Exhibit 2F - Medically Assisted Treatment Initiative (MATI) ASAM Ambulatory LOC Authorization Parameters

Medically Assisted Treatment Initiative (MATI)

Fee for Service - Adult Co-occurring Capable Ambulatory ASAM Level of Care Authorization Parameters

Service	Assessment	Intensive Outpatient	Partial Care
Modality/Type	**Pre-Admission**	**Ambulatory**	**Ambulatory**
ASAM LOC	N/A	Level 2.1	Level 2.5
CPT Code	H0001 HF	H0015 HF	H2036 HF
Maximum units per Authorization	4	18	22
Authorization time frame (days)	30	30	30
Unit	30 minutes	Per diem	Per diem
Daily Limits	4	1	1
Weekly Limits	4	4	5
# of days at which initial ERL needed	N/A	60	60
# of days at which ERL can be submitted	N/A	50	50
Authorization RED ZONE (67% of annual allocation)	N/A	N/A	N/A
Adult Annual Client Limits (units)	N/A	N/A	N/A
Rate Per Unit	$ 28.49	$ 109.38	$ 78.23
Authorization Value	$ 113.96	$ 1,968.84	$ 1,721.06
Shared Service Name	N/A	Intensive Outpatient and Opioid Maintenance - Intensive Outpatient	Partial Hospitalization/ Care