Exhibit 1A - DAS Contract Enhancements Authorization Parameters

Divison of Mental Health and Addiction Services - Contract (DAS)

Fee for Service Enhancement Authorization Parameters

Co-occurring Clinical Services

Encounter entry required before expiration of authorization (days) - 15

				Residential Limits				Ambulatory Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Billing Code**	**Day**	**Month**	**Year**	**Annual Client Limit**
Case Management - COOC	$ 13.32	15 minutes	Co-occurring	T2022 HF	8	16	n/a	T2022 HF	0	0	0	0
Comprehensive Intake Evaluation	$ 171.99	service	Co-occurring	90791	1	1	n/a	90791	1	1	n/a	n/a
Crisis Intervention - Individual	$ 15.12	15 minutes	Co-occurring	S9484 HF	0	0	0	S9484 HF	0	0	0	0
Family Therapy	$ 113.84	60 minutes	Co-occurring	90847 HF	0	0	0	90847 HF	0	0	0	0
Individual Therapy	$ 71.39	30 minutes	Co-occurring	90832 HF	0	0	0	90832 HF	0	0	0	0
Individual Therapy	$ 94.46	45 - 50 minutes	Co-occurring	90834 HF	0	0	0	90834 HF	0	0	0	0
Group Therapy	$ 27.48	90 min	Co-occurring	90853 HF	0	0	0	90853 HF	0	0	0	0
Clinical Consultation	$ 27.75	15 minutes	Co-occurring	90887	0	0	0	90887	0	0	0	0
Limit Co-occurring Clinical Services Enhancement						**$385.11**				**$171.99**		

Exhibit 1A - DAS Contract Enhancements Authorization Parameters

Divison of Mental Health and Addiction Services - Contract (DAS)

Fee for Service Enhancement Authorization Parameters

Co-occurring Med Monitoring Services Enhancement

Encounter entry required before expiration of authorization (days) - 15

				Residential Limits				Ambulatory Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Billing Code**	**Day**	**Month**	**Year**	**Annual Client Limit**
Medication Monitoring	$ 47.54	15 minutes	CO Med	90862 HF	0	0	0	90862 HF	2	2	n/a	n/a
Limit Co-occurring Medication Monitoring Service Enhancement						**$0.00**				**$95.08**		

Psychiatric Evaluation

Encounter entry required before expiration of authorization (days) - 15

				Residential Limits				Ambulatory Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Billing Code**	**Day**	**Month**	**Year**	**Annual Client Limit**
Psychiatric Evaluation	$ 437.76	service	Psych Eval	90792	1	1	4	90792	1	1	4	4
Limit Co-occurring Pyschiatric Evaluation Service Enhancement						**$437.76**	**$1,751.04**			**$437.76**	**$1,751.04**	**$1,751.04**