



# Quality Assurance Bulletin

## Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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## EATING DISORDERS AND ACCESS TO CARE

This Bulletin serves as a reminder to all Los Angeles County Department of Mental Health (LAC-DMH) outpatient Providers that all providers are responsible for providing medically necessary outpatient Specialty Mental Health Services (SMHS) to beneficiaries with eating disorders. Providers may not refuse to conduct an assessment and/or provide medically necessary services to beneficiaries with eating disorders. If determined after an assessment or at any point during treatment that outpatient SMHS, including intensive services such as Full Service Partnership (FSP) are not enough and a higher level of care (HLOC) is needed, then the provider should submit an HLOC referral by following the Eating Disorder Referral Process (see Attachment I). Once submitted, the appropriate level of care determination and coordination of care will be done by the team responsible for HLOC eating disorder coordination within LAC-DMH.

LAC-DMH acknowledges that providers may experience some hesitancy or not feel equipped to work with eating disorders. As per BHIN 22-009, eating disorders are complex conditions involving both physical and psychological components. As such, effective treatment of eating disorders involves a combination of physical and mental health interventions, often provided through an integrated therapeutic modality, program, or setting. Coordinating appropriate and effective services and treatment for beneficiaries with eating disorders involves unique complexities and is a shared responsibility between Mental Health Plans (LACDMH) and Managed Care Plans (MCPs). When providing outpatient SMHS to a client with an eating disorder, the clinician should ensure that treatment is coordinated with the client's physician/pediatrician/dietician to address the physical aspects of the client's care, allowing for a multidisciplinary team approach to the outpatient treatment. As a reminder, authorization to receive/release information is not required as the MCP is a covered agency and the client has signed the consent for services as well as the Notice of Privacy Practices (refer to 45 CFR 164.506)

LAC-DMH is providing the following trainings to further support all outpatient providers in addressing eating disorders within the SMHS system:

- Eating Disorders 101
- Eating Disorder 102
- Monthly Learning Collaboratives to support 101 / 102

LAC-DMH training information can be found on <https://eventshub.dmh.lacounty.gov/> or LAC-DMH employees may access Events Hub through the DMH Applications page on SharePoint.

As with all mental health disorders, providers are also encouraged to seek additional training and educational resources on their own. One such reputable resource includes <https://www.eatingrecoverycenter.com/>

LAC-DMH has also developed the attached Outpatient Eating Disorders Treatment Parameters, in order to provide additional guidance on the outpatient treatment of clients with eating disorders (see Attachment II).

If directly-operated or contracted providers have any questions related to this Bulletin, please contact the QA Unit at [QualityAssurance@dmh.lacounty.gov](mailto:QualityAssurance@dmh.lacounty.gov).

cc: DMH Executive Management  
DMH Administration Managers  
DMH QA Liaisons  
Legal Entity Executive Management

DMH Clinical Operations Managers  
DMH Quality, Outcomes & Training Division  
DMH CIOB Managers  
Legal Entity QA contacts

## **Eating Disorder Referral Process: DMH System of Care Providers**

- A. Mental Health Provider submits request for Higher Level of Care (HLOC) Eating Disorder Treatment to Los Angeles County Department of Mental Health (DMH). Request is submitted to [ED ECT Auths@dmh.lacounty.gov](mailto:ED_ECT_Auths@dmh.lacounty.gov) along with the requisite clinical information listed in item B below.

**Note:** HLOC Eating Disorder Treatment includes Inpatient, Residential, Partial Hospitalization or Intensive Outpatient Levels of Care.

- B. Mental Health Provider submits the following clinical documentation at the time of making the request for HLOC Eating Disorder Treatment:

- 1) Demographic and Contact Information (includes caregiver information for minors)
- 2) Insurance Information (e.g. copy/image of client's Medi-Cal card or client's Medi-Cal number)
- 3) Current Eating Disorder symptoms/associated behaviors.  
**Note:** Please include the frequency of the eating disorder symptoms/associated behaviors (e.g. number of times per day/week/month the current eating disorder symptoms/behaviors are present/exhibited), **and** intensity (e.g. Mild, Moderate, Severe), **and** duration (e.g. 15 minutes or 60 minutes, or some other time period the current eating disorder symptoms/behaviors are present/exhibited)
- 4) Current impairment in functioning related to the current Eating Disorder symptoms/associated behaviors as well as impairment in functioning related to any other mental health symptoms currently experienced  
**Note:** Please indicate if the current level of functioning is different from past level of functioning and if so, please describe the difference
- 5) History (include Onset) of Eating Disorder symptoms/associated behaviors
- 6) Additional current mental health and historical mental health symptoms/associated behaviors
- 7) History of assaultive behavior
- 8) History of involvement with the legal system
- 9) Current diagnosis/diagnoses
- 10) History of Eating Disorder Treatment (e.g. Hospitalizations, other Higher LOC Eating Disorder Treatment, Outpatient)

- 11) History of other mental health treatment received and/or currently receiving
- 12) Level of Care for Eating Disorder Treatment (e.g. Inpatient, Residential, Partial Hospitalization, or Intensive Outpatient) recommended by the referring Mental Health Provider/Treatment Team
- 13) Medications and purpose for medications (e.g. psychotic symptoms, mood stabilization, etc.)
- 14) Level of Social and Family Support
- 15) Any other relevant information that would assist with the decision-making process
- 16) Current BMI
- 17) Current Labs

**NOTE:** If items 1 - 15 are clearly documented with the requested specificity in the Full Assessment completed by the referring Mental Health Provider, the Full Assessment document can be submitted.

- C. DMH staff will confirm receipt of request and contact the Mental Health Provider should additional information be needed.
- D. DMH Psychiatrist will review all submitted documentation to inform determination of Level of Care needed (e.g. Inpatient, Residential, Partial Hospitalization, or Intensive Outpatient, or other services). **Note:** If additional information is needed, a clinical consultation may need to be scheduled with the DMH Psychiatrist.
- E. DMH staff will contact the Mental Health Provider to inform of authorization determination. If HLOC Eating Disorder Treatment is approved, information regarding the specific treatment program authorized will be provided.
- F. The HLOC Eating Disorder Treatment Provider will contact the client, provide information about their admission process, and coordinate placement.
- G. The HLOC Eating Disorder Treatment Provider, during the discharge planning process from the HLOC Eating Disorder Treatment Program, will coordinate with the Mental Health Provider for the provision of Outpatient Mental Health Services upon discharge.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**QUALITY, OUTCOMES AND TRAINING DIVISION**

**Outpatient Eating Disorders Treatment Parameters**

**Goal of Parameter:**

To establish guidance and direction on the outpatient treatment of clients with eating disorders or suspected eating disorders. Secondly, to define levels of care for clients diagnosed with an eating disorder.

**Policy:**

Per DHCS Behavioral Health Information Notice 22-009, treating clients with eating disorders is a shared responsibility between the Mental Health Plan (MHP) and Medi-Cal Managed Care Plans (MCPs). MHPs are required to provide and cover all medically necessary Specialty Mental Health Services in accordance with their performance contract with the Department of Health Care Services. As such, Specialty Mental Health Providers must provide a full array of outpatient mental health services to clients diagnosed with an eating disorder who are appropriate for an outpatient level of care.

MCPs are contracted to provide comprehensive Medical Case Management Services, including coordination of care, to ensure the provision of all medically necessary physical health and non-specialty mental health services.

**Terminology:**

Eating Disorders refer to maladaptive eating patterns that result in clinically significant emotional distress and functional impairment. The following are specific types of Eating Disorders:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified feeding/eating disorder

**Treatment Considerations:**

Clients with eating disorders have a range of clinical presentations and treatment planning will vary accordingly. Clinicians should decide, based on client presentation, whether medical monitoring is needed and whether that can be handled by the mental health provider, by primary care or with medical consultation. Similarly, treatment teams should decide whether nutrition education/interventions can be addressed by the mental health provider or through medical/primary care expertise.

1. Stepped Care approach to treatment depending upon symptom severity:
  - a. Specialty Mental Health services with either consultation from primary care or with primary care as part of the treatment team.
  - b. Intensive Outpatient Program (at Higher Level of Care Eating Disorder (HLOC ED) Facility)
  - c. Partial Hospitalization Program (at an HLOC ED Facility)

- d. Residential treatment (at an HLOC ED Facility)
  - e. Inpatient care
    - i. Medical/Physiological Stabilization
    - ii. Psychiatric/Psychological Stabilization
2. Establishing a team approach to treatment that has access to or specifically includes:
- a. Therapist
  - b. Physician (consider whether a primary care physician is necessary for medical monitoring)
  - c. Psychiatrist
  - d. Staff who can provide general education on nutrition and/or monitoring of diet (dietician consult vs. mental health staff)
3. Enhanced Mental Health Services for Clients with Eating Disorders:
- a. Weekly therapy:
    - i. CBT
    - ii. DBT where emotion regulation associated with Borderline Personality Disorder is present
    - iii. Family therapy for child, adolescent, and adult clients
  - b. Psychoeducation on nutrition and healthy eating, which could include exposure therapy to food and eating, mindful eating, movement therapy (comfort with one's body)
  - c. Consultation to primary care, dieticians and physician on lab results, vitals and Body Mass Index (BMI) changes. (medical monitoring of lab results, reviewing electrolyte levels)
  - d. Targeted case management to link clients to adjunctive services and supports, including places to obtain healthy and affordable food.
  - e. Treatment planning/coordination to manage the components of treatment and reduce individual therapist burden relative to caseload responsibilities.
4. Factors to consider in determining treatment intensity:
- a. BMI can be a useful indicator, with 15 a lower limit however one should be aware of the risks of atypical anorexia where the client falls within a normal weight bracket. Considerations of activity level and other health indicators should be considered as well.
  - b. Recent dramatic weight loss increases health risks
5. Care coordination across levels of care:
- a. Higher level of care eating disorder providers (i.e., Inpatient, Residential, Partial Hospitalization Program (PHP), and/or Intensive Outpatient Program (IOP) facilities) must have a clear understanding of Specialty Mental Health Outpatient Services prior to transitioning a client to lower levels of care.
  - b. Prior to a client transition from inpatient or residential, or PHP, or IOP to outpatient eating disorders treatment, the outpatient provider should have either an in-person or virtual case conference meeting with the client (and family where appropriate) and higher level of care treatment team to establish continuity of treatment, including

obtaining authorization from client/family to share the client's medical record with outpatient provider, including obtaining a copy of the meal plan.

- c. One of DMH's Care Coordination Teams will facilitate connection between Outpatient Specialty Mental Health Services Providers and Higher Level of Care Eating Disorder (HLOC ED) Treatment Providers. Coordination can include obtaining clinically needed documents from the HLOC ED Provider.
  - i. Contact Information: [ED\\_ECT\\_Auths@dmh.lacounty.gov](mailto:ED_ECT_Auths@dmh.lacounty.gov)

#### **Screening tools for consideration:**

Eating Disorders Examination Questionnaire – Short Form (EDE-QS) which can be found on <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-020-02565-5>

The SCOFF which can be found on <https://www.psychtools.info/scoff/>

#### **Staff Training:**

In an effort to further support all providers, DMH is providing the following trainings:

- Eating Disorders 101
- Eating Disorder 102
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