WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 11/13/10 By: JF Last Revision: 6/17/08	Section: FINANCE	Policy No: 030	Pages: 1 of 2 (3 Attachments)
☒ Wraparound ☒ Wraparound-REACH ☒ FISS ☒ Project O-Yeah	Effective Date: 1/1/09	Subject: **SERVICE AUTHORIZATION REQUEST (SAR)**			

I. POLICY

It is the policy of Wraparound Milwaukee that any service provided on behalf of a youth or family member must be identified in the Plan of Care and identified in a Service Authorization Request (SAR) line in 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 Wraparound 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 clients 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. Initial Service Requests.

The initial SAR is to be entered by the Care Coordinator in Synthesis within five (5) days of enrollment. 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. A detailed description of the Synthesis data entry process for SAR's is attached (*see Attachment 1).*

The following services cannot be entered by Care Coordinators; these are processed/entered by Wraparound Milwaukee staff:

1. Residential Treatment, Group Home and Independent Living (Phase 1) services – these are preauthorized using the Out-of-Home Care Authorization process described in Policy #004.
2. Inpatient Hospitalization services– these are preauthorized by contacting the Mobile Urgent Treatment Team at (414) 257-7621.
3. Day Treatment services– these services are preauthorized using the Day Treatment Prior Authorization process as described in Policy #045 – Day Treatment Prior-Authorization.
4. Foster Parent / Kinship Care Services – the initial foster parent / kinship care service request is processed as follows:
    a. The Care Coordinator submits a handwritten SAR (*see Attachment 2 and Sample 2A)* listing the foster parent's name, address and phone numbers. This data is then used to set up the foster / kinship parent as a Vendor in Synthesis.
    b. The Care Coordinator is also responsible for showing foster / kinship parents how to complete the Wraparound Milwaukee Invoice forms (*see Attachment 3 and Sample 3A)*. Foster parent / kinship checks are processed within 48 hours of receipt of the Invoice.

B. The Turnaround SAR.

The Turnaround SAR (*see page 14 of Attachment 1)* 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:

1. 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).
2. 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.
3. Turnaround SAR's are electronically forwarded to the Supervisor/Lead for approval.

C. Notification of Approval of Services.

1. All SAR's are presumptively approved by Wraparound with the online approval of the Care Coordinator's Agency Supervisor/Lead. Compliance with all Wraparound rules and procedures will be monitored and Wraparound Milwaukee reserves the right to deny services that are not in compliance.
2. 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.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

Wraparound Milwaukee

Service Authorization Request

Entry and Approval Process

Using Synthesis

Revised – April 2007

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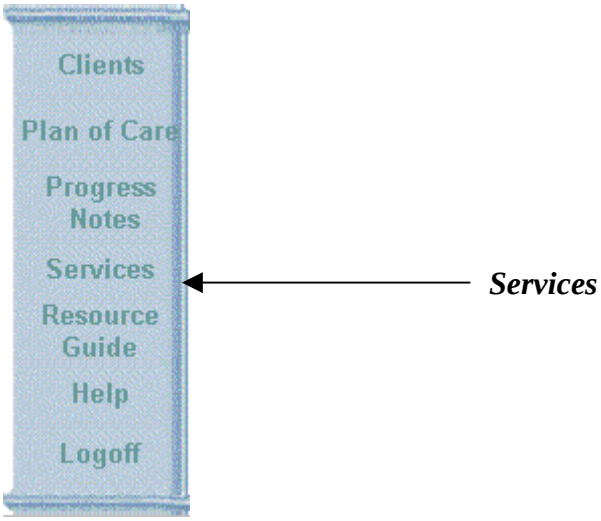
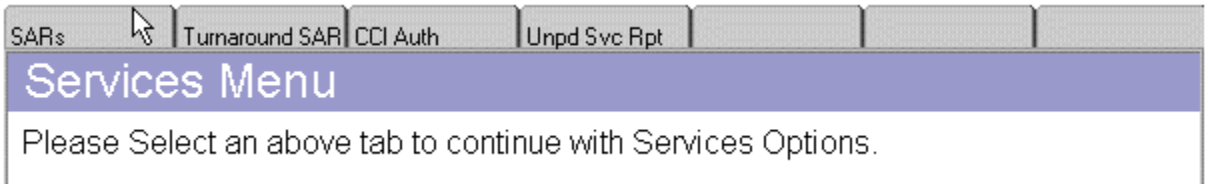
Enter a Service Authorization Request (SAR)

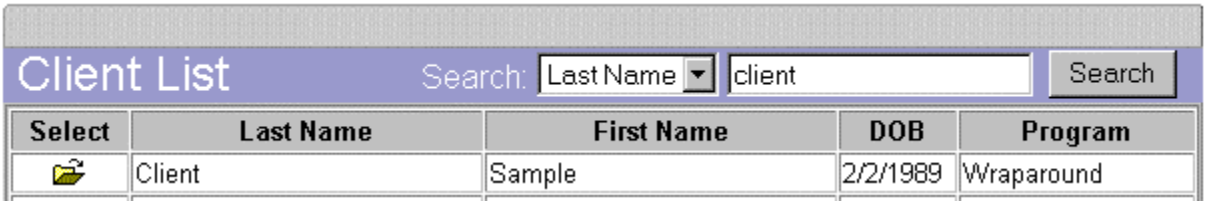
1. Select **Services** from the **Main Menu Column**.



2. Select the **SAR's** Tab.



3. Select the **CLIENT NAME** from the client list. Then click on the folder in the "Select" column to the left of the client name.



The screen will display:

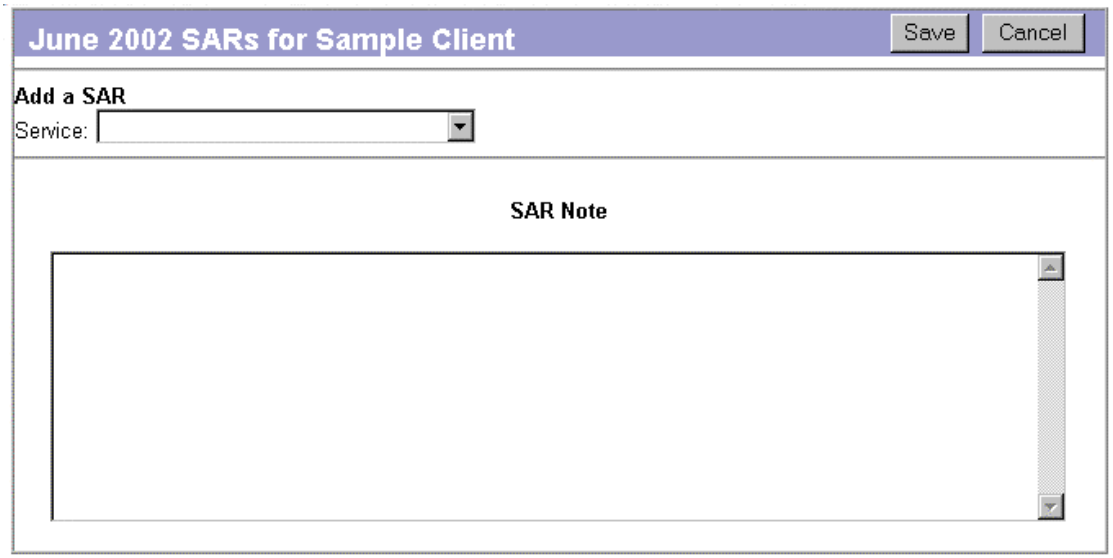
- A list of all months where a service has been authorized. (Services for these months will have a "VIEW ONLY" status.)
- Current and future month/s in which services can be authorized.

Care coordinators can enter new services for a 90-day period that includes:

- the current month
- the previous month
- the upcoming month

4. Select the service authorization month from the list on the screen.

The SAR Entry Screen will be displayed:

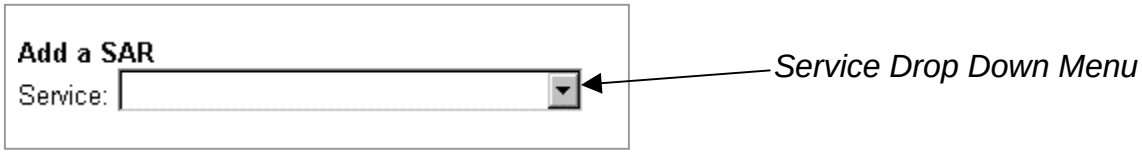


Note that the month and year of service and the client name are listed in the "Title Bar" at the top of the Screen

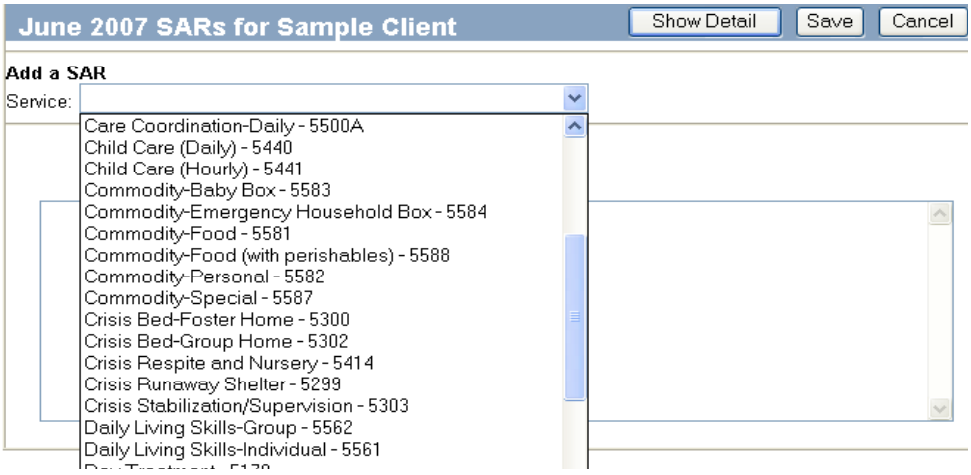
Enter Services

1. To **add a service**, click on the drop down arrow next the "service" selector. A list of services that can be authorized will appear on the drop down list.

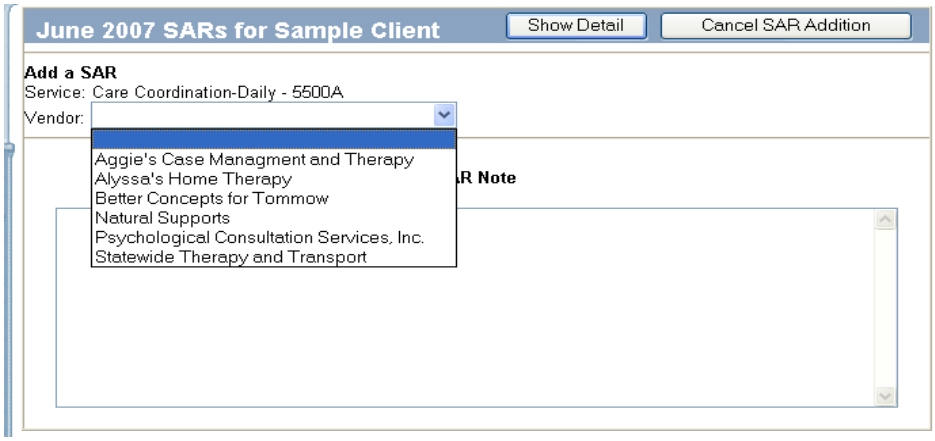
   Only those services authorized by the program that the client is enrolled in will appear on the list.



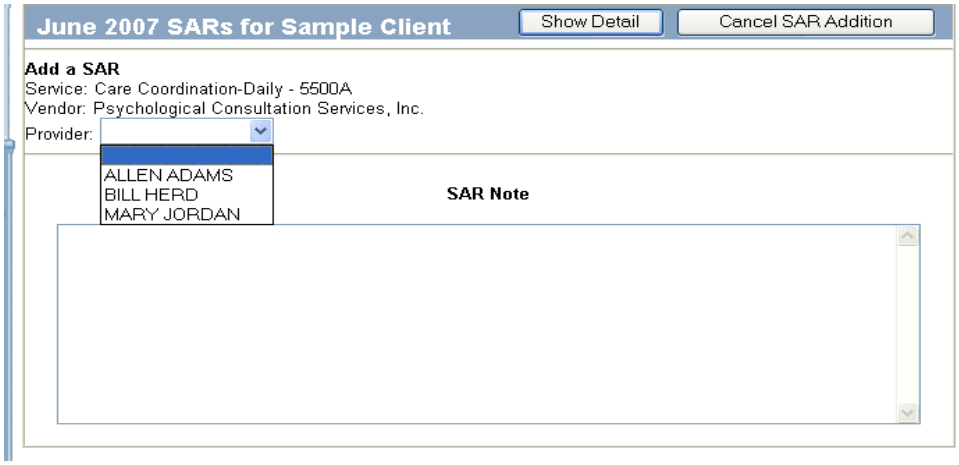
2. Select the **Service** from the drop down list. The selected service will appear in the box and the vendor selection box will appear.



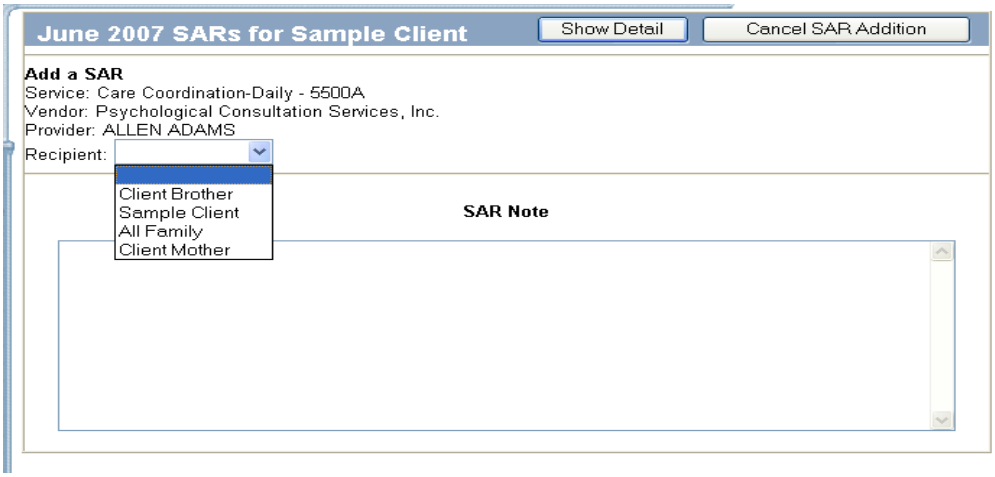
3. Select the **Vendor** from the vendor drop down list. The selected vendor will appear in the box and the provider selection box will appear.



4. Select the **Provider** from the provider drop down list. (Only the names of providers authorized to perform the service will appear on the drop down list.) The selected provider name will appear in the box and the recipient selection box will appear.



5. Select the **Service Recipient** from the service recipient drop down list. The selected recipient name will appear in the box. Following selection of the recipient, the unit cost and unit type will be displayed and the unit entry box will appear.

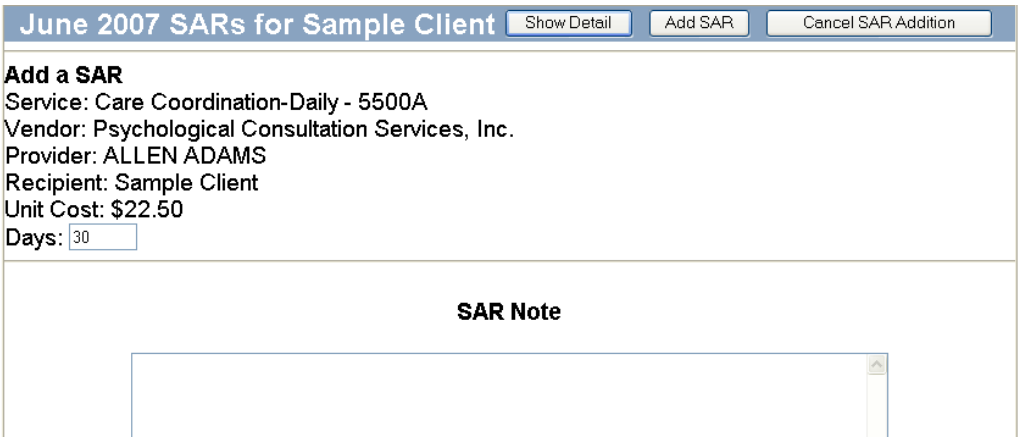


6. Insert the **Number of Units** to be authorized.

   The ***UNIT TYPE will vary*** based on the type of service.

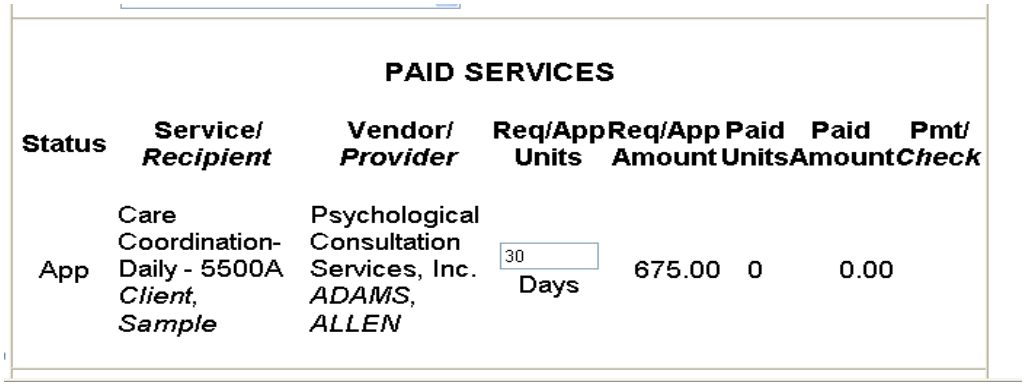
   Examples of unit types are: quarter hour, hour, week, or month.

7. Click on the **ADD SAR Button** at the top of the page.



The requested service can be viewed by scrolling to the lower portion of the screen

Sample "View Service" screen.

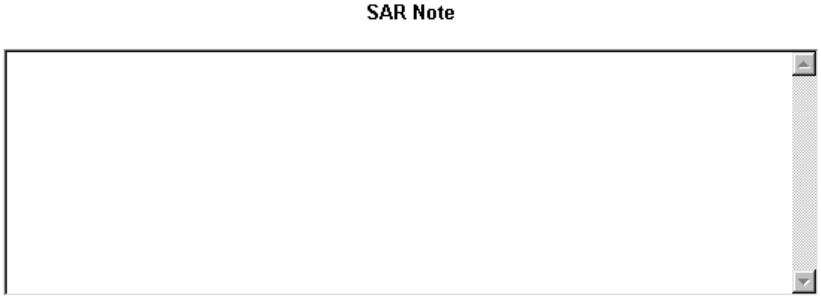


PAID SERVICES

Status	Service/ *Recipient*	Vendor/ *Provider*	Req/App Units	Req/App Amount	Paid Units	Paid Amount	Pmt/ *Check*
App	Care Coordination-Daily - 5500A *Client, Sample*	Psychological Consultation Services, Inc. *ADAMS, ALLEN*	30 Days	675.00	0	0.00	

SAR Note

A SAR note is required for service requests /approvals that exceed the maximum allowable number of units for a service request.



Quality Assurance “Utilization Notes” are also entered in this field.

Change a Service Authorization Request (SAR)

The care coordinator requesting a service can increase the number of units (to the maximum allowable number of units) or decrease the number of units requested as long as the service is in at the "**REQUESTED"** status (the supervisor/lead has not yet approved the request).

Once the request has been approved, only the supervisor/lead can edit the number of units requested.

Sample SAR Screen

Can be modified by worker

Can only be modified by supervisor or lead

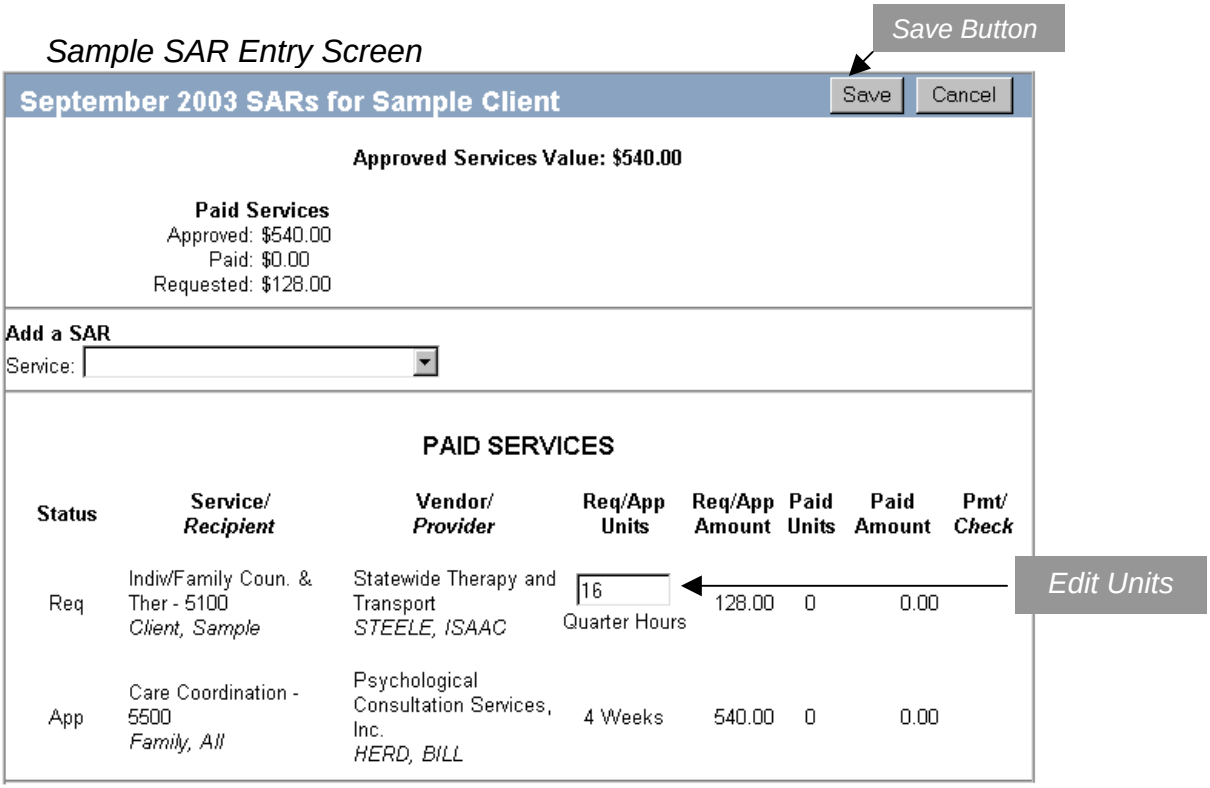
PAID SERVICES

Status	Service/ *Recipient*	Vendor/ *Provider*	Req/App Units	Req/App Amount	Paid Units	Paid Amount	Pmt/ *Check*
Req	Indiv/Family Coun. & Ther - 5100 *Client, Sample*	Statewide Therapy and Transport *STEELE, ISAAC*	16 Quarter Hours	128.00	0	0.00	
App	Care Coordination - 5500 *Family, All*	Psychological Consultation Services, Inc. *HERD, BILL*	4 Weeks	540.00	0	0.00	

To change the requested number of units:

1. **Delete** or highlight and type over the number of units requested
2. Click on the **Save Button** at the top of the SAR screen.

Sample SAR Entry Screen



Supervisor/Lead Approval
Service Authorization Request (SAR)

The supervisor/lead will receive a visual notice in Synthesis at login that a SAR is pending approval.

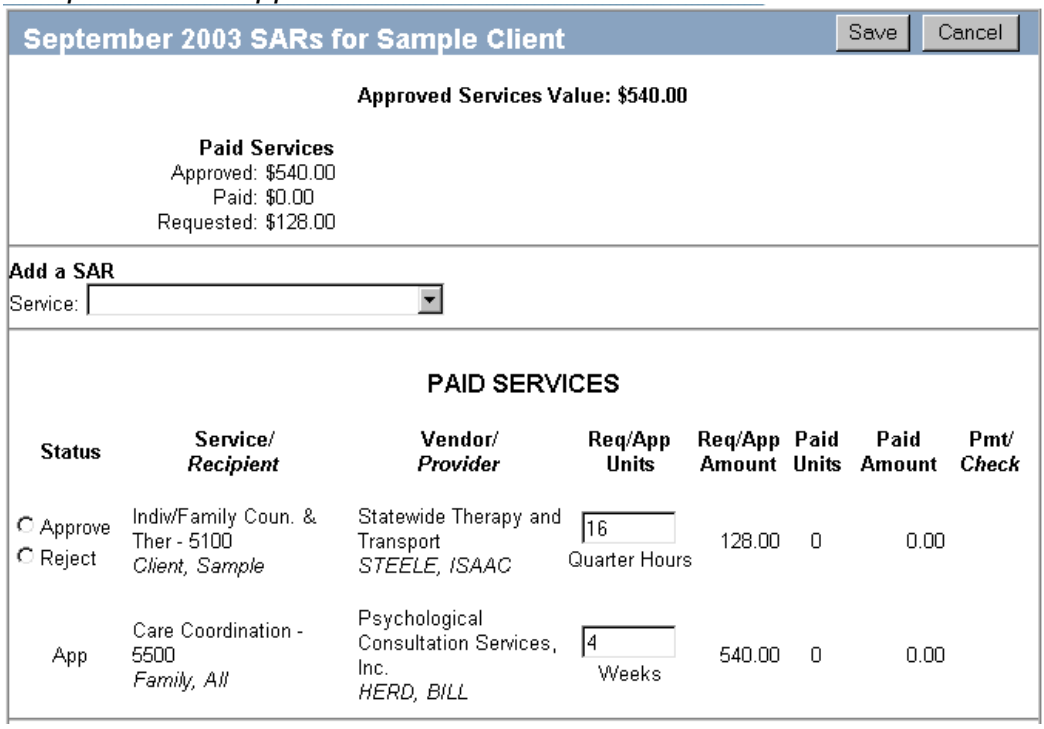
Sample SAR Approval Message

To approve the request, click on the client name. The client name serves as a hyperlink to the SAR approval screen.

SAR approval can also be accomplished by using the main menu to access the SAR.

The option to either **APPROVE** or **REJECT** the service request will appear next to each service line where an authorization is awaiting approval.

Sample Service Approval Screen



1. To **APPROVE THE REQUEST**, click the "radio" button next to the word **APPROVE**.

2. To **MODIFY AND THEN APPROVE THE REQUEST**, change the number of units to the appropriate number, click the "radio" button next to the word **APPROVE**.

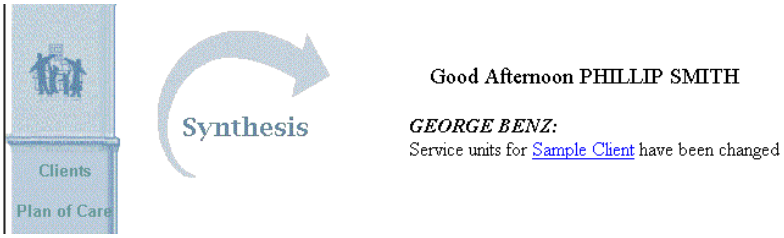
3. To **DENY OR REJECT THE REQUEST**, click on the "radio" button next to the word **REJECT**

4. Save the entries by clicking on the **SAVE BUTTON** at the top of the screen. 

Denied / Modified SAR Notice

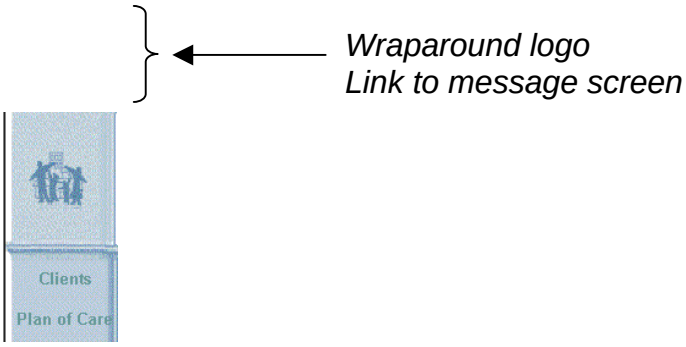
The care coordinator will receive a visual notice at login in Synthesis if a SAR was rejected or modified.

Sample notice.



Return to Message Screen

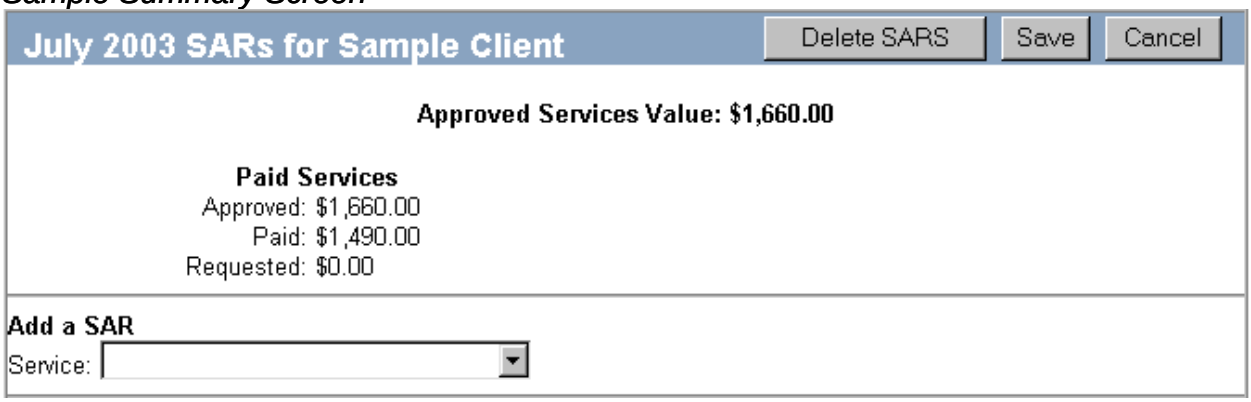
To return to the message screen, click on the Wraparound logo located at the top of the main menu. The logo serves as a hyperlink to the login or message screen.



Service Summary

A **summary of requested, approved services and paid services** is displayed at the top of the SAR entry screen.

Sample Summary Screen



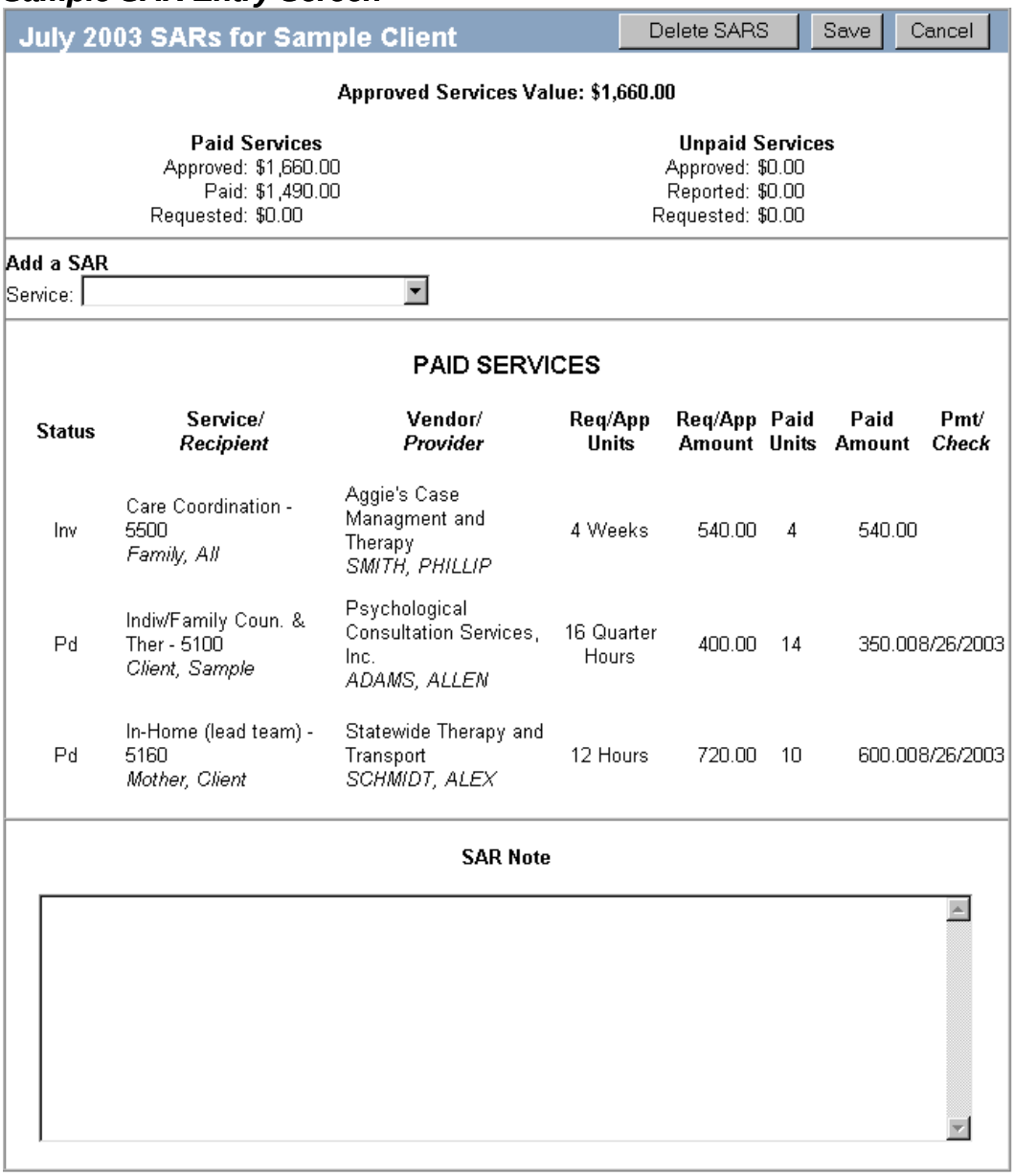
The summary shows total values at the following levels:

- Approved Services Total
- Paid Services Total
- Requested Services Total

View A Service Authorization Request (SAR)

Services can be viewed by going to the “SAR Entry Screen.

Sample SAR Entry Screen



July 2003 SARs for Sample Client — Delete SARS | Save | Cancel

Approved Services Value: $1,660.00

Paid Services		Unpaid Services	
Approved:	$1,660.00	Approved:	$0.00
Paid:	$1,490.00	Reported:	$0.00
Requested:	$0.00	Requested:	$0.00

Add a SAR

Service:

PAID SERVICES

Status	Service/ *Recipient*	Vendor/ *Provider*	Req/App Units	Req/App Amount	Paid Units	Paid Amount	Pmt/ *Check*
Inv	Care Coordination - 5500 *Family, All*	Aggie's Case Managment and Therapy *SMITH, PHILLIP*	4 Weeks	540.00	4	540.00	
Pd	Indiv/Family Coun. & Ther - 5100 *Client, Sample*	Psychological Consultation Services, Inc. *ADAMS, ALLEN*	16 Quarter Hours	400.00	14	350.00	8/26/2003
Pd	In-Home (lead team) - 5160 *Mother, Client*	Statewide Therapy and Transport *SCHMIDT, ALEX*	12 Hours	720.00	10	600.00	8/26/2003

SAR Note

Note: *SAR’s entered prior to September 2003 may display the category “Unpaid Services”. This category is no longer used effective September 1, 2003.*

The SAR View Screen displays the following information:

- Status of the requested service
  - Req = Requested
  - Rej = Rejected
  - App = Approved
  - Inv = Invoiced
  - Pd = Paid

- Service by Name and by Service Code
- Recipient Name

Paid Services

- Vendor Name
- Provider Name (staff)
- Number of Units Requested/Approved
- Requested/Approved Amount in Dollars
- Units Paid
- Paid Amount in Dollars
- Payment Date
- Check Number

Data will appear in these columns when services are invoiced by the vendor and the vendor is paid.

Turnaround SAR

The **TURNAROUND SAR** is used to authorize the upcoming or next month's services in advance.

The Turnaround SAR will display all services that have been approved for the ***CURRENT MONTH*** - allowing you to approve the same services (with modification when indicated) for the ***UPCOMING MONTH.***

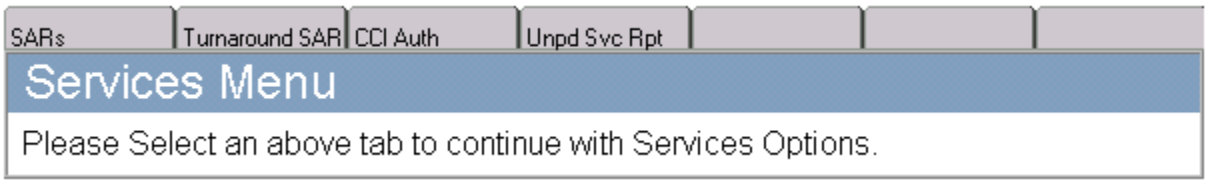
The Turnaround SAR must be used before the last day of the month to enter the upcoming month's services.

Entering A Turnaround SAR

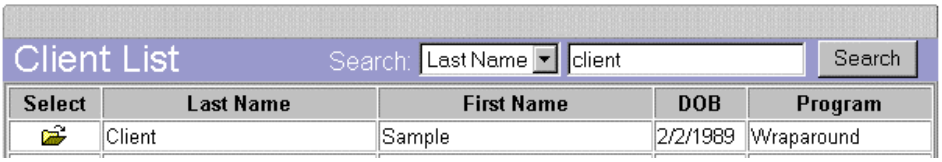
1. Select Services from the **Main Menu Column**.

Services

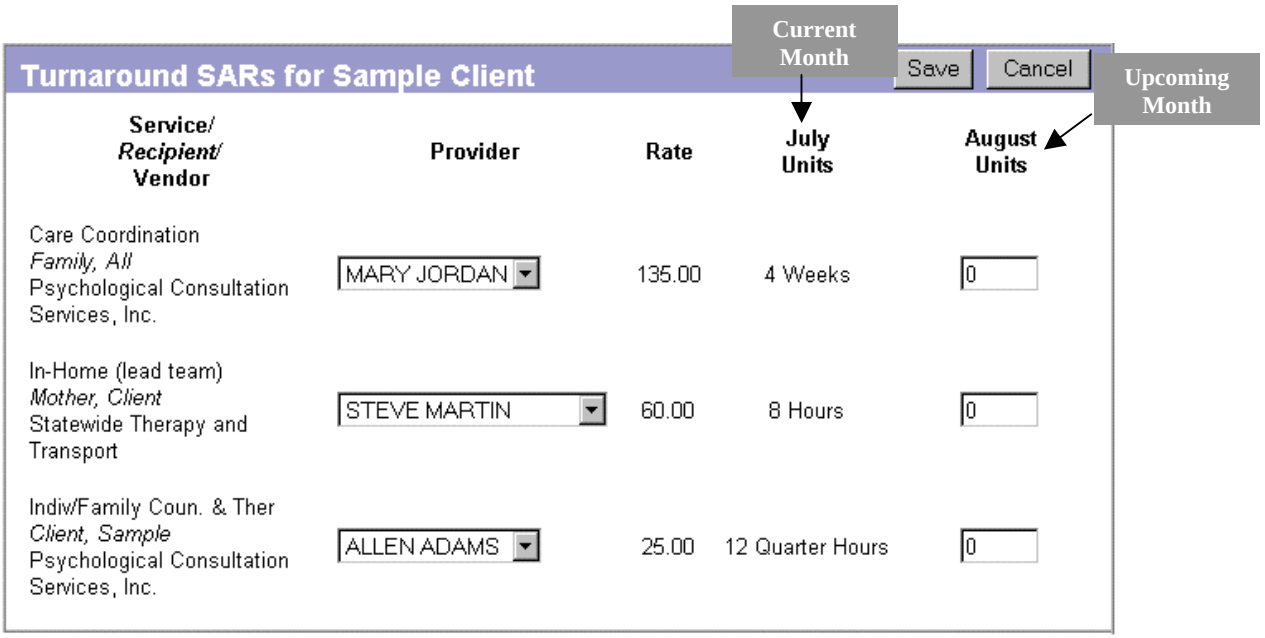
2. Select the Turnaround SAR Tab.



3. Select the **CLIENT NAME** from the client list. Then click on the folder in the "Select" column to the left of the client name.



A screen similar to the one below will be displayed:



The Turnaround SAR Screen displays the following information:

- Client Name (in the title bar at the top of the screen).
- Services for the ***Current Month***
  - Service
  - Service Recipient
  - Vendor
  - Provider
  - Rate
  - Current Month Units Authorized
  - Upcoming Month Units

4. Review the information for accuracy.

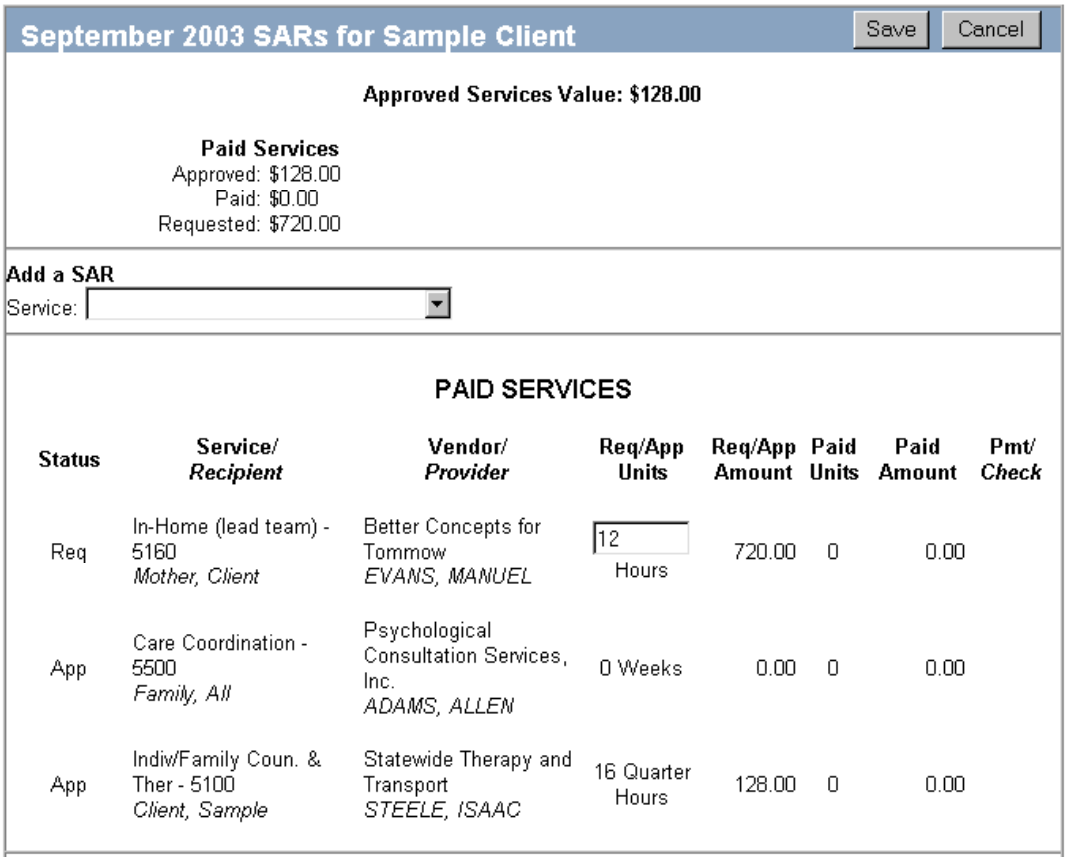
5. To **change the provider,** click on the drop down arrow next to the provider's name and select the correct provider.

6. Enter the **number of units** to be requested. **Repeat this process** for each service on the Turnaround SAR.

7. If a service is ***NOT* being authorized** for the upcoming month - leave the zero in the units box

8. Click on the **SAVE** button at the top of the screen.

A SAR entry screen similar to the one below will be displayed.



September 2003 SARs for Sample Client Save Cancel

Approved Services Value: $128.00

Paid Services
Approved: $128.00
Paid: $0.00
Requested: $720.00

Add a SAR
Service:

PAID SERVICES

Status	Service/ *Recipient*	Vendor/ *Provider*	Req/App Units	Req/App Amount	Paid Units	Paid Amount	Pmt/ *Check*
Req	In-Home (lead team) - 5160 *Mother, Client*	Better Concepts for Tommow *EVANS, MANUEL*	12 Hours	720.00	0	0.00	
App	Care Coordination - 5500 *Family, All*	Psychological Consultation Services, Inc. *ADAMS, ALLEN*	0 Weeks	0.00	0	0.00	
App	Indiv/Family Coun. & Ther - 5100 *Client, Sample*	Statewide Therapy and Transport *STEELE, ISAAC*	16 Quarter Hours	128.00	0	0.00	

9. Proceed to enter any new services being requested for the upcoming month by using the SAR entry process.

10. After all services have been entered, click on the **SAVE** button at the top of the screen.

11. The Turnaround SAR approval process is the same as for a SAR.

Wraparound Milwaukee
Foster / Kinship Care
Initial Service Authorization

Youth'sName_____ DOB_____

Type of Service Requested: ☐ Foster Care ☐ Kinship Care

Foster/Kinship Provider Information

Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s): (Home)_____

(Work)_____

Service Month _____

Daily Rate Authorized: _____

Number of Days Requested: _____

_____ _____
Care Coordinator Signature Date Signed

_____ _____
Supervisor Signature Date Signed

SUBMIT THIS SERVICE AUTHORIZATION REQUEST TO:

Wraparound Milwaukee Billing Department
Milwaukee County Behavioral Health Division
9201 Watertown Plank Road
Wauwatosa, WI 53226

If you have any questions on this form, please call Bonnie Lewitzke at (414) 257-6176.

WRAPAROUND MILWAUKEE
Service Authorization Request Policy
Attachment 2a

Wraparound Milwaukee
Foster / Kinship Care
Initial Service Authorization

Youth's Name Emily Meyers DOB 5/7/1990

Type of Service Requested: ☐ Foster Care ☒ Kinship Care

Foster/Kinship Provider Information

Name: Mary Meyers

Address: 222 W. 2nd Street

City, State, Zip: Milwaukee, WI 53222

Phone Number(s): (Home) (414) 555-1234

(Work) (414) 555-5678

Service Month: May 2008

Daily Rate Authorized: $5,000

Number of Days Requested: 31

SAMPLE

Jill Saren — Care Coordinator Signature

4/22/08 — Date Signed

Phillip Jones — Supervisor Signature

4/22/08 — Date Signed

SUBMIT THIS SERVICE AUTHORIZATION REQUEST TO:

Wraparound Milwaukee Billing Department
Milwaukee County Behavioral Health Division
9201 Watertown Plank Road
Wauwatosa, WI 53226

If you have any questions on this form, please call Bonnie Lewitzke at (414) 257-6176.

Wraparound Milwaukee Provider Network Invoice

Foster/Kinship Name: _____

Address: _____

City, State, Zip: _____

Phone Number(s): (Home _____

(Work) _____

Client Name: _____

Client Soc. Sec. #: _____

Service Month/Year: _____

Service Code: **5390 / 5392**

Service Name: **FOSTER / KINSHIP**

Provider Name: _____

Please enter the Number of Units provided by Date in the Appropriate Box:

1	**2**	**3**	**4**	**5**	**6**	**7**
8	**9**	**10**	**11**	**12**	**13**	**14**
15	**16**	**17**	**18**	**19**	**20**	**21**
22	**23**	**24**	**25**	**26**	**27**	**28**
29	**30**	**31**				

_____ _____

Signature Date

PLEASE MAIL INVOICE TO:

Wraparound Milwaukee Billing Department
Milwaukee County Behavioral Health Division
9201 Watertown Plank Road
Wauwatosa, WI 53226

If you have any questions on this form, please call Bonnie Lewitzke at (414) 257-6176.

Wraparound Milwaukee Provider Network Invoice

Foster/Kinship Name: John Smith

Address: 1111 Any Street

City, State, Zip: Milwaukee, WI 53255

Phone Number(s): (Home) (414) 555-1234

(Work) (414) 555-5678

Client Name: Jane Doe

Client Soc. Sec. #: 399-99-9999

Service Month/Year: January 2008

Service Code: **5390 / 5392**

Service Name: **FOSTER / KINSHIP**

Provider Name: John Smith

Please enter the Number of Units provided by Date in the Appropriate Box:

1 **1**	2 **1**	3 **1**	4 **1**	5 **1**	6 **1**	7 **1**
8 **1**	9 **1**	10 **1**	11 **1**	12 **1**	13 **1**	14 **1**
15 **1**	16 **1**	17 **1**	18 **1**	19 **1**	20 **1**	21 **1**
22 **1**	23 **1**	24 **1**	25 **1**	26 **1**	27 **1**	28 **1**
29 **1**	30 **1**	31 **1**				

John Smith — Signature

2/1/08 — Date

PLEASE MAIL INVOICE TO:

Wraparound Milwaukee Billing Department
Milwaukee County Behavioral Health Division
9201 Watertown Plank Road
Wauwatosa, WI 53226

If you have any questions on this form, please call Bonnie Lewitzke at (414) 257-6176.