Frequently Asked Questions regarding DBT Intensive Outpatient Program (IOP)

Recipient eligibility
1) What are the age requirements for eligibility for this service?
Answer: DBT IOP is an adult service and is restricted to those persons age 18 and older. Adult DBT programs can accept persons that are within three months of turning age 18.

2) Can Adolescent DBT programs use the DBT IOP codes?
Answer: No. DBT specific codes can be billed for adults in adult programs and for persons within three months prior to age 18.

Coverage Details
1) Will private plans use the same codes?
Answer: Government contracted managed care organizations will adopt the same codes for government programs. DHS has no control over private payers outside of government contracts (PMAPS).

2) Will the AUC need to approve the codes?
Answer: The Administrative Uniformity Committee (AUC) will need to be informed of the code decisions.

3) Will there be thresholds in service usage? When will these be established?
Answer: Yes, thresholds will be established. DHS is in the process of establishing service thresholds.

4) Can we increase the number of persons in a skills group to 12 with 2-facilitators and bill Medicaid?
Answer: DBT skills training groups are not to exceed the recommended size of 10 participants with two group facilitators.

5) What would happen if we didn’t become a certified DBT IOP? Could we still provide DBT services?
Answer: DHS cannot require that DBT programs become certified, however only certified programs will have the ability to use DBT-specific billing codes.
6) At this time we provide a DBT skills group in our Day Treatment program. Can we use the new codes for providing DBT within day treatment?
Answer: DBT-informed treatment in other levels of care such as Intensive Residential Treatment Service (IRTS), Adult Rehabilitative Mental Health Services (ARMHS), and Day Treatment must be conducted and billed according to those service requirements. DBT IOP will be a separately billable and certified service.

7) Will people on the GAMC program be eligible for the new DBT code or is it just for Medicare & Medicaid clients? If so would the rates be the same?
Answer: All individuals that meet the criteria for DBT who are covered by a Minnesota Health Care Program will be eligible for DBT coverage. Individuals on MinnesotaCare, depending on sub-program, will have coverage that includes DBT. The rates that were provided on June 23, 2010 are for fee-for-service recipients. The rates can vary for enrollees in health plans - keep in mind that most MinnesotaCare recipients and some MA recipients are enrolled in a health plan. Please note that the codes DHS plans to use for DBT coverage are not Medicare reimbursable. Bill DHS directly for dual eligibles.

Regarding mental health services for persons covered under GAMC, contact one of the four hospitals currently recognized as a Coordinated Care Delivery System (CDDS).

8) Will I be able to bill the DBT codes for the time I spend completing the diagnostic assessment, functional assessment and determination of appropriate fit for DBT?
Answer: No. The DBT codes are for Individual DBT Therapy and for DBT Group Skills Training. The reimbursement rate accounts for the non face-to-face time providing DBT treatment. Codes can be billed once the determination of medical necessity has been met. The activities of completing the diagnostic assessment and functional assessment are billable under Diagnostic Assessment codes.

9) What is the definition of a mental health practitioner?
Answer: Mental health practitioner is defined in Minnesota Statute 245.462 subd. 17 and Minnesota Rules 9505.0323 Subp. 31.
Program/provider enrollment

1) How will provider type be defined when multiple providers consider themselves a part of the DBT program?
Answer: DHS is working with provider enrollment on a system to recognize Certified Teams as a provider type for reimbursement of both individual and group skills training activities.

Program Standards

1) Does an individual need to be certified to become a DBT provider?
Answer: DBT programs wishing to be certified in Minnesota must meet the requirements of national Program Accreditation standards. These national standards require that one member of each team seeking accreditation be certified as a DBT clinician.

An individual seeking certification will have at least a Master’s degree or equivalent in a Behavioral Health field and have a license to practice in their field. Certification as an individual conveys to the public that the therapist has been examined and designated as having a special proficiency in the delivery of DBT.

Information about both the National Program Accreditation and Individual Clinician Standards are available online at the University of Washington.

2) Is there going to be a certain number of hours or specific trainings that will be required of certified clinicians?
Answer: All DBT team members should have skills and competency in the following areas within six months of joining a team: Bio-Social Theory and Frame work for DBT, Validation, Dialectics, DBT Mindfulness, and DBT Team, suicide risk assessment/intervention, instruction of DBT skills, understanding and application of principles of acquisition, strengthening and generalizing DBT skills. In addition, DBT providers should be able to apply other principles of behavior therapy including: exposure-based procedures, cognitive modification, contingency management, and behavioral analysis.

Individuals seeking individual clinician certification will be expected to have formal training in the principles and practices of DBT. This training may have been obtained via University/Academic Course work, Continuing Education offerings and/or a curriculum-based learning program in DBT given by a certified clinician.

3) What are the standards around telephone coaching calls?
Answer: Access to DBT-trained staff is available twenty-four hours, seven days a week to recipients of DBT IOP to reduce suicidal crisis behaviors and increase the generalization and use of functional skill learned through DBT skills training.
These coaching calls are intended to circumvent crisis behavior from occurring in the first place, thus preventing the use of higher level services such as crisis response, emergency room visits, and hospitalization.

4) **Currently our skills groups are not two and a half hours – is this mandatory?**
   Answer: Teaching of DBT skills is provided in a group setting weekly for two (2) to two and half (2.5) hours by two skills trainers. At least one skills trainer per group must be a licensed mental health professional; the second skills trainer is either a mental health professional or a mental health practitioner.

5) **When providers from outside agencies participate in our DBT consultation team does participation on a weekly basis have to be-face-to-face or could it be done by phone?**
   Answer: For teams that meet by telephone or ITV, must structure a plan for meeting in person no less than one time per month.

6) **Can mental health practitioners be a member of the certified DBT team? What is the definition of a “mental health practitioner”?**
   Answer: Yes, mental health practitioners can be a DBT team member. The definition for mental health practitioner is located in [Minnesota Statute 245.462 subd. 17](http://www.revisor.mn.gov/statutes/text/245a/462/subd.17) and [Minnesota Rule 9505.0323 Subp. 31](http://www.state.mn.us/rules/9505.0323.Subp.31).

7) **If I understood things correctly a mental health practitioner can co-facilitate a group with a qualified MH professional.**
   Answer: Yes, a mental health practitioner can co-facilitate a skills group with a mental health professional.

8) **Can a mental health practitioner provide individual therapy if they are a “trainee” pursuing a license?**
   Answer: In the pending outpatient rule changes, a person in a clinical licensure track will be allowed to provide individual therapy and diagnostic assessment while under supervision by a licensed mental health professional. Someone meeting this definition will be allowed to co-facilitate a DBT group with a mental health professional.

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