VERIFICATION UNDER OATH

STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

In re: Kahm Clinic IOP-PHP
Eating Disorder Treatment Program
GMCB-009-21con

Verification Under Oath

Nicholas Kahm, being duly sworn, states on oath as follows:

1. I am the Chief Executive Officer of Kahm Clinic IOP-PHP, LLC. I have reviewed the Certificate of Need Application (Application) to begin an IOP-PHP eating disorder treatment program.

2. Based on my personal knowledge, and after diligent inquiry, I attest that the information contained in the Answers to First Set of Questions is true, accurate and complete and does not contain any untrue statement of a material fact, and does not omit to state a material fact.

3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Application is based on my actual knowledge of the subject information or upon information reasonably believed to be true and reliable to me (for example information in published articles).

4. In the event that the information contained in the Application becomes untrue, in accurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board as soon as I know that the information or document has become untrue, inaccurate or incomplete in any material respect.

Nicholas Kahm

On March 7, 2022 Nicholas Kahm appeared before me and swore to the truth, accuracy and completeness of the foregoing.

Mary A Mead
Notary Public

My Commission expires 1-31-2023
Comm# 157.0000283

1. **Identify and explain in detail the relative proportion of current program areas offered by the existing Kahm Clinic. What percentage of the current practice is with patients being treated for eating disorders?**

   Approximately 60% of our patients are suffering from an eating disorder. 30% of our patients come for help with weight management and 10% come for sports nutrition.

2. **In a table format, for calendar year 2020 and 2021, note the number of individuals served, number of tests completed using the Metabolic Testing device, the number of tests completed using the Body Composition Device, and the number of tests performed on each device that were reimbursed by insurance companies.**

Vermont Location	2020	2121
Number of appointments	2812	3211
Metabolic Tests	473	380
Body Composition Analysis Tests	2812	3211

I do not keep stats on the number of individuals served, but we do track number of appointments, which were included above. In Vermont, but not in other states, the testing is generally not covered by insurance; however, Medicaid does reimburse for the metabolic testing. It is important to note that we have not established reimbursement for this testing in the IOP/PHP setting. That setting bills different service CPTs than the existing Kahm Clinic, uses additional resources and providers additional services. We will be negotiating with insurance companies, so they may reimburse us. This is not an apples to apples comparison.

3. **In a table format:**
   a. **specify the proposed 1) number of weeks and 2) hours per day that comprise thetreatment period for i) the adult PHP; ii) adult IOP; iii) adolescent PHP; and iv) adolescent IOP programs; and**

	Adult PHP	Adult IOP	Adolescent IOP
# of weeks	Depends on Medical Necessity	Depends on Medical Necessity	Depends on Medical Necessity
Hours/day	7	3	3

We have not proposed an adolescent PHP program. We did not because we are not completely convinced there is a need for it. Should we become convinced later, we will come back to the Board to seek permission for it.

   b. **during the period of treatment, specify the proposed frequency of testing using: 1)Metabolic Testing Device and 2) the Body Composition Device for i) the adult PHP; ii) adult IOP; iii) adolescent PHP; and iv) adolescent IOP programs.**

	Adult PHP	Adult IOP	Adolescent IOP

Body Composition Analysis	1 or 2 times/week	1 or 2 times/week	1 or 2 times/week
Metabolic Testing	One every 4-6 weeks	Once every 4-6 weeks	Once every 4-6 weeks

4. **Explain in detail the protocols for and the frequency of the lab work and metabolic panels typically ordered for the proposed adult PHP and IOP programs, and the adolescent PHP and IOP programs.**

According to The American Psychological Association Practice Guidelines for the Treatment of Eating Disorders 2006, lab work is not required for IOP and PHP treatment in eating disorder treatment (see attached document – first column "Medical Complications"). It is required in residential and inpatient hospitalization because those patients are medically unstable. The main use of lab work is to screen people upon intake to ensure that they aren't medically unstable and need to go to residential treatment. For this reason, we will, like some other IOP/PHP eating disorder programs, require lab work upon intake. At or prior to intake all patients will have a metabolic panel (CMP), which will happen offsite. The medical decision to recommend additional lab work depends on whether a doctor deems it medically necessary for a particular patient, but such cases are rare.

5. **Explain in detail the extent of use the of lab work and metabolic panels in the adult PHP and IOP programs and the adolescent PHP and IOP programs. Please explain how the information provided by the metabolic testing body composition devices affects the clinic's use of lab work and metabolic panels. We need a better understanding of how theprogram will utilize labs and the two devices in treating eating disorders and whether onewill be relied on more frequently than the other to inform the course of patient treatment.**

A comprehensive metabolic panel (CMP) is not required for eating disorder treatment. It is a blood test that typically measures a variety of different markers such as blood sugar, electrolytes, kidney function and liver function. This is important for the treatment of eating disorders at higher levels of care to monitor any symptoms of refeeding syndrome or other medical complications while increasing food intake; however, a CMP is completely different from a Metabolic Test as done at The Kahm Clinic.

The Metabolic Test done at The Kahm Clinic is a breathing test that uses indirect calorimetry to determine an individual's resting metabolic rate (RMR). No blood work is involved and it has very little overlap with the results that one may receive via a CMP. For example, an individual with an eating disorder may have impaired liver function as a result of their restrictive intake. They may ALSO have a low resting metabolic rate (RMR) as a result of their restrictive intake however neither one caused the other. Both the impaired liver function and the low resting metabolic rate are a result of not eating enough calories but the impaired liver function did not cause a low resting metabolic rate (RMR) and vice versa.

Essentially, a CMP is a good marker for the medical status of a patient to determine if the patient needs further supervision from a physician or possible admission to a hospital if lab work looks concerning. The Metabolic Test is a good marker of the nutritional status of a

patient for the dietitians to determine what needs to be changed and/or added to a patient's meal plan for continued recovery. We will rely more heavily on the results from the Metabolic Testing and Body Composition since it is typically expected that a patient in a PHP/IOP is already medically stable and do not need lab work.

There is no significant difference in the use of lab work for adolescent and adults, or for the PHP and IOP programs. Everyone will have the lab work done on entrance; the MD will decide if further lab work is medically necessary.

6. **Explain in detail for each device how and whether the Metabolic Testing Device and the Body Composition Device are considered to be evidence-based practice in the treatmentof eating disorders.**

We have already provided literature of empirical studies from well-respected peer reviewed scholarly journals for both devices. The fact that they are not widely used does not mean that they are not evidence based.

   a. **In addition, please respond to the concern that a therapeutic practice that focuses on monitoring weight and evaluating body composition may not be an evidence-based approach to treating eating disorders, as they are a mental health issue.**

While eating disorders are classified as mental health disorders, all clinicians working in the field know that they are psychosomatic disorders that have mental and physiological facets. Therefore, eating disorder treatment necessarily requires a multidisciplinary treatment team consisting in therapists, doctors, and dieticians, who treat both the mental and non-mental aspects of the disorder. Weight and body composition are one piece of eating disorder treatment, but they are by no means our main focus. We wish to emphasize that the therapeutic facets of treatment are as important, if not more, than the nutritional facets. Patients will spend more time on the therapeutic part of treatment than the nutritional part.

It should be noted that we always weigh patients blind, so they do not see or learn their weight from us, nor do we tell them the body composition numbers, as this can be triggering for them. The clinicians only talk about the body composition results in the context of trends to determine how best to move forward nutritionally. We use the numbers to determine full recovery of tissue damage that is caused by eating disorders and we use them as a way for the dietitians to know the best way to fuel that individual. As most clinicians in the eating disorder field understand, individuals with eating disorders often feel they are not "sick enough" or that their very small portion sizes of food are enough. Sharing some trends from the body composition data helps the patient to understand their unique body and how food is fueling them. It provides more evidence to fight the eating disorder and continue working towards recovery. The only time that weight becomes crucial is if it becomes so dangerously low that inpatient treatment is required, but even then, weight would never be explicitly discussed with the patient.

7. **Explain in detail whether the Kahm Clinic's PHP and IOP programs will also participate in any external quality and outcome assessment programs. If so, please specify.**

As we mentioned in the application we will see Joint Commission Accreditation. In January 2016, The Joint Commission released a set of new Behavioral Health Care (BHC) standards for

residential and outpatient eating disorders programs, and we will seek accreditation under those standards. These standards are designed to improve the quality and safety of care, treatment, or services provided by eating disorders programs.

8. **In a table format, provide the projected number of weeks and projected weekly charge for the adult PHP and IOP programs and for the adolescent PHP and IOP programs.**

	Adult IOP	Adolescent IOP	Adult PHP
Daily Charge	$350	$350	$550
Average number of weeks in program	6-8	6-8	4-6

9. **Please explain whether and how Kahm Clinic's treatment of eating disorder patients, both currently and as proposed in the PHP and IOP programs, differs from its work in general nutrition, sports nutrition, management, and prediabetes.**
    a. **Are there differences in the focus and philosophy of treatment, and the languageused with patients?**

The focus, regardless of who is being seen, is always healthy behaviors and helping individuals fuel their body best given their unique life circumstances. However, eating disorder patients offer particular challenges. Because the disease is psychosomatic, there is a larger mental health aspect of treatment. We are always working closely with multidisciplinary treatment teams with our eating disorder patients. And we see eating disorder patient much more frequently than our other patients since they need to be seen more often. One notable difference between eating disorder patients and non-eating disordered patients is also the use of blind weights as well as the numbers from the body composition analysis. With an eating disorder patient, they never know the actual numbers, but we only speak to them of the trends so that they know if they are progressing or regressing. With an athlete, for instance, we will happily let them know that they have gained 10lbs and that 9 of those, for instance, were muscle.

The focus and philosophy will be different than our current practice. Currently we only specialize in dietetics as such our goal is to do that as well as we can. However, that will only be one part of our goal in the new program, which, of course, involves much more than simply dietetics.

    b. **Is the language and emphasis found on the Kahm Clinic website https://www.thekahmclinic.com/ reflective of the approach used with eatingdisorder patients?**

The language and emphasis on the website are geared toward outpatient treatment of eating disorders and our other services. IOP and PHP services are quite different, and as such we will need a new website with different language and emphasis. Be that as it may, we stand behind what's there vis-à-vis eating disorder treatment and look forward to doing much of the same work, but modified for a new context.

10. **Please explain how much time per week the different types of patients (adult PHP, adult IOP, adolescent PHP, and adolescent IOP) will spend in group, individual, and family therapy? Please separate out by type of patient and type of therapy.**

In the PHP setting patients will have either two weekly 50min. individual sessions with their therapists, or

one 50min. therapy and one 50min. family therapy. They will also meet with a dietician for 30 min. weekly to discuss their eating and the results of the body composition analysis. The remainder of the time will be spent in group work. In the IOP program there is a difference between those who are there 5 days/ week and those who have stepped down to 3 days/week and are on their way out of the program. The former group will have one weekly 50min. session with their therapist and check in weekly with the dietitian for 15min. The latter will only check in weekly with their therapist and dietician for 15min. each, since they will be cocurrently working with their outpatient treatment team as they are transitioning out of the program. There is no significant difference here between adolescents and adults.

11. **Provide an update on the status of negotiations with Medicaid.**

Our negotiations are in process, and we have exchanged emails about potential reimbursement rates.

American Psychiatric Association Practice Guidelines for the Treatment of Eating Disorders 2006

Characteristics	Level 1: outpatient	Level 2: intensive outpatient	Level 3: Partial hospitalization (full day outpatient care - 8 hours/5 days/week)	Level 4: Residential Treatment Center	Level 5: Inpatient Hospitalization
Medical Complications	Medically stable to the extent that more extensive medical monitoring, as defined in levels 4 and 5, is not required	Medically stable to the extent that more extensive medical monitoring, as defined in levels 4 and 5, is not required	Medically stable to the extent that more extensive medical monitoring, as defined in levels 4 and 5, is not required.	Medically stable to the extent that intravenous fluids, nasogastric tube feedings, or multiple laboratory tests are not needed	For adults: Heart rate <40bpm, blood pressure <90/60 mm Hg; glucose < 60 mg/dl; potassium <3 meq/L, electrolyte imbalance; temperature < 97.0°F; dehydration; or hepatic, renal or cardiovascular organ compromise requiring acute treatment, poorly controlled diabetes. For children and adolescents: heart rate near 40; orthostatic heart rate increase > 20 bpm, orthostatic blood pressure change with systolic or diastolic drop > 10-20 mm Hg or any blood pressure < 80/50 mmHg; hypokalemia or hypophosphatemia, hypomagnesemia
Suicidality	If present, IP monitoring and treatment may be needed depending on the estimated level of risk	If present, IP monitoring and treatment may be needed depending on the estimated level of risk	If present, IP monitoring and treatment may be needed depending on the estimated level of risk	If present, IP monitoring and treatment may be needed depending on the estimated level of risk	Specific plan with high lethality or intent; admission may also be indicated with suicidal ideas or after a suicide attempt or aborted attempt, depending on other risk factors
Weight as % of healthy body weight (for children, determining factor is rate of weight loss)	Generally >85%	Generally >80%	Generally >80%	Generally <85%	Adults: Generally <85% Children and Adolescents: acute weight decline with food refusal even if not <85% below healthy body weight)
Motivation to recover, including cooperativeness, insight, and ability to control obsessive thoughts	Fair to good motivation	Fair motivation	Partial motivation, cooperative, patient is preoccupied with intrusive repetitive thoughts > 3 hours a day	Poor to fair motivation; preoccupied with intrusive thoughts 4-6 hours a day; patient cooperative with highly structured treatment	Very poor to poor motivation; preoccupied with intrusive repetitive thoughts; patient uncooperative with treatment or cooperative only in highly structured environment
Co-occurring disorders (substance abuse, depression, anxiety)	Presence of co-morbid condition may influence choice of level of care	Presence of co-morbid condition may influence choice of level of care	Presence of co-morbid condition may influence choice of level of care	Presence of co-morbid condition may influence choice of level of care	Any existing psychiatric disorder that would require hospitalization
Structure needed for eating/gaining weight	Self-sufficient	Self-sufficient	Needs some structure to gain weight	Needs supervision at all meals or will restrict eating	Needs supervision during and after all meals or nasogastric/special feeding
Ability to control compulsive exercising	Can manage compulsive exercising through self-control	Some degree of external structure beyond self-control required to prevent compulsive exercising; rarely a sole indication for < LOC	Some degree of external structure beyond self-control required to prevent compulsive exercising; rarely a sole indication for < LOC	Some degree of external structure beyond self-control required to prevent compulsive exercising; rarely a sole indication for < LOC	Some degree of external structure beyond self-control required to prevent compulsive exercising; rarely a sole indication for < LOC
Purging behavior (including laxatives and diuretics)	Can greatly reduce purging in non-structured setting; no significant medical complications such as EKG or other abnormalities, suggesting the need for hospitalization	Can greatly reduce purging in non-structured setting; no significant medical complications such as EKG or other abnormalities, suggesting the need for hospitalization	Can greatly reduce purging in non-structured setting; no significant medical complications such as EKG or other abnormalities, suggesting the need for hospitalization	Can ask for and use support from others or use cognitive and behavioral skills to inhibit purging	Needs supervision during and after all meals and in bathrooms; unable to control multiple daily episodes of purging that are severe, persistent, and disabling, despite appropriate trials of outpatient care, even if routine laboratory test results reveal no obvious metabolic abnormalities
Environmental stress	Others able to provide adequate emotional and practical support and structure	Others able to provide adequate emotional and practical support and structure	Others able to provide at least limited support and structure	Severe family conflict, problems, or absence of family so patient is unable to receive structured treatment in home; patient lives alone without adequate support system	Severe family conflict, problems, or absence of family so patient is unable to receive structured treatment in home; patient lives alone without adequate support system
Geographic availability of treatment program	Lives near treatment setting	Lives near treatment setting	Lives near treatment setting	Treatment program is too distant for patient to participate from home	Treatment program is too distant for patient to participate from home