To Whom it May Concern,
I suggest that the agency clarify in § 54.9812 terms "intensive outpatient," "partial-hospitalization/day treatment" and "residential" in order to best ensure that parity is established in a cost efficient, effective and just manner. The interpretations of these terms often vary among insurers and are used during the utilization review of benefits. Will the benefits be categorized as outpatient, inpatient, or will it be left to the MBHO’s own interpretation?