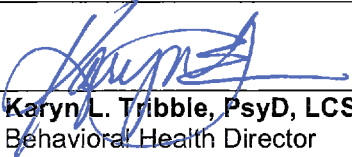




By:


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POLICY TITLE	Policy No: 406-1-1
Eating Disorders (ED)	Date of Original Approval: 12/16/19
	Date(s) of Revision(s):

PURPOSE

This policy addresses the intention to provide Specialty Mental Health Services (SMHS) specifically for those Alameda County beneficiaries diagnosed with an eating disorder of a severity who meet criteria for Moderate to Severe functional impairment.

AUTHORITY

CA Code of Regulations -Title 9. Chapter 11. Medi-Cal Specialty Mental Health Services; Subchapter 2. Article 2 Section 1820.205 Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services

Subchapter 3. Specialty Mental Health Services Other Than Psychiatric Inpatient Hospital Services. Article 2. Provision of Services Section 1830.205. Medical Necessity Criteria for MHP Reimbursement of Specialty Mental Health Services

SCOPE

Services covered by the Alameda County Behavioral Health Care Services (ACBH) Eating Disorder Policy and Procedures include participation by the following ACBH units: ACCESS Program, Adult & Older Adult System of Care (AOASOC), Child & Young Adult System of Care (CYASOC), Network Office, Provider Relations, Quality Assurance (QA), and Utilization Management (UM) and ACBH County and ACBH-contracted providers.

POLICY

As Eating Disorders (ED) are complex conditions involving both physical and psychological symptoms and complications, the treatment typically involves blended physical health and mental health interventions, which Managed Care Health Plans (MCPs) and Mental Health Plans (MHPs) are jointly responsible to provide. MCPs are responsible for the physical health components of ED treatment and MHPs are responsible for the mental health components of ED treatment.

MCPs are responsible for providing physical health inpatient hospitalization, and outpatient mental health services. MHPs are responsible for providing, or arranging and paying for, psychiatric inpatient hospitalization, and outpatient SMHS. The coverage, provision, and payment of medically necessary SMHS and other medical services provided in Intensive Outpatient, Partial Hospitalization, and Residential ED programs are the joint responsibility of

MCPs and MHPs. The joint responsibility agreement shall be documented in the MHP/MCP memorandum of understanding.

The Alameda County Mental Health Plan will provide assessment, referral, and appropriate treatment to eligible Alameda County Medi-Cal beneficiaries who meet medical necessity criteria for SMHS due to one or more Eating Disorder(s) as defined and mandated by Medi-Cal regulations.

- Beneficiaries who meet SMHS criteria will be served in the least restrictive care necessary.
- Beneficiaries with an Eating Disorder diagnosis who meet Medi-Cal criteria for acute inpatient psychiatric service will be assessed and treated at an inpatient psychiatric facility.
- Beneficiaries who currently have or have recently required inpatient medical stabilization in a general hospital, once stabilized, may be stepped down to outpatient treatment with an Eating Disorder Specialist.
- Beneficiaries stepping down from a facility where they have been medically or psychiatrically stabilized may meet criteria for higher levels of eating disorder treatment such as Intensive Outpatient (IOP), Partial Hospital Program (PHP), or Residential for a limited period of time before transitioning to outpatient services. In addition, beneficiaries failing outpatient may be stepped up briefly to IOP, PHP, or Residential to prevent further deterioration and ameliorate risk.

PROCEDURE

I. Referral Process

A. The following may serve as referral sources:

1. Beneficiaries and Families
2. Hospitals
3. ACBH County or ACBH-contracted Providers (Mental Health & Substance Use Disorder Services)

B. ACCESS is responsible for the initial telephone screening for medical necessity criteria and subsequent referral for treatment. **Medical screening is part of the assessment process for all higher levels of care treatment, including referral to an Eating Disorder Specialist (ED Specialist), Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP), Residential and Inpatient.**

1. If ACCESS determines that the severity of the eating disorder symptoms are less severe, ACCESS will refer to an outpatient ACBH County or ACBH Provider Network clinician with ED experience. Medical screening prior to treatment and regular monitoring by a primary care physician is highly recommended. Utilization Management (UM) authorizes increases in frequency of service, if needed. Consultation with ACBH Eating Disorder Consultant (ED Consultant) is available to outpatient providers as needed. If during the course of treatment, the provider, beneficiary, or family are concerned about the increase in severity of the eating disorder symptoms, they may contact ACCESS to request another assessment.
2. If ACCESS determines that the severity of the eating disorder symptoms are more severe, ACCESS will refer to ED Consultant for assessment to determine the level of

care needed. Referrals to an ED Specialist or higher level of care require submission to ACCESS of a current (no older than 1-2 weeks) written physical assessment detailing the medical complications related to the ED and current status of those symptoms. Regular monitoring by a primary care physician is highly recommended and expected. ACCESS and UM will work with beneficiaries, family members and appropriate level of care provider to initiate services. Upon discharge from higher level of care, ACCESS and UM will work with beneficiaries, family members, and providers to arrange for follow up outpatient care. Beneficiaries who meet SMHS criteria will be served in the least restrictive care necessary. UM authorizes increase in frequency for ED Specialists and additional days for IOP, PHP, Residential and Inpatient treatment as needed.

3. Dietician Services are accessible through a beneficiary's managed care health plan and are not covered through SMHS. A beneficiary's primary care provider must initiate the referral for these services. These referrals do not go through ACBH.
4. Inpatient Health Facilities provide primary treatment for serious medical conditions due to an eating disorder. They are used for medical stabilization of eating disorders. These services are accessible through a beneficiary's managed care health plan and are not covered through SMHS. A beneficiary's primary care provider must initiate the referral for these services based on a wide array of medical abnormalities including weight, acute food refusal, and other acute medical events. These referrals do not go through ACBH.

C. Medi-Cal beneficiaries under the age of 21 may be referred to Intensive Care Coordination services through ACBH to support coordination of services.

II. ACBH Department Procedures

The treatment of Eating Disorders requires activity and coordination from many ACBH units:

- A. The Eating Disorder Coordinator acts as the Operational Lead overseeing the work of the ED Consultant and coordinates ED services with the various ACBH units to ensure that appropriate resources are available to beneficiaries.
- B. ACCESS is responsible for the initial telephone screening for medical necessity criteria and subsequent referral for treatment.
- C. Upon notification from Operational Leads, the Network Office initiates the following types of contracts, according to their established Policies and Procedures, based on type of service(s):
 1. Hospital Contracts – for Inpatient Psychiatric services;
 2. Services-As-Needed Contracts – for IOP, PHP, and Residential; and
 3. Mental Health Plan Provider Network Contracts, including outpatient mental health services that are delivered by individual ED Specialists. Individual providers must complete an initial credentialing application which is reviewed and approved by the Credentialing Review Committee.

- D. Provider Relations loads the ACBH Provider Network agreements with ED codes and rates as ED Specialist providers are contracted. This process is in coordination with the Network Office and is completed at their request.
- E. Outpatient ACBH Network Providers, including ED Specialists, requiring additional authorization beyond the initial authorization provided by ACCESS, are required to submit a Request for Continued Services to UM. Upon review by UM for continued medical necessity to meet SMHS moderate to severe criteria, additional months will be authorized. For beneficiaries who may require higher level of care, a UM Clinical Review Specialist will review additional clinical information to determine referral options.

NON-COMPLIANCE

Procedures to be completed in the event of a policy non-compliance:

- I. Where the MHP has failed to provide the services required by this policy for beneficiaries who meet the appropriate criteria, the Eating Disorder Coordinator and appropriate System of Care Director shall be notified and take corrective action, including reviewing the policy and or other disciplinary action. In the event that notification is the result of a grievance received via Consumer Assistance, ED Coordinator and appropriate System of Care Director will review the situation and take corrective action, as indicated.
- II. Staff shall not face retribution for reporting non-compliance.
- III. Reports of non-compliance shall be communicated to the Eating Disorder Coordinator within 72 hours to ensure timely response and corrective action. Members of the public reporting non-compliance shall communicate the information to the Eating Disorder Coordinator via EDCoordinator@acgov.org.
- IV. Beneficiaries who are dissatisfied with the services received through the ACBH MHP have the right to file a grievance or appeal with the MHP via Consumer Assistance (800) 779-0787.
- V. Any communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

CONTACT

ACBH Office	Current as of	Email
ACCESS	7/1/2018	1-800-491-9099 adesk@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County & Contract Providers (Mental Health & Substance Use Disorder Services)
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Sun Hyung Lee, Interim Division Director Transition Age Youth Services and Jane Tzudiker, ACCESS Supervisor

Original Date of Approval: 12/16/19

Date of Revision:

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
ACBH	Alameda County Behavioral Health Care Services, Alameda County's Mental Health Plan.
ACCESS	Acute Crisis Care and Evaluation for Systemwide Services: This Unit of ACBH provides general mental health and substance screening and referral for Alameda County residents. Most referrals for County mental health services must go through the ACCESS Line for screening and approval before receiving an appointment with a provider.
ED	Eating Disorder: Includes Avoidant/Restrictive Food Intake Disorder; Anorexia; Bulimia Nervosa; Binge-Eating Disorder; Other Specified Eating Disorder; and Unspecified Feeding or Eating Disorder.
ED Consultant	Eating Disorder Consultant: Licensed mental health consultant certified in ED treatment contracted by ACBH to provide ED consultation, assessment, and training.
ED Specialist	Eating Disorder Specialist: Licensed outpatient mental health provider who specializes in ED treatment as demonstrated by a minimum of five years of ED assessment, treatment, consultation, and/or training experience and holds an ED Certification.
IOP	Intensive Outpatient Programs for Eating Disorders: Provides treatment in a structured environment up to 3 hours per day, four to six days per week, depending on provider and client's individual treatment plan.
PHP	Partial Hospital Programs for Eating Disorders: Provides treatment in a structured environment up to 7 hours per day, six days per week, depending on provider and client's individual treatment plan.
RTC	Residential Treatment Centers for Eating Disorders: Provides a highly structured, closely supervised, and personalized 24/7 treatment environment.
UM	Utilization Management: This Unit of ACBH provides oversight of behavioral health care services from a utilization perspective, including coordinated review assessment performed to determine the medical necessity and appropriateness of behavioral health care services.

ATTACHMENTS:

- ED Referral Process Flow Chart