I would like to see the rule explicitly address intermediate levels of care, such as residential treatment. By forcing all treatment to be categorized as either inpatient or outpatient, this important type of treatment is ignored. As a result, limits that are allowable under comparable medical benefits (for example, day limits on skilled nursing care) appear to be prohibited for mental health/substance use benefits as the rule is currently written. The effect of this is not parity, but a behavioral health benefit that is mandated to be richer than the corresponding medical benefit.

Thank you for your consideration.