



Date Issued: 5/31/2003
Last Approved Date: 12/5/2017
Last Revised Date: 12/5/2017
Next Review: 12/4/2020

Owner: Dana James:
 21011004-Quality
 Assurance Coordinator
Policy Area: Wraparound (REACH,
 O'YEAH)- Vendor

References:

#045- Day Treatment Prior Authorization

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.

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 for 30 days. This authorization will appear on the youth's prior authorization screen in Synthesis.
2. Youth who are attending Day Treatment Programs that are not in the Wraparound Provider Network are not enrolled until they are discharged from the out of network Day Treatment Program.

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 Delinquency and Court Services Division, 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 meet and 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 Policy #28 - Plan of Care*) 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.
8. If the Team is considering a Delinquency and Court Services Division Day Treatment Program, the Care Coordinator must contact the Educational Liaison at (414) 257-6799 for a discussion about the youth's educational needs. If a consensus is reached, the Human Service Worker will make a referral to the Delinquency and Court Services Division Day Treatment Coordinator. Delinquency and Court Services Division Day Treatment may be court ordered, but the prior authorization process still needs to be followed and a prior authorization must still be submitted.
9. **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. This is located in the individual's client tab under "Forms" (*see Attachment 2*).

D. 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 an Educational Advocate at (414) 257-6799 and Wraparound Program Manager who approves the authorization.

Attachments:

1: Day Treatment Progress Report

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	12/5/2017
	MaryJo Meyers: 11003003-Director Wraparound Program	12/5/2017
	Pamela Erdman: 12008005-Placement Resources Manager	11/28/2017
	Dana James: 21011004-Quality Assurance Coordinator	11/21/2017

COPY



Wraparound Milwaukee
Day Treatment Progress Report

Date of Report: 2/1/08
Youth's Name: Enrollee, Test
Name of Facility: Wraparound Milwaukee

Day Treatment Authorizations in the Past Year

<i>VendorName</i>	<i>SARDate</i>	<i>ServiceName</i>	<i>Days Auth'd</i>	<i>Days Paid</i>
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Service Month

January

Does the youth have an IEP?

Yes

If yes, IEP date

3/22/2007

What type of special education need was identified?

ED

In the PAST MONTH, what needs from the Plan of Care have been addressed by your program?

C. needs help learning new, safe ways to express his feelings so he can remain in the classroom with his peers.

What strengths/skills have been obtained to date through this youth's involvement in your program?

- C. is a leader and has been assisting some of his peers with math-he takes pride in this responsibility.
- C. likes 1:1 attention and can be re-directed.
- C. is willing to listen during 1:1 time with staff.
- C. has tried some new ways to express his feelings while interacting with peers.

What methods of treatment have been utilized this PAST MONTH to assist this youth in transitioning back to a public school setting?

Jane Smith, therapist met with C three times per week to discuss possible coping techniques. C. has learned to : leave the vicinity of the peer he is having difficulty with, seek out adult attention before he becomes too angry to help him process and finally, to draw a picture of his feelings to help calm him. These techniques have been reviewed with both C.and his mother who met with Ms. Smith four times this past month for one hour at C.s home.

Mrs. Apple, C.'s teacher , spent 5 minutes of 1:1 time with C. for each class period he did not engage in conflict in peers. There were at least 20 days this last month when C. had 1:1 attention each class period!

Mr. Orange, classroom aide, has been available to C. to help him process his feelings as needed.

Ms. Smith conducted an anger management group two times per week this past month and C. attended all groups and is a role model for his peers.

C. has been coaching two of his peers in math with teacher supervision for 20 minutes a day three times per week.

How and when have you reached out to and engaged this youth's family/caregiver in your program this month?

01/11/08, 01/18/08 and 01/25/08- calls to mother by Mrs. Apple regarding progress at school.

01/09/08, 01/15/08,01/22/08 and 01/29/08- family sessions for 1 hour by Ms. Smith in the family home.

Monthly team meeting attended by Mr. Orange and Ms. Smith on 1/14/08 in the family home.



Wraparound Milwaukee
Day Treatment Progress Report

Date of Report: 2/1/08
Youth's Name: Enrollee, Test
Name of Facility: Wraparound Milwaukee

FOR THE YOUTH: What do you need at this time to be successful in school?

I need help when other kids make me mad.
I need help with reading.
I need someone to listen to me.

FOR THE YOUTH: What skills have you learned in day treatment that will help you to do well in public school?

I am learning about what to do with my anger.
I am learning to help others.

FOR THE FAMILY: What have you seen from your child in school recently that you would like to see more of?

I have not gotten any calls from school at work about problems all last month.
C. likes to go to school.
C. has not been in any fights at school all month.
C. has been listening better.

FOR THE FAMILY: What do you need help or support with from your Child and Family Team to have your child return to a public school setting?

I am worried C. will not get any 1:1 attention.
I am worried C. will not go to school again and when he does I will get calls at work and lose my job again.
I am worried C. will never be a good reader, but my cc says a tutor will help him with that.

Date discussed with youth and family
01/25/2008

Names of those present on that date.
Ms. Smith, Mr. Orange, C., Mrs. Apple, cc, C.'s mother,

Text from Transcription

Form Submitted by: Diane Thompson