WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/1/98	Reviewed: 11/8/11 By: JF Last Revision: 11/18/11	Section: FINANCE	Policy No: 030	Pages: 1 of 2 (2 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 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 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.

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

1. Out-of-Home Care services *(excluding Kinship Care)* – 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.

SPECIAL PROCEDURES FOR INDEPENDENT FOSTER CARE AND KINSHIP PROVIDERS.

Note: ***Kinship Care can be entered directly by Care Coordinators; independent Foster Care is a prior authorization service.***

1. The Care Coordinator submits a handwritten SAR (*see Attachment 1)* 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).* This data is then used to set up the foster/kinship parent as a Vendor in Synthesis.
2. The Care Coordinator is also responsible for showing foster/kinship parents how to complete the Wraparound Milwaukee Invoice forms (*see Attachment 2).* Foster parent/kinship checks are processed within 48 hours of receipt of the Invoice.

B. The Turnaround SAR.

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:

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.

D. 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.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

sample

WRAPAROUND MILWAUKEE

INITIAL SERVICE AUTHORIZATION

Foster Care / Kinship Care / Respite, Foster Care

SERVICE AUTHORIZATION REQUESTS ARE PROCESSED WITHIN 48 HOURS OF RECEIPT. FOLLOWING VERIFICATION OF PROVIDER CREDENTIALS/LICENSING. CARE COORDINATORS WILL BE NOTIFIED WHEN THE AUTHORIZATION HAS BEEN PROCESSED AND ENTERED INTO SYNTHESIS.

YOUTH NAME: Kevin Olsen D.O.B: 8/12/1998

SERVICE PROVIDER INFORMATION

NAME: Mary Oslen

ADDRESS: 1111 West Avenue, Milwaukee, WI 53220

PHONE NUMBERS: HOME: (414) 555-5555 CELL: (414) 515-0000

SERVICE INFORMATION

TYPE OF SERVICE ***(please check one):*** ☐ Foster Care x Kinship Care ☐ Respite, Foster Care

SERVICE MONTH: May 2011 RATE: $7.35/day # OF DAYS: 31

Submitted By:

John Case
Care Coordinator Signature

4/15/11
Date

Supervisor Review/Approval:

Sally Jones
Supervisor Signature

4/15/11
Date

COMMENTS:

Office Use Only:

Date Processed: ☐ Care Coordinator Notified / Date:

Reviewer Signature:

Return completed form to Theresa Randall, Wraparound Milwaukee – Provider Network
FAX (414) 257-7575
9201 Watertown Plank Road, Wauwatosa, WI 53226 / Telephone (414) 257-8108

Wraparound Milwaukee Provider Network Invoice

SAMPLE

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.