



## **Dialectical Behavioral Therapy (DBT) PERFORMANCE SPECIFICATIONS**

Providers contracted for this level of care are expected to comply with all requirements of this service-specific performance specifications. Providers contracted for this service and all contracted services are held accountable to the General performance specifications. The requirements within this service-specific performance specification take precedence over general performance specifications.

### **DEFINITION:**

**Dialectical Behavioral Therapy (DBT)** is a structured manual-directed outpatient treatment as defined by Marsha Linehan, PhD which combines strategies from behavioral, cognitive, and other supportive psychotherapies. DBT is a clinical modality for the treatment of borderline personality disorder that was specifically developed to treat chronically suicidal and/or self-injuring people living with borderline personality disorder but has now been adapted to treat patients with suicidality, self-injury, and other high-risk behaviors as well as those with depression, bipolar disorder, anxiety, eating disorders and substance use problems. DBT services encompass individual therapy, DBT skills group, therapeutic consultation to the Member on the telephone and or virtual care visits (Telehealth), and the therapists' internal consultation meeting(s). Through an integrated treatment team approach to services, DBT seeks to enhance the quality of the Member's life through group skills training and individual therapy with a dialectical approach of support and confrontation.

### **COMPONENTS OF SERVICE**

- The DBT program ensures there is a designated DBT primary therapist for each Member who follows the Linehan model in the provision of DBT services.
- The scope of weekly required service components for DBT include:
  - Individual therapy with a DBT-trained therapist
  - DBT skills training group
  - 24/7 access to coaching/consultation/support with behavioral health provider by telephone or via Telehealth
- The DBT program uses weekly internal consultation with individual and group therapists to review treatment and to facilitate DBT skill development.
- As a comprehensive treatment, the goals of DBT include:
  - Decreasing life-threatening behaviors (suicide attempts, suicide threats, suicidal thoughts)
  - Decreasing therapy-interfering behaviors (missing or coming late to sessions, remaining mute in session, making demanding or threatening remarks)

- Decreasing quality of life-interfering behaviors (fighting with people, substance use, trouble holding down a job)
- Increasing coping skills (learning to deal with conflict, learning to cope with painful emotions, improving positive self-care)
- If there are barriers to accessing outside services and/or transportation services, the **provider notifies Commonwealth Care Alliances (CCA' s) Clinical Team by calling CCA' s Provider Line at 866-420-9332** and asking to speak to the Member's Care Team. Transportation is a CCA covered benefit service.

### **Training Expectations**

It is the expectation of CCA that all contracted providers will offer ongoing staff training in order to best serve the diverse identities and experiences of the CCA Member population. Staff training should be inclusive of, but not limited to:

- Social determinants of health (SDOH)
- Trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care.
- Best practices in delivering culturally responsive, inclusive, and anti-racist behavioral health and medical care.
- Best practices in health equity and inclusivity for Members of various racial, ethnic, and cultural backgrounds, as well as disabled Members, Members of various religious backgrounds, and Members with multiply marginalized identities
- Organizational strategies and resources for accessing interpreter services for Members who primarily communicate in languages other than English (including ASL)

### **Expectations of Transgender inclusive and affirming policies for non-overnight levels of care**

It is the expectation of CCA that all contracted providers will provide inclusive and affirming care to our transgender/non-binary/gender diverse Members. For non-overnight levels of care this expectation is inclusive of, but not limited to:

- Consistently using the name and pronouns that the Member uses for themselves, even if this is not the name and/or pronoun set reflected in the Member's legal identification and/or CCA insurance card.
- Ensuring that staff are regularly trained in best practices in delivering LGBTQIA+ inclusive and affirming— and, specifically, transgender inclusive and affirming— behavioral health and medical care.
- Making determinations about access to any gender-based/gender separated service based on the gender with which the Member identifies, even if this is not the gender reflected in the Member's legal identification and/or CCA insurance card.

### **Trauma-Informed Care Expectations**

It is the expectation of CCA that all contracted providers will provide care to our Members that is

fundamentally trauma informed. Trauma-informed care is inclusive of, but not limited to:

- Providing staff with ongoing training in trauma-informed behavioral health and medical care (including, but not limited to, ways in which the ACE study informs care delivery for Members, and trauma-specific treatment approaches)
- Providing comprehensive trauma screening as part of the standard evaluative process, in order to avoid potentially traumatic re-screening
- Integrating knowledge of trauma, and trauma responsiveness, into the creation and implementation of policies and procedures
- Including the Member's voice, involvement, and feedback in treatment planning—including offering harm reduction strategies in all aspects of treatment
- Seeking to avoid re-traumatization for Members receiving care by creating a safe treatment environment
- Offering trauma-specific treatment interventions and approaches

#### **STAFFING REQUIREMENTS:**

- The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the service-specific performance specifications.
- The DBT program maintains sufficient staffing to deliver the service in accordance with the Linehan model.
- The DBT program must have on staff at least one DBT-credentialed therapist who oversee the provision of all DBT services.
- There are sufficient staff to provide all components of service, including weekly individual therapy and group skills training, telephonic coaching, virtual care coaching, and crisis intervention as needed.
- The skills training group is led by a DBT-credentialed therapist. The co-leader may be a master's-level therapist who has not met the DBT credentialing requirements.
- DBT therapists have a demonstrated capacity to handle crises as they arise and make use of crisis prevention plans as needed.
- The DBT Program has in place, a system to manage 24/7 coverage.

#### **QUALITY MANAGEMENT:**

- The facility will develop and maintain a quality management plan which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
- The facility utilizes a continuous quality improvement process and will include outcome measures and satisfaction surveys, to measure and improve the quality of care and service delivered to Members, including their families.
- Providers are required to collect and measure outcome data and incorporate the data in treatment plans in the medical records and inform clinical programming.
- Clinical outcomes data must be made available to Commonwealth Care Alliance (CCA) upon request and must be consistent with CCA's performance standards for DBT level of care.
- The success of the program and the care and well-being of the members relies on a

- collaborative partnership with Commonwealth Care Alliance and its provider network.
- Providers will comply with all applicable laws and regulations including but not limited to any and all applicable Medicare and/or Medicaid laws, regulations, and instructions of CMS and/or EOHHS relating to addressing and reporting Serious Reportable Events (SREs). Network providers will comply with all requirements contained in their contract with CCA including any corrective actions required by CCA or applicable regulatory agencies. A more complete list of SRE's can be found in Section 11 of CCA's Provider Manual.

**DOCUMENT UPDATES:**

- November 2024: Revised template