

DBT-A FAQ

Can DBT-A services bill using the H codes (higher rates)?

A chart with all Medicaid requirements will be submitted for prior authorization of adolescents in DBT-A. Once approved, 'H' codes may be billed.

Is there a minimum age to access the service?

Adolescent service is available to members 12-17 years old at this time.

What is the eligibility criteria for DBT-A?

Must have 1 psychiatric diagnosis and 3 of 5 areas of functional deficits based on DBT-A treatment areas:

Emotional Dysregulation,
Impulsivity (include avoidance),
Interpersonal Problems,
Teenager and Family Challenges,
Reduced awareness and focus.

Do I need to submit/create a separate provider manual for adolescents?

A separate manual is not required for Adolescent treatment, however your standard manual needs to be updated to include treatment approaches for the DBT-A treatment Model. You will not be able to begin billing using enhanced rates until this new manual has been reviewed and approved by the DHS.

What skills manual is recommended for treatment with Adolescents?

It is recommended to use the DBT Skills Manual for Adolescents or the DBT Skills Training Manual by Linehan which is also appropriate for use with adolescents.

Do parents have to consent to treatment for adolescents?

In the state of MN, if you are under the legal age of 18, parental consent is required for medical treatment with certain exceptions. For detailed information please see the following:

<https://www.revisor.mn.gov/statutes/cite/253B.03>

<https://www.revisor.mn.gov/statutes/cite/253B.04>

<https://www.health.state.mn.us/people/adolescent/youth/confidential.html>

Does a parent/guardian/caregiver have to attend MFSG with the adolescent receiving treatment?

The teen and caregiver are expected to attend multifamily skills group together, unless there are exceptions with side-by-side groups with adults and teens being done separately

Parenting DBT Skills Groups are included in the treatment for Adolescents.

Parent/Guardian will attend Multi Family Skills Group (MFSG). Rare adaptations/exceptions with documented justification allowed.

Written consent will be signed for parent/guardian to allow child to attend group with other adults. Written agreement for group rules/expectations/parameters similar to adult skills group will be signed. If parent/guardian is also in DBT they may attend MFSG in place of adult DBT skills group as long as informed consents/agreements are in place. This individual would be treated as any other adult receiving DBT regarding assessment, individual therapy, coaching calls, skills group and billing procedures

Do adolescents have to participate in a year-long program?

Length is generally 6 months. This could vary based on documented individual needs. The standard treatment for adolescents typically includes the completion of one cycle which typically lasts 24-26 weeks. Parenting DBT Skills Groups are included in the treatment for Adolescents.

Do we need to submit evidence of family involvement with paperwork submitted for prior authorization?

Yes. Parenting DBT Skills Groups are included in the treatment for Adolescents. Written consent will be signed for parent/guardian to allow child to attend group with other adults.

Written agreement for group rules/expectations/parameters similar to adult skills group will be signed. If parent/guardian is also in DBT they may attend MFSG in place of adult DBT skills group as long as informed consents/agreements are in place. This individual would be treated as any other adult receiving DBT regarding assessment, individual therapy, coaching calls, skills group and billing procedures

Is there a requirement for informed consent to allow other adults in group with your adolescent?

If it is a multi-family skills group, there needs to be informed consent from each member (including parents) since they are voluntarily entering a therapy group

Would it be acceptable if the adult attends DBT-A skills group with their child in place of a ‘regular’ skills group with adult peers? (In terms of fidelity to treatment for adult)

Yes, comprehensive DBT requires a mode to acquire needed behavioral skills and does not dictate exactly what the venue is to do so. A parent that needs skills and a teen that needs skills can both be served in a multi-family skills group.

Is there a limit to the number of families and adolescents that can be in a skills group?

Yes. The recommended number of participants in a MFSG at any one time is 3-5 families, no more than 6, allowing for 9-15 members per group.

Do MSFG have to have 2 facilitators?

Yes. As with standard DBT, Group DBT skills training is provided by two mental health professionals, or by a mental health professional co facilitating with a mental health practitioner. (Source: <https://www.revisor.mn.gov/rules/9505.0372/#rule.9505.0372.10.D.4>)

Do we have to create a separate Functional Assessment for youth?

To be eligible for DBT IOP services, a member must first be approved following a comprehensive evaluation which includes a diagnostic assessment, functional assessment and review of prior treatment history.

Is MHIS data required for Adolescent members?

In order to meet the requirement of the rule as outlined in <https://www.revisor.mn.gov/rules/9505.0372/#rule.9505.0372.10.E.3>, DBT-A providers will be required to report data via MHIS.

At this time, MHIS does not collect adolescent assessment data. DBT-A providers will be required to complete MHIS fields related to BSL, despite the assessment not being a requirement for DBT-A clients. Please use selection **[97] Not required** when BSL data is not available for a DBT-A client.

MHIS questions, and requests for training or resources can be sent to dhs.amhis@state.mn.us. Agencies may also review resources available at [Mental Health Information System \(MHIS\) technical assistance / Minnesota Department of Human Services \(mn.gov\)](#).

Is the BSL normed to be used with Adolescents?

While the BSL is not used as an assessment tool with adolescent, below is listed a sample of screening tools used with adolescents at intake and ay follow up or discharge to assess for suicide or NSIS risk, BPD features associated problems, and general psychology and family functioning. This is just a sample list and is not intended to be exclusive.

Suicidal Ideation Questionnaire (SIQ; Renyolds, 1987)
Suicide Attempt Self-Injury Interview (SASII; Linehan et al, 2006a)
Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS-PL; Kaufman et al 1997)
Life Problems Inventory (LPI, Rathus et al., 2005)
Beck Depression Inventory –II (BDI-II; Beck et al, 1996)
McMaster Family Assessment Device (FAD; Epstein et al, 1983)