



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 Services Header

| | | | | |
|-------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------|
| 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 SELECT... ▾ |
| Level of Service OUTPATIENT/COMMUNITY BASED | Type of Service MENTAL HEALTH | Level of Care OUTPATIENT | Type of Care PSYCHIATRIC REHABILITATION (REHABILITATIVE SERV) | Authorized User <input type="text"/> |
| | | Vendor Medicaid or Alt ID | Vendor NPI # | |

• Date DLA-20 Was Completed cannot be greater than the current date.

Daily Living Activities (DLA-20): Adult Mental Health

Person Who Completed the DLA-20:

| | | |
|------------------------------------|---------------------------------------------------|----------------------|
| *First Name Enterfirstname | *Last Name Enterlastname | *Title Entertitle |
| *Agency Affiliation Enteragency | *Date DLA-20 Was Completed (MMDDYYYY) 08162017 | |

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



PROVIDER ALERT

- 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 Services Header

| | | | | |
|-------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------------------------------------|----------------------------------------|
| 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 SELECT... ▾ |
| Level of Service OUTPATIENT/COMMUNITY BASED | Type of Service MENTAL HEALTH | Level of Care OUTPATIENT | Type of Care PSYCHIATRIC REHABILITATION (REHABILITATIVE SERV) | Authorized User |
| | | Vendor Medicaid or Alt ID | Vendor NPI # | |

• Date DLA-20 Was Completed cannot be prior to or the same as the previous Date DLA-20 Was Completed (07202017).

Daily Living Activities (DLA-20): Adult Mental Health

Person Who Completed the DLA-20:

| | | |
|------------------------------------|-----------------------------|-----------------------------------------------------|
| *First Name Enterfirstname | *Last Name Enterlastname | *Title Entertitle |
| *Agency Affiliation Enteragency | | *Date DLA-20 Was Completed (MMDDYYYY) 07192017 📅 |

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

- 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 Services Header

| | | | | |
|-------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------------------------------------------------|----------------------------------------|
| Requested Start Date 08/20/2017 | Member Name | Provider Name | Vendor ID | Save Request as Draft |
| Type of Request CONCURRENT | Member ID | Provider ID | Provider Alternate ID | NPI # for Authorization SELECT... ▾ |
| Level of Service OUTPATIENT/COMMUNITY BASED | Type of Service MENTAL HEALTH | Level of Care OUTPATIENT | Type of Care PSYCHIATRIC REHABILITATION (REHABILITATIVE SERV) | Authorized User |
| | | Vendor Medicaid or Alt ID | Vendor NPI # | |

• Date DLA-20 Was Completed cannot be more than 30 days prior to the Requested Start Date.

Daily Living Activities (DLA-20): Adult Mental Health

Person Who Completed the DLA-20:

| | | |
|------------------------------------|-----------------------------|-----------------------------------------------------|
| *First Name Enterfirstname | *Last Name Enterlastname | *Title Entertitle |
| *Agency Affiliation Enteragency | | *Date DLA-20 Was Completed (MMDDYYYY) 07202017 📅 |

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



PROVIDER ALERT

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