WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 5/31/03	Reviewed: 10/4/11 By: DT Last Revision: 11/10/11	Section: ADMINISTRATION	Policy No: 045	Pages: 1 of 2 (2 Attachments)
☒ Wraparound ☐ Wraparound-REACH ☐ FISS ☒ Project O-Yeah	Effective Date: 1/1/12	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 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 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 ask the youth's Probation Officer to make a referral to the Probation Day Treatment Coordinator. Probation day treatment may also be court ordered, but the prior authorization process must still be followed.

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. 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 Diane Thompson at (414) 257-7605.

Reviewed & Approved By: Bruce Kamradt

Bruce Kamradt, Director

WRAPAROUND MILWAUKEE
Day Tx. Prior Auth Policy
Attachment 1a

SUBMIT FOR PRIOR AUTH REVIEW? _____ Yes _____ No
If yes, ____ Initial _____ Re-Authorization
If yes, _____ Day Treatment _____ RCCCY ____Foster Care
_____ Group Home _____ Independent Living

WRAPAROUND MILWAUKEE

POC/Child and Family Team Meeting Signature` Sheet

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

REQUIRED TEAM MEMBER SIGNATURES

			In Attendance?
Youth	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Care Coordinator	Phone	E-mail address	☐ Yes ☐ No
Care Coord. Supervisor	Phone	E-mail address	☐ Yes ☐ No
Consulting Psychologist	Phone	E-mail address	☐ Yes ☐ No
Consulting Psychiatrist	Phone	E-mail address	☐ Yes ☐ No

✓Client Rights Reminder

Enrollee/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

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member	Relationship To Youth	Phone	E-mail address
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WRAPAROUND MILWAUKEE

REACH Program

POC/Child and Family Team Meeting Signature Sheet

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

REQUIRED TEAM MEMBER SIGNATURES

			In Attendance?
Youth	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Parent/Legal Guardian	Phone	E-mail address	☐ Yes ☐ No
Care Coordinator	Phone	E-mail address	☐ Yes ☐ No
Care Coord. Supervisor	Phone	E-mail address	☐ Yes ☐ No
Consulting Psychologist	Phone	E-mail address	☐ Yes ☐ No
Consulting Psychiatrist	Phone	E-mail address	☐ Yes ☐ No

✓Client Rights Reminder

Enrollee/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
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Team Member	Relationship To Youth	Phone	E-mail address
Team Member	Relationship To Youth	Phone	E-mail address

POC Date: _____

Youth Name: _____ **Date of Birth:** _____

Care Coordinator Name/Agency Name:_____

SIGNATURES OF ADDITIONAL TEAM MEMBERS

Team Member	Relationship To Youth	Phone	E-mail address
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WRAPAROUND MILWAUKEE
Day Tx. Prior Auth Policy
Attachment 2

Wraparound Milwaukee

Day Treatment Progress Report

Date of Report: 6/1/11
Youth's Name: Sample1, Client
Name of Facility: Wraparound Milwaukee

Day Treatment Authorizations in the Past Year

VendorName	*SARDate*	*ServiceName*	*Days Auth'd*	*Days Paid*

Service Month
June

Does the youth have an IEP?
Yes

If yes, IEP date
12/11/10

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?
Needs from the POC that have been addressed are...

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

What methods of treatment have been utilized this PAST MONTH to assist this youth in transitioning back to a public school setting?
Treatment modalities used this past month are ....

How and when have you reached out to and engaged this youth's family/caregiver in your program this month?
Family engagement has been achieved by ....

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

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

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

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?
We need help with ...

Date discussed with youth and family

Wraparound Milwaukee

Day Treatment Progress Report

Date of Report: 6/1/11
Youth's Name: Sample1, Client
Name of Facility: Wraparound Milwaukee

07/6/2011

Names of those present on that date.
Bill Jones-youth, Mary and Bob Jones-parents

Form Submitted by: Diane Thompson