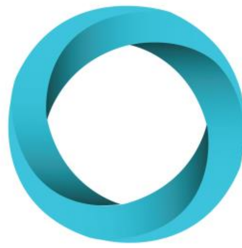

BEHAVIORAL HEALTHCARE PROVIDERS

Category: Utilization Management

Code: UM 2.0 Attach R DBT

Subject: Dialectical Behavioral Therapy (DBT) Level of Care Guidelines

Purpose: The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for DBT services

Policy: BHP Care Management (CM) staff use the following level of care guidelines for DBT when completing medical necessity determinations.

BHP makes a distinction between DHS-certified Dialectical Behavioral Therapy (DBT) Intensive Outpatient Program (IOP) services and therapists who provide therapy using the DBT format, but who are not part of a DHS-certified DBT IOP program. The latter services are reviewed under BHP's level of care guidelines for regular outpatient therapy services. BHP can only authorize the DBT IOP billing codes for DHS-certified DBT IOP programs. DBT IOP is an adult service, with an exception allowed for patients who are within 3 months of turning age 18 at the time of starting a DBT IOP program.

BHP expects DBT IOP programs to function in compliance with the DHS guidelines for DBT IOP. We do not require that the program document compliance in regard to how the program is structured, but we do expect that the program will be able to document compliance if BHP audits the program.

ADMISSION CRITERIA
All components must be satisfied.

1. BHP is provided complete information about the patient; the DHS DBT IOP forms with all DHS-mandated information may be requested.

2. The client experiences severe and significant dysfunction consistent with the current DSM diagnosis for Borderline Personality Disorder, or has multiple mental health diagnoses and is exhibiting behaviors characterized by impulsivity, intentional self-harm, and is at significant risk of death, significant morbidity, disability and/or severe dysfunction across multiple domains

3. A diagnostic assessment, which includes a thorough functional assessment, must be completed by a qualified mental health professional and reviewed by DBT IOP team.

4. The patient is documented to have current self-destructive behavior manifested by cutting behavior and /or other self-injurious behaviors; or chronic suicidal thoughts; or emotional dysregulation; or problems with impulse control (e.g. spending, promiscuity, shoplifting, substance abuse/dependence, assault behavior towards others (physical or verbal), eating issues; or the patient is documented to be at risk of decompensation and/or is engaging in self destructive behavior that could lead to higher level of care.

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5. The patient's current treatment regimen is documented to not be meeting the patient's needs; is not effective in stabilizing the patient; or the patient is not making adequate progress; or the patient's symptoms are so severe that standard outpatient therapy is note able to meet the patient's needs, or would not be safe. It is not necessary for the patient to fail other services if clinical criteria for DBT IOP services are satisfied.

6. ***The patient is documented to understand the requirements of DBT IOP treatment, to be cognitively capable of participating, and has contracted to follow program policies and rules regarding safety of the patient and others.***

7. The DBT team assesses the patient as likely to benefit from DBT treatment.

CONTINUED STAY CRITERIA
All components must be satisfied.

1. BHP is provided a complete treatment update, BHP treatment plan and DHS forms may be requested.

2. The patient is documented to be actively participating in the DBT IOP program in accordance with the treatment team expectations.

3. The patient is documented to be making progress as measured against client's baseline level of functioning prior to the DBT intervention. Examples of therapeutic progress may include:
    a. Decreased self- destructive behaviors;
    b. Decrease in acute psychiatric symptoms, with increased functioning in activities of daily living;
    c. Showing objective signs of increased engagement in therapy and healthy social relationships;
    d. Reduction in the number of acute care services, i.e. ED visits, crisis services, hospital admissions;
    e. Documentation that the patient is applying the DBT skills to life situations.

4. Although the pace of progress may vary, the patient is documented to be making progress toward the treatment goals but has not fully demonstrated an internalized ability to self-manage and use learned skills effectively.

5. The patient's treatment plan includes specific discharge criteria and planning for transition out of the program; early in the program this may be provisional, and subject to change as the patient's response to the program evolves.

DISCHARGE CRITERIA

Any one component may be met.

1. The patient's individual treatment plan goals and objectives have been met, or the patient no longer meets DBT IOP continuing stay criteria; the patient's thought, mood, behavior or

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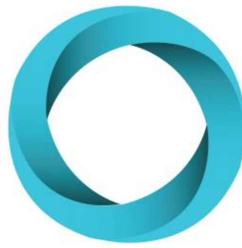

perception may be documented to have improved so that transition to a less intensive level of services is indicated.

2. The DBT IOP treatment team assesses the patient as not benefitting from DBT IOP services after a reasonable trial of treatment and reasonable efforts to engage the patient in the program.
3. The patient's symptoms worsen or functioning deteriorates so that a higher level of care is necessary.
4. The patient is unable to comply with the program expectations in regard to personal safety and the safety of others, and the program staff have made a reasonable effort to address any problems in this area.
5. The patient chooses to discontinue treatment contract.

DBT COVERED SERVICES

INDIVIDUAL DBT THERAPY

DBT programs must provide individual DBT therapy by a qualified member of the certified team for the recommended duration of one hour per week. Individual dialectical behavior therapy is provided by one of the following qualified team members:

- Mental health professional
- Mental health practitioner clinical trainee

Individual DBT is a combination of individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional coping behaviors and reinforce the use of adaptive skillful behaviors by:

- identifying, prioritizing and sequencing behavioral targets
- treating behavioral targets
- generalizing dialectical behavior therapy skills to recipients' natural environment providing DBT telephone coaching outside of scheduled office hours, 24 hours a day/7 days per week while observing therapist's limits*
- measuring progress toward dialectical behavior therapy targets
- managing crisis and life-threatening behaviors
- assisting recipients to learn and apply effective behaviors in working with other treatment providers*If phone coaching is provided by someone other than the individual therapist, that person must be another member of the DBT team trained in phone coaching protocol.

DBT GROUP SKILLS TRAINING

DBT group skills training is a combination of individualized psychotherapeutic and psychiatric rehabilitative interventions conducted in a group format to reduce suicidal and other dysfunctional coping behaviors and restore function through teaching the following adaptive skills modules:

- mindfulness;
- personal effectiveness;

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- emotion regulation; and
- distress tolerance

DBT programs must provide group skills training* by qualified members of the certified team for the recommended duration of two and half to three hours per week. Group skills training is provided by a combination of the following qualified team members:

- two mental health professionals, or
- one mental health professional co-facilitating with one mental health practitioner or
- one mental health professional with one mental health practitioner clinical trainee

* The need for individual DBT skills training (delivered outside a group setting) must be determined by a mental health professional or mental health practitioner clinical trainee and indicated on the prior authorization form.

Regulatory / External References: Minnesota Department of Human Services MHCP Provider Manual

Internal References: UM 2.0, 62M

Source: PreferredOne, BHP, Richard Sethre, PsyD LP
Jennifer Edlund, Rebecca Foster

Date Effective: January 1 2012
Date Revised: February 8, 2012, March 1, 2014

Date Evaluated by Clinical/Operations Team: April 2014, December 2014, April 2015, December 2015, March 2016, December 2016, December 2017

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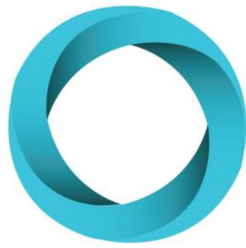

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Revision Tracking

Date Revised	**Revision Type** List all applicable: - Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc). - Change in process/procedure - Change in requirements - New attachments or forms added - Updated documentation to clarify policy - Other	**Details of Revision Made**

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