

Daily Living Activities (©DLA-20)  
Questions and Answers

**Administering the DLA at Admission**

**Q: Can the admission (initial) DLA-20© be billed separately or is it part of the assessment treatment plan bundle? I know the DLAs at level change and discharge are billed separately but wanted to clarify the billing of the initial DLA at admission.**

A: Yes, the DLA administered at admission may be billed separately from the assessment treatment plan bundle. Refer to the ADA Provider Bulletin issued on March 11, 2014 [DMH bulletin \(Number FY 15 – Clinical 26\)](#) for billing and documentation instructions.

**Q: Section 3.6.1 (Bulletin FY'15 – Clinical 26) states the DLA-20© is to be administered “upon admission.” What kind of timeframes are we placing for administration of the DLA-20©? Will it be the same as the assessment? Or could agencies conceivably wait the full 30 days they have to enter the mGAF score into CIMOR to actually administer the DLA-20© assessment/screening instrument to the client? Conceivably, people could complete residential stabilization and move on to outpatient treatment (hopefully) and still not have the DLA-20© administered if they have the FULL 30 days to administer this instrument.**

A: It is recommended that the DLA20© be completed at admission during the assessment process. The provider then has up to 30 days to enter the score in CIMOR.

**Q: In the first paragraph of the memo (dated March 11, 2014 from Nora Bock), it looks like the same tool for both adults and adolescents. Specifically, it lists the “DLA-20© Adult Alcohol-Drug” version for adults and the “DLA-20©” version for adolescents. Later in the bulletin I noticed that the adolescent version is actually the “DLA-20© Youth Mental Health” version.**

A: Please refer to Section 3.5 within the Community Treatment Bulletin (Bulletin Number: FY15 – Clinical 26) for clarification on use of this tool in adolescent CSTAR programs.

**Administering the DLA at Level of Care Changes**

**Q: Is it required that a DLA be completed when transferring a client from one level to another?**

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A: A DLA **is required** to be completed when transferring a client between levels.

**Q: When completing a DLA at the time of transfer from one level to another level, which staff completes the DLA?**

A: The staff from the level the client is leaving should complete the DLA.

**Q: Within the Bulletin (Number FY 15 – Clinical 26), it lists programs affected as: CSTAR, PR+ and DOC. Does this include contracted Opioid Treatment Programs (OTPs)? If so, would we require DLA-20© administration upon each of their five phase changes rather than the three level changes? There may need to be some clarification about this for contracted OTP's.**

A: Yes, this requirement applies to Opioid Treatment Programs. The DLA 20© would be administered in conjunction with the five phase changes.

**Administering the DLA at Discharge**

**Q: The DLA-20© is supposed to be done at discharge by a Qualified Substance Abuse Professional (QSAP). The DLA is also supposed to be done based on contact within the last 30 days with the client. In cases where the QSAP hasn't had contact in the 30 days prior to discharge, is it acceptable for the Community Support Specialist (CSS) to complete the DLA?**

A: Yes, if the CSS is the person who knows them the best during the most recent 30 day period, then they may complete the DLA at discharge.

**Q: What do we do about completing the DLA at discharge for clients who take off and do not or are unable to meet with us for aftercare?**

A: The DLA is a rating for the person over the past 30 days. If you provided services during the 30 days prior to discharge, complete a DLA at discharge. If the person did not receive services during the most recent 30 day period, then refer to the Modified GAF score and criteria (mGAF) and assign a score.

**Q: What if it is the discharge DLA that is needed and we have not had contact with the client in the previous 30 days?**

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A: The DLA is a rating for the person over the past 30 days. If you provided services during the 30 days prior to discharge, complete a DLA at discharge. If the person did not receive services during the most recent 30 day period, refer to the Modified GAF score and criteria (mGAF) and assign a score.

**Q: How do we get discharge DLA-20<sup>©</sup> scores from clients who drift out of services? Are we supposed to do DLA-20<sup>©</sup> assessments with clients or can it be for the last known contact and how they were doing at that time?**

A: The DLA is a rating for the person over the past 30 days. If you provided services during the 30 days prior to discharge, complete a DLA at discharge. If the person did not receive services during the most recent 30 day period, refer to the Modified GAF score and criteria (mGAF) and assign a score.

**Q: We were discussing the DLA requirement at discharge. Unfortunately we had a client pass away so the supervisor asked about completing a DLA. Ultimately the question is, do we need to complete the DLA on somebody deceased?**

A: We recommend you complete the discharge DLA when the reason is t the client passed away. For data purposes, it will be important to track DLA scores across time, including reasons for discharge. Follow the general guidelines for whether to complete a DLA at discharge -- if services were provided within the most recent period of time before discharge, a DLA would be completed. If the person did not receive services during the most recent 30 day period, refer to the Modified GAF score and criteria (mGAF) and assign a score.

### Administering the DLA/CIMOR

**Q: Is the mGAF score entered into CIMOR at each administration of the DLA or only initial/annual/discharge?**

A: If the mGAF score changes after administration of the DLA at any point in time, the new score should be entered in CIMOR as you would with a change in diagnosis on any other AXIS.

**Q: The [DMH bulletin \(Number FY 15 – Clinical 26\)](#) Section 3.8 indicates that we**

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**submit the mGAF score in CIMOR within 30 days of the admission date. Can you tell me if we are to enter all subsequent scores into CIMOR as well?**

A: Yes, anytime the score changes it should be updated in CIMOR.

#### **Staff/Training**

**Q: What documentation do I need when I train staff on the DLA? Is there a form, or will a sign-in log work? And since they will ask, does this training provide any CEUs?**

A: Documentation to support receipt of the training is required for each staff person administering the DLA. It is up to each agency to determine how the training will be documented. DMH does not have a specific form for documenting this information. CEUs are not provided.

**Q: In Section 3.2, the Bulletin (Number FY 15 – Clinical 26) requires all agencies administering the DLA-20© to receive appropriate training from the developer. Do we have further information about how agencies might access this training? Website? Specific contact information? Training costs?**

A: You are correct that all individuals who train other agency staff on use of the DLA-20© must be trained by the developer (Willa Premanes) or her approved trainers. The Department of Mental Health and the Missouri Coalition of Community Mental Health Centers sponsored four regional trainings in January 2014 at no cost to providers. Each agency was required to send staff to receive the training and, in turn, be the designated trainers for their respective agencies. At the present time, there are no additional trainings scheduled for 2014. DMH will continue to review the need for additional training, based on feedback from providers, and schedule future training as deemed necessary.

**Q. Once staff have been trained on the DLA-20© by their agency's designated trainer, can they in turn deliver training to other staff in the agency? Basically, I'm wondering what happens if agencies lose the people who are initially trained by the developer? Do they have to pay to send other staff to be trained?**

A: Individuals trained by agency trainers **may not** be trainers for other agency staff. **Designated agency trainers must be trained by the developer (Willa Presmanes)**

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**or her designee.** The DBH will take under advisement the need for a method to provide future workshops to train additional DLA 20© agency trainers.

**Q: Will there be separate adult and adolescent DLA-20© trainings available, or are both adult and youth assessment tools covered in the single training?**

A: Training was held in January 2014 and both versions were covered. It is at the discretion of each agency as to how they will train their staff on the appropriate tool for the population served.

**Documentation and Billing**

**Q: We are already using the DLA-20© and wondered if we can start billing it now instead of July 1, 2014 (the scheduled implementation date for ADA providers)?**

A: Yes, once trained, provider staff can begin using the DLA-20 as outlined in the ADA Provider Bulletin issued March 11, 2014 (Number FY 15 – Clinical 26).

**Q: Section 4.1 (Bulletin FY'15 – Clinical 26) states the initial and discharge DLA-20© administrations must be completed by a QSAP. Section 4.2 states that a Community Support Specialist may complete the level change administrations of the DLA-20©. Section 5.1 states, if the QSAP meets the qualifications of CSS, then community support may be billed. I wasn't clear whether this QSAP- and CSS-qualified individual could bill CSS for just the level change administrations, or if a QSAP- and CSS-qualified individual could also bill initial and discharge administrations as a community support service? So, my questions are:**

**a. Can community support be billed for *initial and discharge* DLA-20s© if the counselor meets qualifications of both QSAP and CSS, or**

**b. Is it that a QSAP, who also meets CSS criteria, can bill the *level change* administrations as community support?**

A: A QSAP must complete the DLA20© initially (assessment) and at discharge, and *may* also complete it at level changes. If the QSAP meets the qualifications of a community support specialist, community support may be billed. An agency may choose to have community support specialists administer the DLA 20© at level change instead of the QSAP.

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**Q: Does the DLA have to be conducted face-to-face with the client, or can it be done just in consultation between staff? If it is not face-to-face, can the QSAP still bill individual counseling for it?**

A: When billing community support, the DLA does not have to be conducted face-to-face with the client; however, when billing individual counseling, the DLA must be completed face-to-face.

**Q: Section 5.4 (Bulletin FY'15 – Clinical 26), states, “The time spent completing the DLA-20© must be clearly documented in a progress note...” Is there going to be any other specifics or requirements for this progress note? Is a placeholder progress note referencing the actual results/score form acceptable? Or does the progress note need to recap/summarize the results of the DLA-20© and make treatment planning recommendations?**

A: The progress note must indicate the time spent completing the DLA-20©, including whether it was administered face-to-face with the client. This is separate and distinct from time spent providing services (treatment planning, for example). The note does not necessarily need to recap/summarize the results of the DLA 20©.

**Q: If the mGAF score from the DLA is different from the psychiatrist's GAF score, which do we use?**

A: Please consult with the psychiatrist for agreement with the scoring. This new agreed upon mGAF score then becomes the current score. Hopefully the psychiatrist has also received training on administration of the DLA and will realize that scores may change based on use of this standardized instrument.

**Q: Does the DLA have to be completed in the presence of a client to bill for it?**

A: Individual counseling cannot be billed by the QSAP when the DLA is completed without the client being present. Community support should be billed when completing the DLA without the client being present (the QSAP may only bill CS if s/he meets the qualifications of a community support specialist).

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**Q: If a client has disengaged from services and we are working on reengagement, my assumption is that we would not do a DLA as we would not have data from the previous 30 days. Is this accurate?**

A: Correct, but be sure to document in the record the reason for not completing the DLA.

**Q: If the modified GAF score has decimal points, do we put in the decimals/round up/round down?**

A: Do not use the decimal point; round down. We believe this is in line with Willa Presmanes' instruction to use the lower score when in doubt. (Ms. Presmanes is the developer and trainer on the DLA-20<sup>©</sup>.)

**Q: Are we supposed to begin tracking DLA-20<sup>©</sup> scores for DMH?**

A: Yes, but not necessarily for DMH. DLA information helps to target interventions for individuals based on the areas in which they are assessed to need help. Each time a DLA score is entered into CIMOR, the previous score becomes a "history" score so is tracked in CIMOR. Additionally, the score sheet for the DLA shows multiple scores for each item across time, so changes (or lack of change) for an individual will be evident. It is helpful to compare scores across time so you know if service interventions are effective or if they need to be revised.

**Q: How are other agencies managing the ongoing administration of the DLA (in hard copy version)? Do they keep working off of the one DLA score sheet or continually fill out a new score sheet at each administration of the DLA?**

A: We are recommending that, when using a paper form, the same form be used across time, filling all the score areas on the right of the form, before moving to another form. This assists you in viewing an individual's change (or lack of) over time.

**Q: Would we need to put the GAF/mGAF on the DLA or just in the discharge summary?**

A: Both. The DLA ends with a GAF/mGAF score. The discharge summary calls for diagnosis, which includes Axis V.

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Other

**Q: In the first paragraph of the memo (dated March 11, 2014 from Nora Bock), it states the DLA-20<sup>©</sup> will be required for CSTAR and PR+; however, except for the TO: heading at the top of the memo, there is no mention within the memo about the DLA-20<sup>©</sup> being required for Department of Corrections (DOC) programs.**

A: Please refer to Section 1.1 within the Community Treatment Bulletin (Bulletin Number: FY15 – Clinical 26) for clarification that the DLA 20<sup>©</sup> is required for CSTAR, PR+ and DOC programs.

**Q: Section 3.5 (Bulletin FY'15 – Clinical 26) addresses the DLA-20<sup>©</sup> Youth Mental Health version to be used for adolescents under age 16. It then further elaborates that the [adult] Alcohol and Drug version can be used with older adolescents and that “clinical judgment” will determine which instrument is appropriate for older adolescents. What factors should be considered when determining which instrument to use with older adolescents?**

A: Providers should use clinical judgment, based on their interaction with the individual, to determine which instrument would be appropriate given the situation, living environment, and abilities of the adolescent.