

**Behavioral Health and Recovery Division (BHRD)  
 Provider Manual  
 Summary of Changes  
 Version: 5/2026**

| Section   | Summary of Changes  |
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| Table of Contents   | <ul style="list-style-type: none"> <li>• Updated Table of Contents to match edits throughout the manual</li> </ul>  |
| Chapter 1.6.8 Mental Health Residential Administrative Daily Bed Rate Requests                    | <ul style="list-style-type: none"> <li>• This section was removed in April, but is being added back except for SUD Admin Daily Bed Rate Requests.</li> <li>• “Mental Health” is added to the chapter title.</li> </ul>  |
| Chapter 2.1 Behavioral Health Intensive Outpatient (IOP)  | <ul style="list-style-type: none"> <li>• Removed “Service Coding” subsection               <ul style="list-style-type: none"> <li>○ Service encounters must include Current Procedural Terminology (CPT) code S9480 <i>Intensive Outpatient Psychiatric Services per diem</i>, with HK modifier; For young adults under 20, use HA modifier.</li> </ul> </li> </ul>   |
| Chapter 2.3.4 Mental Health Outpatient Benefit Infant-Child Expanded Assessment Services (add-on) | <ul style="list-style-type: none"> <li>• Removed, “Eligible Service Codes” subsection               <ul style="list-style-type: none"> <li>○ Eligibility Current Procedural Terminology (CPT) Services Codes include: Psychiatric Diagnostic Evaluation 90791, 90792, Mental Health Assessment H0031</li> </ul> </li> </ul>   |
| Chapter 2.9 New Journeys Coordinated Specialty Care (formerly New Journeys)                       | <p>Updated sentence to read, “A full fidelity NJ CSC Team:</p> <ul style="list-style-type: none"> <li>○ serves up to 30 individuals ages 15-40 years old, allows for up to a 5-year lifetime benefit limit per program participant.</li> <li>• Added, “Response to program inquiries/referrals require prompt response by the Program Director (usually within 72 hours).</li> <li>• Added, Teams should continue to increase their caseloads by 4-5 per month, develop internal processes, and ensure they meet training requirements.</li> <li>• Updated “Additional Criteria” subsection               <ul style="list-style-type: none"> <li>○ Replaced “Experiencing a first episode psychosis” with “psychotic symptoms have been present between 1 week and 3 years</li> <li>○ Removed, “have received antipsychotic medication for less than one year”</li> <li>○ Removed “Exclusionary Criteria includes Documented IQ less than 70</li> </ul> </li> </ul> |

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|   | <ul style="list-style-type: none"> <li>○ Removed “significant intellectual disability”</li> </ul>   |
| Chapter 2.11 Opioid Treatment Program   | <ul style="list-style-type: none"> <li>● Removed maximum client census limits for all agencies (ETS, THS WCHS)</li> </ul>   |
| Chapter 3.1.1 Behavioral Health Partial Hospitalization Program (PHP)   | <ul style="list-style-type: none"> <li>● Removed, “Service Coding” subsection <ul style="list-style-type: none"> <li>○ Service encounters must include Current Procedural Terminology (CPT)code H0035, Mental Health Partial Hospitalization, Treatment, Less than 24 hours, with HK modifier, For youth adults under 20, use HA modifier.</li> </ul> </li> </ul>                 |
| Chapter 4.5 Mobile Crisis Team Rapid Response Crisis Team (MRRCT)   | <ul style="list-style-type: none"> <li>● Updated “Follow-up Responsibilities” to include <ul style="list-style-type: none"> <li>○ MRRCT may provide additional in-home stabilization after the initial 72-hour crisis intervention as needed for up to eight weeks to ensure the least restrictive care is used to stabilize Individuals in the community.</li> </ul> </li> </ul> |
| Chapter 4.6.1 Intensive Stabilization Services (ISS)  | <ul style="list-style-type: none"> <li>● Removed Intensive Stabilization Referral Form</li> </ul>   |
| Chapter 4.7 Opioid Recovery and Care Access (ORCA) Center   | <ul style="list-style-type: none"> <li>● Removed “Service Coding” subsection <ul style="list-style-type: none"> <li>○ Service encounters include Current Procedural Terminology (CPT)code S9848 Crisis Intervention, billed per hour.</li> </ul> </li> </ul>  |
| Chapter 7.2 Eating Disorder Services  | <ul style="list-style-type: none"> <li>● Removed “Coordinated Care of Washington” to read: “Community Health Plans for Washington should be contracted directly for authorization.”</li> </ul>  |
| Chapter 11.1 Behavioral Health Services at health through Housing Facilities and Permanent Supportive Housing Sites | <ul style="list-style-type: none"> <li>● Removed scope</li> </ul>   |
| Chapter 14.1 Behavioral Health Administrative Services Organization (BH-ASO)  | <ul style="list-style-type: none"> <li>● Added Attachment B: Exception to Rule (ETR) / Extraordinary Treatment Plan (ETP) / Overlap of Service Request and Decision For Authorization Form</li> </ul>   |