

# **PROVIDER ALERT**

### **DLA-20 CHANGES**

#### **SEPTEMBER 26, 2017**

Effective the weekend of September 23/24, 2017, the DLA-20 questionnaire will also be updated as follows:

1) The "Date DLA-20 was Completed" field cannot be greater than the current date (i.e., not a future date)

Requested Start Date 08/15/2017	Member Name	Provider Name	Vendor ID	Save Request as Draft
Type of Request CONCURRENT	Member ID	Provider ID	Provider Alternate ID	NPI # for Authorization
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service MENTAL HEALTH	Level of Care	Type of Care PSYCHIATRIC REHABILITATION (REHABILITATIVE SERV)	Authorized User
		Vendor Medicaid or Alt ID	Vendor NPI #	
Date DLA-20 Was Co	ompleted canno	ot be greater than the cur		
		ot be greater than the cur		
Date DLA-20 Was Co Daily Living Activitie: Person Who Completed the DLA-20:		ot be greater than the cur		
Daily Living Activitie		ot be greater than the cur		
Daily Living Activities		ot be greater than the cur Adult Mental Health	rent date.	
Daily Living Activities Person Who Completed the DLA-20: *First Name		ot be greater than the cur Adult Mental Health *Last Name	rent date.	m)



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2) The "Date DLA-20 was Completed" field cannot be prior to or the same as the previous "Date DLA-20 was Completed" field.

Requested Start Date 08/15/2017	Member Name	Provider Name	Vendor ID	Save Request as Draf
Type of Request CONCURRENT	Member ID	Provider ID	Provider Alternate ID	NPI # for Authorizatio
Level of Service OUTPATIENT/COMMUNITY BASED	Type of Service MENTAL HEALTH	Level of Care OUTPATIENT	Type of Care PSYCHIATRIC REHABILITATION (REHABILITATIVE SERV)	Authorized User
• Date DLA-20 Was C	ompleted can	Vendor Medicaid or Alt ID	vendor NPI # e as the previous Date DLA-20 Was Completed ((	07202017).
		not be prior to or the same		07202017).
Date DLA-20 Was C Daily Living Activities Person Who Completed the DLA-20:		not be prior to or the same		07202017).
Daily Living Activities Person Who Completed the DLA-20: *First Name		not be prior to or the same		07202017).
Daily Living Activities		not be prior to or the same Adult Mental Health	e as the previous Date DLA-20 Was Completed ((	07202017).
Daily Living Activities Person Who Completed the DLA-20: *First Name		not be prior to or the same Adult Mental Health *Last Name	e as the previous Date DLA-20 Was Completed ((	

3) The "Date DLA-20 was Completed" field cannot be prior to or the same as the previous "Date DLA-20 was Completed" field.

Requested Start Date 08/20/2017	Member Name	Provider Name	Vendor ID	Save Request as Draf
ype of Request ONCURRENT	Member ID	Provider ID	Provider Alternate ID	NPI # for Authorizatio
evel of Service UTPATIENT/COMMUNITY BASED	Type of Service MENTAL HEALTH	Level of Care	Type of Care PSYCHIATRIC REHABILITATION (REHABILITATIVE SERV)	Authorized User
Date DLA-20 Was C	completed can	Vendor Medicaid or Alt ID not be more than 30 days	vendor NPI #	
		not be more than 30 days		
Daily Living Activitie		not be more than 30 days		
Daily Living Activities		not be more than 30 days		
Date DLA-20 Was C Daily Living Activitie: Person Who Completed the DLA-20: "First Name Enterfirstname		not be more than 30 days Adult Mental Health	a prior to the Requested Start Date.	
Daily Living Activitie: erson Who Completed the DLA-20: 'First Name		not be more than 30 days Adult Mental Health *Last Name	s prior to the Requested Start Date.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

\*I attest that the individual who administered the DLA-20 in this instance is credentialed and privileged by MTM Services.



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If you have any questions, please feel free to email: <u>marylandproviderrelations@beaconhealthoptions.com</u>