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**CHAPTER 2: BEHAVIORAL HEALTH SERVICES**

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**REVISION HISTORY LOG**

<b>Revised/ Issued Date</b>	<b>Section</b>	<b>Section Title</b>	<b>Number of Page (s)</b>	<b>Reason for Revision</b>
08/23/21	2.3	Outpatient Services – Outpatient Therapy by Licensed Practitioners	7	Revisions made to clarify provider requirements criteria.