Current Status: *Active* **PolicyStat ID:** *8236233*

MILWAUKEE COUNTY Behavioral Health Division

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Next Review: *6/30/2023*
Owner: *Yezlin Wade: TANF Best Practice Coordinator*
Policy Area: *Wraparound (Wrap, REACH, youth CCS)-Administration*
References:

#022- Authorization for Inpatient Psychiatric Hospitalization

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee to establish that the least restrictive and clinically appropriate level of care be provided to families and their children enrolled in the Wraparound Milwaukee HMO.

The purpose of the Authorization for Inpatient Psychiatric Hospitalization Policy is to define the process for obtaining authorization for initial and continued stay for acute inpatient psychiatric services for enrollees of the Wraparound Milwaukee HMO.

Authorization for initial and continued stay will primarily be based on the clinical judgment that an acute psychiatric inpatient level of care provides the safest, least restrictive, most effective treatment setting. In addition, authorization may be based on, but may not be exclusively limited to, generally accepted medical necessity criteria as it relates to an acute inpatient psychiatric level of care.

II. PROCEDURE

1. The Wraparound Milwaukee HMO gatekeeper or designee must notified of all admissions for psychiatric hospitalizations under chapter 51 by calling (414) 257-7621 as soon as possible after or during admission. Admissions under chapter 51 are initially authorized for 72 hours, as required by law.
2. Requests for voluntary admission must be presented to the Gatekeeper or designee prior to admission or as soon as possible after admission if needed. Authorization, if granted, will be for a specified length of time.
3. Requests for further authorization beyond the 72 hours granted under Chapter 51, or the specified period granted by the Gatekeeper for an authorized voluntary admission, must be requested by the treating physician or their designee to the Gatekeeper or their designee prior to the expiration of the initially authorized days.
4. If the youth is in another inpatient psychiatric facility other than The Child and Adolescent Inpatient Service (CAIS) of Milwaukee County, a determination will be made, based on clinical needs, to authorize to that facility or transfer to the Child/Adolescent Inpatient Services (CAIS) for further evaluation and treatment.

5. The Gatekeeper may continue to independently monitor the progress and treatment of the youth while on inpatient status and assist with discharge and treatment planning, but it is the responsibility of the treating physician or designee to request authorization for treatment beyond any already authorized regardless of the Gatekeepers monitoring.
6. If the treating facility is not in agreement with the Gatekeeper's authorization determination, the determination can be appealed by the treatment facility by submitting a letter with a copy of the medical chart to:

   WRAPAROUND MILWAUKEE
   HMO Gatekeeper
   9455 Watertown Plank Road
   Milwaukee, WI 53226

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	7/15/2020
	Brian McBride: ExDir2 – Program Administrator	7/15/2020
	Dana James: Consultant	7/8/2020
	Yezlin Wade: TANF Best Practice Coordinator	7/7/2020