

## **EXHIBIT A – PROGRAM REQUIREMENTS (A-P): EATING DISORDER (ED) SERVICES**

### **I. Program Name**

Eating Disorders (ED) Services

### **II. Contracted Services<sup>1</sup>**

ED Services (as approved/included in Exhibit A- Scope of Work, SOW):

- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Partial Hospitalization Program with Transitional Housing (PHP-TH)
- Residential Treatment Program

### **III. Program Information and Requirements**

#### **A. Program Goals**

Contractor shall provide services to help clients accomplish the following goals:

- Enact positive behavioral changes, including:
  - Stabilization around eating and food issues, including timely weight restoration as needed; and
  - Elimination or significant reduction in negative behaviors associated with ED including restricting food intake, urges to binge and/or purge, etc.;
- Attainment of emotional insight, intellectual and cognitive re-education, interpersonal/social awareness, and spiritual healing;
- Reduce negative impacts of mental health symptoms related to ED on daily functioning;
- Establish a foundation for continuing recovery and support by involving their family and significant others;
- Be successful in a less restrictive environment; and
- Maintain more satisfying relationships with adults and peers in the school and/or community setting.

#### **B. Target Population**

Contractor shall provide services to the following populations:

##### **1. Service Groups**

Contractor shall serve adolescents and adults who live with a serious ED and require an IOP or higher level of service.

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<sup>1</sup> See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

**2. Referral Process to Program**

Contractor shall only accept referrals from the ACBH Clinical Liaison for ED programs (ACBH Clinical Liaison).

**3. Program Eligibility**

Contractor shall only serve clients who have:

- An ED diagnosis such as anorexia nervosa, bulimia, binge eating, and/or other diagnoses for disordered eating; and
- Been referred and authorized for services for the specific level of care (IOP, PHP, or Residential Treatment) by the ACBH Clinical Liaison.

Contractor shall participate in weekly concurrent reviews to obtain authorization from ACBH Clinical Liaison for length of stay exceeding initial approval (e.g., beyond initial seven days for residential treatment). Contractor shall obtain authorization from ACBH Clinical Liaison before changing client levels of care between IOP, PHP, or Residential.

**4. Limitations of Service**

Not applicable.

**C. Program Description**

Contractor shall maintain programmatic services at or above the following minimum levels:

**1. Program Design**

Contractor shall work collaboratively with each client to design and implement a comprehensive ED treatment plan customized to match the needs of each client throughout the course of treatment. Contractor shall participate in a weekly concurrent phone review with the ACBH Clinical Liaison and/or fax a treatment summary to seek authorization to transition clients through the various levels of care, as appropriate for each client. Contractor shall work with the ACBH Clinical Liaison and ACBH ACCESS unit to arrange for follow-up care upon discharge from any level of care within Contractor's program. Contractor's individualized treatment approach shall aim to support each client to adapt to the changing conditions of the ED. Contractor shall provide a structured, closely supervised, nurturing, and personalized treatment environment that is aimed at effecting physical, psychological, behavioral, emotional, social, and spiritual growth for clients and their families. Contractor shall work with the client and family to uncover the root causes of the ED, identify the function of the ED for the client, and offer alternative ways to cope, communicate, and change longstanding patterns. Contractor's treatment services shall include individual therapy, group therapy and family therapy as well as psychiatric, medical and nutritional consultations.

Additional Requirement for IOP:

Contractor shall provide intensive outpatient services in a structured environment three hours per day, four to six days per week, depending on client's individual

treatment plan. Average length of stay for IOP shall be 25 patient days per client, which may vary based on an individual client's treatment plan.

Additional Requirement for PHP:

Contractor shall provide partial hospitalization that includes seven hours of therapy per day, six days per week, depending on individual client's treatment plan. Average length of stay for PHP shall be 25 patient days per client, which may vary based on an individual's treatment plan.

Additional Requirement for Residential Treatment:

Contractor shall provide a highly structured 24/7 treatment environment. The average length of stay shall be four weeks with maximum length of stay being six weeks.

**2. Discharge Criteria and Process**

Contractor shall begin discharge planning upon client enrollment and shall address discharge on a continuing basis in counseling sessions. Contractor shall coordinate discharge planning among Contractor's staff and client in collaboration with ACBH Clinical Liaison at least seven days prior to the intended discharge date. Contractor shall provide discharge plans in writing and include such plans as part of the client's record.

**3. Hours of Operation**

Contractor shall maintain the hours as specified in Exhibit A-SOW.

**4. Service Delivery Sites**

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

At each specified service delivery site, Contractor shall have California Department of Public Health Congregate Living Health Facility license.

**D. Minimum Staffing Qualifications**

No additional requirements.

**IV. Contract Deliverables and Requirements**

**A. Process Objectives**

Contractor shall provide the services/deliverables, as described in the Program Description, to eligible clients.

**B. Quality Objectives**

Not applicable.

**C. Impact Objectives**

Not applicable.

## **V. Reporting and Evaluation Requirements**

In addition to participating in weekly concurrent phone reviews with the ACBH Clinical Liaison, Contractor shall supply ACBH Clinical Liaison with a discharge summary for each client that includes the following outcome measures for each client, if applicable:

- **Weight Restoration/Stabilization:** Change in body weight measured as recorded in client's chart at intake and discharge.
- **Eating Behaviors:** Change in binge and purge behaviors, observed by Contractor's staff and self-reported by clients as recorded in client's chart at intake and discharge.
- **Mental Health:** Change in mood symptoms of depression and anxiety, as recorded in client's chart at intake and discharge.

## **VI. Additional Requirements**

No additional requirements.