

STATE: MINNESOTA
Effective: October 1, 2010
TN: 10-03

ATTACHMENT 3.1-A
Page 54j

Approved: **MAY 24 2010**
Supersedes: 06-12 (05-01, 04-08, 03-26)

13.d. Rehabilitative services. (continued)

4. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

Telemedicine services. Crisis intervention response services, except ~~adult day treatment services and intensive residential crisis stabilization treatment~~ services, that are otherwise covered as direct face-to-face services may be provided via two-way, interactive video if medically appropriate to the condition and needs of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.
2. Services provided by a nonenrolled Medicaid provider.
3. Room and board.
4. Services provided to a recipient admitted to an inpatient hospital.
5. Services provided by volunteers.
6. Direct billing of time spent "on call" when not providing services.
7. Provider service time paid as part of case management services.
8. Outreach services, defined on page 54f.

- Intensive outpatient program dialectical behavior therapy services are determined to be medically necessary by a mental health professional as defined in item 6.d.A, with specialized skill in dialectical behavior therapy, following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history. Services are provided pursuant to an individual treatment plan.

A recipient appropriate for dialectical behavior therapy must have mental health needs that cannot be met with other available community-based services or that must be provided concurrently with other community based services and:

1. have a diagnosis of borderline personality disorder; or

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13.d. Rehabilitative services. (continued)

2. have multiple mental health diagnoses and is exhibiting behaviors characterized by impulsivity, intentional self-harm behavior and is at significant risk of death, significant morbidity, disability and/or severe dysfunction across multiple domains.

A recipient must:

1. Understand and be cognitively capable of participating in dialectical behavior therapy as an intensive therapy program and be able and willing to follow program policies and rules assuring safety of self and others; and
2. Be at significant risk of one or more of the following if dialectical behavior therapy is not provided:
 - a. a mental health crisis
 - b. requiring a more restrictive setting (such as hospitalization)
 - c. decompensation
 - d. engaging in intentional self-harm behavior

Components of dialectical behavior therapy

1. Individual Dialectical Behavior Therapy

Individual dialectical behavior therapy 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:

- a. identifying, prioritizing and sequencing behavioral targets;
- b. treating behavioral targets;
- c. generalizing dialectical behavior therapy skills to recipients' natural environment;
- d. measuring progress toward dialectical behavior therapy targets;
- e. managing crisis and life-threatening behaviors; and
- f. assisting recipients to learn and apply effective behaviors in working with other treatment providers.

13.d. Rehabilitative services. (continued)

Individual dialectical behavior therapy is provided by a mental health professional as defined in item 6.d.A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

2. Group dialectical behavior therapy skills training

Group dialectical behavior therapy 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 adaptive skills in the following areas:

- a. Cognitive restructuring, anger and crisis-management skills necessary to tolerate distress and regulate emotion;
- b. Basic living, behavior management, engagement, leisure and social skills necessary to function in the community;
- c. Assertiveness, interpersonal and problem-solving skills necessary for interpersonal effectiveness.

Group dialectical behavior therapy skills training is provided by two mental health professionals as defined in item 6.d.A. or a combination of a mental health professional co-facilitating with a mental health practitioner as defined at pages 54c and c.1 of item 13d, who are employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

Provider Qualifications, Standards, Training and Supervision

1. Programs are certified by the Department to provide dialectical behavior training program components if they meet the following criteria:
 - a. hold current accreditations as a dialectical behavior therapy program from a nationally recognized certification and accreditation body;
 - b. enroll as a Minnesota Healthcare Program provider;
 - c. collect and report client-level and program outcomes as specified by the Department.

13.d. Rehabilitative services. (continued)

2. Programs consist of a multidisciplinary team with one member holding certification as a dialectical behavior therapy clinician from a nationally recognized certification and accreditation body, and meet the following qualifications, training and supervision standards.

Dialectical behavior therapy **team leads** must:

1. Be a mental health professional as defined in item 6.d.A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department;
2. Have appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices; and
3. Have knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices.

Dialectical behavior therapy **team members** providing individual dialectical behavior therapy or group skills training must:

1. Be a mental health professional as defined in item 6.d.A. or be a mental health practitioner as defined on pages 54C and c.1 of this item who is employed by, affiliated with or contracted with a dialectical behavior therapy program certified by the Department;
2. Have or obtain appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices within the first six months of becoming part of a dialectical behavior therapy program;
3. Have or obtain knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices within the first six months of becoming part of a dialectical behavior therapy program;
4. Participate in dialectical behavior therapy consultation team meetings; and
5. For mental health practitioners, receive ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices.

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TN: 10-03

Approved: **MAY 24 2010**

Supersedes: 06-12 (05-01, 04-08, 03-26)

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13.d. Rehabilitative services. (continued)

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Approved:

MAY 24 2010

Supersedes: 06-12 (05-01, 04-08, 03-26)

ATTACHMENT 3.1-b

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13.d. Rehabilitative services. (continued)

Individual dialectical behavior therapy is provided by a mental health professional as defined in item 6.d.A. who is employed by, affiliated with or contracted by a dialectical behavior therapy program certified by the Department.

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1. Be a mental health professional as defined in item 6.d.A. or be a mental health practitioner as defined on pages 54C and c.1 of this item who is employed by, affiliated with or contracted with a dialectical behavior therapy program certified by the Department;
2. Have or obtain appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices within the first six months of becoming part of the dialectical behavior program;
3. Have or obtain knowledge of and ability to apply the principles and practices of dialectical behavior therapy consistently with evidence-based practices within the first six months of becoming part of the dialectical behavior program;
4. Participate in dialectical behavior therapy consultation team meetings; and
5. For mental health practitioners, receive ongoing clinical supervision by a mental health professional who has appropriate competencies and working knowledge of the dialectical behavior therapy principles and practices.

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ATTACHMENT 4.19-B

Effective: October 1, 2010

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TN: 10-03

Approved:

MAY 24 2010

Supersedes: ~~09-06 (08-17, 07-16, 04-15(a), 04-08)~~

13.d. Rehabilitative services. (continued)

- for Certified Peer Specialists Level II (qualified at the mental health practitioner level), the lower of the submitted charge or \$13.01 per 15 minute unit;
- in a group setting, the lower of the submitted charge or \$5.72 per 15 minute unit.

Effective October 1, 2010, dialectical behavior therapy services are paid:

- for individual dialectical behavior therapy, the lower of the submitted charge or \$40.00 per 15 minute unit;
- for group dialectical behavior therapy skills training, the lower of the submitted charge or \$18.16 per 15 minute unit.