**10160 Reauthorization of Day Activity and Health Services**

Revision 20-1; Effective March 16, 2020

Providers of Day Activity and Health Services (DAHS) must receive reauthorization from a managed care organization (MCO) at least every 12 months in accordance with the Texas Medicaid state plan. If a member transfers to a different facility, a new authorization from the gaining facility must be obtained prior to delivery of service. Failure to obtain an authorization may result in non-payment or recoupment.

If a member experiences a significant change in condition or is admitted to a hospital, they may need a new physician’s assessment.The DAHS facility assessment ([Form 3050, DAHS Health Assessment/Individual Service Plan](https://hhs.texas.gov/laws-regulations/forms/3000-3999/form-3050-dahs-health-assessmentindividual-service-plan), or the MCO’s equivalent) and the physician’s assessment must be updated based on the member's current condition.

If the member's physician's assessment, dietary and medication needs, and functional ability have not changed since the previous DAHS authorization, the physician may use an abbreviated form for the physician’s assessment, if permitted by the MCO. An MCO may permit the physician’s assessment to be kept on file with the provider, rather than submitted to the MCO, if the MCO conducts periodic audits of provider files.

MCOs may issue temporary reauthorizations if the physician’s assessment and all forms are not prepared or submitted at the same time. Temporary reauthorizations expire 60 days from receipt by the facility. Reauthorizations may be sought at any time. The reauthorization must not exceed a period of 12 months.