Exhibit 2C - Interim Services Initiative (ISI) ASAM Ambulatory and Residential LOC Authorization Parameters

Interim Services Initiative (ISI) Fee for Service - Adult Co-occurring Capable Authorization Parameters				
Service	**ISI Care Management**	**Psychoeducational Group Services Specific to Interim Services**	**Psychoeducational Group Services Specific to Interim Services**	**Psychoeducational Group Services Specific to Interim Services**
Type/Modality	**Pre-Admission**	**Ambulatory**	**Residential**	**Residential Med - True** (IWM)
ASAM LOC	N/A	N/A	N/A	N/A
CPT Code	ISICARM	Z3355	Z3355	Z3355
Maximum units per Authorization	8	8	8	8
Authorization time frame (days)	30	30	30	30
Unit	15 Minutes	Per service	Per service	Per service
Daily Limits	8	1	1	1
Weekly Limits	8	2	2	2
Monthly Limites	8	8	8	8
# of days at which initial ERL needed	N/A	30	30	30
# of days at which ERL can be submitted	N/A	14	14	14
Authorization RED ZONE (67% of annual allocation)	N/A	N/A	N/A	N/A
Adult Annual Client Limits (units)	N/A	N/A	N/A	N/A
Rate Per Unit	$ 26.40	$ 6.61	$ 6.61	$ 6.61
Authorization Value	$ 211.20	$ 52.88	$ 52.88	$ 52.88
Shared Service Name	N/A	Interim Services		

Exhibit 2C - Interim Services Initiative (ISI) ASAM Ambulatory and Residential LOC Authorization Parameters

Service	Psychoeducational Group Services
Unit	90 minutes
Weekly Limits	See LOC Limits
Rate per unit	$6.61
Max units per diem	1
CPT Code	Z3355