Exhibit 2H - New Jersey Statewide Initiative (NJSI) ASAM Ambulatory LOC Authorization Parameters

New Jersey Statewide Initiative (NJSI)

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

Service	Assessment	Ambulatory Withdrawal Management (Detox)	Outpatient 2 units per 30 day authorization	Outpatient 6 units per 30 day authorization	Outpatient 2 units per week	Outpatient 3 units per week	Outpatient 5 units per week	Outpatient 6 units per week	Intensive Outpatient
Modality/Type	**Pre-Admission**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**
ASAM LOC	N/A	AWM2D	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2.1
CPT Code	H0001 HF	H0014 HF	see OP rate table	see OP rate table	see OP rate table	see OP rate table	see OP rate table	see OP rate table	H0015 HF
Maximum units per Authorization	4	5	2	6	10	13	22	26	18
Authorization time frame (days)	30	5	30	30	30	30	30	30	30
Unit	30 minutes	Per diem	Per service	Per service	Per service	Per service	Per service	Per service	Per diem
Daily Limits	4	1	2	2	2	3	3	3	1
Weekly Limits	4	7	2	2	2	3	5	6	4
# of days at which initial ERL needed	N/A	5	N/A	N/A	N/A	N/A	N/A	N/A	60
# of days at which ERL can be submitted	N/A	3	N/A	N/A	N/A	N/A	N/A	N/A	50
Authorization RED ZONE (67% of annual allocation)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adult Annual Client Limits (units)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rate Per Unit	$ 28.49	$ 209.33	see OP rate table						$ 109.38
Authorization Value	$ 113.96	$ 1,046.65	$ 208.30	$ 624.90	$ 1,041.50	$ 1,056.96	$ 1,371.26	$ 1,481.18	$ 1,968.84
Shared Service Name	N/A	Detox Outpatient Non-Methadone	Standard/Traditional Outpatient						Intensive Outpatient

Exhibit 2H - New Jersey Statewide Initiative (NJSI) ASAM Ambulatory LOC Authorization Parameters

rsey Statewide Initiativ	Family Therapy	Individual Therapy	Individual Therapy	Psychoeducational Group Services	Group Therapy
Unit	60 minutes	30 minutes	45 - 50 minutes	90 minutes	90 minutes
Weekly Limits	See LOC Limits	See LOC Limits	See LOC Limits	See LOC Limits	See LOC Limits
Rate Per Unit	$113.84	$71.39	$94.46	$6.61	$27.48
Max units per diem	1	1	1	3	2
CPT Code	90847 HF	90832 HF	90834 HF	Z3355	90853 HF