



Behavioral Health
Division

Complex Eating Disorders: Care Coordination, Services and Benefit Structure, and Future Directions

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- Large MHP:
 - Serving approximately 60,000 clients
 - Urban and rural areas
 - Largest county in the United States – 20,105 square miles
- Two MCPs:
 - Inland Empire Health Plan (IEHP)
 - Molina Healthcare

**San Bernardino County Medi-Cal Membership
December 2019**

IEHP

605,686

Molina

59,435

- Data pulled - September 2019
- Open episodes – Challenge: Eating Disorder clients may not choose to seek Outpatient Services upon discharge from Medical Hospitalization

Clients with Eating Disorder by Agency

Total										
	Diagnosis_Description									Total
	Anorexia nervosa, binge eating/purging type	Anorexia nervosa, restricting type	Anorexia nervosa, unspecified	Binge eating disorder	Bulimia nervosa	Eating Disorder NOS	Eating disorder, unspecified	Other eating disorders	Other specified eating disorder	
Contract Agency	4	8	.	1	5	.	23	2	5	48
DBH	11	22	2	3	24	6	21	13	4	106
FFS	1	.	.	.	5	.	2	2	1	11
Total	16	30	2	4	34	6	46	17	10	165

- MHPs are responsible to treat Eating Disorders as they are included diagnoses for Specialty Mental Health Services, as per the most recent DHCS IN 18-053, Included ICD-10 Diagnostic Code Sets

Medicare/Medi-Cal Coverage for Eating Disorders – Benefit Coverage for Adults (21 yr. old+)

Treatment Program	Medicare Coverage	Medi-Cal Coverage
General Acute Hospitalization	Yes	Yes
Acute Inpatient Psychiatric	Yes	Yes
Residential Treatment	No	No
Partial Hospital Program (PHP)	Yes	No
Intensive Outpatient Program (IOP)	Yes	No
Full Service Partnership (FSP)	Yes	Yes

Source: California Association of Health Plans

Managed Care Plans are responsible to provide treatment as well- APL 17-018



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: October 27, 2017

ALL PLAN LETTER 17-018
SUPERSEDES ALL PLAN LETTER 13-021

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: MEDI-CAL MANAGED CARE HEALTH PLAN RESPONSIBILITIES FOR
OUTPATIENT MENTAL HEALTH SERVICES

PURPOSE:

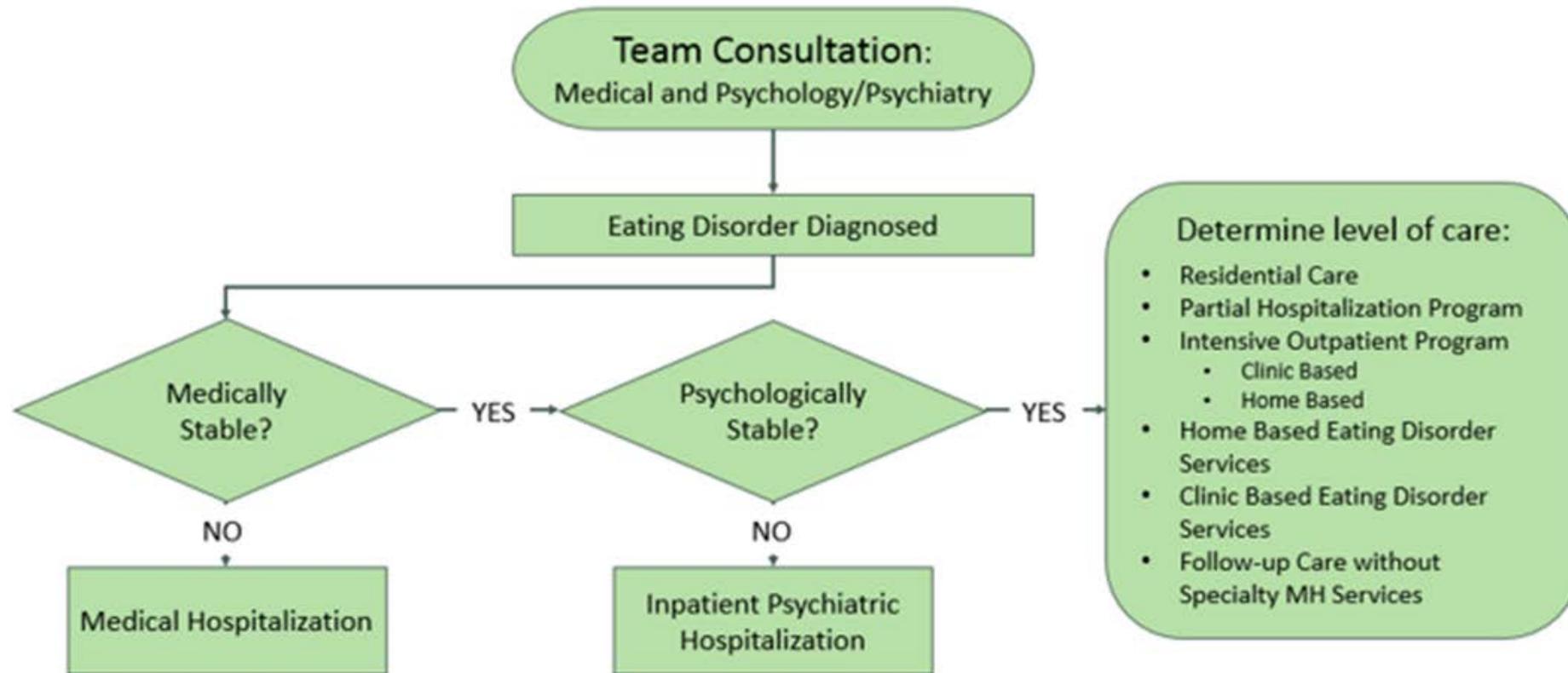
The purpose of this All Plan Letter (APL) is to explain the contractual responsibilities of Medi-Cal managed care health plans (MCPs) for the provision of medically necessary outpatient mental health services and the regulatory requirements for the Medicaid Mental Health Parity Final Rule (CMS-2333-F). MCPs must provide specified services to adults diagnosed with a mental health disorder, as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM), that results in mild to moderate distress or impairment¹ of mental, emotional, or behavioral functioning. MCPs must also provide medically necessary non-specialty mental health services² to children under the age of 21. This APL also delineates MCP responsibilities for referring to, and coordinating with, county Mental Health Plans (MHPs) for the delivery of specialty mental health services (SMHS).

Both MCPs and MHPs have a mutual desire to provide medically and clinically appropriate health services to our members with Severe Eating Disorders



- 2005: Eating Disorder Protocols
- 2010: Eating Disorder questionnaires for clients
- 2011: Eating Disorder Trainings
- 2014: Eating Disorder Training/Workshop with ED expert
- 2015: Regular meetings with MCP Liaisons
- 2016:
 - Collaborative work with DBH, CBHDA, California Association of Health Plans Workgroup
 - Clinics started enrolling clients with Severe Eating Disorders into FSP Programs
 - Eating Disorder Focus Groups Began
- 2017: IEHP Eating Disorder Rounds
- 2018: Eating Disorder Trainings for Staff
- 2019:
 - Eating Disorder Registered Dietician Training
 - Eating Disorder Innovation Plan

- Partnership
- Each MCP has an assigned liaison to interface with the MHP
- Ongoing meetings – Liaison, MCP Staff and MHP
 - Quarterly MOU/Joint Operation meetings
 - Weekly conference calls with Managed Care Coordination Unit (MCCU) – Severe Eating Disorder clients
 - Monthly conference calls with clinics regarding clients with higher needs
 - Attend all MHP Reviews – EQRO, Triennial



- Once a clinic identifies a client has an Eating Disorder that requires a higher level of care beyond outpatient, they notify MCCU for care coordination.
- MCCU acts as a pipeline between the clinic and the MCP to coordinate care.
- MCCU has ongoing conference calls, at least weekly, to discuss the client's case, progress, discuss appropriate level of services. Attendees may include clinic staff, MCCU and the MCP.

- DBH attempts to enroll all Severe/Complex Eating Disorder clients in clinic FSP Programs. This ensures:
 - Clients are closely monitored
 - Treatment team can respond to crises
 - Collaboration with psychiatrist and Primary Care Physician
 - Challenge: Psychiatrist cannot make a direct referral to a Registered Dietician
 - Funding through MHSA
- FSP clinicians have been trained in Eating Disorders
 - Challenge: Some staff have left the agency
- MCCU has ongoing Eating Disorder trainings, our most recent one facilitated by a Registered Dietician specializing in Eating Disorders

- MHP and MCPs agreed to cover higher level of care services for Severe Eating Disorders 50/50 that is clinically necessary
 - PHP
 - IOP
 - Residential
- How does this work?
 - MCPs utilize the Millman's Clinical Guidelines (MCG) to determine appropriate level of care necessary for Severe Eating Disorders – PHP/IOP, Residential, Outpatient
 - MCG minimizes Psychosocial stressors/supports
 - MCPs pay the claim and then seek 50% reimbursement from DBH
 - Managed Care Coordination Unit (MCCU) does a Utilization Review after receiving the invoice from the MCP. This review is similar to an Inpatient Utilization Review as DBH will approve/deny days based on Medical Necessity. This information is then forwarded to DBH's Fiscal Division.

- MOUs with MCPs are currently being finalized to add Eating Disorder language which includes:
 - Definition of Severe Eating Disorder:
 - A severe eating disorder is one that requires consideration of a higher level of care to manage the eating disorder than either the MHP or the MCP can reasonably provide via their respective outpatient provider networks.
 - Responsibilities:
 - MCP is responsible for primary health services to Medi-Cal recipients enrolled in their managed care plan, while the MHP is responsible for providing Specialty Mental Health Services to eligible Medi-Cal beneficiaries.
 - Notification
 - Utilization Review

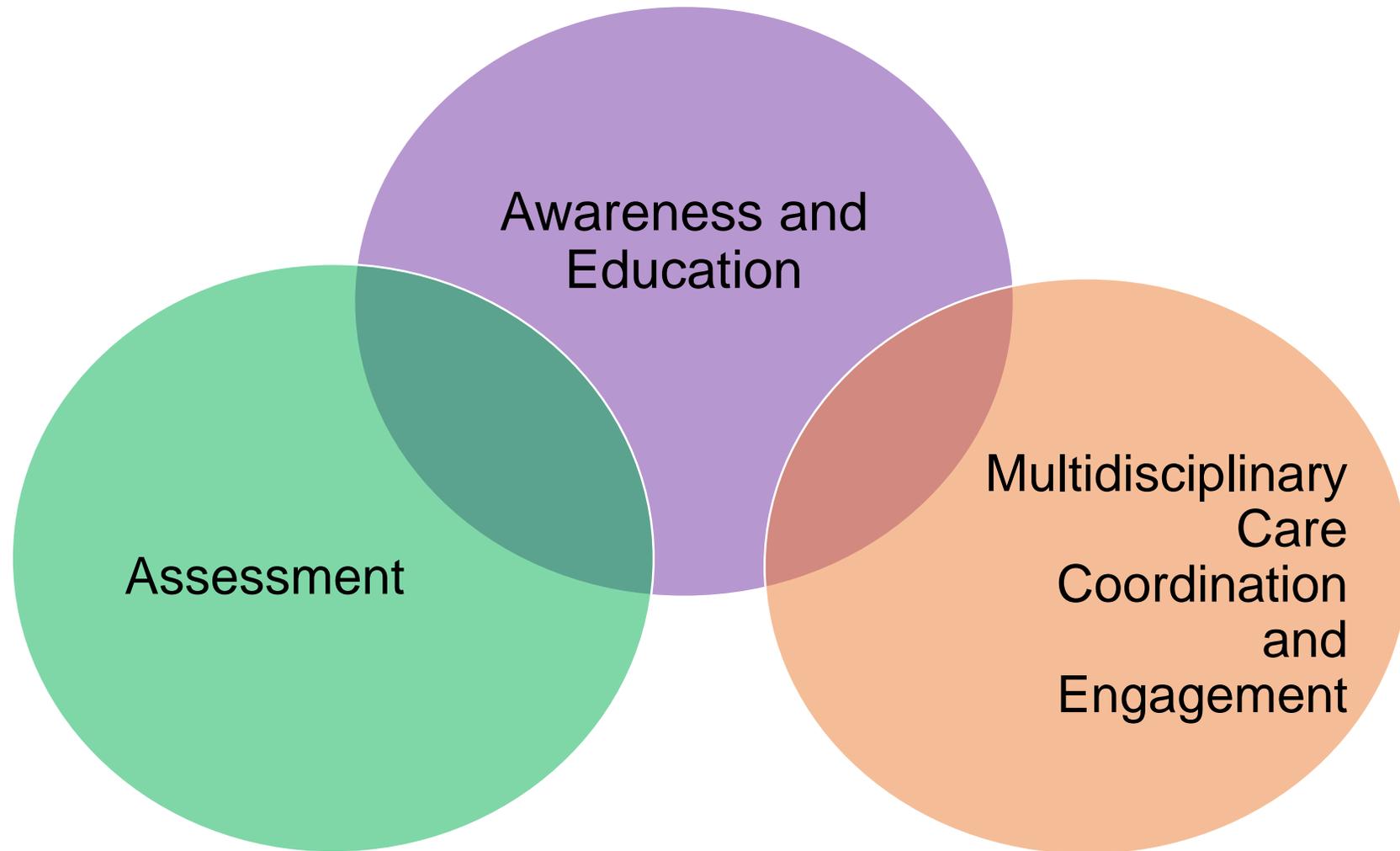
“People die from this. I never expected that I would have a heart attack. I never thought that I would go without a period for years and have trouble getting pregnant. I didn't have the foresight to think that there were going to be these real consequences. And it seems so sad that tearing my esophagus, or pneumonia, or my teeth rotting out wasn't enough. When I had my heart attack, it really kind of put things in perspective-of wanting to see my children grow up and wanting to live this life, that I'm worthy of living.”

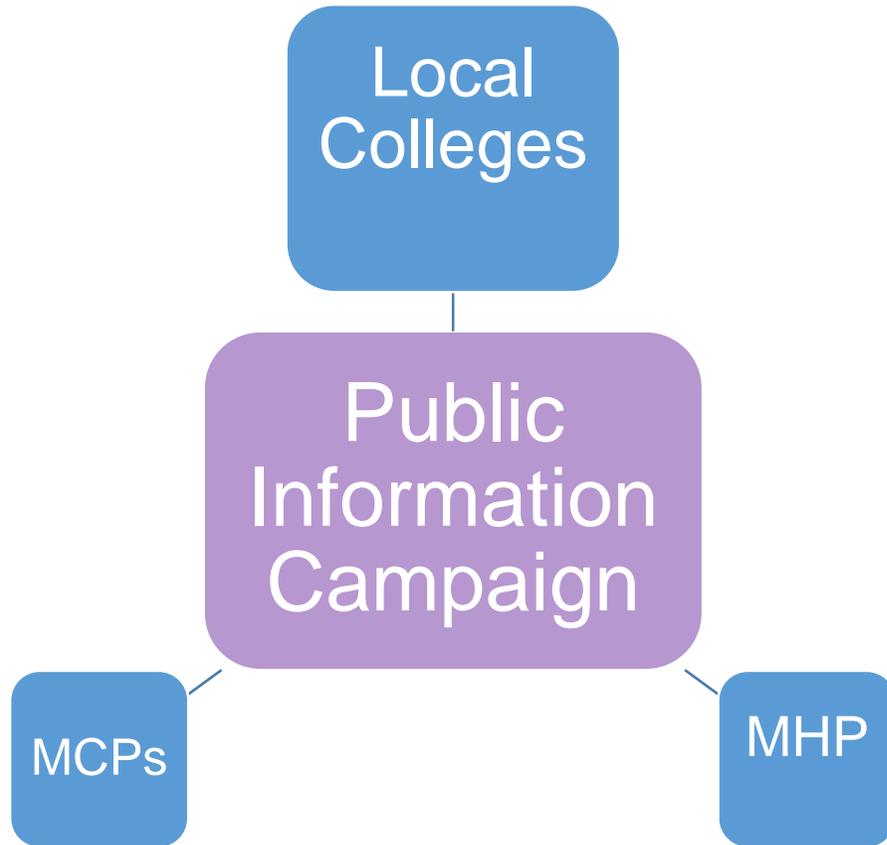
Jaymee

Age 27

<https://www.pbs.org/perfectillusions/personalstories/jaynee.html>

- EDs likely underassessed in primary care and outpatient mental health settings, as well as in the community
- Care coordination between MHPs and MCPs **is essential** for Medi-Cal beneficiaries with complex EDs (“It takes a village...”)
 - Develop relationships both with MCPs and higher level ED care providers in the community
- Clients with complex EDs can be difficult to engage
 - ED itself and co-occurring conditions (trauma, substance use)
- Eating Disorders can be perceived (by clients, families, clinicians) as:
 - Scary (Anorexia nervosa has the highest mortality rate amongst all mental health diagnoses)
 - Confusing
 - Overwhelming (“I don’t know what to do.”)





Collaboration between local college campuses, the County Mental Health Plan, and to Medical Managed Plans to create **public information campaigns and materials** to increase awareness in **populations most at risk** for developing disordered eating practices.

- Many DBH clinicians express fear due to lack of training in working with complex EDs
- Trainings for DBH staff (clinicians, psychiatrists, peer support specialist, peer family advocates) and MCP Tier I and Tier II providers to increase knowledge base on eating disorders
- Online trainings most convenient and utilizable for MHP staff
- DBH considering International Association of Eating Disorders Professionals (IAEDP) Online Institute: <http://www.iaedp.com/institute/>

- Experience/conversation with MCP partners suggest PCPs may be underassessing eating disorders (until it becomes severe and/or needing higher level of care)
- Identification and/or development of screening tool(s) which to be effectively used in a variety of settings (e.g., college student centers, health centers, physician's offices) for either professional or self-screening and providing a **single point of contact to facilitate effective referrals** to the appropriate level of care.

- Eating Disorders Examination-Questionnaire (EDE-Q)

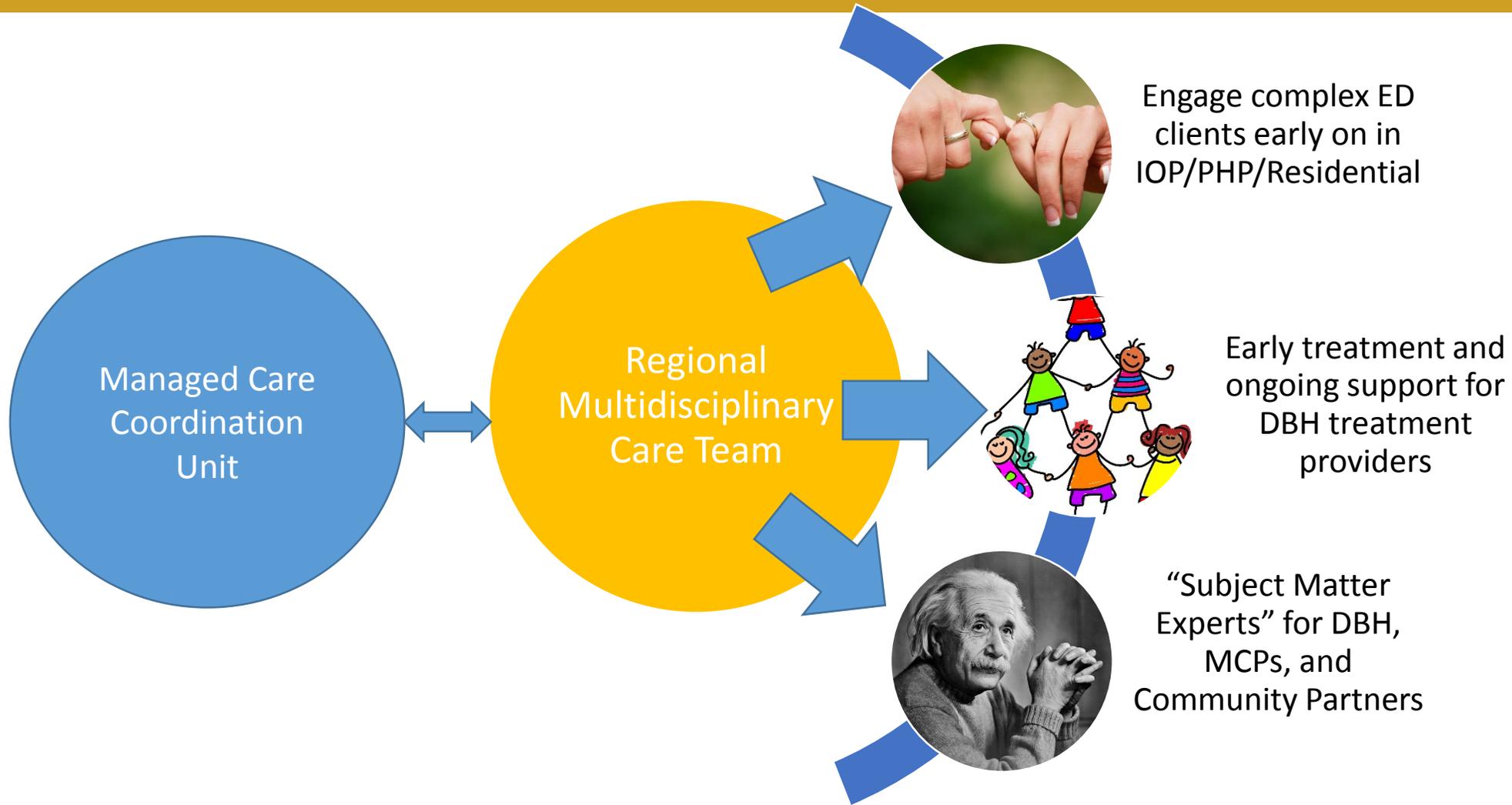
- Widely considered to have excellent reliability and validity for EDs
- Self-administered, 28 questions, asks about frequency in past month of ED-related thoughts and behaviors
- Does *not* assess for psychosocial factors that may be helpful in determining type level of treatment needed

On how many of the past 28 days		No days	1-5 days	6-12 days	13-15 days	16-22 days	23-27 days	Every day
1	Have you been deliberately <u>trying</u> to limit the amount of food you eat to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
2	Have you gone for long periods of time (8 waking hours or more) without eating anything at all in order to influence your shape or weight?	0	1	2	3	4	5	6
3	Have you <u>tried</u> to exclude from your diet any foods that you like in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
4	Have you <u>tried</u> to follow definite rules regarding your eating (for example, a calorie limit) in order to influence your shape or weight (whether or not you have succeeded)?	0	1	2	3	4	5	6
5	Have you had a definite desire to have an <u>empty</u> stomach with the aim of influencing your shape or weight?	0	1	2	3	4	5	6
6	Have you had a definite desire to have a <u>totally flat</u> stomach?	0	1	2	3	4	5	6
7	Has thinking about <u>food, eating or calories</u> made it very difficult to concentrate on things you are interested in (for example, working, following a conversation, or reading)?	0	1	2	3	4	5	6

- Psychosocial factors are an important part of any mental health assessment, but particularly for complex eating disorders *in the DBH population*. Why?
 - In children/adolescents, DBH has adopted an evidence-based practice—family-based therapy for eating disorders (“Maudsley” model)—which relies heavily on family involvement
 - DBH serves an extremely culturally diverse population
 - In San Bernardino County, there are relatively few higher level outpatient treatment (PHP/IOP) programs, and NO residential programs
 - Clients with complex eating disorders may be reluctant to engage in treatment far from their key social supports
 - Neither EDE-Q nor MCP’s utilization review guidelines (MCG) significantly account for psychosocial factors in level of care planning for eating disorders
 - DBH/MHS ED Innovations strives to determine which psychosocial factors are most important to account for when assessing complex EDs

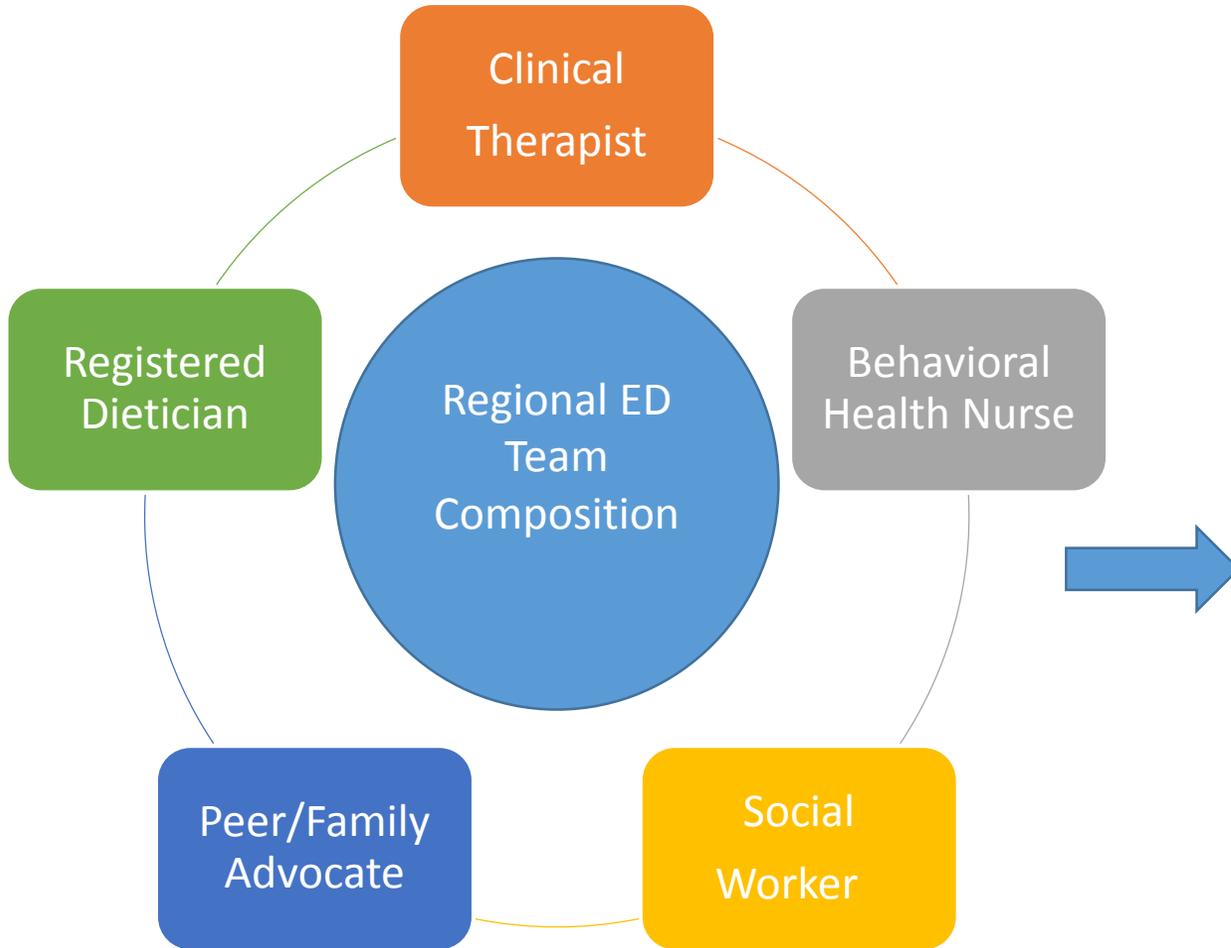
DBH/MHSA ED Innovations: Multidisciplinary Care Coordination

Regional Teams



DBH/MHSA ED Innovations: Multidisciplinary Care Coordination

Regional Multidisciplinary Teams



Proficient and Comfortable Working with Complex ED Patients



- DBH/MHSA ED Innovations project will help to increase awareness and assessment (leading to prevention and early intervention) and best practices (clinically and administratively)
- Become a model for other California counties working with this population
- Reduce need for referral for higher levels of care for complex ED patients
- Become a model for other California counties
- Influence DHCS coverage/payment for different types of services (RD, PHP/IOP) for Medi-Cal beneficiaries with complex EDs

Thank you for your time!

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