



Current Status: *Scheduled*

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MILWAUKEE COUNTY
Behavioral
Health
Division

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Owner: *Dana James: Consultant*
Policy Area: *Wraparound (Wrap, REACH, youth CCS)-Administration*

References:

#030 - Service Authorization Request (SAR)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee that any service provided on behalf of an enrollee or family member must be identified in the Plan of Care or program specific plan and identified in a Service Authorization Request (SAR) line in Children's Community Mental Health Services and Wraparound Milwaukee's IT system - Synthesis. To ensure sustainability of services to families, paid services should only be authorized for family members other than the identified client when there is no other payor source available. All services are authorized by the Care Coordinator and approved by the Care Coordination Supervisor or Children's Community Mental Health Services and Wraparound Milwaukee program staff. All service requests must be authorized **before the service is provided**. **Any service provided outside of proper authorization will not be paid.**

The purpose of the Service Authorization Request procedure is to:

- A. Assist Care Coordinators in obtaining services for enrollees in a timely manner.
- B. Facilitate implementation of the Plan of Care by authorizing services identified within strategies to meet the identified Need Statements.
- C. Facilitate collaboration with Providers, including their respective roles and responsibilities regarding the delivery of services to youth/families.
- D. Ensure thoughtful planning of services that youth/families will receive.

II. PROCEDURE

A. Standard Service Authorization Decisions

1. When a youth or family requests a service, a decision needs to be made and communicated with the youth and family within fourteen (14) calendar days of the approval, denial, or limitation of the service request.
2. If more than fourteen (14) calendar days is needed, one extension of up to 14 days may be allowed if either of the following is met:
 - a. The youth/family or Provider requests an extension
 - b. Children's Community Mental Health Services and Wraparound Milwaukee justified the need for additional information and how the extension is in the member's interest.
 - i. If Children's Community Mental Health Services and Wraparound Milwaukee meets this

criteria for extending the timeframe for standard service authorization decisions, it must do both of the following:

- a. Give the member written notice of the reason for the decision to extend the timeframe and inform the member of the right to file a grievance if they disagree with that decision.
 - b. Issue and carry out its determination as expeditiously as the member's health condition requires and no later than the date the extension expires.
3. Policy #058- Notice of Action to Enrollees (Adverse Benefit Determinations) provides direction on Notices that need to be sent out to enrollees.

B. Expedited Service Authorization Decisions

1. For those service authorization decisions that must be expedited due to the members health condition, the decision must be made no later than 72 hours (3 days) after receipt of the request.
2. The expedited timeframe may be extended by up to 14 calendar days if the member or Providers requests it.
3. Policy #058- Notice of Action to Enrollees (Adverse Benefit Determinations) provides direction on Notices that need to be sent out to enrollees.

C. Service Request Tab

1. Anytime a service is requested by the youth or family and prior to entering an initial SAR for any service, the Service Request Tab needs to be completed (*see Attachment #1- Service Request Tab*). This includes the following:
 - a. Select the enrollment data relevant to the current enrollment
 - b. Type of request (standard or expedited)
 - c. Select the Service Group the service request falls under
 - d. Type in the Service Name
 - e. Date of Request- the date that the youth or family requested the service
 - f. Date of Decision- the date that the youth or family was told either yes or no to the requested service
 - g. If the decision was not made in the timeframes outlined in II. A and B, a reason for the delayed decision is required, as is an explanation.
 - h. Decision- was the request approved or not approved.
 - i. If the decision was not approved, a reason for the non-approval is required and an explanation is required.
2. The initial SAR is to be entered by the Care Coordinator in Synthesis within five (5) days of enrollment, unless it is being considered an expedited authorization in which it must be entered within 3 days.. Services requested by the Care Coordinator are then sent to the Care Coordinator's Supervisor / Lead for approval. **Services are NOT authorized until approved by the Supervisor / Lead.**
3. The decision date may or may not be the same date as the date the service starts. Progress/Provider Note(s) need to reflect the steps of this process (i.e. identification of the Need, discussions/entry of information regarding the decision, etc).

4. The following services **cannot be entered by Care Coordinators**; these are processed/entered by Children's Community Mental Health Services and Wraparound Milwaukee staff, **however Care Coordinators are still required to complete the Service Request Tab**:

- a. Out-of-Home Care services (*excluding Kinship Care*) – these are preauthorized using the Out-of-Home Care Authorization process described in Policy #004.
- b. Inpatient Hospitalization service – this service is pre-authorized by contacting the Children's Mobile Crisis Team at (414) 257-7621. See Policy #022- Authorization for Inpatient Psychiatric Hospitalization.
- c. Day Treatment services – these services are pre-authorized using the Day Treatment Prior Authorization process as described in Policy #045 – Day Treatment Prior Authorization.

5. **SPECIAL PROCEDURES FOR INDEPENDENT FOSTER CARE AND KINSHIP PROVIDERS.**

Note: Kinship Care can be entered directly by Care Coordinators; when determined necessary, independent Foster Care is a prior authorization service.

- a. The Care Coordinator submits a paper SAR listing the foster parent's name, address and phone numbers, as well as the foster parent's license (*Kinship providers will have a Foster Home – Level 1 license*). Based on the information, the foster/kinship parent will be entered as a Vendor in Synthesis.
- b. The Care Coordinator is also responsible for providing foster/kinship parents with the Children's Community Mental Health Services and Wraparound Milwaukee Invoice forms (*see Provider Frequently Used Form on website*) and providing the foster/kinship parent training/assistance to complete the document on a monthly basis for the placement.

D. The Turnaround SAR

1. The Turnaround SAR is a snapshot of the previous month's SAR and can be utilized in subsequent months as a shortcut to entering Service Requests by using the following procedure:
 - a. Turnaround SAR's are to be entered **and approved** on-line by the 23rd of the month prior to service delivery (*i.e., May Turnaround SAR's must be entered by April 23rd*).
 - b. Care Coordinators can update the Agency, Provider and number of Units requested. Any other changes to the service would need to be entered as a new service line.
 - c. Turnaround SAR's are electronically forwarded to the Supervisor/Lead for approval.

E. Notification of Approval of Services

1. All SAR's are presumptively approved by Children's Community Mental Health Services and Wraparound Milwaukee with the online approval of the Care Coordinator's Agency Supervisor/Lead. Compliance with all rules and procedures will be monitored and Children's Community Mental Health Services and Wraparound Milwaukee reserves the right to deny services that are not in compliance.
2. Children's Community Mental Health Services and Wraparound Milwaukee will send an Initial Report of "Monthly Authorized Service" to all Vendors at the beginning of the service month who do not have access to Synthesis. Vendors may also use Synthesis to review and run reports of their authorized services at any time during the month.

F. Requests for Overrides

1. Care Coordinators can authorize units only up to the maximum allowable units as shown on the Service List report in Synthesis. Requests for units above that number can only be approved by the

Supervisor/Lead Worker.

2. To request an override, the Care Coordinator enters the maximum allowable units and indicates the reason for the request in the Notes field of the SAR screen.
3. When the Supervisor or Lead Worker receives the request for SAR approval, they will determine whether or not to approve the override, and will update the requested units as needed.

G. Utilizing Paper SAR's (see Attachment 2- SAR Request Form)

1. Care Coordinators can authorize units in the current month, previous month or next month. Supervisors can enter SAR's for the current month, previous month or next month.
2. Situations arise when a SAR has not been entered for services provided more than 60 days ago. In that event, the Care Coordinator should complete a paper SAR for the total number of units provided and submit to their Supervisor for approval. The Supervisor should then submit to Wraparound Milwaukee Finance Department for entry. Upon receipt of Invoice, Wraparound Milwaukee Finance will process per guidelines in Policy #065-Provider Paper Claims Processing/Appeal System.

Attachments

[1: Service Request Tab](#)

[2: Service Authorization Request- Paper SAR](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	9/16/2020
	Brian McBride: ExDir2 – Program Administrator	9/11/2020
	Dana James: Consultant	9/10/2020
	Dana James: Consultant	9/10/2020

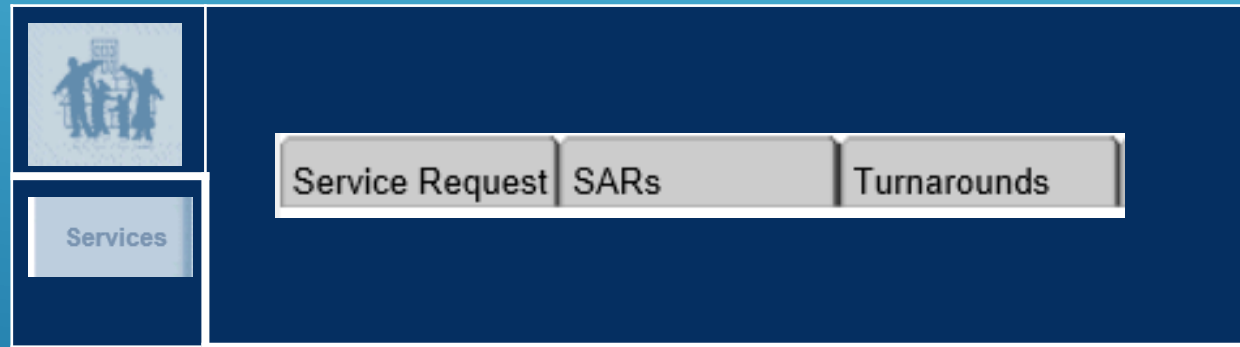
SYNTHESIS: SERVICE REQUEST TAB

New Service Requests: Standard and Expedited
Service Authorization Decisions

Effective:10/01/2020

SERVICE REQUEST TAB: LOCATION

- Services (in Table of Contents)
- Service Request tab



SERVICE REQUEST TAB: CREATE NEW REQUEST

- Click “New” to create a service request
- New/blank request will pop-up

Enroll Date:	--None selected-- ▾
Type of Request:	☐ Standard ☐ Expedited
Service Group:	--None selected-- ▾
Services Available:	
Service Name:	
Date of Request:	
Date of Decision:	
If applicable, reason for delayed decision:	--None selected-- ▾
Explain Delay:	
Decision:	☐ Approved ☐ Not Approved
If not approved, reason:	--None selected-- ▾
Explain Reason:	
Note	

SERVICE REQUEST TAB: FIELDS & DEFINITIONS

Field	Definition	Example
Enroll Date	Select the most current Enrollment Date from the drop down	05/05/2015
Type of Request	Standard: For non-emergent needs, decision should be made within 14 days from the request Expedited: For emergent health and safety needs of the youth/family, decision should be made within 3 days from the request	Standard
Service Group	Based on the reported need, select the applicable Service Group of the Service Code	Crisis
Services Available	View only - listing of applicable Services in the selected Service Group	View Only
Service Name	Manually type the name of the applicable/appropriate service	Crisis Stabilization
Date of Request	Date the youth/family or team member reported the need or requested the service based on the need	06/29/2020
Date of Decision	Date the decision of the service request was determined	07/29/2020

SERVICE REQUEST TAB: FIELDS & DEFINITIONS

Field	Definition	Example
If applicable, reason for delayed decision	Rationale for why the number of days between the Date of the Request and the Date of the Decision is greater than the recommended time based on the request (Standard, Expedited). Visible only if Standard request exceeds 14 days or Expedited request exceeds 3 days.	Member Requested Extension
Explain Delay	Manually type the rationale for the delayed decision	Judy requested more time for her to decide
Decision	Outcome of the request	Not Approved
If not approved, reason	Rational for why the decision was not approved	Family Rescinded Request
Explain Reason	Manually type the rationale if not approved	Judy reports she no longer needs the support
Notes	Any applicable information related to the request	XXXXXXXXXX

SERVICE REQUEST TAB: INSERT INFORMATION

- Enter request information, click "Insert" to save

DoneInsertDelete

?

Enroll Date:

05/05/2015

Type of Request:

☒ Standard ☐ Expedited

Service Group:

Crisis

Services Available:

Crisis Runaway Shelter

Crisis Bed-Foster Home

Crisis Bed-Residential

Crisis Bed-Group Home

Crisis Stabilization / Supervision

Crisis Stabilization / Supervision - Work Exp.

Crisis Stabilization / Supervision -BA/BS/MS

Crisis Services, Specialized (girls)

Crisis Services, Specialized (girls)-BA/BS/MS

Mentoring, Specialized

Service Name:

Crisis Stabilization

Date of Request:

06/29/2020

Date of Decision:

07/29/2020

If applicable, reason for delayed decision:

Member Requested Extension

Explain Delay:

Judy requested more time for her to decide

Decision:

☐ Approved ☒ Not Approved

If not approved, reason:

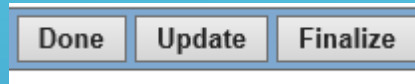
Family Rescinded Request

Explain Reason:

Judy reports she no longer needs the support

SERVICE REQUEST TAB: FINALIZE

- After all information is updated and entered accurately, click “Finalize” button



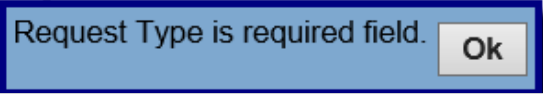
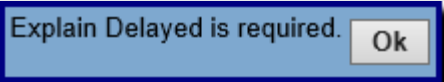
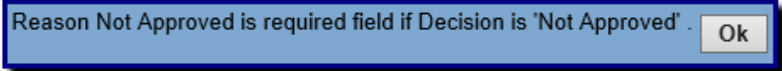
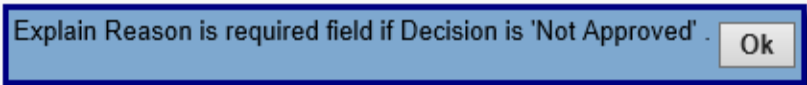
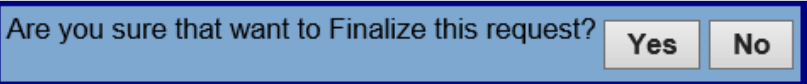
- After Finalized, Service Group/Code is available to select in associated SARs for that requested service.
 - Only applicable to newly created SARs, not Turnaround SARs

SERVICE REQUEST TAB: HISTORY

- History of requests is listed in the table:

Service Request Selection						
						New
Open	Req Date	Service Group	Service Name	Decision Date	Decision	Finalize
	06/20/20	Child Care/Recreation	Camp	06/25/20	Approved	Yes
	06/27/20	Respite	Test	07/30/20	Not Approved	
	06/26/20	AODA Svcs	test	07/04/20	Approved	
	06/29/20	Crisis	Crisis Stabilization	07/29/20	Not Approved	Yes

SERVICE REQUEST TAB: POP-UPS & RESOLUTIONS

Field	Pop-Up Message	Resolution
If applicable, reason for delayed decision		Reason must be selected from the drop down.
If delay is applicable, additional information about the delay		Type the additional information for the delay.
If not approved, reason		Reason must be selected from the drop down.
If not approved, additional information about the decision		Type the additional information in the text box about the decision
"Finalize" button		If complete, click "Yes". If you need to review/edit, click "No". If you click "Yes", but need to edit it, call the Synthesis Help Desk to reopen the entry.

SERVICE REQUEST TAB: SERVICES NOT APPLICABLE

Services Not Applicable
Discretionary Funds
Care Coordination

SERVICE REQUEST TAB: FAQ'S

Question	Answer
Do I (CC) need to enter a request for a service that requires a Prior Auth?	Yes. Even though the service/SAR requires approval through the Prior Auth process, a Service Request must be entered and finalized.
Can the "Date of Request" and "Date of Decision" be the same date?	Yes. There are times when the request and decision are made on the same date, such as during the Team Meeting.
In addition to the tab, should I document the steps of this process in a Progress Note(s)?	Yes, document the steps to this process (i.e.: reported need, discussions about need, entry of information regarding the decision, etc.) in a Progress Note(s).



Children's Community Mental Health Services & Wraparound Milwaukee

SERVICE AUTHORIZATION REQUEST

(Use ONLY for authorizations over 60 days)

Youth's Name: _____ SAR Month/Year: _____ / _____

CC Name: _____ CC Agency Name: _____

Reason for late SAR request: _____

Approved Service Request Info (per Service Request Tab in Synthesis)	Service Code	Service Name	Vendor/Agency	Provider	Service Recipient	Units Requested	Unit Cost (Per Synthesis Resource Guide)	Additional units to already authorized units? (check one)
Date of Request:								☐ Yes ☐ No
Date of Decision:								
Date of Request:								☐ Yes ☐ No
Date of Decision:								
Date of Request:								☐ Yes ☐ No
Date of Decision:								

CC Signature: _____ Date: _____

Supervisor/Lead Signature: _____ Date: _____