Detroit Wayne Integrated Health Network
Children's Pre-Admission Review Procedures, Updated February 2025

Steps	Procedures
Bed Census	Children's screening agencies: (New Oakland Family Centers (NOFC) and The Guidance Center (TGC) screen children with both disability designations (I/DD and SED). The NOFC Clinicians will complete Pre-Admission Reviews at Children's Hospital of Michigan specifically, and The Guidance Center will complete Pre-Admission Reviews at all other hospitals. The children's screening agencies coordinate with the treatment team at the requesting facility to contact each potential accepting facility regularly serving DWIHN members in the morning, with follow up calls where needed. Information is updated daily and obtained throughout the day (every 4 hours) regarding potential accepting facilities. All inquiries are made telephonically. Notifications of the 23- hour list are to be distributed daily to DWIHN Clinical Specialists prior to 9am daily.
Requests for Service (RFS)	Effective 11/1/2024 6am, A Request for Service (RFS) is initiated when The DWIHN PAR Dispatch Department (313)696-0905 receives a call from the requesting facility, and the appropriate children's screening agency per designation is identified and contacted notifying of the RFS. These requests are submitted to the DWIHN PAR Dispatch Department (fax (313)524-2385) and 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. 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). Insurance and eligibility are determined when DWIHN PAR Dispatch Department 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 PAR Dispatch Department, and again once the pre- admission review (PAR)is completed by the children's screening agency that's assigned per designation. Medical clearance is to be obtained per DWIHN guidelines from

	the requesting facility attending physician prior to a requesting ED contacting DWIHN PAR Dispatch Department, and the screening agency will utilize the MI Smart form as reference when determining whether a member is medically cleared. For psychiatric clearance, the psychiatrist from the screening agency in tandem with the attending physician at the requesting facility determine psychiatric clearance.
Screening Eligibility	The DWIHN Access Center screens for eligibility, and the appropriate screening agency is contacted to initiate the RFS, and the screening agency will conduct a secondary review of payment/insurance, and designation. Determination is made whether a PAR will be conducted via a telephonic or face-to-face screening with a default face- to- face PAR, and a telephonic screen is conducted barring unforeseen circumstances.
Non-Eligible Members Due to Payer/Insurer	County of Financial Responsibility (COFR): please contact Felicia Wynn (fwynn1@dwihn.org) (313)693-329 or Elektra Campbell (ecampbell@dwihn.org as backup) regarding County of Financial COFR cases and cases involving third party insurance. The hours are Monday- Friday 9a-5p. After hours, please contact Daniel West, (dwest1@dwihn.org) (734)419-3159. If the requesting facility's efforts to place members with these external payers exceeds 24 hours without 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 Clinical Specialist for permission to authorize services in these instances prior to finalizing authorization of care.
Screening	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. When the RFS is being taken, at a minimum these 8 questions are asked per MCG Indicia 401 inpatient criteria. Have any of the following occurred in the last 24 hours? • **Suicide Attempt** • **Suicidal Ideation/means** • **Homicide Attempt** • **Homicidal ideation/means** • **Serious Bodily Injury to Others** • **Damage to Property** • **Is the member actively using or tested positive for substances?** • **Is the member actively psychotic?**

	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 a requesting facility within 30 calendar days prior to the current request (recidivism). • There is active substance use involved. • Presentation does not meet medical necessity criteria for inpatient level of care. Note: Should there be no 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 to provide prompt services to the member waiting in the ED. 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 requesting facility staff with direct knowledge of the member at the facility 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 is not clearly met, the children's screener will consult with their respective agency psychiatrist prior to rendering a final disposition to the requesting facility. When the disposition decided upon is a lower level of care than inpatient, the children's screening agency coordinates all needs related to the determined disposition of less than inpatient (e.g. lower level of care, CRSP involvement, transportation, etc.). A children's screening agency psychiatrist is available 24-hours for a doctor-to-doctor review as requested by the facility (See doctor-to-doctor process described below). Adverse Benefit Determination (ABD) Paperwork with accompanying physician's letter is to be provided at the time of the

	denial of a requested higher level of care, and if circumstances prevent providing the ABD/physician's letter in person, verbal education to the member is to be provided, reasons ABD paperwork/physician's letter is not provided in person, and the documentation is to be mailed to the confirmed last known address within 24 hours and documented. 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. When a face-to-face screen is determined to be most effective, the assigned children's screening agency will inform the requesting facility 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 of the screening agency due to traffic, medical clearance, etc. the children's screening agency will contact the requesting facility to inform them of the changes/circumstances. When the children's screening agency arrives at the requesting facility, they will announce themselves to the facility contact person identified by DWIHN Access Center staff during the initial telephonic RFS. The requesting facility will provide the children's screening agency with accommodations to meet with the member with adequate space to interview the member with reasonable privacy. 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 be inaccessible 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 requesting facility regarding the member's condition and consult with an agency supervisor to determine whether to conduct a PARby report of the requesting facility or close the case and return to the facility when the member is able to meet with the screener. The determination of the status of the case will be discussed with the requesting facility. Communication regarding disposition and clinical presentation to MDHHS is to come directly from DWIHN rather than directly from the contracted screening entities. For every Pre-Admission Review completed, Children's screeners are to notify the Clinically Responsible Service Provider (CRSP) within section 14 of the PAR with an email sent to distributed CRSP contacts. If the member does not have a CRSP, screener is to notify DWIHN Clinical Specialists at liaisons@dwihn.org and mark "No" under that section for this purpose.

Disposition Decision	The PAR process, whether conducted telephonically or face-to-face, is expected to be completed within a 2-hour timeframe. This timeframe is determined based on the time that the initial Request for Service is received telephonically by the DWIHN PAR Dispatch Department and the time when a disposition determination is made by the children's screening staff. The 3-hour disposition timeframe is irrespective of whether the PAR is conducted face-to-face or via telephone. If the member and/or the requesting facility staff needed to conduct the PAR are not available to conduct the pre-admission review process; the case will be closed until a time when the requesting facility or the member (as described above) becomes available. When children's screening staff offer a disposition less than inpatient, in cases when inpatient is the requested level of care by the legal guardian or authorized representative, children's screening staff will consult with their agency physician prior to presenting it to the requesting facility staff or the member, and provide adverse benefit determination (ABD) paperwork to the legal guardian or authorized representative as well as a physician's letter signed by the director of the screening agency with content discussed by the screening agency psychiatrist included with attending physician identification on the letter. Regardless of disposition, the members themselves, a parent, or authorized representative will be provided with SED waiver information for ongoing treatment and stabilization in the community. Children's screening staff conducting face-to-face reviews will provide the ED with a written document stating which disposition was reached for payment authorization. Children's screening agencies are to provide members with the SED Waiver flyer at disposition. Disposition is to be verbally provided to the member when the disposition decision is made and documented, and when member is accepted to a level of care, documentation that the treatment team at the requesting facility is to provide that information to the member is to be inputted within 30 minutes of screening agency notification to include initial length of stay, facility, and attending physician. Screening agencies must notify the assigned CRSP of crisis screening within 24 hours of screening and attach clinical care review form to be completed by the assigned CRSP. If a CRSP is not assigned and a child is discharged to an outpatient level of care from the emergency department, the screening agency is to work with the family and the DWIHN Clinical Specialist to have a CRSP of preference assigned either by enrollment in ICSS services through New Oakland Family Centers or upon notification of the DWIHN Clinical Specialist. Children's screening agencies are to re-evaluate/re-screen members at least every 24 hours or as needed per clinical presentation to determine if a least restrictive level of care would be appropriate if no immediate bed is available on an inpatient unit.

	On Monday, Wednesday, and Friday of any given week, children's screening agencies will provide updates specific to Children's Hospital to Daniel West (dwest1@dwihn.org) by noon that day.
Doctor to Doctor Review	A screening agency psychiatrist is available 24-hours a day, 7 days a week. The requesting facility can contact the screening agency to request a doctor-to-doctor consult if there is a disagreement in disposition authorization. If the doctor-to-doctor consult has not been completed within 3- hours of the request for service, the screening agency disposition will stand. Lack of contact from the requesting facility or their physician implies acceptance of the disposition. Potential outcomes of the doctor-to-doctor consultation (Outcome of the consult and rationale for the disposition authorization documented in MHWIN by the screening agency): 1. The requesting facility attending physician/psychiatrist and the screening agency attending psychiatrist agree on the disposition, the disposition will be authorized. 2. The screening agency recommends a higher level of care, and the requesting facility requests a lower level of care/discharge: a. A doctor-to-doctor consult occurs, the screening agency's doctor agrees with the hospital's recommendation, a lower level of care is authorized. b. A doctor to doctor occurs and the screening agency's doctor does not agree with the hospital's recommendation, the authorization stands but the requesting facility's clinical team may choose to discharge. The screening agency/DWIHN Clinical Specialists work towards discharge planning and lower level of care. The screening agencies input authorizations as applicable. c. Hospital does not wish to pursue a doc to doc. The authorization stands but the requesting facility's

	clinical team can choose to discharge. The screening agency/DWIHN Clinical Specialists work towards discharge planning and lower level of care, authorizations provided as applicable. (Document the name of the physician at the facility recommending discharge/lower level of care disposition and attempt getting a copy of the physician note/consult indicating that recommendation. Upload in MHWIN) 3. The requesting facility requests a higher level of care, and the screening agency authorizes a lower level of care: a. A doctor-to-doctor consult occurs and there is an agreement, authorization changed to higher level of care. b. A doctor-to-doctor consult occurs, and the screening agency's doctor does not agree with the hospital, the authorization stands, and the denial for higher level of care is given. Adverse Benefit Determination (ABD) paperwork is provided with right to second opinion while the screening agency/DWIHN Clinical Specialists work toward discharge planning. c. The requesting facility/member/legal guardian disagrees with the denial of higher level of care by the screening agency and a second Opinion is requested, the second opinion process is followed. (Document the name of the physician at the facility recommending admission and attempt getting a copy of the physician note/consult indicating that recommendation. Provide it to appeals@dwihn.org as part of the second opinion process)
Authorization of Inpatient Admission	The following will occur when children's screening agency staff indicates that medical necessity criteria for inpatient admission is met and the requesting facility where the member's PAR was completed has an available bed: • The children's screening agency must provide information regarding unit, bed number, and admitting physician if the requesting facility has an available and appropriate placement availability;

	• The children's screening agency staff will provide an initial 3-day authorization, to be changed only by Utilization Management (UM) at DWIHN. In the event of an appeal or dispute regarding whether authorization for payment was provided by the children's 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 does not have a psychiatric unit/available bed on their 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/admitted. Reasons for denial must be provided to the children's screening agency team to be recorded in the member's chart (PAR disposition section). When a member remains at the requesting facility for more than 23 hours, the DWIHN Clinical Specialist will contact the requesting facility and coordinate efforts to place member in the most appropriate level of care (see DWIHN Clinical Specialist contact information below). DWIHN Clinical Specialists receive a list of these members daily prior to 9am. Verbal authorization is given to the accepting hospital by the children's crisis screening agency staff, and authorizations will be entered into the chart once a 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 DWIHN. Should the requesting facility not notify the children's screening agency of

	an available bed at their facility (and for Corewell emergency departments, an available bed within the Corewell system), and another bed if found outside of the requesting facility, the member will be transferred to the bed found by the children's screening agency. Should member be considered for an enhanced rate due to nature of presentation, the assigned DWIHN Clinical Specialist will be contacted to approve the enhanced rate, and the children's screening agency/ED treatment team will distribute materials to potential accepting facilities with the offer of an enhanced rate. Members who present high acuity needs involving complex medical and psychiatric concerns (children under 12, complex physical and developmental issues, medical complications, older adults with complex needs, eating disorders, etc), screening agencies are to bypass the 24- hour in-network bed search, especially in situations where a member is better suited to be treated in a facility offering specialty services in line with the member's presenting concerns. Under these circumstances, the screening agencies are to document the reasons they have pursued availability out-of-network within the initial 24- hour period For all County of Financial Responsibility (COFR), Single Case Agreement (SCA) and/or state hospitalization questions, please contact the assigned DWIHN Clinical Specialist.
Diversion	If Partial Hospitalization (PHP) or traditional outpatient is the agreed upon level of care, the children's screening agency will contact 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 the start date of PHP is outside of a 2-day window, another PAR must be conducted to authorize the PHP level of care. If crisis residential (Safehaus) is the agreed upon disposition, the children's screening agency will coordinate with the requesting facility, 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. If 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) via New Oakland 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 requesting facility. Crisis screening agencies request transportation be arranged by the accepting PHP, however, not all PHP locations provide transportation.

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Contact Information	**Assigned Hospital**
Felicia Wynn ***Manager*** **(fwynn1@dwihn.org)** **(313)693-3289** **Lead COFR**	• Manager of the Clinical Specialists
Elektra Campbell ***Clinical Specialist*** **(ecampbell@dwihn.org)** **(313)500-0309** **(313)549-1792** **Backup COFR**	• Corewell Royal Oak • Corewell Troy • St. John Providence/Novi • St. Mary Mercy Livonia • Corewell Farmington Hills • Henry Ford Wyandotte • St. John Main • COPE CSU • Corewell Grosse Pointe • Garden City • Henry Ford Brownstown • Mclaren group • Corewell Wayne • Corewell Taylor • Corewell Dearborn • Corewell Trenton • St. Joseph Ann Arbor • DMC Sinai • DMC Detroit Receiving • Henry Ford Main • St. John Main • Team Wellness CSU
Wynee Cooper ***Clinical Specialist*** **(wcooper@dwmha.com)** **(313)405-3222**	• All children's cases regardless of hospital • DMC Harper-Hutzel • Henry Ford Fairlane • UofM
Daniel West ***Director of PIHP Crisis Services*** **(dwest1@dwihn.org)** **(734)419-3159**	• All inquiries related to crisis services.