Exhibit 1C - Interim Service Initiative (ISI) Enhancements Authorization Parameters

Interim Services Initiative (ISI)

Fee for Service Enhancement Authorization Parameters

Interim Services

Encounter Entry required before expiration of authroization (days) - 15

				General Limits					
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Week**	**Month**	**Year**	**Annual client limit**
Urine Drug Screen - Presumptive Testing	$ 8.46	service	IS	H0003HF	1	2	4	n/a	n/a
Oral Swab	$ 8.46	service	IS	ZSWAB	1	2	4	n/a	n/a
Crisis Intervention - IS	$ 15.12	15 minutes	IS	IS9484	2	4	8	n/a	n/a
Recovery Support Care Management - IS	$ 26.40	15 minutes	IS	H0023 HF	2	4	8	n/a	n/a
E & M - new patient (20 min)	$ 82.94	20 minutes	IS	99202	1	1	4	n/a	n/a
Continuing Care LOCI	$ 26.43	20 minutes	IS	ZLOCI	1	1	1	n/a	n/a
Value							**$724.19**		