Exhibit 2J - Recovery Court Initiative (RCI) ASAM Ambulatory LOC Authorization Parameters

Recovery Court Initiative (RCI)

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

Service	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	Partial Care
Type/Modality	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**
ASAM LOC	AWM2D	Level 1	Level 1	Level 1	Level 1	Level 1	Level 1	Level 2.1	Level 2.5
CPT Code	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	H2036 HF
Maximum units per Authorization	5	2	6	10	13	22	26	18	22
Authorization time frame (days)	5	30	30	30	30	30	30	30	30
Unit	Per diem	Per service	Per service	Per service	Per service	Per service	Per service	Per diem	Per diem
Daily Limits	1	2	2	2	3	3	3	1	1
Weekly Limits	7	2	2	2	3	5	6	4	5
# of days at which initial ERL needed	5	N/A	N/A	N/A	N/A	N/A	N/A	120	120
# of days at which ERL can be submitted	3	N/A	N/A	N/A	N/A	N/A	N/A	89	89
Authorization RED ZONE (67% of annual allocation)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67	89
Adult Annual Client Limits (units)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100	133
Rate Per Unit	$ 209.33	see OP rate table						$ 109.38	$ 78.23
Authorization Value	$ 1,046.65	$ 208.30	$ 624.90	$ 1,041.50	$ 1,056.96	$ 1,371.26	$ 1,481.18	$ 1,968.84	$ 1,721.06
Shared Service Name	Detox Outpatient Non-Methadone	Standard/Traditional Outpatient and Opioid Maintenance Outpatient						Intensive Outpatient and Opioid Maintenance - Intensive Outpatient	Partial Hospitalization/ Care

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overy Court Initiative (R	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