

Medical Necessity Criteria

Outpatient Services

Dialectical Behavior Therapy (DBT) (Adolescents and Adults)

Dialectical Behavioral Therapy (DBT) is a manual-directed outpatient treatment, developed by Marsha Linehan, PhD, and her colleagues, that combines strategies from behavioral, cognitive, and supportive psychotherapies for Members with borderline personality disorder and chronic, parasuicidal behaviors. This level of care (LOC) may be used for other disorders for which there is evidence of efficacy, based on medical necessity criteria.

Standard and Comprehensive DBT consists of an initial treatment readiness evaluation, weekly two-hour group skills training provided by a skills group leader, and a minimum of a one-hour individual therapy session every other week provided by the primary individual therapist. Twenty-four-hour telephone coaching by a DBT team provider is designed to provide practice in changing maladaptive behaviors and assistance in the application of DBT behavioral skills outside of therapy sessions.

There is also weekly, or minimum twice monthly, treatment team consultation group for DBT team providers. In general, the Member and primary therapist will establish a DBT treatment agreement for a six-month to one-year period.

The following criteria are in addition to the criteria for Outpatient Mental Health Services.

Criteria

Admission Criteria

All of the following criteria must be met:

1. An initial assessment completed by a DBT provider shows the Member is in the contemplative or action phase of readiness to change and can commit to the DBT treatment plan.
2. The Member is at least 13 years of age.
3. The Member meets at least one of the following:
 - a. The Member has diagnosis of Borderline Personality Disorder or other DSM personality disorder diagnosis with evidence of maladaptive personality traits and/or evidence documented by mental health treatment provider(s) in the preceding two years.
 - b. The Member presents with complex, co-existing diagnoses.
4. The Member meets at least two of the following:
 - a. Repeated unsuccessful attempts in routine outpatient mental health treatment, or symptoms that are unlikely to respond with regular outpatient treatment.
 - b. Maladaptive behaviors and symptoms (e.g., self-injury, chronic suicidal ideation, suicide attempts, serial problematic relationships, over-spending, substance use).
 - c. At least one inpatient or partial hospitalization for psychiatric symptoms in the preceding two years.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level of care decisions.

Continuing Stay Criteria

All of the following criteria must be met:

1. The Member continues to meet admission criteria, and another level of care (LOC) is not appropriate.
2. A DBT treatment contract is likely to result in progress toward identified goals.
3. The Member progress is monitored regularly, and the DBT treatment plan and contract are modified if the Member is not making progress toward a set of clearly defined goals and skill acquisition.
4. Goals for treatment are measurable, specific, and targeted to the Member's clinical issues, including self-harm behaviors, emotional lability, poor self-esteem, and unstable personal relationships.
5. Treatment contract planning is individualized and appropriate to the Member's clinical status and skill development level, and includes a 24-hour crisis plan.
6. Assessment of readiness to change every six months is performed, and the Member continues to progress through cycle.
7. The frequency (intensity) of contact and treatment modality matches the severity of current symptoms (intermittent treatment allowing the Member to function with maximal independence is the goal).
8. Treatment planning includes family or other support systems as appropriate and tolerated and permitted by the Member.

Exclusion Criteria

Any of the following criteria are sufficient for exclusion from this level of care:

1. The Member is such a serious risk to self or others, or sufficient impairment exists, that a more-intensive level of structure and supervision beyond the scope of this program is required.
2. The Member can be safely maintained and effectively treated at a less-intensive level of care.

Discharge Criteria

Any one of the following is suitable:

1. The Member no longer meets admission criteria and/or meets criteria for another LOC, either more- or less-intensive.
2. The Member is able to function adequately without significant impairment in overall psychosocial functioning, indicating that continued DBT is no longer required.
3. The Member has substantially met the specific goals outlined in the DBT treatment plan (there is resolution or acceptable reduction in targeted symptoms that necessitated treatment).
4. The Member has attained a level of functioning that can be supported by routine outpatient services and/or self-help and other community supports.
5. The defined problems are not likely to respond to continued DBT service.
6. The Member does not appear to be participating in treatment plan and is not making progress toward treatment goals.
7. The Member is not making progress toward the goals, and there is no reasonable expectation of progress.
8. Assessment of readiness to change shows the Member has fallen back to and remained in pre-contemplation stage for greater than six months, and there is no reasonable expectation that the Member will progress through these stages despite treatment interventions at this level of care.