



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.



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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 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.



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