Detroit Wayne Integrated Health Network
Pre-Admission Review Procedures, Children's Screening Agencies
March 2023

Steps	***Procedures***
Central Bed Capacity	Management & Notification – Children's screening agencies (New Oakland, The Childrens Center, and The Guidance Center) contact each potential accepting facility regularly serving DWIHN members in the morning, with follow up calls as needed. Information is updated daily and obtained throughout the day to potential accepting facilities. All inquiries are made telephonically.
Request for Services (RFS)	The Request for Service (RFS) is initiated when DWIHN Access Center receives a call from the requesting facility, and the determined children's screening agency is identified and contacted notifying of the RFS. These requests submitted to DWIHN Access Center are completed for members who have received services in and out of Wayne County emergency departments, and it has been identified that the member is experiencing a behavioral health crisis. Insurance and eligibility are determined when DWIHN Access Center receives the request for service and requirements are met for eligibility for youth served by DWIHN. Determination of medical clearance is solidified after the initial screening from the emergency department and reiterated by DWIHN Access Center, and again once the pre-authorization review is completed by the children's screening agency that's assigned. Specifically related to TCC, members not medically cleared will be sent to Children's Hospital for clearance and referral to The Guidance Center or New Oakland Family Centers for evaluation should the treatment team request service for said member. Medical clearance is to be obtained per DWIHN guidelines prior to a requesting ED contacting DWIHN Access Center.
Screening eligibility	DWIHN Access Center screens for eligibility, and the appropriate screening agency is contacted to initiate the RFS, and that screening agency will conduct a secondary review of payment/insurance, and designation. Determination of whether a pre-admission review (PAR) will be conducted via a telephonic or face-to-face screening, a default face- to-face PAR is currently in place, and a telephonic screen is conducted barring unforeseen circumstances.
Non-Eligible Members Due to Payer/Insurer	The children's screening agencies may authorize services for the following payers only with DWIHN approval (please contact Latraya Cobb (lcobb@dwihn.org) (248)251-3256 regarding County of Financial Responsibility (COFR) cases and cases involving third party insurance. Felicia Wynn is backup (fwynn1@dwihn.org) (313)693-3289. Hours are Monday-Friday 9a-5p. After hours, please contact Daniel West, (dwest1@dwihn.org) (734)419-3159. In the event that the hospital's efforts to place persons with these payers exceeds 24 hours without a pending approval, the pre-admission review can be conducted as a courtesy with the assistance of the children's screening agencies. The children's screening agencies must contact DWIHN's liaison for permission to authorize services in these instances prior to finalizing authorization of care.
Telephonic Screening to determine Mobile Crisis Team Dispatch	The PAR service is intended to be predominantly face-to-face, though there are times when a face-to-face screening will have limited benefit and/or may not be logistically possible. One of the factors addressed in determining if a review is to be conducted telephonically versus face-to-face is the demonstrated likelihood of an inpatient admission, although children's screeners conduct a default face-to-face screening. A screening is utilized to determine if inpatient admission criteria is met, an initial assessment is completed asking **5** critical questions: (1) Has the member attempted suicide, (2) Has the member attempted to harm someone else, (3) Has the member caused damage to property, (4) Does the member demonstrate psychotic thoughts and (5) Is there evidence of current/recent substance abuse involved. Additional assessment areas of focus will need to be included, but are not limited to: prior hospitalizations, outpatient treatment history and effectiveness, history of interventions, and other relevant areas of assessment. In addition to the above, a member of the crisis screening agency will be dispatched to conduct a face-to-face assessment as described below: • There have been behavioral health services provided at an emergency department (ED) within 30 days prior to the current request (recidivism); • There is active substance use involved; • The member is currently on a medical floor and the request is to transfer to a psychiatric unit. (NOTE: No transfers from ICU to a psychiatric unit). The member must be transferred to a step-down unit for 24 hours prior to contacting DWIHN Access Center for an RFS. (Medical clearance is obtained from the step-down unit, not the ICU).

Steps	*Procedures*
	• Presentation does not meet medical necessity criteria for inpatient level of care. Note: At present, if there is not a children's crisis screener available, due to various reasons i.e. volume of request for services is greater than the children's screening agency can reasonably manage with time and distance, inclement weather, etc., the case is reconsidered for a telephonic screening. These exceptions are sometimes necessary in order to provide prompt services to the member waiting in the ED.
Pre-Authorization Review - Telephonic	Based on the initial symptoms reported, if it is assessed that there is a very high likelihood that the member will meet criteria for an inpatient admission, a telephonic clinical review is facilitated pending reasons a face-to-face assessment cannot take place. Children's screening staff will enter clinical information in the PAR based on a verbal report from ED staff with direct knowledge of the member at the ED where the member is awaiting disposition determination. Based on whether Medical Necessity Criteria is met, a level of care disposition is determined. In the event that inpatient criteria are not clearly met, the children's screener will consult with their respective agency psychiatrist prior to rendering a final disposition to the ED social worker. When the disposition decided upon is a lower level of care than inpatient, the children's telephonic PAR staff coordinates all needs related to the determined disposition of less than inpatient (e.g. lower level of care, transportation, etc.). A children's screening agency psychiatrist is available 24-hours for a doctor-to-doctor review as requested by the ED (See Physician-to-Physician process described below). At any time during this process the ED may request a children's crisis screener come to the hospital ED to complete a face-to-face review with the member. In the event a notification is made to the contracted screening agency or DWIHN requesting a screening, made by a legal guardian/authorized representative, the screening agency will research the case (COFR, current DWIHN member, diagnosis, etc) and contact DWIHN Access to initiate a request for service for the hospital where the member currently is or where the member will be going at the time notification is made. A team will be dispatched to conduct screening, and if efforts to complete the screening are refused by the hospital upon team arrival, documentation is to be completed in MHWIN (attending physician, contact at hospital, reason for refusal, etc).
Pre-Authorization Review – Mobile Team Face to Face	When a face to face is determined to be most effective, the assigned children's screening agency will inform the hospital ER staff of the approximate arrival time of the *children's crisis screener. Teams are expected to arrive within 3 hours of the request for service.* If there are changes in the arrival time due to traffic, medical clearance, etc. the children's screening agency will contact the ER staff to inform them of the changes. When the children's screening agency arrives at the ED, they will announce themselves to the ED contact person identified by DWIHN Access Center staff during the initial telephonic RFS. The ED will provide the children's screening agency with accommodations to meet with the member(s) that ensures the member's privacy and provides the children's screening agency staff with adequate space to interview the member with reasonable privacy. When a children's crisis screening agency arrives at an ED and the member is not available to be screened, the screener will wait 15 minutes to be escorted/directed to the member for which they have come to provide PAR services. In the event that the screener is called to another site after 15 minutes of waiting has passed, the screener will call the DWIHN Access Center to request the RFS to be closed at the ED by marking the case as complete. The children's crisis screener will advise the ED that when the ED staff are able, to provide the screener with access to the member, they can call the DWIHN Access Center back and the case will be restarted. The new RFS will require completion of the demographics again by phone. **If the member's condition/status has changed during the period between the initial call for the request for service and the arrival of the team, rendering the member to not be accessible for a face-to-face review (e.g. the need for unplanned sedation or in the event that the member refuses to meet with the team) the children's screening agency team will request a verbal update from the ED staff regarding the member's condition and consult with an agency**

Steps	*Procedures*
	supervisor to determine whether to conduct a PAR by report of the ED staff or close the case and return to the ED when the member is able to meet with the screener. The determination of the status of the case will be discussed with the ED staff.
Disposition Decision	The PAR process, whether conducted telephonically or face-to-face, is expected to be completed within a 2-hour time period. This time period is determined based on the time that the initial Request for Service is received telephonically by the DWIHN Access Center and the time when a disposition determination is made by the children's screening staff. The 3-hour disposition time frame is irrespective of whether the PAR is conducted face-to-face or telephonically. In the event that the member and/or the ED staff needed to conduct the PAR are not available to conduct the review process; the case will be closed until a time when the ED or the member (as described above) becomes available. When children's screening staff offer a disposition of less than inpatient, in cases when inpatient is the requested level of care by the ED, children's screening staff will consult this disposition with their agency physician prior to presenting it to the ED staff or the member. Children's screening staff conducting face-to-face reviews, will provide the ED with a written document stating which level of care the PAR meets criteria for authorization for payment.
Physician to Physician Review	A children's screening agency psychiatrist is available 24-hours a day via their personal phone numbers. The children's crisis screener will provide the ED with the contact information for the agency psychiatrist. When medical necessity is not met to authorize payment for an inpatient admission, children's screening agency staff will consult with the agency psychiatrist and the ED social worker regarding the recommendation of a lower level of care decision. Children's screening agency staff will offer the hospital ED an opportunity to conduct a telephonic physician-to-physician review if there is a disagreement with the disposition. *The agency psychiatrist will attempt to contact the ED physician within a 3-hour timeframe. If there has been no contact within 3 hours of the ED's request for the doctor-to-doctor review, the children's screening agency disposition will stand. Lack of contact from the ED physician within 3 hours implies the ED's acceptance of the disposition decision from the screening agency. Children's screening agencies will complete the lower level of care disposition transition (less than inpatient admission) and coordinate this transition and transportation with ED's staff.* In the event that the ED physician and children's screening agency psychiatrist do not concur on a level of care, the children's screening agency psychiatrist will indicate what level of care he or she is authorizing for payment. Should the ED physician decide to admit the member to an inpatient unit without authorization, he or she will be made aware by children's screening agency staff of the process to appeal the denial of payment.
Authorization of Inpatient Admission	The following will occur when children's screening agency staff indicates that medical necessity criteria for inpatient admission are met and the hospital where the member's PAR was completed has an available bed: • The hospital must provide information regarding unit, bed number, and admitting physician, who was consulted at the requesting facility; • Childrens screening agency staff will provide an initial 3-day authorization, to be changed only by utilization management at DWIHN. In the event of an appeal or dispute regarding whether authorization for payment was provided by the childrens screening agency, the admitting hospital must be able to present the issued authorization number. At the point of authorization, admission information is transferred in real time to DWIHN for continued stay review. When children's crisis screening staff indicate that medical necessity criteria for inpatient admission is met and the hospital where the member's PAR was completed either does not have a psych unit or an available bed on their psychiatric unit, children's screening agency staff will begin to call other hospitals for their bed availability. Hospitals with vacancies must complete review of the member's packet and confirm within a 2-hour time frame, if the member will be accepted. Reasons for denial must be provided to the children's screening agency team to be recorded in the member's chart (PAR disposition section).

Steps	*Procedures*
	Verbal authorization is given to the accepting hospital by the children's crisis screening agency staff, and authorizations will be entered into the EMR once member arrives to accepting facility. *It is the responsibility of the requesting ED to facilitate/arrange the transfer of the member to the accepting/admitting hospital.* **** If the accepting/admitting hospital does not contact the children's crisis screening agency for the inpatient authorization within 24-hours of the admission, an administrative denial may be given. The decision to issue a denial is on a case-by-case basis and is at the discretion of the DWIHN.** When a member is approaching a wait of 23-hours for a bed, children's crisis screening agency staff notifies and consults the DWIHN Hospital Liaison for further assistance. The childrens screening agency will document who they spoke with, time of contact and current status in the note section in MHWIN. A bed search will occur within the DWIHN contracted provider network for 24 hours prior to an out of network provider being contacted for admission. For all County of Financial Responsibility (COFR), Single Case Agreement (SCA) and/or state hospitalization questions, please contact the assigned DWIHN Hospital Liaison.
Diversion	If Partial Hospitalization or traditional outpatient is the agreed upon level of care, the children's screening agency will contact the New Oakland, secure an appointment, authorize the initial services and arrange transportation for the member from the ED to the appropriate facility or personal residence (in the instance of a partial hospital program start date other than the date of the ED discharge). If crisis residential is the agreed upon disposition, the childrens screening agency will coordinate with the hospital, who is ultimately responsible for transportation as an ambulance is required. **Note: There is a 2-hour window for Crisis Residential Programs to review packets to accept admissions. The time begins once the disposition decision has been made. Once a bed has been secured there may be an additional 2 hours for member to be transported to the accepting facility.** *In the event that Crisis Residential is the determined level of care and there are no crisis residential beds open in the community, the disposition will be changed to inpatient.* In the event a lower level of care is given and agreed upon by all parties, the intensive crisis stabilization services team (ICSS) coordinates services in the member's community within 24 hours of the ED discharge. A stabilization appointment will be provided for the member prior to leaving the ED. Crisis screening agencies request transportation be arranged by the accepting PHP, however, not all PHP locations provide transportation.
Contact Information	• **Annette McCain, DWIHN Hospital Liaison** (313)952-1963 amccain@dwihn.org • **Kimberly Rice, DWIHN Hospital Liaison** *(All children's cases)* (248)251-3772 krice@dwihn.org • **Latraya Cobb, DWIHN Hospital Liaison** (COFR) (248)251-3256 lcobb@dwihn.org • **Sojourner Jones, Community Law Enforcement Liaison** (313)585-4775 sjones1@dwihn.org • **Daniel West, Director of Crisis Services** (734)419-3159 dwest1@dwihn.org • **Kevin Giles, Mobile Outreach Clinician** (313)580-3402 kgiles@dwihn.org • **Felicia Wynn, DWIHN Hospital Liaison** (COFR) (313)693-3289 fwynn1@dwihn.org