

**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

**REVISION HISTORY LOG**

| <b>Revised/<br/>Issued<br/>Date</b> | <b>Section</b>  | <b>Section Title</b>  | <b>Number of<br/>Page (s)</b> | <b>Reason for Revision</b>  |
|-------------------------------------|-----------------|---|-------------------------------|---|
| 10/01/24                            | Section 2.3     | Outpatient Services –<br>Outpatient Therapy by<br>Licensed Practitioners                        | 8                             | Revisions made to update<br>Provider Qualifications and<br>Billing criteria.    |
| 10/01/24                            | Appendix<br>E-5 | Evidence Based<br>Practices (EBPs) –<br>Child Parent<br>Psychotherapy                           | 9                             | Revisions made to update<br>Allowed Provider Types and<br>Specialties criteria. |
| 10/01/24                            | Appendix<br>E-6 | Evidence Based<br>Practices (EBPs) –<br>Parent Child<br>Interaction Therapy                     | 9                             | Revisions made to update<br>Allowed Provider Types and<br>Specialties criteria. |
| 10/01/24                            | Appendix<br>E-7 | Evidence Based<br>Practices (EBPs) –<br>Preschool PTSD<br>Treatment and Youth<br>PTSD Treatment | 8                             | Revisions made to update<br>Allowed Provider Types and<br>Specialties criteria. |
| 10/01/24                            | Appendix<br>E-8 | Evidence Based<br>Practices (EBPs) –<br>Triple P Positive<br>Parenting Program                  | 8                             | Revisions made to update<br>Allowed Provider Types and<br>Specialties criteria. |

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|-------------------------------------|----------------|--|-------------------------------|---|
| 10/01/24                            | Appendix E-9   | Evidence Based Practices (EBPs) – Trauma-Focused Cognitive Behavioral Therapy                  | 10                            | Revisions made to update Allowed Provider Types and Specialties criteria. |
| 10/01/24                            | Appendix E-10  | Evidence Based Practices (EBPs) – Eye Movement Desensitization and Reprocessing (EDMR) Therapy | 12                            | Revisions made to update Allowed Provider Types and Specialties criteria. |
| 10/01/24                            | Appendix E-11  | Evidence Based Practices (EBPs) – Dialectical Behavioral Therapy (DBT)                         | 17                            | Revisions made to update Allowed Provider Types and Specialties criteria. |