

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

Initial Dialectical Behavior Therapy (DBT) Intensive Outpatient Program (IOP) Authorization

Dialectical Behavior Therapy (DBT) Intensive Outpatient Program (IOP) services require authorization for up to six months of service. Request additional authorization using the Additional Dialectical Behavior Therapy (DBT) Intensive Outpatient Program (IOP) Authorization (DHS-6322A) based on continued stay criteria if continued treatment is necessary beyond the initial six months of authorized treatment. Complete this authorization request in addition to completing the MN-ITS Authorization Request (278) or [Authorization Form \(DHS-4695\) \(PDF\)](#). Fax this form with any additional or required documentation to the medical review agent. Refer to the [Authorization](#) section of the MHCP Provider Manual.

Member Information

Enter dates only in MM/DD/YYYY format.

ASSIGNED NUMBER FROM MN-ITS	MHCP MEMBER ID NUMBER
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MEMBER LAST NAME	FIRST NAME	MI
DATE OF CURRENT DIAGNOSTIC ASSESSMENT OR UPDATE	DATE OF CURRENT FUNCTIONAL ASSESSMENT OR UPDATE	

List Diagnoses

ICD
WHO DAS SCORE (if available)

Does member have three or more areas of functional impairment? Yes No

Mental Health Service History

Complete the following information for the past 12 months.

Mental Health Service	Dates of Service		Dates of Service		Dates of Service	
	FROM	TO	FROM	TO	FROM	TO
INDIVIDUAL PSYCHOTHERAPY						
PARTIAL HOSPITALIZATION						
MENTAL HEALTH CRISIS RESPONSE SERVICES						

GROUP PSYCHOTHERAPY	FROM	TO	FROM	TO	FROM	TO
FAMILY PSYCHOTHERAPY	FROM	TO	FROM	TO	FROM	TO
MEDICATION MANAGEMENT	FROM	TO	FROM	TO	FROM	TO
ASSERTIVE COMMUNITY TREATMENT	FROM	TO	FROM	TO	FROM	TO
EMERGENCY SERVICES	FROM	TO	FROM	TO	FROM	TO
INPATIENT HOSPITALIZATION	FROM	TO	FROM	TO	FROM	TO
DAY TREATMENT	FROM	TO	FROM	TO	FROM	TO
INTENSIVE RESIDENTIAL TREATMENT SERVICES	FROM	TO	FROM	TO	FROM	TO
ADULT REHABILITATIVE MENTAL HEALTH SERVICES	FROM	TO	FROM	TO	FROM	TO
OTHER DBT – DESCRIBE:	FROM	TO	FROM	TO	FROM	TO
OTHER – DESCRIBE:	FROM	TO	FROM	TO	FROM	TO

Is care coordinated with current service providers? Yes No

Concurrent Service

Complete the Rationale for Concurrent Service section if DBT is provided concurrently with outpatient family therapy. Rationale should include a coordinated plan addressing length of time and expected outcome of concurrent service provision.

RATIONALE FOR CONCURRENT SERVICE Describe medical necessity for providing concurrent DBT and outpatient family therapy.

Treatment Duration

EXPECTED DURATION OF DBT TREATMENT FROM: TO:	DISCHARGE CRITERIA IF DISCHARGE IS ANTICIPATED IN THIS AUTHORIZATION PERIOD (within 6 months)
DISCHARGE DATE	EXPECTED CHANGES IN FUNCTION FROM DBT INVOLVEMENT

Check if applicable.

Member has a low IQ, a diagnosed traumatic brain injury or other cognitive disability.

DESCRIBE MEMBER'S PARTICIPATION AND ENGAGEMENT IN TREATMENT

Provider Statement

The review of information and authorization forms must be completed by a member of the certified DBT program, either by a mental health professional or a supervised clinical trainee. The mental health professional **is required** to review all documentation submitted by any clinical trainee completing the assessments and authorization form.

I certify that the information provided on this form is accurate, complete and truthful. I will notify MHCP of any changes to this information.

I acknowledge that any misrepresentations in the information submitted to MHCP, including false claims, statements, documents or concealment of a material fact may be cause for denial or termination of participation as a Medicaid provider.

PROVIDER NAME (type or print clearly)	TITLE	
PROVIDER SIGNATURE (required)		DATE

Supporting Documentation for Initial Authorization

With this initial DBT request, include the member's:

- Current (completed in the previous 12 months) **diagnostic assessment (DA) or diagnostic update**, conducted by a mental health professional or a mental health practitioner working as a clinical trainee and reviewed by the supervisor. The DA must be labeled as: Standard, Brief, Extended or Update.
- Most recent functional assessment (FA)**. You may use an FA completed by another service provider within the last six months if the information reflects current functioning. The FA must address domains of life areas (mental health symptoms, mental health service needs, use of drugs or alcohol, vocational functioning, educational functioning, social functioning, interpersonal functioning, self-care and independent living skills, medical health, dental health, financial abilities, obtaining and maintaining housing, obtaining and maintaining access to transportation, and other). The functional assessment should not be based on historical or predicted functions.
- Personal commitment or contract** to enter the DBT program. To be eligible to receive DBT IOP services, the member must agree to the extended time period needed to address life-threatening and therapy-interfering behaviors and to acquire necessary skills to improve quality of life. DBT IOP requires that an individual acquire related skills in a group setting. If skills teaching cannot occur in a group setting, include within the agreement or treatment plan the alternative arrangement for the member acquiring DBT skills. The member must be able and willing to follow all program policies and rules assuring safety of self and others within all components of DBT IOP.
- Treatment plan** that includes goals for stage one DBT treatment.