

DATE 5/3/19

1. Is a DLA-20 for individuals seen for a crisis or admitted to crisis intervention only?

No, the DLA 20 is not for an individual seen in crisis or admitted into crisis intervention only. If the child is admitted to a behavioral health service following ambulatory crisis then the DLA 20 should be done at that point.

2. Does an individual with ID/DD receiving medication management only from the psychiatrist—need to have a DLA 20 assessment?

Individuals with DD/ID receiving medication management only do NOT need the DLA 20. The only time an individual with DD/ID would receive this assessment is if they are enrolled in a behavioral health service.

3. Are 400 Program Area services (according to the CCS3 Taxonomy) exempt from the DLA 20 requirement?

400 Program Area services are exempt from DLA 20.

4. If we have clients that are only receiving permanent supportive housing only and no behavioral health services should they have the DLA assessment completed?

The DLA 20 beginning in January 1, 2019 will be done on each child age 6 and up and adult receiving a behavioral health service in a CSB. This includes mental health, substance use disorders, and co-occurring issues.

5. Can the DLA be completed with collateral information in the absence of the client?

The DLA-20 should not be done in the absence of the client as this would call into question whether the information is accurate about the last 30 days. Further, the DLA-20 establishes the treatment goals for the next quarter. This should been done with the client. In rare exceptions, clinicians may need to complete over the phone with a client; however, this should not be the norm.

6. I understand that the implementation of the DLA20 is January 2019. Is this information to be captured within CCS as one of the outcomes?

Each CSB will work with MTM to identify the most effective data collection vehicle. Starting in July 2019 the composite score only.

7. I would like to know if the DLA-20 will be used for outcomes in Substance Abuse. I understand that it was not normed on SA but I was wondering if this is the measure to be used across all programs.

The Adult MH DLA-20 will be administered to all clients 18 years and older with Mental Health, Substance Use, and Co-occurring disorders. The tool measures alcohol/drug use activity in a cumulative question: Alcohol/ Drug Use - Abstain from smoking cigarettes, drinking alcohol, doing drugs or inhalants or any kind; avoid high risk drinking situations & people who do drugs. While MTM offers a SUD focused DLA 20, it is not being used as part of this process.

8. Concerning the levels of care recommendations that align with the DLA-20 Functional Assessment for mental Health, does DMAS understand that individuals that are severely mentally ill may not move to another level quickly and that long term care is often needed and will they authorize units over the course of a year or more?

DMAS and each MCO has a standard continuing stay or reauthorization process. DLA-20 results are an important element of the clinical assessment. Include DLA-20 results in the comprehensive summary when requesting additional units of service.

9. The DLA 20 is supposed to be completed quarterly. Since the DLA 20 requires a face to face assessment, it may not always coincide exactly with the date of the quarterly review. Would be acceptable if we completed the DLA 20 in the same month that the quarterly is due? or within 30 days of the quarterly due date?

At this time, it is acceptable to complete the DLA-20 in the same month that the quarterly is due. Ideally, the quarterly review is occurring face-to-face; therefore, the DLA-20 can be administered concurrently based on the timeframes (and grace period) for completing the quarterly.

10. Does the DLA-20 need to be administered in detox programs?

No.

11. If an individual receives all ID/DD services and only sees the psychiatrist, is a DLA-20 needed for that MH service?

No, clinicians do not have to administer the DLA-20 to individuals with an ID/DD diagnosis who participate in psychiatric services as the only MH service. The DLA 20 does not need to be completed on MH clients who ONLY receive psych services/med management.

12. Our Intake process has gotten quite cumbersome, is there any discussion at Dept about simplifying/eliminating some of the data elements to accommodate the increased complexity resulting from DLA?

No.

13. Can QMHP staff administer the DLA-20?

Yes.

14. Typically, a quarterly review and annual reassessment is completed at the same visit. With the new procedure for a comprehensive needs assessment to be completed annually, does the review 5 need to be completed in addition to a new DLA20 done by the clinician. These would be submitted within a week of each other.

For the sake of clarity, it's best not to speak EHR language (Review 5) because that can confuse the conversation for people who are unfamiliar with Credible.

The comprehensive needs assessment, quarterly reviews, and the DLA 20 are three separate items. The DLA 20 can be done by a CM, QMHP, LMHP E, or LMHP as long as they were trained on the DLA 20 assessment. This needs to be done at the time of the comprehensive needs assessment and then quarterly thereafter. Its purpose is different from that of the Comprehensive Needs Assessment. The DLA-20 provides specific metrics that are necessary to evaluate the clinical outcomes for STEP-VA, which impacts state funding.

There has been very preliminary discussion about the possibility of the DLA 20 taking place of the quarterly but that is only discussion, not policy.

15. Is a CSB obligated to participate in a contract with MTM for the capability to view its own data? For example, can a CSB work with MTM only to do the configuration work so that its DLA-20 data can be submitted to SPQM so that the state can access it but not take advantage of the ability to use SPQM to analyze its own internal data for two years with DBHDS picking up the tab.

Yes. If a CSB decides to do that they would most likely need to return the money provided for the CSB use.

16. Currently at our agency for our programs we always use 18 and up as the age for an Adults. This is not in line with how the DLA-20 forms are currently setup. For the Child version of the DLA-20 we notice that the age is listed as 6-18, which means an 18 year old would be considered a Child. The Adult version doesn't have an age listed on the form, however based on the age listed for the child form; the Adult version would then only be applicable for individuals 19 years of age and older. Can you verify if the correct age for an Adult is 19 and up? If this is not the correct age, then we will need to have the appropriate communication assembled to let our EHR vendor that they need to change the form. Also I would need to share this information with our data management committee so that all Community Service Boards have the same understanding.

The easy answer is the youth DLA-20 is up to age 18 and the adult version is 18 and older. We just worked with Harris EMR (which was impacting some VA teams) to correct their set up as they had it where they could not access the adult DLA-20 until someone is 19. They have corrected it to 18.

17. How are unplanned discharges handled and do we need to do a DLA-20 if they haven't seen them in over 30 days because they dropped out unplanned?

If the consumer has not been seen within the 30 window prior to discharge, the most recent DLA 20 stands as the most recent contact. A notation needs to be made that consumer was not present in order to complete at the time of discharge.

18. Is the state going to require us at 18 years old to switch over the to the Adult MH tool?

At age 18 the adult DLA 20 must be used.

19. What if the staff can't find or see the individual when the 90 day review is due? Is there a grace period on when it is completed?

If you have seen the consumer within the last 30 days it must be completed during the month it is due. If you have NOT seen the consumer within the last 30 days complete the DLA 20 at the time of your next interaction. NOTE: This will not change the timeframe for the next DLA 20. The DLA 20 should align with the Quarterly even if there is a truncated period between due to absenteeism. Please see Question 17 for more information related to Unplanned Discharges.

20. Due to overlap between the Comprehensive Needs Assessment and the DLA 20, can forms be combined to reduce repetitive questions?

Yes. However, the DLA 20 score sheet must be completed, and the combined questions must include activity elements for daily living for DLA 20.

21. What are the Change Score expectations for year one?

The expected outcome for year one is that all CSBs have fully implemented the DLA 20 with all new and existing consumers by March 1, 2020. Expectations related to change or progress scores will be implemented during Year 2.

22. Is the DLA 20 required if the CSB contracts out services to a provider?

If the vendor is responsible for all treatment, care, and follow along then there is no need for a DLA 20 to be done as they are effectively receiving services from a Non-CSB entity. However, if the consumer is receiving any kind of follow along by the CSB staff then a DLA 20 is needed in accordance with the plan.

23. Is the DLA 20 required for consumers who are incarcerated?

No. The DLA 20 is not required for consumers who are located in a jail setting.