



## **PARTIAL HOSPITALIZATION PROGRAM (PHP) FOR EATING DISORDERS**

### **PURPOSE**

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at [providerexpress.com](http://providerexpress.com).

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

### **OVERVIEW**

**Partial Hospitalization Program (PHP) for Eating Disorders** is a non-24-hour diversionary treatment program that is hospital-based or community-based. In addition to all clinical service components provided within a PHP, the program provides clinical expertise and intervention specifically pertaining to eating disorders.

The following Partial Hospitalization Program (PHP) for Eating Disorders performance specifications are a subset of the Partial Hospitalization Program (PHP) performance specifications. As such, PHP for Eating Disorders providers agree to adhere to both the PHP performance specifications and to the PHP for Eating Disorders performance specifications contained within. Where there are differences between the PHP and PHP for Eating Disorders performance specifications, these PHP for Eating Disorders specifications take precedence.

### **SERVICE COMPONENTS**

1. The provider ensures that all service components required in the PHP performance specifications are provided to Enrollees enrolled in PHP for Eating Disorders. Additionally, the provider ensures the following required service components are provided:
  - a) Medical services provided by a physician who is a pediatrician or internist with a

- specialty in eating disorders
  - b) Peer support and/or other recovery-oriented services
  - c) Integrated treatment, discharge, and aftercare planning
  - d) Family counseling/meetings
  - e) Eating disorder and recovery model milieu
  - f) Nutritionist services
2. The provider admits and has the capacity to treat Enrollees who have dual psychiatric and eating disorder diagnoses.

## **STAFFING REQUIREMENTS**

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan service-specific performance specifications, and the credentialing criteria outlined in the Plan provider manual as referenced at [providerexpress.com](http://providerexpress.com).
2. The provider ensures that the attending psychiatrist and Psychiatric Nurse Mental Health Clinical Specialist (PNMHCS) have previous training, experience, and have demonstrated expertise in treating individuals with eating disorders, with a minimum of five years' experience in the direct treatment of individuals with eating disorders.
3. The program utilizes a multi-disciplinary staff with established skills, training, and/or expertise in the integrated treatment of eating disorders, and including adequate psychiatric, nursing, social work, credentialed nutritionist and counseling staff, and clinical assistant/nurses' aide staff to ensure that all required services are provided, and performance specifications are met.
4. The program ensures a pediatrician is available for medical issues for children and adolescents up to age 17.
5. The provider ensures that mandatory trainings related to the clinical needs of this specialty population are available for all staff directly responsible for providing any treatment components during an Enrollee's stay to ensure clinical competency among the treatment team. Trainings include but are not limited to the assessment and treatment of eating disorders and co-occurring psychiatric and eating disorders; phases of the recovery process (i.e., acute stabilization, engagement, active treatment to maintain stabilization, and wellness and recovery); integrated treatment approaches including integration with primary care; and family systems issues related to the treatment of eating disorders.

## **SERVICE, COMMUNITY AND OTHER LINKAGES**

None

## **PROCESS SPECIFICATIONS**

### **Assessment, Treatment Planning and Documentation**

1. If the PHP is open on weekends and holidays, the medical director ensures that a pediatrician or internist is available for phone consultation, as needed.

2. The attending psychiatrist is available to meet with the Enrollee and provide consultation to medical and other PHP staff throughout the Enrollee's length of stay. The PHP is staffed with an attending psychiatrist who, in consultation with a pediatrician or internist, consistently provides, and is responsible for, the day to day and overall care of the Enrollee when the Enrollee is attending the PHP. The pediatrician or internist provides consultation to the attending psychiatrist; he/she does not serve as the Enrollee's primary physician but remains an active participant on the Enrollee's treatment team.
3. The attending psychiatrist, and other staff he/she may designate (e.g., pediatrician, internist, PNMHCS, certified nurse specialist (CNS), nurse practitioner (NP)), participates in daily rounds and treatment team meetings and is available to consult with the Enrollee's treatment team throughout the Enrollee's length of stay. The treatment team for each Enrollee, at a minimum, consists of a psychiatrist, a pediatrician or internist, a nurse, and a social worker.
4. All required assessments include the assessment of the Enrollee's eating disorder, co-occurring psychiatric and eating disorders, and potential medical complications.
5. Arrangements are made to obtain appropriate laboratory tests when indicated, and physicians are available for consultation relative to medical complications, if any.
6. The provider assigns each Enrollee a primary clinician and/or treatment team that develops a treatment and rehabilitation and recovery program and coordinates ongoing treatment interventions for his or her eating disorders.
7. All treatment plans and treatment plan reviews and updates include goals and interventions specific to the Enrollee's eating disorder, co-occurring psychiatric and eating disorders, and potential medical complications.
8. A comprehensive, structured treatment program is in operation, which, at a minimum, includes three hours or more per day of psycho-educational groups on the psychological and medical effects of eating disorders, related mental health issues, and the complications associated with dual recovery.
9. The pediatrician or internist documents in the Enrollee's health record that the Enrollee is medically safe for discharge. However, he/she does not conduct the discharge without the face-to-face psychiatric evaluation conducted by an attending psychiatrist or medical director prior to the Enrollee's discharge from the PHP.

### **Discharge Planning and Documentation**

1. The program ensures that all discharge planning activities address eating disorder recovery issues, and that the discharge and/or aftercare plan includes aftercare services that address eating disorder recovery.
2. The provider specifically ensures that the Enrollee's primary care clinician is involved in discharge planning and is provided with a copy of the discharge plan within required timeframes.

## **QUALITY MANAGEMENT**

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.