

Exhibit A- Statement of Work ED
Technical Exhibit 1 - Services

TABLE OF CONTENTS

PART 1 - EATING DISORDERS ACUTE INPATIENT CARE SERVICES

PART 2 - EATING DISORDERS SPECIALIZED FOLLOW-UP RESIDENTIAL TREATMENT
CENTER (RTC)

PART 3 - EATING DISORDERS PARTIAL HOSPITALIZATION PROGRAM (PHP)

PART 4 - EATING DISORDERS INTENSIVE OUTPATIENT PROGRAM (IOP)

PART 1 - EATING DISORDERS ACUTE INPATIENT CARE SERVICES

- A. Admission Criteria
- B. Intensity of Service
- C. Continued Stay Criteria
- D. Licensure Requirements

Daily Rate: \$1,625.00

A. ADMISSION CRITERIA <i>(Co-morbid disorders may influence Level of Care)</i>	
SEVERITY OF ILLNESS (SI)	
Clinical Findings: Current DSM or ICD-10 Eating Disorder Diagnosis that is consistent with symptoms. All services must meet the definition of medical necessity in the Medi-Cal Beneficiary's plan document. <i>Must have one of 1-3 and both 4 and 5 to qualify:</i> - Medical Complications attributable to the eating disorder, which typically include the following: - Vital Sign abnormalities: For adults, pulse rate <40, orthostatic pulse change >20, blood pressure <90/60, orthostatic bp change >10-20, temp <96-97 F. For children/adolescents, pulse rate <50 daytime, 45 nighttime, orthostatic pulse change >20, blood pressure <80/50, orthostatic bp change >10-20 and temp <96-97 F. - Electrolyte abnormalities, including hypokalemia or hypophosphatemia. - Cardiac compromise, including dysrhythmias or prolonged QTc. - Organ damage requiring treatment, including renal, hepatic, GI or cardiovascular. - Acute dehydration as shown by physical and lab findings requiring medical rehydration. - For Anorexia Nervosa, Body Mass Index (BMI) <15 or < 75% of individually estimated ideal body weight range, or, rapid weight loss combined with active refusal to eat on a trajectory showing that this BMI or weight will occur within a few days. For Bulimia Nervosa or Eating Disorder NOS medical abnormalities (see SI 1) must be demonstrated and can be safely treated in a psychiatric unit and do not require intensity of a medical unit. - Severe eating disorder comorbid with psychiatric symptoms that would in themselves require inpatient treatment, such as suicidal ideation with intent or a feasible plan or other conditions that would meet Inpatient Psychiatric Severity of Illness criteria (if other Eating Disorder Inpatient criteria not met, Inpatient Psychiatric service should be used). - Worsening symptoms and behaviors despite current treatment in a structured outpatient ED service (IOP or PHP, or 2-3 times a week OP treatment involving an ED BH clinician, nutritionist and a qualified physician where intensive services not geographically available) with the likelihood that Inpatient treatment will result in improvement– this criterion not necessary if the Medi-Cal Beneficiary is actively resistant to treatment, actively uncooperative and/or has severely impaired insight and does not recognize any need for treatment. - Supervision required during and after all meals and in the evening to prevent restricting or excessive exercising/purging behaviors; for children/adolescents, family not able to supervise due to severe conflict or treatment resistance.	

B. INTENSITY OF SERVICE (IS)

Must have all of the following services provided to the Medi-Cal Beneficiary

1. Multidisciplinary assessment with a treatment plan which addresses nutritional, psychological, social, medical, and substance abuse needs.
2. Relevant medical tests including lab tests (electrolytes, chemistry, CBC, thyroid) and ECG done on admission and follow up tests done if any abnormality requiring intervention.
3. Documentation of treatment by a qualified physician seven (7) days a week, including management of psychiatric medication if indicated, or documentation as to why not used if indicated.
4. Individual therapy by a licensed provider at least once per week, family therapy by a licensed provider at least once per week for adults and twice per week for children/adolescents (unless contraindicated, with documentation for the reason).
5. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the Medi-Cal Beneficiary's PCP, providing treatment to the Medi-Cal Beneficiary, and where indicated, clinicians providing treatment to other family members, is documented.
6. Nutritional plan with target weight range and refeeding plan to achieve gain of 1-2 pounds per week (if low body weight is reason for admission).
7. 24-hour skilled nursing (by either an RN or LVN/LPN).
8. Discharge plan with recommended aftercare including coordination with outpatient treatment team or development of an outpatient treatment plan if not already present.

C. CONTINUED STAY CRITERIA (CS)

Must continue to meet "SI/IS" Criteria and have 1 or 2 and 3-5 to qualify:

1. Progress in treatment is documented including: weight gain, increasing adherence with meal plan, medical stabilization, stabilization of acute psychiatric symptoms, cooperation with discharge planning; for treatment of low body weight with medical instability complicated by need for involuntary treatment, very poor insight and motivation or active treatment resistance and poor family/social support, level of weight gain may need to surpass admission criteria and reach a level that is consistent with medical and physical indications of malnutrition having stabilized and weight/BMI in low normal range.
2. Lack of progress or persistent symptoms/behaviors have resulted in changes to the treatment plan to address treatment resistance that has a likelihood of achieving progress.
3. The Medi-Cal Beneficiary is cooperative and responsive to treatment or treatment team has taken steps to treat involuntarily including petition for medical conservatorship, medication hearing or involuntary hospitalization.
4. For children/adolescents or dependent adults, family is actively involved in treatment and responsive to treatment recommendations.
5. For Medi-Cal Beneficiary's with chronic, persistent eating disorders where normal weight range or absence of binge/purge or non-purge bulimic symptoms has not been present for over one (1) year, the Medi-Cal Beneficiary is not at a level of control and stability consistent with their usual/baseline condition.

D. LICENSURE REQUIREMENTS

The Acute Inpatient Care Services program must possess either:

1. Acute Psychiatric Hospital license issued by the State of California Department of Public Health; or
2. General Acute Care Hospital license issued by the State of California Department of Public Health.
3. Other License issued by the State Department of Health Care Services must be approved by DMH.

PART 2 - EATING DISORDERS SPECIALIZED FOLLOW-UP RESIDENTIAL TREATMENT CENTER (RTC)

- A. Admission Criteria
- B. Intensity of Service
- C. Continued Stay Criteria
- D. Licensure Requirements

Daily Rate: \$1,525.00

A. ADMISSION CRITERIA <i>(Co-morbid disorders may influence Level of Care)</i>
SEVERITY OF ILLNESS (SI)
Clinical Findings: Current DSM or ICD-10 Eating Disorder Diagnosis that is consistent with symptoms. All services must meet the definition of medical necessity in the Medi-Cal Beneficiary's plan document. <i>Must have all of the following to qualify:</i> 1. If Anorexia Nervosa and weight restoration is goal, BMI between 15-18 or weight between 75%-85% of estimated ideal weight range and no signs or symptoms of acute medical instability that would require daily physician evaluation. 2. Comorbid psychiatric disorders are controlled or stable enough for the primary focus of treatment to be the eating disorder. 3. For Anorexia Nervosa, continued restricting and purging is leading to weight loss that is likely to lead to medical instability and need for inpatient treatment despite receiving structured outpatient ED treatment (IOP or PHP, or 2-3 times a week OP treatment involving an ED BH clinician, nutritionist and a qualified physician where intensive services not geographically available) with the likelihood that residential treatment will result in improvement; for Bulimia Nervosa, continued purging or excessive exercising is likely to cause medical instability or dehydration that would need inpatient treatment despite receiving the same level of outpatient treatment described above; or for either condition, the Medi-Cal Beneficiary has had multiple inpatient admissions within the past six (6) months with a failure to stabilize with outpatient aftercare. 4. Significant functional disruption from usual/baseline status in at least two domains (school/work, family, activities, ADL's) related to the eating disorder. 5. Based on past treatment history, usual level of functioning and comorbid psychiatric disorders, there is a reasonable expectation that the Medi-Cal Beneficiary will benefit from this level of care. 6. Living environment and support are characterized by either significant deficits or significant conflict or problems that would undermine goals of treatment such that treatment at a lower level of care is unlikely to be successful, and this can potentially be improved with treatment.

B. INTENSITY OF SERVICE (IS)

Must have all of the following services provided to the Medi-Cal Beneficiary:

1. Evaluation by a qualified physician or equivalent professional within 72 hours of admission and at least once weekly visits documented.
2. Physical exam and lab tests done within 72 hours if not done prior to admission, and 24 hour on site nursing and medical availability to manage medical problems if risk for medical instability identified as a reason for admission to this level of care.
3. Programming provided will be consistent with the Medi-Cal Beneficiary language, cognitive, speech and/or hearing abilities.
4. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the Medi-Cal Beneficiary's PCP, providing treatment to the Medi-Cal Beneficiary, and where indicated, clinicians providing treatment to other family members, is documented.
5. Within seven (7) days, an individualized problem focused treatment plan completed, including nutritional, psychological, social, medical and substance abuse needs to be developed based on a complex biopsychosocial evaluation, and this needs to be reviewed at least once a week for progress.
6. Treatment would include the following at least once per day and each lasting 60-90 minutes: community/milieu group therapy, group psychotherapy and activity group therapy plus at least once weekly individual therapy with a properly licensed provider.
7. Family supports identified and contacted within 72 hours and family/primary support person participation at least weekly for adults, twice weekly for children and adolescents, unless contraindicated.
8. Discharge planning initiated within one (1) week of admission including identification of community/family resources, connection or re-establishment of connection to an outpatient treatment team and coordination with that team.
9. The treatment is individualized and not determined by a programmatic timeframe. It is expected that Medi-Cal Beneficiary's will be prepared to receive the majority of their treatment in a community setting.

C. CONTINUED STAY CRITERIA (CS)

Must continue to meet "SI/IS" Criteria and have the following to qualify:

1. If low bodyweight a reason for admission, target weight for safe treatment on an outpatient basis listed and weight gain of 1-2 pounds per week documented.
2. Progress toward treatment goals is documented as shown by motivation on the part of the Medi-Cal Beneficiary and family, adherence to treatment recommendations including weight gain and acceptance of recommended dietary caloric intake if low body weight was a reason for admission and control of bingeing and purging or non-purging bulimic symptoms, but treatment goals that would allow continued treatment at a lower level of care have not been achieved; if progress not achieved then the treatment plan has been adjusted in a manner that is likely to achieve progress toward meeting treatment goals or treatment goals have been adjusted.

D. LICENSURE REQUIREMENTS

The Specialized Follow-Up Residential Treatment Center program must possess:

1. Congregate Living Health Facility license issued by the State of California Department of Public Health.
2. Other License issued by the State Department of Health Care Services must be approved by DMH.

PART 3 - EATING DISORDERS PARTIAL HOSPITALIZATION PROGRAM (PHP)

- A. Admission Criteria
- B. Intensity of Service
- C. Continued Stay Criteria
- D. Licensure Requirements

Daily Rate: \$990.00 (in-person) and \$825.00 (telehealth)

A. ADMISSION CRITERIA <i>(Co-morbid disorders may influence Level of Care)</i>	
SEVERITY OF ILLNESS (SI)	
Clinical Findings: Current DSM or ICD-10 Eating Disorder Diagnosis that is consistent with symptoms. All services must meet the definition of medical necessity in the Medi-Cal Beneficiary's plan document. <i>Must have all of the following to qualify:</i> 1. Eating disorder behaviors and body weight are at levels where acute medical intervention is not needed, but without at least six (6) hour daily structured treatment at least five (5) days a week the Medi-Cal Beneficiary is likely to regress to needing a higher level of care. 2. Motivation, self-care skills and recognition of a need for treatment are sufficient for the Medi-Cal Beneficiary to reduce eating disorder behaviors and/or gain weight with outpatient treatment, but has not achieved progress with IOP or outpatient treatment at a twice weekly frequency. 3. If anorexic, restricting and if anorexic or bulimic, bingeing and purging or non-purging behaviors are present for at least three (3) hours every day and are causing significant functional impairment in at least two domains (work/school, family relations, activities). 4. The Medi-Cal Beneficiary has adequate support in their living environment and has access to this level of care. 5. Comorbid psychiatric conditions are stable enough for outpatient treatment and appropriate treatment is being provided to maintain this stability and is not the primary focus of treatment.	

B. INTENSITY OF SERVICE (IS)

Must have all of the following services provided to the Medi-Cal Beneficiary:

1. Multidisciplinary treatment provided at least six (6) hours daily/ five (5) days a week.
2. A nutritional assessment is done on admission and if low body weight is a reason for admission then specific dietary intake and target weight goals are identified, with once weekly measurement of weight and daily charting of calorie intake/percentage of dietary intake goals.
3. A treatment plan includes targets of cognitive behavioral skills for controlling restricting for Medi-Cal Beneficiary's with anorexia, which may include supervised meals, and controlling bingeing, purging and non-purging behaviors for Medi-Cal Beneficiary's with anorexia and bulimia, and progress in gaining and utilizing skills is documented.
4. Evaluation by a qualified physician done upon admission and at least weekly visits are documented.
5. Medical and substance use evaluations are either done on admission or if transferring from another intensive level of care, those evaluations are obtained and recommended interventions incorporated into the treatment plan and appropriate interventions are documented as needed.
6. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the Medi-Cal Beneficiary's PCP, providing treatment to the Medi-Cal Beneficiary, and where indicated, clinicians providing treatment to other family members, is documented.
7. Community supports and resources are identified and the treatment plan includes developing or increasing their use.
8. Family therapy is provided at least once per week for children/adolescents and dependent adults and involvement of family members in groups and educational programs is documented (unless contraindicated).
9. Discharge planning including either development of a new outpatient treatment team or coordination with the existing team.
10. The Medi-Cal Beneficiary resides in a community setting while receiving partial hospitalization services and is not in a 24-hour residential treatment setting. Hours outside of the program are not supervised by any program staff members.
11. The treatment is individualized and not determined by a programmatic timeframe. It is expected that Medi-Cal Beneficiary's will be prepared to receive the majority of their treatment in a community setting.

C. CONTINUED STAY CRITERIA (CS)

Must continue to meet "SI/IS" Criteria and have the following to qualify:

1. Progress is documented but treatment goals have not been reached and continued progress and benefit from treatment is likely as shown by the Medi-Cal Beneficiary's and family's participation, attendance and evidence of motivation and acceptance of treatment recommendations, and if progress is not being achieved then the treatment plan is being adjusted in such a manner as to likely achieve progress or treatment goals are adjusted that are likely to be achieved.

D. LICENSURE REQUIREMENTS

The Partial Hospitalization Program must possess either:

1. Acute Psychiatric Hospital license issued by the State of California Department of Public Health; or
2. General Acute Care Hospital license issued by the State of California Department of Public Health.
3. Other License issued by the State Department of Health Services must be approved by DMH.

PART 4 - EATING DISORDERS INTENSIVE OUTPATIENT PROGRAM (IOP)

- A. Admission Criteria
- B. Intensity of Service
- C. Continued Stay Criteria
- D. Licensure Requirements

Daily Rate: \$540.00 (in-person) and \$540.00 (telehealth)

A. ADMISSION CRITERIA <i>(Co-morbid disorders may influence Level of Care)</i>
SEVERITY OF ILLNESS (SI)
Clinical Findings: Current DSM or ICD-10 Eating Disorder Diagnosis that is consistent with symptoms. <i>Must have all of the following to qualify:</i> 1. Eating disorder behaviors and body weight are at levels where acute medical intervention is not needed, but without three (3) hour daily structured treatment at least three (3) days a week the Medi-Cal Beneficiary is likely to regress or return to needing a higher level of care. 2. Motivation, self-care skills and recognition of a need for treatment are sufficient for the Medi-Cal Beneficiary to reduce eating disorder behaviors and/or gain weight with outpatient treatment, but has not achieved progress with outpatient treatment up to twice weekly. 3. The Medi-Cal Beneficiary has adequate support in their living environment and has access to this level of care. 4. Comorbid psychiatric conditions are stable enough for outpatient treatment and appropriate treatment is being provided to maintain this stability and is not the primary focus of treatment.

B. INTENSITY OF SERVICE (IS)

Must have all of the following services provided to the Medi-Cal Beneficiary:

1. Services are provided by appropriately licensed clinicians for a minimum of three (3) hours/ three (3) days per week.
2. A nutritional assessment is done on admission and if low body weight is a reason for admission then specific dietary intake and target weight goals are identified, with once weekly measurement of weight and daily charting of calorie intake/percentage of dietary intake goals.
3. A treatment plan includes targets of cognitive behavioral skills for controlling restricting for Medi-Cal Beneficiary's with anorexia, which may include supervised meals, and controlling bingeing, purging and non-purging behaviors for Medi-Cal Beneficiary's with anorexia and bulimia, and progress in gaining and utilizing skills is documented.
4. Medical, psychiatric and substance use evaluations are either done on admission or if transferring from another intensive level of care, those evaluations are obtained and recommended interventions incorporated into the treatment plan and appropriate interventions are documented as needed.
5. Coordination of care with other clinicians, such as the outpatient psychiatrist, therapist, and the Medical Beneficiary's PCP, providing treatment to the Medi-Cal Beneficiary, and where indicated, clinicians providing treatment to other family members, is documented.
6. Community supports and resources are identified and the treatment plan includes developing or increasing their use.
7. Family therapy is provided at least once per week for children/adolescents and dependent adults and involvement of family members in groups and educational programs is documented (unless contraindicated).
8. Discharge planning including either development of a new outpatient treatment team or coordination with the existing team.
9. The treatment is individualized and not determined by a programmatic timeframe. It is expected that Medi-Cal Beneficiary will be prepared to receive the majority of their treatment in a community setting.
10. The Medi-Cal Beneficiary resides in a community setting while receiving partial hospitalization services and is not in a 24-hour residential treatment setting.

C. CONTINUED STAY CRITERIA (CS)

Must continue to meet "SI/IS" Criteria and have the following to qualify:

Benefit from treatment is likely as shown by the Medi-Cal Beneficiary's and family's participation, attendance and evidence of motivation and acceptance of treatment recommendations, and if progress is not being achieved then the treatment plan is being modified in such a manner as to likely achieve progress.

D. LICENSURE REQUIREMENTS

The Intensive Outpatient Program must possess either:

1. Acute Psychiatric Hospital license issued by the State of California Department of Public Health; or
2. General Acute Care Hospital license issued by the State of California Department of Public Health.
3. Other License issued by the State Department of Health Care Services must be approved by DMH.