

## **DMAS Mandated Due Dates Explained**

### **Client Start Date:**

This date is given by the MCO when initially approved for services. The Authorization specialist will state this date in the email notifying the Clinical Supervisor that the client has been approved. This date will never change unless a client is discharged, then comes back into services.

This start date is important to think about when requesting services on the initial SAR. The supervisor will turn in all documentation required to open a client (see CNA section below for details) to the authorization specialist, who will send the request to the MCO. Choose a start date that will: Give the MCO enough time to review the case (usually no more than 2 weeks), communicate back with Admin if they need more information from the clinical supervisor, or notify that the request is approved/denied. Once the request has been approved, the authorization specialist will notify the supervisor of the approval date. This start date dictates many of the due dates explained below.

### **Comprehensive Needs Assessment:**

When the staffing team assigns a new client, there will be a deadline given of when the assessment must be completed by. This assessment must both be signed by the LMHP assessor and parent/guardian with the child present.

Assessment documentation (the CNA, Preliminary-ISP, Skills Assessment, and SAR) are due to the MCO within 30 days of the assessment. If the aforementioned documents are not all given to the Authorization Specialist in a timely manner and they cannot be sent to the MCO within 30 days of CNA, the documentation will have to be updated and signed again by the parent/guardian and LMHP where applicable.

The Comprehensive Needs Assessment must be updated each year, face-to-face, with the parent and client. The new document can be a copy of the original document with an updated title, addendum box checked, updated information gathered from direct parent interview in each category, and current date and signature from parent.

The CNA can be completed up to 7 days prior to the due date.

### **Skills Assessment:**

A skills assessment (VB-MAPP, ABLLS, Early Start Denver Model, AFL, PFA) must be completed every 6 months per client, uploaded to the client's CR file, and will be faxed to the MCO with the client's SAR. A scoring PDF must be uploaded to the client's CR file, with the title: "*ABCD12: Skills Assessment: MM/YYYY*" and labels "client documentation, section III, skills assessment".

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The initial skills assessment is due to the authorization specialist and compliance software specialist when sending the initial CNA, SAR, and pISP. It is then updated and sent with every SAR.

The skills assessment can be completed up to 7 days prior to the due date.

### **Service Authorization Request (SAR):**

These are usually due every 6 months, unless the MCO has approved a shorter amount of time. Ensure the number of units and hours requested are equal (1 hour = 4 units).

Prior to beginning the SAR, you must review the last Authorization Approval from the MCO in Section I of the clients file to determine if there is anything specific the MCO has requested for the upcoming SAR to be complete. Failure to do so could result in an Additional Information Document to be requested by the MCO and delay in ABA services for the client.

\*SARs can be completed 7 day prior to the due date.

If more units are necessary for the client or additional information is requested by the MCO, this must be sent to the authorization specialist within three days of the request date (or sooner if given a deadline by the MCO). The SAR must be signed and emailed to the authorization specialist by the due date provided (on the YFSVA Compliance software), not the final day of the authorization period. The supervisor must send the Authorization Specialist the clients most recent ISP, CNA, and Skills Assessment with the SAR.

### **Notification of Behavioral Services (NoBS):**

The NoBS consists of the Comprehensive Needs Assessment (CNA) and the most current Individualized Service Plan (ISP). These documents must be signed by the caregiver and LMHP who completed the documents and faxed to the physician annually. Upload both documents as well as the fax confirmation all together as one file in CentralReach with accurate title and labels.

The first NoBS is sent 2 weeks after the initial SAR start date. It is then sent yearly.

The NoBS can be completed 7 days prior to the due date.

### **Initial ASSET Documents:**

The Initial and Annual document packet must be completed, signed, uploaded and tagged in Section II of the client's Central Reach chart within 14 days of the client start date. This packet is then completed yearly.

The initial packet can be completed anytime from the start date until the due date. This document can be completed 7 days prior to the due date. For the "AUTHORIZATION AND CONSENT OF MEDICAL

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TREATMENT” section; put the ASSET document due date for “This authorization is effective commencing on” and end 1 year from the due date.

The documents included are: the Attendance and Cancellation Policy, Authorization & Consent of Medical Treatment, Client Availability, Face Sheet/ Emergency Information, Falls Assessment, Freedom of Choice, HIPAA Privacy Notice Acknowledgement, Human Rights Notification, Orientation & Behavior Treatment Management Form, Release for Physical & Request for Physical, Service Guidelines, and Session Safety Policy

To get signatures on all pages of the document: First the date of completion must be entered in each spot there is a signature (when the parent and ASSET representative sign). Then the parent signature is obtained in all blanks a signature is required. Lastly the staff signs in all blanks where a signature is required. The signature date can be the date of the parent/caregiver meeting.

**Preliminary ISP:** The preliminary ISP must be created the week the initial CNA is completed. This will be a separate document than the initial CNA. Parent signature is not required?

### **Comprehensive ISP:**

The first ISP must be reviewed and updated within 30 days of the client start date to ensure goals accurately reflect individual clinical needs. This will be a separate document than the Preliminary ISP. The ISP's are then fully updated yearly. If an ISP is updated prior to the following year, please keep the same date range and add updated to the title.

The ISPs can be created and worked on 30 days prior to the due date, but the report date should reflect the given due date; and the due date should be the start of the range, going out one year.

### **Signed ISP:**

Within 10 days, this document must be signed by the LMHP and parent/guardian, and uploaded into the client chart.

### **30-Day ISP Review:**

Every 30 calendar days, the Client's data will be reviewed and discussed with the caregivers. A “30 day ISP Review” form will be completed in central reach, no more than 7 days in advance of the due date, containing a summary of the analysis of the client's program, clinical needs, and the parent's response to the program update. The Date of Service should match the due date given.

### **Quarterly update to the ISP:**

90 days after the client start date, the first quarterly review will be due. This will occur every 90 days until the client discharges. The report date of the quarterly review will be the last date in the range the period covers (for example, if the quarterly is from Jan 1-March 31 then the report date would be March 31 as would the due date).

You may begin working on this document in Central Reach up to 30 days prior to when it is due. However, please ensure you still use the due date (final day in the period) as the report date.

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### **Signed Quarterly update to the ISP:**

The Clinical Supervisor and parent/guardian must sign the report, and it must be uploaded into the chart within 10 days of the report date.

### **Discharge:**

Two months prior to discharging a client, the Clinical Supervisor will report the proposed discharge to the Clinical Director, begin the Discharge Checklist in Central Reach, and discuss the discharge fading procedure with the family. Once the Discharge Checklist is approved, it is signed by the Supervisor and Director.

Once the discharge date approaches, the Supervisor will complete and sign the Discharge Summary in Central Reach. The Discharge Summary will then be signed by the Director and sent to Admin, who will fax the Discharge Summary to the MCO and close the client's record in Central Reach.

The discharge is due to the MCO no later than 3 days after the discharge date.

**\* All documents should be created in Central Reach**

**\* All documents require the correct title and label/ tag when uploaded into Central Reach.**

**(Ex. ABCD12: Document Title: MM/YYYY)**