Alternative or "in Lieu of" Service Description Template

1. Service Name and Description

Service Name
Dialectical Behavioral Therapy

Procedure Code
H2019U5
Description

Dialectical Behavioral Therapy (DBT) is a structured outpatient treatment, as defined by Marsha Linehan, PhD, which combines strategies from behavioral, cognitive, and other supportive psychotherapies. DBT services encompass individual therapy, DBT skills group, therapeutic consultation with the beneficiary on the telephone, and the therapists' internal consultation meeting(s). Through an integrated treatment team approach to services, DBT seeks to enhance the quality of the beneficiary's life through group skills training and individual therapy with a dialectical approach of support and confrontation.

DBT is a comprehensive cognitive-behavioral treatment for difficult to treat mental health disorders. Although originally developed for chronically suicidal individuals, DBT has evolved into a treatment for multi-disordered individuals with borderline personality disorder. DBT is a recognized and highly respected Evidence-Based Practice for adults. It is considered by the American Psychological Association and the American Psychiatric Association to be a "best practice" and a "first-line" treatment option for individuals who suffer from Borderline Personality Disorder (BPD).

DBT is an appropriate treatment modality for adults who are experiencing chronic instability with episodes of serious affective dysregulation and dangerous impulsivity, which results in self-injury and high utilization of both health and mental health resources. Persons suffering from BPD react abnormally to emotions; they often refuse to cooperate in the therapeutic setting, experience intense rage and impulsively self-injure.

DBT treatment is comprised of both individual and group therapy per the DBT model. In addition DBT trained staff are available for phone coaching if needed for crisis between sessions to gradually lessen parasuicidal behavior and crisis episodes. Staff receive specialized training on the Linehan Institute's DBT model but are also expected to continually participate in a DBT Consultation Group. This ongoing support helps mitigate burnout with high intensity consumers and offers oversight for providers to assure adherence to the DBT model. Individual therapy usually occurs weekly and DBT Skills Group occurs one to two times weekly. The focus of the group therapy is to teach skills that are needed to

enhance the consumer's life; Individual therapy is aimed at identifying issues that the consumer confronted during the past week and developing a treatment strategy to address those issues by applying DBT skills learned. For DBT to be effective, individuals participating in DBT must agree to do homework related which includes daily "diary cards" that track more than 40 emotions, urges, behaviors, such as lying, self-injury, or self-respect. The diary cards are used to identify the individual's skill needs and current use of skills.

Information About Population to be served

Population	Age Ranges	Projected Numbers	Characteristics
MH, and co-occurring MH/SUD	18 and older	40 per year	Consumers diagnosed with Borderline Personality Disorder

Entrance Process:

A comprehensive clinical assessment that demonstrates medical necessity shall be completed prior to the provision of service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be utilized as part of the current comprehensive clinical assessment. Relevant diagnostic information shall be obtained and be included in the PCP.

A signed service order shall be completed by a physician, licensed psychologist, physician assistant, or nurse practioner according to his/her scope of practice. Each service order shall be signed and dated by the authorizing professional and shall indicate the date on which the service was ordered. A service order shall be in place prior to or on the day that the service is initially provided. The service order shall be based on a comprehensive clinical assessment of beneficiary's needs.

Utilization Management:

Prior authorization is required on the first day of this service. This service is authorized in 90 day increments for up to 13 units

Eligibility Criteria:

A. Adults ages 18 and older with a diagnosis of Borderline Personality Disorder or other DSM personality disorder diagnosis with evidence of maladaptive personality traits

-AND-

B. 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.

Continued Stay Criteria:
To remain in DBT, a beneficiary must meet all the following continued stay criteria:

A. Be actively participating and engaged in the DBT program, its treatment components and its guidelines in accordance with treatment team expectations
B. Have made demonstrable progress as measured against the recipient's baseline level of functioning before the DBT intervention. Examples of demonstrable progress include:
    a. Decreased self-destructive behaviors
    b. Decreased acute psychiatric symptoms with increased functioning in activities of daily living
    c. Objective signs of increased engagement
    d. Reduced number of acute care services, such as emergency department (ED) visits, crisis services and hospital admissions
    e. Application of skills learned in DBT to life situations
C. Continue to make progress toward goals but have not fully demonstrated an internalized ability to self-manage and use learned skills effectively
D. Be actively working toward discharge, including concrete planning for transition and discharge
E. Have a continued need for treatment as indicated in the above criteria and by ongoing documented evidence in the beneficiary's medical record

Discharge Criteria:
Any one of the following applies:

A. The beneficiary no longer meets admission criteria and/or meets criteria for another LOC, either more- or less-intensive.
B. The beneficiary is able to function adequately without significant impairment in overall psychosocial functioning; indicating that continued DBT is no longer required.
C. The beneficiary has substantially met the specific goals outlined in the DBT treatment plan (there is resolution or acceptable reduction in targeted symptoms that necessitated treatment).
D. The Beneficiary has attained a level of functioning that can be supported by routine outpatient services and/or self-help and other community supports.
E. The beneficiary does not appear to be participating in treatment plan and is not making progress toward treatment goals
F. The beneficiary is not making progress toward the goals, and there is no reasonable expectation of progress.

Service Exclusions:

A beneficiary may receive DBT services from only one DBT provider organization during any active authorization period.

The following services may not be provided concurrently with DBT:

- Individual, Group, and Family Outpatient
- Community Support Team*
- Partial Hospitalization
- ACT Team*
- Nursing home facility
- Inpatient services

*DBT services may be billed for up to 30 days in accordance with the Person Centered Plan for beneficiaries who are transition to or from CST and ACT services.

2. Treatment Program Philosophy, Goals and Objectives

The Dialectical Behavior Therapy Difference:
DBT developed as a result of the failure of standard psychotherapy as treatment for chronically suicidal individuals who exhibited rigid, dichotomous thinking. The difficulties encountered were:

- Focus on change was many times viewed as invalidating by individual which often led to negative behaviors or withdrawal from treatment
- Teaching new skills was difficult during therapy while trying to address the individual's wish to die and suicidal behaviors from the previous week
- Individuals, who suffer from BPD might inadvertently stop negative behaviors when a therapist changes the topic from one associated with pain or fear and increase negative behaviors when the therapist is addressing effective treatment strategies.

A climate of unconditional acceptance is required in addition to a therapist who is seen as an ally in helping the consumer embrace change. The therapist validates the individual's behavior and beliefs while identifying the behaviors as maladaptive. DBT therapists accept clients as they are while also acknowledging that they need to change in order to reach their goals. In addition, all of the skills and strategies taught in DBT are balanced in terms of acceptance and change. For example, the four skills modules include two sets of acceptance-oriented skills (mindfulness and distress tolerance) and two sets of change-oriented skills (emotion regulation and interpersonal effectiveness).

Foundation Skills or Core Concepts:

- **Mindfulness**: the ability to pay attention to the present moment without being judgmental or reacting based on past experiences. It allows one to live in the present and experience emotions that the current situation evokes but with

perspective. Mindfulness promotes the recipient's ability to adapt to new situations without being overwhelmed by powerful emotions;

- **Interpersonal Effectiveness**: the ability to communicate effectively which is similar to assertiveness and interpersonal skills training. It helps the individual to avoid interpersonal conflict, master the art of saying "no", and achieve individual goals;
- **Emotional Regulation**: understanding that negative emotions are normal and not something that must be avoided. This skill teaches individuals how to manage negative, overwhelming emotions positively without triggering the pattern of destructive behaviors which triggers more negative emotions. The skills focus on understanding what you are feeling, reducing emotional vulnerability by self-care and learning to let go and choosing a behavioral response that would be associated with a positive emotion.
- **Distress Tolerance**: accepting and experiencing the situation when it cannot be changed. By practicing acceptance without being judgmental or trying to fight reality, the individual will less vulnerable to intense and prolonged negative feelings. The four skills of *distracting*, *self-soothing*, *improving the moment* and *focusing on pros and cons* assist individual in coping with crises and experiencing distress without making it worse.

Four Stages of Treatment in DBT:

1. The focus of treatment involves ***decreasing*** life-threatening behaviors, suicidal ideation, threatening, missing or coming late to session, phoning at unreasonable hours, not responding to phone calls, decreasing the behaviors that interfere with quality of life and ***increasing*** behavioral skills in emotional regulation, interpersonal effectiveness, distress tolerance, mindfulness and self-management.
2. The focus is to replace "quiet desperation" with non-traumatic emotional experiences.
3. The individual will be able to experience ***"ordinary"*** happiness and unhappiness and reduce ongoing disorders and problems in living.
4. The individual moves from sense of ***incompleteness*** to being able to experience joy**.**

3. Treatment Elements

The DBT program ensures there is a designated DBT primary therapist for each beneficiary.

The DBT Team follows the Linehan model in the provision of DBT services which consists of:

- Individual therapy with a DBT-trained therapist:

  - a combination of individualized rehabilitative and psychotherapeutic interventions to treat suicidal and other dysfunctional coping behaviors and to reinforce the use of adaptive skillful behaviors
- DBT skills training group:
  - 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
  - Group sessions last two hours and include a co-facilitator.
- Telephonic, therapeutic consultation/support/coaching (24-hour availability) with the beneficiary

The DBT program uses weekly internal consultation with individual and group therapists to review treatment and to facilitate DBT skill development.

Program Requirements
Standard and Comprehensive DBT consists of:

- An initial treatment readiness evaluation,
- Weekly two-hour group skills training provided by a skills group leader,
- A minimum of a one-hour individual therapy session every 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 a weekly treatment team consultation group for DBT team providers.

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

4. Expected Outcomes

Expected Outcomes, measured through DBT Client Outcome Log, Team Summary Log and Difficulty in
Emotion Regulation Scale (DERS):

a) Reduced use of crisis services, including emergency room visits, inpatient psychiatric days, and days in SA detoxification treatment
b) Decreased in suicidal ideation and gestures
c) Improved interpersonal relationships
d) Improved emotional regulation
e) Improved emotional self-care skills

5. Staffing Requirements

The DBT Team will consist of a minimum of two full time staff positions as follows:

A. Two full time equivalent (FTE) DBT Certified clinicians who meets the following criteria:
   - Graduate Degree in a mental health-related field from a regionally accredited institution of higher education
   - Must possess an active, unrestricted license as a LPC; LCAS; LMFT; LCSW; LPA or Licensed Psychologist;
   - Certified or in process of certification by the DBT – Linehan Board of Certification
   - Clinical experience in DBT
   - Current participation on DBT Consultation Team.

B. Additional team members, as necessary, who meet the following criteria (are not required to be DBT-certified):
   - Graduate Degree in a mental health-related field from a regionally accredited institution of higher education
   - Must possess an active, unrestricted license as a LPC; LCAS; LMFT; LCSW; LPA or Licensed Psychologist;
   - Demonstrates appropriate competencies and knowledge of DBT principles and practices,
   - Possesses knowledge of and the ability to apply the principles and practices of DBT consistent with evidence based practices
   - Participates in DBT consultation team meetings for the recommended duration of 90 minutes per week
   - Receives ongoing clinical supervision from the Team Lead

DBT Certified Clinicians will conduct the individual therapy sessions. Skills groups must include at least two co-leaders, at least one of which must be DBT Certified Clinician. The non-certified team members may co-lead the Skill Groups, facilitate the coaching phone calls, and provide crisis response services.

The staffing ratio is a maximum caseload of 18 clients per DBT Certified Clinician. Non-certified clinicians do not count toward the staffing ratio

6. Staffing Qualifications, Credentialing Process, and Levels of Supervision Required

See above

7. Unit of Service

1 bundled unit per week

8. Anticipated Units of Service per Person

26 – 39 units

9. Targeted Length of Service

The targeted length of service is 6-9 months.

10. Describe why this service is needed and is different than any State Plan or alternative service already defined. If implemented in other states, describe successful outcomes

Because of the challenging nature of the symptomology associated with Borderline Personality Disorder, many outpatient therapists experience burn-out while treating these individuals and there is evidence of bias against this population in the treatment community. In order to obtain the outcomes outlined in Section 4, it is necessary for the clinicians treating this disorder to be certified in Dialectical Behavioral Therapy and maintain fidelity to the treatment model. The intensity associated with the DBT model extends beyond traditional outpatient services.

According to the SAMHSA *Report to Congress on Borderline Personality Disorder:*

"Although the illness does have a surprisingly good prognosis in the long term, such symptoms as self-injury and suicidality are extremely dangerous—individuals diagnosed with BPD have a suicide rate approximately 50 times that of the general population. In addition, individuals diagnosed with BPD are extremely high users of emergency departments and crisis resources, representing a significant public health cost… Despite the frequent severity of symptoms and extremely high rate of suicide and self-injury associated with BPD, this diagnosis has a very positive prognosis. Up to three-quarters of individuals diagnosed with BPD will experience measurable improvement with treatment, with many of the most debilitating and high-risk symptoms abating significantly"

11. Cost-Benefit Analysis: Document the cost-effectiveness of this alternative service versus the State Plan services available.

Statistically, individuals with BPD are above average users of mental health resources, make significantly more use of emergency services, have a longer average length of stay in inpatient facilities, and generally do not adhere well to outpatient follow up arrangements (Paurk et al 2016)

According to claims data for FY 2015 - 2016, 38 consumers diagnosed with BPD entered the ED or were hospitalized. Closer analysis was completed on a sample of 6 of these consumers. During FY 2015-2016, Partners paid $173,178.63 in claims just for these 6 individuals. The treatment cost for one of these individuals reached $51,738.84.

One treatment episode of DBT would cost between $6,144.32 - $9,216.48.

12. Description of comparable State Plan Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
ED	multiple		Per event	$598.92 average per visit cost
Inpatient	Unit & MD		Per episode	$3,720.00

Description of Alternative Service Payment Arrangements (include type, amount, frequency, etc.)

Service	Procedure Code	Unit Definition	Units of Service	Cost of Service
DBT	H2019U5	1 bundled unit	1 unit/week	$236.32

Description of Process for Reporting Encounter Data (include record type, codes to be used, etc.)

Each event would be billed under the approved code. A new code would be established for this new service.

Description of Monitoring Activities :
Regular review of paid claims and post payment reviews &/or focused monitoring as indicated for cause..

References:

Paruk, Laila, Albert B.R. Janse van Rensburg (2016) “Inpatient Management of Borderline Personality Disorder at Helen Joseph Hospital, Johannesburg.” South African Journal of Psychiatry. Volume 22(1).

SAMHSA, *Report to Congress on Borderline Personality Disorder*