

Request for DAHS Services Frequently Asked Questions



New Dedicated DAHS Fax Line: 1-877-441-5811

Day Activity and Health Services (DAHS) FAQ

What are Superior's requirements for initial or transfer DAHS requests?

DAHS facilities requesting initial or transfer authorization for DAHS services have two options. They can submit:

- Either set of DADS forms designated for use in requesting DAHS services – the new forms 3050 and 3055 effective October 2015, or the previous set of DADS forms, to include forms 3049, 3050 and 3055, which are current to within the last 30 calendar days.

OR, they may submit:
 - Other documentation that is current to within the last 30 calendar days and that includes these required elements:
 - 1) A list of all active diagnoses related to the member's need for DAHS
 - 2) A description of any functional disability related to the member's medical diagnoses
 - 3) A current medication list, including any PRN medications
 - 4) A record of the member's vital signs as obtained at the time of the assessment, to include: blood pressure, pulse, respiration, height, weight, and blood sugar, if applicable
 - 5) An indication of the member's dietary needs, specifying whether the member has no special dietary requirements, or needs, for example, a bland diet, diabetic diet, low sodium diet, etc.
 - 6) A description of the member's personal care requirements, to include an indication of the degree of assistance required (no setup or physical assistance, one-person physical assistance, or two-person physical assistance), in the following areas:
 - a. Transfer
 - b. Ambulation
 - c. Eating
 - d. Toileting
 - 7) A description of the member's potential to stabilize, maintain, or improve functioning from attending DAHS
 - 8) A list of the interventions to be performed by the nurse at the DAHS facility, to include the nature of the intervention as well as the frequency. For example, this may include:
 - a. Occupational therapy, physical therapy or speech therapy
 - b. Respiratory therapy
 - c. Medication administration
 - d. Wound care
 - e. Meal setup
 - f. Health teaching/training
 - g. Other
 - 9) A physician order that is not more than 30 calendar days old, meaning that the physician's signature on the order must not be dated more than 30 calendar days prior to the request date.

The DAHS provider has 30 calendar days to submit completed documentation as outlined above. This means that a request submitted without completed documentation will be authorized for 30 calendar days only. If the completed documentation is submitted within 30 calendar days, the remainder of the requested dates (up to a maximum of 12 months) may then be authorized. If 30 calendar days elapse and the completed documentation has not been submitted, the entirety of the requested dates (including the first 30 calendar days) may then be denied. Should completed

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	<p>documentation be submitted after this time, a new authorization will be created, with the start date effective the date the completed request was submitted. Should the DAHS provider have difficulty obtaining a physician's order, the provider should contact the SHP Service Coordination Hotline at 877-277-9772 to inform the service coordinator that they are having difficulty.</p>
<p>What are Superior's requirements for DAHS renewal requests?</p>	<p>Renewal requests may be submitted up to 90 calendar days prior to the date the existing authorization expires. When submitting requests for renewed (continued) authorization, DAHS facilities have three options. They can submit:</p> <ul style="list-style-type: none"> • Either set of DADS forms designated for use in requesting DAHS services – the new form 3050 effective October 2015 (provided a diagnosis and medication list are also included), or the previous set of DADS forms, to include forms 3049 and 3050, which are current to within the last 30 calendar days. <p>OR, they may submit:</p> <ul style="list-style-type: none"> • The last three months of monthly nursing assessment notes completed by the DAHS facility nurse (provided a diagnosis and medication list are also included). For example, if a renewal request for DAHS is submitted on January 15, 2016, the request should be submitted with monthly nursing assessment notes for the months of October, November and December 2015. <p>OR, alternatively, Superior will also accept:</p> <ul style="list-style-type: none"> • Other documentation that is current to within the last 30 calendar days and that includes these required elements: <ol style="list-style-type: none"> 1) A list of all active diagnoses related to the member's need for DAHS 2) A description of any functional disability related to the member's medical diagnoses 3) A current medication list, including any PRN medications 4) A record of the member's vital signs as obtained at the time of the assessment, to include: blood pressure, pulse, respiration, height, weight, and blood sugar, if applicable 5) An indication of the member's dietary needs, specifying whether the member has no special dietary requirements, or needs, for example, a bland diet, diabetic diet, low sodium diet, etc. 6) A description of the member's personal care requirements, to include an indication of the degree of assistance required (no setup or physical assistance, one-person physical assistance, or two-person physical assistance), in the following areas: <ol style="list-style-type: none"> a. Transfer b. Ambulation c. Eating d. Toileting 7) A description of the member's potential to stabilize, maintain, or improve functioning from attending DAHS 8) A list of the interventions to be performed by the nurse at the DAHS facility, to include the nature of the intervention as well as the frequency. For example, this may include: <ol style="list-style-type: none"> a. Occupational therapy, physical therapy or speech therapy b. Respiratory therapy

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	<ul style="list-style-type: none"> c. Medication administration d. Wound care e. Meal setup f. Health teaching/training g. Other <p>The DAHS provider has 30 calendar days to submit completed documentation as outlined above. This means that a request submitted <u>without</u> completed documentation will be authorized for 30 calendar days only. If the completed documentation is submitted within 30 calendar days, the remainder of the requested dates (up to a maximum of 12 months) may then be authorized. If 30 calendar days elapse and the completed documentation has not been submitted, the entirety of the requested dates (including the first 30 calendar days) may then be denied. Should completed documentation be submitted after this time, a new authorization will be created, with the start date effective the date the completed request was submitted.</p>
<p>How long will it take Superior to issue an authorization?</p>	<p>The turn-around time requirement for DAHS requests is a maximum of 14 calendar days from the date the completed request is received.</p>
<p>How should information be shared with the member's service coordinator once the member is attending DAHS?</p>	<p>The DAHS facility nurse should report any significant changes to the member's condition or care by submitting form H2067.</p>
<p>Are there any limitations regarding who can receive DAHS?</p>	<p>Yes. In order to receive DAHS, an individual must have a need because of a chronic medical condition and be able to benefit therapeutically from DAHS. DAHS is not an available service for members based on behavioral health or substance abuse needs without a medical diagnosis/nursing need.</p>
<p>Who can DAHS providers contact with additional questions?</p>	<p>General questions may be directed to Superior's Provider Relations team at 877-391-5921.</p> <p>Questions regarding a specific member or pending authorization request may be directed to Superior's Service Coordination hotline by calling 1-877-277-9772.</p>