

Resource Guide for Prosperity Eating Disorders and Wellness Center



This packet contains information regarding the services and population-base of Prosperity. We are here to help. If you have any questions about the information contained herein please contact us at

703-466-5150 - Herndon

Or 434-326-4577 - Charlottesville

Information@prosperityedwell.com

F) 703-649-3557

www.prosperityedwell.com

Program Overview:

Prosperity Eating Disorders and Wellness offers evidence-based, comprehensive and holistic treatment to individuals struggling with eating disorders, depression, anxiety, and self-esteem. Our therapists and nutritionists use an empathetic approach to using evidence-based theories to treat the whole person. Our goal is to help individuals struggling with Eating Disorders and co-occurring illnesses find a full recovery by meeting their psychological, medical, nutritional, spiritual, emotional and relational needs. With locations in Herndon and Charlottesville, Prosperity is equipped to serve the needs of adolescents and adults throughout Virginia.

Who We Treat:

Prosperity offers individualized treatment for teens and adults struggling to overcome eating disorders and co-occurring illness including but not limited to:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder (BED)
- Unspecified Eating Disorders (ED NOS)
- Avoidant/Restrictive Intake Disorder (ARFID)
- Anxiety Disorders
- Mood Disorders
- Trauma and PTSD
- Self-harm
- Substance Abuse/Addiction

Our Approach to Treatment:

At Prosperity, we believe that recovery is a process, and aim to provide a variety of evidence-based psychological, nutritional, experiential, and wellness approaches. Intensive Outpatient (IOP) group composition is carefully designed by our providers by age and developmental level rather than by diagnosis. Our approaches include:

- Acceptance and Commitment Therapy (ACT)
- Art Therapy
- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- EMDR
- Interpersonal Therapy
- Nutritional Therapy
- Therapeutic Yoga
- Trauma-Informed Care
- Supportive meals

Our Services:

Partial Hospitalization Program (Herndon only)

Prosperity recognized the need for individuals to have more treatment options in the DMV area. We have expanded our services to meet the needs of clients who require the support of a Partial Hospitalization Program (PHP). Our program is designed for adolescents of all genders and sexual orientation. It is a comprehensive, evidence-based program designed to address the unique needs, strengths, and interests of our clients and their family system. After an initial assessment, we will recommend a treatment plan that may include groups, nutrition services, and/or clinical pharmacology management with an outside medical provider.

Intensive Outpatient Program

Prosperity's Intensive Outpatient Program (IOP) is comprehensive, evidence-based, and offered to both adolescents and adults. We believe that the best treatment plans are unique to each person's needs, strengths, and interests. After an initial assessment, we will recommend a treatment plan that may include groups, nutrition services, and/or clinical pharmacology management with an outside medical provider.

Individual Therapy

Our therapists offer individual therapy services during the day and in the evening to best fit your scheduling needs. Using a wide variety of therapeutic tools such as Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, interpersonal approaches, art therapy, equine-assisted therapy, and Christian Counseling, Prosperity therapists work with clients to reach their potential and realize full and lasting recovery.

Family Therapy

Family Therapy is essential to eating disorder treatment. At Prosperity, family work can involve the entire family working on dynamics or can take a more focused approach on the eating disorder. For example, our therapists trained in Family Based Therapy (Maudsley approach) help families to work with their child on weight restoration and a return to health.

Nutrition Services

Nutrition is a critical component in eating disorder recovery. Prosperity is fortunate to have the expertise of several caring dietitians to help guide clients to weight restoration, behavior management, and a return to optimal health and wellness.

Wellness

Prosperity offers a variety of group and individual wellness activities to enhance our holistic approach to recovery. Services include yoga, acupuncture, Tai Chi, and exploration of essential oils for physical and psychological well-being.

Top Ten Commonly Asked Questions:

Do you accept insurance?

We are currently in network with Aetna, Anthem, Carefirst, Healthkeepers and BCBS-federal for IOP and PHP services. We are only in network with Aetna for individual services. For out of network carriers, we will provide you with an invoice to submit to your insurance for reimbursement. We are also working with many insurance companies to provide single case agreements (SCA) for in-network rates for full IOP or PHP treatment. As each client's insurance provisions are unique, your intake provider will work with you to explore insurance options.

What is the financial commitment?

Please speak with your intake provider for pricing. If filing with health insurance, Prosperity will work with you and your insurance company to explore your unique rate after the initial intake.

Most insurance companies require clinical information collected during the initial intake to move forward with financial agreements.

How long will treatment last?

Each person is different! Typically, we recommend a minimum of one month commitment; treatment at the IOP level can last one to four months. For outpatient services, treatment is typically ongoing. PHP is typically 2 weeks to 6 weeks.

How many hours/week is PHP and IOP?

A full IOP consists of a minimum of nine hours/week of group therapy over three days, including one meal support group per day and individual therapy. A full PHP consists of a minimum of 35 hours/week of group therapy over five days, including two meal support groups per day. Research indicates that the most effective eating disorder treatment includes group, individual, nutrition, medical, and family therapy, we require clients to attend a minimum of one hour per week of individual therapy, nutrition therapy, and often family therapy.

Can I continue to see my outside providers while doing IOP?

You can continue to see your outside provider, but you must also see a therapist at Prosperity, as this is the best way that we can help you reach your full recovery. We will ask you to sign a release of information so that Prosperity can collaborate with your outside providers.

How many people are in a group, and what will we have in common?

Groups typically range from 5-10 people. Teens and adults are separated in order to provide appropriate care.

How are families involved in treatment?

Prosperity offers family therapy and twice a month free family support group. Parents and caregivers of teens will work closely with your child's individual therapist to feel included in the treatment process.

What are the staff credentials?

In addition to state licensing and registration in areas including social work, counseling, psychology, art therapy, and nutrition, our therapists and nutritionists are focused on providing the most up to date eating disorder treatment by maintaining continuing education in eating disorder specific care. Credentials vary across providers, information is available on our website.

We are Joint Commission Accredited and Licensed by the State of Virginia.

What outcome can I expect from treatment?

Expect to learn coping skills, psycho-education, and nutritional approaches to challenge and decrease symptoms, modulate mood, increase distress tolerance, increase self-esteem, explore identity, increase healthy relationships, and maintain a healthy meal plan with the intention of moving towards intuitive eating.

Is this the appropriate level of care for me or my loved one?

Please see the table below for additional information.

What is the Appropriate Level of Care for Myself or My Loved One?

Adapted from NEDA's Webinar "Levels of Care in Eating Disorder Treatment"

	Medical Criteria	Psychiatric Criteria	Average Length of Stay	Supervision	Average Cost
Inpatient Treatment	Medically Unstable; Unhealthy vital signs, acute risk shown in laboratory findings, risk of medical complications	Rapidly worsening symptoms Suicidal or unable to contract for safety	Several weeks to months	24/7 supervision; includes meals, bathroom and medical monitoring	\$500-\$2,000 /day \$30,000/ month
Residential Treatment	Stable	Not responding to PHP or outpatient	2 weeks to 1 year	24/7 supervision and medical monitoring; includes meals and medical monitoring	\$1-2,000/day, \$30,000/ month
Partial Hospitalization (PHP)	Medically stable; needs physiologic and mental status assessment	Struggling to function socially, academically, vocationally	4-6 weeks	5-7 days/week; includes meals, sleep off-site	\$650-\$850/ day
Intensive Outpatient Programming (IOP)	Stable	Stable; integrating therapy skills into daily life	4 weeks to 4 months	3 days/week minimum 9 hours/week; includes 1 therapeutic meal/day	\$430-\$550/ day
Outpatient Treatment	Stable	Stable	Several months to years	Varies	Varies; up to \$100,000/ year

Financial Considerations – Billing, Insurance, and Payment

Some insurance companies will consider Prosperity at the in-network rate if provided appropriate clinical information. Please ask your intake provider about this process if you wish to pursue a single case agreement (SCA). Please note that if you plan to request in-network insurance coverage for IOP services, you may be required to attend a minimum number of treatment hours per week.

A Guide to Understanding Insurance

Policies vary, and many people find the terminology confusing. Please refer to this guide to obtain a better understanding of your insurance benefits.

While the staff at Prosperity will do their best to determine and explain your insurance benefits to you, it is the responsibility of each client to maintain familiarity with the intricacies of their unique policy, and to confirm any benefit details provided with their Insurer.

In-Network: This means your insurance company has contracted with a provider to provide services at a reduced rate to any clients of the insurance provider. This saves the Insurer money- that savings is passed on to customers in the form of higher benefit payments and lower deductibles. The client pays only their designated co-insurance or co-pay and the balance is reimbursed directly to the provider.

Out of Network: This means your insurance company does not contract with the provider. They have not negotiated discounted rates with this provider. Because this provider's rates are generally higher than a contracted provider, this costs the insurer more money. To offset this, the insurer reduces the amount they will reimburse for services, by raising the deductible and co-insurance that the client is expected to pay. Any reimbursement for **Out of Network** services is generally paid directly to the client, not the provider.

Allowable Charge: This is the maximum amount that an Insurer has determined they are willing to pay for a particular service. An **In-Network** provider signs a contract agreeing to accept the **allowable charge**. An **Out of Network** provider **has not** agreed to accept this rate for their services. The Insurer will base co-insurance percentages, deductible accumulations and out of pocket accumulations on the **allowable charge**, not the actual charge. Clients who see an **Out of Network** provider are generally responsible for the balance between what the insurer pays and the actual charge. This is referred to as **Balance Billing**.

Balance Billing: The practice of billing a client for the difference between the Insurer's **allowable charge** and the actual charge, by an **Out of Network** provider, because the provider has not agreed to accept the Insurer's preferred rate for a particular service.

Deductible: This is the amount that an Insurer requires the patient to pay before they will contribute anything towards their care. Often deductibles only apply to certain services. Generally, clients will have separate deductibles for **In-Network** and **Out of Network** benefits. In order for the client to receive the specified benefit, they will need to meet the corresponding deductible.

Co-Insurance: This is the percentage of the **Allowable Charge** that the insurance company has determined the client must pay, ie., if the Insurer says you have a 20% co-insurance, that means they will reimburse for 80% of the **Allowable Charge** and the client is responsible for the remaining 20% (or in the case of an **Out of Network** provider, the remaining 20% **PLUS** any balance between the actual and **allowable charge**) Generally, but not always, when a policy specifies a co-insurance, there is a deductible that must be met before the insurance company begins to pay that percentage.

Co-pay: This is a flat fee that the Insurer requires the client to pay for a specific service. The Insurer agrees to cover the remainder of the **Allowable Charge**. The co-pay may vary, depending on the policy and the particular service. Often benefits specify different co-pays for individual services. Usually, though not always, co-pays are not subject to the client first meeting a deductible.

Maximum Out of Pocket (OOP): This is a set amount that the insurance company designates the client will ever have to pay during a specified time period. Once a client has spent this much of their own money on qualifying medical expenses, the Insurer will pay 100% of the remaining **Allowable Charges**. Balances after the **allowable** amount do NOT contribute towards the **OOP**, even though the client has paid for them out of their personal funds. Once the **OOP** is met, charges that are incurred which exceed the **Allowable Charge** will not be reimbursed by the insurance company, and will continue to remain the responsibility of the client. Generally, clients will have separate **OOP** for in-network and out of network benefits. In order for the client to receive the specified benefit, they will need to meet the correlating **OOP** amount.

Cross Accumulation: Some policies allow for sharing of the **In- Network** and **Out of Network** deductibles and **OOP**. If your policy cross accumulates, amounts that you pay to both **In- Network** and **Out of Network** Providers are pooled towards meeting the **deductible** and **OOP**. However, amounts that exceed the designated **Allowable Charge** for any service do not contribute towards the "pool."

Calendar Year Plan: The policy's benefits begin to accumulate on January 1st of each year and expire on December 31st. If you have a **Calendar Year** plan, every January 1st, the amount

you have previously accumulated towards your **deductible** or **Out of Pocket** is re-set to zero. Reimbursement does not resume until the client once again has paid the **deductible** amount to medical providers.

“Service” or “Plan” Year Policy: The policy’s benefits begin to accumulate on a unique specified date, determined by the Insurer each year and expire on the last day proceeding that date of the following year. **(Example, a policy may run from November 1, 2018-October 31, 2019)** If you have a **Service or Plan** year Policy, every year on the designated start date, the amount you have previously accumulated towards your deductible or **Out of Pocket** is re-set to zero. Reimbursement does not resume until the client once again has paid the deductible amount to medical providers.

Prior Authorization/ Pre-certification: Most policies require that you obtain permission to receive certain services before they will agree to pay for them. Prosperity will contact your Insurer and request **Authorization/ Pre-certification**, when necessary, and provide any necessary documentation that is requested by the Insurer in order to obtain it.

Authorizations/ Pre-certifications are specific for the designated service only, usually for a specified number of visits or designated length of time. When a client will be receiving multiple services at the same facility, **Authorization/ Pre-certification** must be obtained for EACH of those services. They are also specific for **In- Network** or **Out of Network** benefits.

Single Case Agreement (SCA)- Many policies contain a clause that says if an **In-Network** provider is not available to provide a medically necessary service, they agree to allow the client to use **In-Network** benefits at an **Out of Network** provider. Typically, this means they agree to enter into a temporary contract with the **Out of Network** provider. The provider and the Insurer negotiate a rate for the specified services. The provider agrees to not charge more than this rate for the services, and the Insurer agrees to allow the client to use their higher in-network benefits for that service. An **SCA** is good for a limited time period, which is specified in the contract, and is not guaranteed to be extended, renewed or repeated at a later date. While both the Insurer and the Provider agree on an **Allowable Charge** for the service, this does NOT mean that the Insurer will be paying for 100% of the charges. **The client will still be responsible for any in network deductible, co-insurance or co-pay that they have.** If the client has met their **In-Network OOP**, **ONLY THEN** will the Insurer reimburse for 100% of the charges. An **SCA** must be obtained for each individual service that will be provided, according to the designated CPT billing code assigned to that service. If an **SCA** has not been obtained for a particular service code, the Insurer does NOT agree to allow the client to use their in network benefits for that service.

Example: If Prosperity obtains an SCA for IOP (Intensive Outpatient Program) the Insurer will only agree to allow the client to use In- Network benefits towards that service. Services that are not included in the IOP service code (such as Nutritional Counseling, Psychiatry or Family Counseling) will NOT be considered at the In-Network rate. The client must pay for the services themselves and submit the claim

to their Insurer to be put towards their Out of Network benefits. Any reimbursement for out of network services is generally paid directly to the client.

High-Tier or “Out for In”- This is similar to an SCA, with one important difference. The Insurer agrees to allow the client to use their **In-Network** benefits at an **Out of Network** provider. HOWEVER, the Provider has not signed an agreement to accept the **allowable charge**, and the Insurer has not agreed to accept the provider’s actual charge, or been willing to negotiate a rate. Therefore the client may still be **balance billed** for the difference between the **allowable** and actual charge. **Example: Prosperity charges \$495 for IOP. The Insurer has designated \$350 as the allowable charge. The client has a \$25 co-pay for IOP. The Insurer is only going to reimburse for the difference between the allowable charge (\$350) and the co-pay (\$25) The Insurer is only going to pay \$325 for IOP. The client will be responsible for their \$25 co-pay PLUS the remaining balance of \$145 for a total of \$170.**

Pricing for our Intensive Outpatient Program (IOP)

Cost of IOP (includes weekly individual therapy from a provider at Prosperity): \$495 per night, \$1,485 per week*

Payment Plan	1 Night of IOP	1 Full Week of IOP
A: 10% of Cost	\$49.50	\$148.50
B: 15% of Cost	\$74.25	\$222.75
C: 25% of Cost	\$123.75	\$371.25
D: 50% of Cost	\$247.50	\$742.50

Please note, if you opt to participate in one of our payment plans, you will be charged *weekly* until the balance for all services rendered is met. If we are submitting to insurance on your behalf, what is paid to Prosperity by your insurance provider will be applied to your balance.

*Nutrition, Family Therapy and Psychiatric services are **not** included in IOP pricing.

Initial Clinical Assessment:	90791: \$220 (1.5-2 hours/1 Unit)
Psychiatric Intake (nonPHP)	90792: \$350 99213 (follow up): \$175
Individual Therapy:	90837: \$150 (1 hour/1 Unit)
Family Therapy:	90847: \$165 (1 hour/1 Unit)
Nutrition Initial Intake:	97802: \$175 (1.5 hour)
Nutrition Follow-Up:	97803: \$150 for (1 hour/4 Units) or \$75 (30 minutes/2 Units)
Intensive Outpatient Services	0905 or S9480 : \$495 per day
Partial Hospitalization Program	H code: \$695 per day

****The above rates are subject to change every 6 months****

Interns can provide services at a reduced fee, as availability allows. If you are interested in receiving services from an intern, please contact Prosperity's direct number at 703-466-5150 for more information.

Common Questions

- How do we get this started?
 - The provider will need the name(s) of the insured, a copy of the insurance card, birthday, phone number, and address to call the insurance company and determine available benefits.
 - The family/individual is then informed of the benefit information and coverage of services by the medical billing specialist or individual therapist.
- What happens once I know my benefits information?
 - The client would then complete an assessment with the clinical provider to identify diagnoses, treatment plan, medical records, and coordinate with the interdisciplinary team as needed. Recommendations for treatment are provided to the client. Payment for services are expected on the date of service.
 - The clinician then calls the insurance to obtain authorization and/or establish a Single Case Agreement, if available through the plan
- How is this processed after services are received?
 - Dates of service are captured by the individual providers and sent to the medical billing specialist.
 - The medical billing specialist then sends the records of services to the insurance company for payment and/or reimbursement
- Will I receive an invoice?
 - If you are paying up-front for services you will receive an invoice each week with the record of payment
- When can I anticipate repayment from insurance?
 - All insurance companies are different but typically reimbursement is received within 6-12 weeks from the date of submission.
- What else do I need to know?

- o If you pay in full up front, but the insurance issues payment to Prosperity, we will send you the refund amount as quickly as possible once it is received.

Invoicing for Services

For out of network, outpatient services (intake appointments, individual therapy, family therapy, and nutrition therapy) you will receive a receipt outlining services rendered and fees paid.

Financial considerations

Additionally, Prosperity is an approved provider with Albemarle County's CSA program offering funding assistance for children, teens, and families in our community.

How Can I Make an Appointment?

You can easily schedule an initial intake appointment by calling our office directly:

Herndon: 703-466-5150 Charlottesville: 434-326-4577

You can also request an appointment and fill out required forms via our website

www.prosperityedwell.com

information@prosperityedwell.com

After you have completed an initial intake and have a treatment plan in place, you can work directly with your providers to schedule ongoing follow-up appointments.

What information should I prepare for my initial assessment?

The first step in eating disorder recovery is to meet with a psychotherapist specializing in the care of eating disorder treatment for an assessment. At Prosperity, you can expect the initial session to last up to two hours and include an introduction to our program in addition to a thorough history of you or your loved one. It is our goal for you and your family to leave the initial session with a detailed treatment plan including scheduling for IOP groups, individual therapy, family therapy, and nutrition therapy, along with an understanding of the financial commitment to treatment.

Please bring the following to your initial appointment:

- Recent medical or psychiatric testing, discharge paperwork, etc.
- Health Insurance Card
- Contact information for outside treatment providers
- Background information form
- Current work/school schedule
- You will be asked to provide medical information including a medical clearance from your doctor, blood-work, an EKG in order to begin IOP services

We wanted to highlight some important policies:

- A 75% of the session fee will be charged for late cancellation will be applied to all individual sessions cancelled less than 24 hours. No shows are subject to the full session fee. Cancellations may only be made via the **phone**. Late cancels and no shows for IOP are charged 1/2 on second miss and the whole fee the second and subsequent time.
- We do not carry a pager nor provide 24 hour coverage. If you are experiencing a mental health emergency and do not hear back from us in 30 minutes, go to your nearest emergency room.

As part of our work together, you can expect from us:

- To be listened to
- To receive the best possible care
- To be provided support and resources to facilitate this process
- Email access

What we expect from you is:

- To arrive on time for your scheduled sessions
- To call if you are going to be late or need to cancel your session
- Pay each session
- Think about the work that we do outside of therapy.
- Be open to the possibilities that are presented before you.

If you should have any questions about the therapeutic relationship, please don't hesitate to ask.

Adult IOP Group Schedule-Herndon

Prosperity Eating Disorders and Wellness Center provides comprehensive services adults with eating disorders. This is a constructive and safe environment for individuals to gain skills and resources that are meaningful to lasting recovery.

HERNDON ADULT GROUP SCHEDULE			
Time	Monday	Wednesday	Thursday
Free Family Support Group (First Monday of Every Month)*			
5:00 pm	Binge Eating Group		
5:00PM	Body Image	Nutrition	DBT/CBT
6:00PM	Meal Support	Meal Support	Meal Support
7:00PM	Empowered Relationships	Life Skills / Process	Art Therapy

Teen IOP Group Schedule-Herndon

Prosperity Eating Disorders and Wellness Center provides comprehensive services for teens with eating disorders. Many eating disorders develop in adolescence and without treatment can progress into a lifelong illness. Prosperity offers a variety of groups designed to address the multiple drivers and underpinnings that contribute to successful recovery.

HERNDON TEEN GROUP SCHEDULE			
Time	Monday	Tuesday	Thursday
Free Family Support Group (First Monday of Every Month)*			
5:00PM	Mindfulness	CBT/DBT	Empowered Relationships
6:00PM	Meal Support	Meal Support	Meal Support (catered)
7:00PM	Nutrition	Art Therapy	Body Image

IOP Group Schedule-Charlottesville

Prosperity Eating Disorders and Wellness Center provides comprehensive services for both teens and adults with eating disorders at our Charlottesville location. Many eating disorders

develop in adolescence and without treatment can progress into a lifelong illness. Prosperity offers a variety of groups designed to address the multiple drivers and underpinnings that contribute to successful recovery.

CHARLOTTESVILLE GROUP SCHEDULE			
Time	Monday	Tuesday	Thursday
Free Family Support Group (First Monday of Every Month)*			
5:00PM	Nutrition	DBT/CBT	Yoga/ Empowered Relationships
6:00PM	Meal Support	Meal Support	Meal Support
7:00PM	Art Therapy	Body Image	Goals

(Charlottesville groups are split between Adult/Teen as census allows)

Group Name	Group Therapy Descriptions
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Art Therapy	Art is an expressive modality that allows clients to explore boundaries in relation to rules and freedom associated with body love as well as inter and intrapersonal dynamics.
Body Bio	This group allows clients to explore food myths and rules as well as discuss the role and expectation food plays in our lives. In this, education on food and the body are addressed.
Body Image	Addresses the challenges, successes, and influences of body image on self-esteem throughout the recovery process.
CBT/ DBT	This is a skills group that focuses on the ability to manage distress tolerance and develop interpersonal effectiveness. Clients are encouraged to think about the connection between their thoughts, feelings and behaviors in an effort to develop new cognitive processes.
Empowered Relationships	Our relationship with ourselves and others is explored as it relates to love, trust, patterns, and fears. Relationships can be the greatest source of joy and pain, in this group we discuss the ideal state of our relationships and explore aspects that facilitate or detract from healthy relationships.
Life Skills and Process	Clients are able to process life events, patterns, and recent stressors or successes in a supportive environment. This is done to facilitate effective functioning throughout the recovery process
Meal Support	This involves eating with others in a safe environment where goals, challenges, and successes can be processed and shared. Meals are required to meet standard criteria so that clients are able to explore well rounded meals that meet their nutritional needs.
Mindfulness	As part of the holistic approach to wellness, clients are able to explore the benefits of acupuncture, stress reduction and mindfulness yoga, and essential oils.
BED Processing	Clients with Binge Eating Disorder are able to come together and process life experiences, empowerment, and gain insight via psychoeducation and group processing.

Equine Facilitated Therapy (Herndon) - these groups are run through SPIRIT and run by Sarah Morehouse at Frying Pan Park. She can be contacted at sarahmorehouseefp@gmail.com. Individual therapy is also offered. **(Charlottesville)** Gail Todter, Galleywinter Farm gail@leadingforth.com <http://leadingforth.com/>

Day Treatment/Partial Hospitalization Program

Date	Monday	Tuesday	Wednesday	Thursday	Friday
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8:00 am	Arrival/Vitals/ Weights	Arrival/Vitals/ Weights	Arrival/Vitals/ Weights	Arrival/Vitals/ Weights	Arrival/Vitals/ Weights
8:15	Breakfast	Cooking Breakfast	Breakfast	Cooking Breakfast	Breakfast
9:00	Weekend Check in and Goals	RO DBT	Body Image	Emotions Psychiatry Appointments	Relapse Prevention
10:00	Wellness Practice (yoga, acupuncture, meditation, movement therapy, mindfulness)	Body Bio/Nutrition	Wellness Practice (yoga, acupuncture, meditation, movement therapy, mindfulness)	Identity Development	Interpersonal Therapy
11:00	Individual Sessions/ Independent study work	Individual Sessions/ Independent study work	Individual Sessions/ Independent study work	Individual Sessions/ Independent study work	Art Therapy
12:00	Cooking Lunch	Lunch	Lunch	Lunch outing	Cooking lunch
1:00	DBT	Life Skills	Grocery Outing	DBT	Weekend Planning
2:00	Body Image	Art Therapy	Empowered Relations	Wellness Practice (yoga, acupuncture, meditation, movement therapy, mindfulness)	12 Steps for Eating Disorders
3:00	Journal/snack	Journal/snack	Journal/snack	Journal/snack	Journal/snack

Attendance Policy

In an effort to effectively anticipate census, encourage engagement, and effectively track attendance Prosperity will be implementing the attendance compliance policy present in your

admission packet. While this policy has been in place, we have not been consistent in implementation. Please see below for a summary of the Policy.

Partial Hospitalization / Intensive Outpatient / Group Attendance

For missed (late cancel/no show) days of PHP or nights of IOP, the first night missed is not charged, the second missed night is half the insurance rate, the third and subsequent missed nights are subject to the full fee for services missed.

Please note the fees are determined based on the insurance rate, and **cannot** be billed through insurance. This applies to all individuals enrolled in PHP or IOP services barring emergencies, which must be vetted as such by your provider. If you know you will not be able to attend programming IOP, please let a provider at Prosperity know at least 24 hours in advance to avoid a fee.

Individual Attendance

For missed (late cancel/no show) appointments, the first missed session is not charged. For late cancellations (within the 24 hour timeframe) or no show, you will be subject to a late notice fee of 75% of the service cost on the second instance. Third and subsequent late cancellations or no show incidents you are subject to the full appointment cost.

Catered Meal (IOP)

Due to the nature of Catered Meal we need to know if you or your loved one will be attending the catered supper. We need to have this information by 5PM on the Wednesday night before the Thursday meal support group. If you do not RSVP and show up for meal, there will be a \$25 fine. If you RSVP for catered meal and do not attend the IOP cancellation fee applies.

Drop In Policy (Group or IOP Attendance)

Due to space restrictions and to honor group dynamics we need to know when you or your loved one will be attending groups prior to the Monday of the anticipated participation in IOP. Please coordinate with your primary service provider at Prosperity to confirm your attendance.

To be updated about about whether we are open or not during inclement weather, please check us out on social media.

Twitter: @ProspEDWELL

Instagram: prosperityedwell

Facebook: @prosperityedwell

Please sign up for our newsletter to receive important information and stay up to date.

<http://prosperityedwell.com/home>

Resources for Loved Ones

Eating disorders are very serious illnesses that not only affect the individual suffering, but the loved ones around them as well. If you have a friend or family member in the throes of an eating disorder, you may not know where to turn for help. Even once your loved one is in treatment, it can be hard on you, the caretaker, to find support. It is important to remember that early intervention is an imperative step toward lasting recovery. It is also important that you take care of YOU!

The Alliance for Eating Disorders recommends a simple acronym to help you cope during your loved one's recovery journey:

C	<ul style="list-style-type: none"> • You didn't CAUSE it. • You can't CONTROL it. • You can't CURE it. • You can learn how NOT to CONTRIBUTE to it. • You need to learn how to COPE with it. • Take CARE of yourself.
P	<ul style="list-style-type: none"> • Avoid PANIC. It prohibits clear thinking and calm reactions. • Recovery is a PROCESS. Two steps forward, one step back. • PROGRESS, not PERFECTION, is the goal. PATIENCE is critical.
R	<ul style="list-style-type: none"> • RESPOND instead of REACT. • REMEMBER to listen. • REFLECT and REASON before you speak. • RECOVERY is a journey, a long ROAD that may include RELAPSE. • REACH out to others for love and support.

For more information about resources for loved ones, or to contact Prosperity for assistance, visit our website at www.prosperityedwell.com.

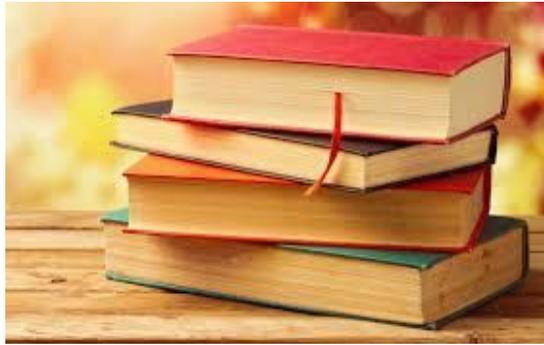
*Adapted from The Alliance for Eating Disorders; www.allianceforeatingdisorders.com

Suggested Reading for Loved Ones*

- **100 Questions and Answers About ED** - Carolyn Costin, MA, MED, MFCC
- **Brave Girl Eating** - Harriet Brown
- **Eating With Your Anorexic** - Laura Collins
- **Father Hunger** - Margo Maine, PhD

- **Parent's Guide to Eating Disorders** - Marcia Herrin, EDD, MPH, RD & Nancy Matsumoto
- **Life Beyond Your Eating Disorder** - Johanna S. Kandel

*Adapted from the Alliance for Eating Disorders, www.allianceforeatingdisorders.com



Online Resources

- National Eating Disorders Association (NEDA): Provides support, advocacy, treatment finder, parent and educator toolkits, blogs, and general information regarding eating disorders. www.nationaleatingdisorders.org
- National Association of Anorexia Nervosa and Related Illnesses (ANAD): A long-standing organization dedicated to the prevention and alleviation of eating disorders. www.anad.org
- The Alliance for Eating Disorder Awareness: An organization that endeavors to raise awareness, promote early intervention, and eliminate stigma related to eating disorders. The Alliance publishes Treatment Referral Guides each year for providers and families as they search for the right treatment program. www.allianceforeatingdisorders.com
- Maudsley Parents: A resource website that provides information about Family Based Therapy and links to providers and programs that offer the Maudsley approach. www.maudsleyparents.org
- Eating Disorder Hope: Education and support for individuals suffering from eating disorders and their families and friends. www.eatingdisorderhope.com
- Families Empowered and Supporting Treatment of Eating Disorders (FEAST): Empowering families through education, support, and advocacy. www.feast-ed.org



Program Requirements for Participation in Prosperity IOP Services:

- **Medical Stability** - you must have this form signed by medical personnel. It is in your initial intake packet, or the provider can coordinate with your PCP. We can coordinate

with your medical provider, via fax or phone, to discuss risk factors and confirm stability at this level of care.

- **Intake Sessions** - before being admitted into IOP you must attend intake sessions with a Prosperity therapist and nutritionist. You are welcome to see outside providers for follow up sessions.
- **Nutrition Support** - you must see a nutritionist consistently. At the outpatient level of care, nutrition is the entity that monitors weight and intake. Weekly weigh-ins and assessments regarding intake vs. nutrition needs and food goals are addressed in these one-on-ones.
- **Individual Therapy** - you must see a therapist consistently. This helps us gauge emotional stability, progress in recovery and develop effective coping strategies that combat the disorder.
- **Group Attendance** - If you are enrolled in IOP, this is based on your insurance and single case agreement. You must attend a full night of IOP in order for claims to be submitted successfully. If for some reason you only attend 1 in an evening, you will be charged \$65.00 per group. If you require 3 or more groups a week (not on the same night) this is considered partial IOP, please confer with your individual provider regarding pricing and insurance. Some insurance companies require 9 hours of participation a week to approve submitted claims, others are more flexible. It is your responsibility to follow up with your insurance to determine participation requirements.

Strongly Encouraged

- **Family Support Group** - this is a free forum for families to ask questions and gain additional information regarding eating disorders, their treatment, and common challenges in the recovery process
- **Family Meetings** - at the outpatient level of care, you are our first line of defense in the recovery process. Family meetings allow you and your providers to openly share and discuss progress and observations, education regarding eating disorders and their treatment is also discussed. This time can be set aside by coordinating with your providers, fees apply.



Program Requirements for Participation in Prosperity PHP Services:

- **Medical Stability** - you must have this form signed by medical personnel. It is in your initial intake packet, or the provider can coordinate with your PCP. We can coordinate

with your medical provider, via fax or phone, to discuss risk factors and confirm stability at this level of care. Vitals will be taken each morning and action taken as needed.

- **Intake Sessions** - before being admitted into PHP you must attend intake sessions with a Prosperity therapist and nutritionist.
- **Nutrition Support** - you will be scheduled with a nutritionist for individual sessions weekly. You will also be provided with nutrition support at meals and in nutrition groups. Weigh ins will be blind and happen daily as part of the morning vitals check.
- **Individual Therapy** - you will be scheduled with a therapist twice weekly. One session will be individual and one will be family therapy. This helps us gauge emotional stability, progress in recovery and develop effective coping strategies that combat the disorder.
- **Family Therapy**- you will be scheduled with a therapist twice weekly. One session will be individual and one will be family therapy. Families are the first line of defense in the recovery process. Family therapy allow you and your providers to openly share and discuss progress and observations; education regarding eating disorders and their treatment is also discussed.
- **Group Attendance** - Per insurance companies, PHP coverage requires consistent attendance. You must attend a full day of PHP in order for claims to be submitted successfully.

Strongly Encouraged

- **Family Support Group** - this is a free forum for families to ask questions and gain additional information regarding eating disorders, their treatment, and common challenges in the recovery process. It occurs on the first and third Monday of the month at 5PM.

Medical clearance is required for participation in eating disorder services at Prosperity. Please consult with your doctor regarding clearance. Below is a list of suggested medical tests. If you would like a referral to a medical professional, please speak to our staff.

Standard:

- Complete Blood Count (CBC) with differential
- Urinalysis
- Complete Metabolic Profile: Sodium, Chloride, Potassium, Glucose, Blood Urea Nitrogen, Creatinine, Total Protein, Albumin, Globulin, Calcium, Carbon Dioxide, AST, Alkaline Phosphates, Total Bilirubin
- Serum magnesium
- Thyroid Screen (T3, T4, TSH) Electrocardiogram (ECG)

Special Circumstances:

15% or more below ideal body weight (IBW)

- Chest X-Ray
- Complement 3 (C3)
- 24 Creatinine Clearance
- Uric Acid

20% or more below IBW or any neurological sign

- Brain Scan

20% or more below IBW or sign of mitral valve prolapse

- Echocardiogram

30% or more below IBW

- Skin Testing for Immune Functioning

Weight loss 15% or more below IBW lasting 6 months or longer at any time during course of eating disorder

- Dual Energy X-Ray Absorptiometry (DEXA) to assess bone mineral density
Estradiol Level (or testosterone in males)

For a more comprehensive guide on eating disorders treatment, please refer to the [Academy for Eating Disorders \(AED\): Critical Points for Early Recognition and Medical Risk Management in the Care of Individuals with Eating Disorders.](#)

MEDICAL RELEASE FOR PARTICIPATION IN IOP/ PHP PROGRAM

I certify that _____ (patient name) is medically stable to participate in the IOP (3 days a week for three hours a night) or the PHP (5 days a week, 7 hours a day) and does not require further medical treatment that would preclude participation (tube feeding, rehydration, I. V.'s to balance electrolytes, etc.)

Date of most recent office visit: _____

Date of most recent labs, if done: _____

Normal _____ Abnormal _____

If abnormal, how is it being treated?

Date of most recent EKG, if done: _____

Normal _____ Abnormal _____

If abnormal, how is it being treated?

Any restrictions/ recommendations?

I am available to consult with if needed at: _____ (phone number).

I plan on following this patient on a regular basis as needed. YES NO

Signature Printed Name Signed Name

Please fax form back to 703-649-3557 along with copies of the patient's initial office visit note, labs and EKG. Thank you.

A Guide to Understanding Insurance

Policies vary, and many people find the terminology confusing. Please refer to this guide to obtain a better understanding of your insurance benefits.

While the staff at Prosperity will do their best to determine and explain your insurance benefits to you, it is the responsibility of each client to maintain familiarity with the intricacies of their unique policy, and to confirm any benefit details provided with their Insurer.

In-Network: This means your insurance company has contracted with a provider to provide services at a reduced rate to any clients of the insurance provider. This saves the Insurer money- that savings is passed on to customers in the form of higher benefit payments and lower deductibles. The client pays only their designated co-insurance or co-pay and the balance is reimbursed directly to the provider.

Out of Network: This means your insurance company does not contract with the provider. They have not negotiated discounted rates with this provider. Because this provider's rates are generally higher than a contracted provider, this costs the insurer more money. To offset this, the insurer reduces the amount they will reimburse for services, by raising the deductible and co-insurance that the client is expected to pay. Any reimbursement for **Out of Network** services is generally paid directly to the client, not the provider.

Allowable Charge: This is the maximum amount that an Insurer has determined they are willing to pay for a particular service. An **In-Network** provider signs a contract agreeing to accept the **allowable charge**. An **Out of Network** provider **has not** agreed to accept this rate for their services. The Insurer will base co-insurance percentages,

deductible accumulations and out of pocket accumulations on the **allowable charge**, not the actual charge. Clients who see an **Out of Network** provider are generally responsible for the balance between what the insurer pays and the actual charge. This is referred to as **Balance Billing**.

Balance Billing: The practice of billing a client for the difference between the Insurer's **allowable charge** and the actual charge, by an **Out of Network** provider, because the provider has not agreed to accept the Insurer's preferred rate for a particular service.

Deductible: This is the amount that an Insurer requires the patient to pay before they will contribute anything towards their care. Often deductibles only apply to certain services. Generally, clients will have separate deductibles for **In-Network** and **Out of Network** benefits. In order for the client to receive the specified benefit, they will need to meet the corresponding deductible.

Co-Insurance: This is the percentage of the **Allowable Charge** that the insurance company has determined the client must pay, ie., if the Insurer says you have a 20% co-insurance, that means they will reimburse for 80% of the **Allowable Charge** and the client is responsible for the remaining 20% (or in the case of an **Out of Network** provider, the remaining 20% **PLUS** any balance between the actual and **allowable charge**) Generally, but not always, when a policy specifies a co-insurance, there is a deductible that must be met before the insurance company begins to pay that percentage.

Co-pay: This is a flat fee that the Insurer requires the client to pay for a specific service. The Insurer agrees to cover the remainder of the **Allowable Charge**. The co-pay may vary, depending on the policy and the particular service. Often benefits specify different co-pays for individual services. Usually, though not always, co-pays are not subject to the client first meeting a deductible.

Maximum Out of Pocket (OOP): This is a set amount that the insurance company designates the client will ever have to pay during a specified time period. Once a client has spent this much of their own money on qualifying medical expenses, the Insurer will pay 100% of the remaining **Allowable Charges**. Balances after the **allowable** amount do NOT contribute towards the **OOP**, even though the client has paid for them out of their personal funds. Once the **OOP** is met, charges that are incurred which exceed the **Allowable Charge** will not be reimbursed by the insurance company, and will continue to remain the responsibility of the client. Generally, clients will have separate **OOP** for

in-network and out of network benefits. In order for the client to receive the specified benefit, they will need to meet the correlating **OOP** amount.

Cross Accumulation: Some policies allow for sharing of the **In- Network** and **Out of Network** deductibles and **OOP**. If your policy cross accumulates, amounts that you pay to both **In- Network** and **Out of Network** Providers are pooled towards meeting the **deductible** and **OOP**. However, amounts that exceed the designated **Allowable Charge** for any service do not contribute towards the “pool.”

Calendar Year Plan: The policy’s benefits begin to accumulate on January 1st of each year and expire on December 31st. If you have a **Calendar Year** plan, every January 1st, the amount you have previously accumulated towards your **deductible** or **Out of Pocket** is re-set to zero. Reimbursement does not resume until the client once again has paid the **deductible** amount to medical providers.

“Service” or “Plan” Year Policy: The policy’s benefits begin to accumulate on a unique specified date, determined by the Insurer each year and expire on the last day proceeding that date of the following year. **(Example, a policy may run from November 1, 2018- October 31, 2019)** If you have a **Service or Plan** year Policy, every year on the designated start date, the amount you have previously accumulated towards your deductible or **Out of Pocket** is re-set to zero. Reimbursement does not resume until the client once again has paid the deductible amount to medical providers.

Prior Authorization/ Pre-certification: Most policies require that you obtain permission to receive certain services before they will agree to pay for them. Prosperity will contact your Insurer and request **Authorization/ Pre-certification**, when necessary, and provide any necessary documentation that is requested by the Insurer in order to obtain it. **Authorizations/ Pre-certifications** are specific for the designated service only, usually for a specified number of visits or designated length of time. When a client will be receiving multiple services at the same facility, **Authorization/ Pre-certification** must be obtained for EACH of those services. They are also specific for **In- Network** or **Out of Network** benefits.

Single Case Agreement (SCA)- Many policies contain a clause that says if an **In-Network** provider is not available to provide a medically necessary service, they agree to allow the client to use **In-Network** benefits at an **Out of Network** provider. Typically, this means they agree to enter into a temporary contract with the **Out of Network** provider. The provider and the Insurer negotiate a rate for the specified services. The provider agrees to not charge more than this rate for the services, and the

Insurer agrees to allow the client to use their higher in-network benefits for that service. An **SCA** is good for a limited time period, which is specified in the contract, and is not guaranteed to be extended, renewed or repeated at a later date. While both the Insurer and the Provider agree on an **Allowable Charge** for the service, this does NOT mean that the Insurer will be paying for 100% of the charges. **The client will still be responsible for any in network deductible, co-insurance or co-pay that they have.** If the client has met their **In-Network OOP, ONLY THEN** will the Insurer reimburse for 100% of the charges. **An SCA must be obtained for each individual service that will be provided, according to the designated CPT billing code assigned to that service. If an SCA has not been obtained for a particular service code, the Insurer does NOT agree to allow the client to use their in network benefits for that service.**

Example: If Prosperity obtains an SCA for IOP (Intensive Outpatient Program) the Insurer will only agree to allow the client to use In- Network benefits towards that service. Services that are not included in the IOP service code (such as Nutritional Counseling, Psychiatry or Family Counseling) will NOT be considered at the In- Network rate. The client must pay for the services themselves and submit the claim to their Insurer to be put towards their Out of Network benefits. Any reimbursement for out of network services is generally paid directly to the client.

High-Tier or “Out for In”- This is similar to an **SCA**, with one important difference. The Insurer agrees to allow the client to use their **In-network** benefits at an **Out of Network** provider. HOWEVER, the Provider has not signed an agreement to accept the **allowable charge**, and the Insurer has not agreed to accept the provider’s actual charge, or been willing to negotiate a rate. Therefore the client may still be **balance billed** for the difference between the **allowable** and actual charge. **Example: Prosperity charges \$495 for IOP. The Insurer has designated \$350 as the allowable charge. The client has a \$25 co-pay for IOP. The Insurer is only going to reimburse for the difference between the allowable charge (\$350) and the co-pay (\$25) The Insurer is only going to pay \$325 for IOP. The client will be responsible for their \$25 co-pay PLUS the remaining balance of \$145 for a total of \$170.**

