Exhibit 1K - State Hospital Access to Rehabilitation Education Initiative (SHARE) Enhancements Authorization Parameters

State Hospital Access to Rehabilitation & Education Initiative (SHARE)

Fee for Service Enhancement Authorization Parameters

Clinical Review

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

				Residential Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Urine Drug Screen - Presumptive Testing	$ 8.46	service	Clinical	H0003HF	1	2	n/a	n/a
Oral Swab	$ 8.46	service	Clinical	ZSWB	1	1	n/a	n/a
Mantoux Tuberculin Test	$ 10.57	service	Clinical	86580	1	1	n/a	n/a
Continuing Care LOCI	$ 26.43	20 minutes	Clinical	ZLOCI	2	2	n/a	n/a
Limit Clinical Review Enhancements						**$80.35**		

Recovery Support

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

				Residential Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Recovery Support Care Management	$ 26.40	15 minutes	Recovery Sup	H0023 HF	4	16	n/a	n/a
Limit Recovery Support Enhancements						**$422.40**		

Co-occurring Clinical Services

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

				Residential Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Case Management - COOC	$ 13.32	15 minutes	Co-occurring	T2022 HF	8	16	n/a	n/a
Comprehensive Intake Evaluation	$ 171.99	service	Co-occurring	90791	1	1	n/a	n/a
Limit Co-occurring Clinical Services Enhancement						**$385.11**		

Exhibit 1K - State Hospital Access to Rehabilitation Education Initiative (SHARE) Enhancements Authorization Parameters

State Hospital Access to Rehabilitation & Education Initiative (SHARE)

Fee for Service Enhancement Authorization Parameters

Vivitrol or Buprenorphine: Vivitrol - Pre-Induction

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

				Residential Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Case Management - Vivitrol	$ 13.32	15 minutes	V or B	T2022 HF	4	4	n/a	n/a
Urine Preg Test Visual Color Comp	$ 2.85	1 test	V or B	81025	1	1	6	6
Limit V or B: Vivitrol - Pre-Induction Enhancements						**$56.13**		

Vivitrol or Buprenorphine

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

				Residential Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Medication Monitoring - MAT	$ 47.54	15 minutes	V or B	Z3353	2	4	n/a	n/a
Buprenorphine/Naloxone Maint. (2mg/0.5mg)	$ 7.66	unit	V or B	ZM05	3	93	n/a	n/a
Buprenorphine/Naloxone Maint. (8mg/2mg)	$ 10.40	unit	V or B	ZM2G	4	124	n/a	n/a
Buprenorphine Maintenance (8mg)	$ 12.03	unit	V or B	ZM8G	4	124	n/a	n/a
Case Management - Vivitrol	$ 13.32	15 minutes	V or B	T2022 HF	2	2	n/a	n/a
Urine Preg Test Visual Color Comp	$ 2.85	1 test	V or B	81025	1	1	6	6
Vivitrol Medication and Injection	$ 1,232.34	injection	V or B	ZVIV	1	1	6	6
Limit V or B: Vivitrol - On-going Induction Enhancements						**$1,711.37**		

Exhibit 1K - State Hospital Access to Rehabilitation Education Initiative (SHARE) Enhancements Authorization Parameters

State Hospital Access to Rehabilitation & Education Initiative (SHARE)

Fee for Service Enhancement Authorization Parameters

Vivitrol or Buprenorphine: Lab Services

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

				Residential Limits				
Service	**Rate**	**Unit**	**Type**	**CPT Code**	**Day**	**Month**	**Year**	**Annual client limit**
Comprehensive Metabolic Panel	$9.99	service	V or B - Lab	80053	1	1	n/a	n/a
Transferase, Alanine Amino Panel (ALT)	$2.85	service	V or B - Lab	84460	1	1	n/a	n/a
Transferase, Aspartate Amino Panel (AST)	$2.85	service	V or B - Lab	84450	1	1	n/a	n/a
Bilirubin Panel	$2.85	service	V or B - Lab	82247	1	1	n/a	n/a
Mantoux Tuberculin Test	$10.57	service	V or B - Lab	86580	1	1	n/a	n/a
Hepatic Function Panel	$6.66	service	V or B - Lab	80076	1	1	n/a	n/a
Complete Blood Count	$4.76	service	V or B - Lab	85025	1	1	n/a	n/a
Quantitative Syphilis Test	$2.85	service	V or B - Lab	86593	1	1	n/a	n/a
Urine Drug Screen - Presumptive Testing	$8.46	service	V or B - Lab	H0003 HF	1	1	n/a	n/a
Urine Preg Test Visual Color Comp	$2.85	service	V or B - Lab	81025	1	1	6	6
Limit V or B: Lab Services Enhancements						**$46.14**		