revision: 6/16/09	Section: ADMINISTRATION	Policy No: 045	Pages: 1 of 2 (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input type="checkbox"/> Wraparound/REACH <input type="checkbox"/> FISS	Effective Date: 1/1/10	Subject: DAY TREATMENT PRIOR AUTHORIZATION		

I. POLICY

It is the policy of Wraparound Milwaukee to pre-authorize all new placements in Day Treatment Programs, as well as review requests for Day Treatment Program extensions, to ensure that youth's educational needs are being met in sustainable, community-based settings whenever possible. The purpose of the Day Treatment Authorization Process is to document expected educational outcomes and ensure quality collaboration between families, schools, community agencies and day treatment providers.

II. PROCEDURE

A. Enrollment.

1. When youth are attending Day Treatment Programs that are in the Wraparound Provider Network at enrollment, the Care Coordinator will be notified of this on assignment. There will be an administrative approval entered authorizing Day Treatment. This authorization will appear on the youth's prior authorization screen in Synthesis.

B. Placements Initiated by the Child & Family Team.

1. When it is determined that a youth's educational needs may not be able to be met in a traditional educational setting due to mental health needs, the Educational Advocate, at (414) 257-6799, is to be consulted for school placement options.
2. If the recommendation is for Day Treatment services to be purchased through the Wraparound Integrated Provider Network or Probation Services, a Child & Family Team meeting must occur. Only Day Treatment programs in the Provider Network may be utilized. The Child & Family Team must once again review all Strengths, Needs, Strategies and resource options to determine appropriate actions to be taken by Team members, and update the Plan of Care (POC) to reflect this.
3. The POC must be approved by the Supervisor or Lead, as usual.
4. The Care Coordinator must submit the POC SIGNATURE SHEET (*see Attachment 1*) for final Day Treatment POC approval from Wraparound Milwaukee, checking the "Submit for Prior Auth Review – Day Treatment" box. This will cue Wraparound staff that the POC contains a request for Day Treatment, and the POC and a Cover Sheet will be forwarded to the appropriate Wraparound Manager for review. A copy of the youth's most recent Individualized Education Plan (IEP) from the youth's current school district MUST accompany the initial request.
5. The Wraparound Manager will review the form for authorization. More information or documentation may be requested prior to authorization being considered.
6. A decision to approve or deny the request will be made within 4 days of receipt of a COMPLETE request. Care Coordinators will be notified as to whether or not the request has been approved via a login message in Synthesis.
7. **If Approved**, the Care Coordinator should determine which programs have openings appropriate to the youth's needs. The Care Coordinator should then arrange for a youth and family tour of these facilities to assist the family in choosing a Day Treatment Program.

If the Team is considering a Probation Day Treatment Program, the Care Coordinator must contact the Probation Day Treatment Coordinator at (414) 257-7785 for a list of openings. After speaking with the Educational Advocate and having a team meeting, a Prior Authorization Request must also be submitted. The youth's Probation Officer must then make a referral to the Day Treatment Coordinator.

Note: ALL YOUTH PLACED IN DAY TREATMENT PROGRAMS MUST HAVE DAY TREATMENT AUTHORIZATION UPON ADMISSION.

8. **If Denied**, alternative recommendations will be provided to the Care Coordinator to consider with the Child & Family Team.

C. Renewals (re-authorizations).

1. If the Day Treatment placement is expected to continue beyond the date of the current authorization, the Care Coordinator must discuss the continued placement with the Educational Advocate PRIOR to the next Child & Family Team meeting or invite the Educational Advocate to attend the Child & Family Team meeting. A new POC **must be submitted 14 days prior to the expiration date of the current Authorization**. Supervisors should monitor that the re-authorization requests are completed and submitted **no later than the 15th day of each month**.
2. The Care Coordinator must facilitate a POC meeting **at least 20 working days prior to the Authorization expiration date** to review the progress achieved to date by interventions by the Day Treatment Provider, as well as what has been successful, and support these resources. After this review by the Child & Family Team, the POC must be revised to meet the youth's and family's continuing needs.
3. The POC should be submitted as noted above.
4. In addition to all paperwork submitted under section B. above, a DAY TREATMENT PROGRESS REPORT is required from the Day Treatment Program and MUST be entered into Synthesis on a monthly basis.

D. Monthly Reviews.

Education reviews will be conducted at each Agency with the Educational Advocate and a Wraparound Clinical Coordinator throughout the year. Care Coordinators should be prepared to discuss all youth being considered for Day Treatment, as well as the progress of the youth currently receiving Day Treatment services.

Note: If a youth does not attend a Day Treatment program for longer than 3 days, or stops attending Day Treatment permanently, please notify Diane Thompson at (414) 257-7605.

Reviewed & Approved By: Bruce Kamradt
Bruce Kamradt, Director

SUBMIT FOR PRIOR AUTH REVIEW? Yes No
 If yes, Day Tx. RCCY Grp. Home Indep Living, Phase 1

Youth Name: _____

Date of Birth: _____ **POC Date:** _____

REQUIRED TEAM MEMBER SIGNATURES

			<u>In Attendance</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Legal Guardian	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Legal Guardian	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Care Coordinator	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Consulting Psychologist	Phone	E-mail address	
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescribing Physician	Phone	E-mail address	

✓ Client Rights Reminder

Youth/parent/legal guardian:

By signing this form you do not give up your right to grieve or appeal what is written in this Plan or the services you are receiving.

SIGNATURES OF ADDITIONAL TEAM MEMBERS

_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address
_____	_____	_____	_____
Team Member	Relationship To Youth	Phone	E-mail address

Youth Name: _____

Date of Birth: _____

POC Date: _____

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address

Team Member Relationship To Youth Phone E-mail address