

Exhibit 2L - Recovery Court Contract (RCC) ASAM Residential LOC Authorization Parameters

SFY 2025  
Effective 07/01/2024  
Revised 04/08/2024

Recovery Court Contract (RCC)  
Contract - Adult Residential  
ASAM Level of Care Authorization Parameters

| Service                                              | Halfway House<br>(7 days) | Halfway House<br>(14 days) | Halfway House<br>(30 days) | Long Term<br>Residential<br>Tier 2<br>(7 days) | Long Term<br>Residential<br>Tier 2<br>(14 days) | Long Term<br>Residential<br>Tier 2<br>(30 days) |
|------------------------------------------------------|---------------------------|----------------------------|----------------------------|------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Type/Modality                                        | Residential               | Residential                | Residential                | Residential                                    | Residential                                     | Residential                                     |
| ASAM LOC                                             | Level 3.1                 | Level 3.1                  | Level 3.1                  | Level 3.5                                      | Level 3.5                                       | Level 3.5                                       |
| CPT Code                                             | H2034 HF                  | H2034 HF                   | H2034 HF                   | H0026T2 HF                                     | H0026T2 HF                                      | H0026T2 HF                                      |
| Maximum units per<br>Authorization                   | 7                         | 14                         | 30                         | 7                                              | 14                                              | 30                                              |
| Authorization time frame<br>(days)                   | 7                         | 14                         | 30                         | 7                                              | 14                                              | 30                                              |
| Unit                                                 | Per diem                  | Per diem                   | Per diem                   | Per diem                                       | Per diem                                        | Per diem                                        |
| Daily Limits                                         | 1                         | 1                          | 1                          | 1                                              | 1                                               | 1                                               |
| Weekly Limits                                        | 7                         | 7                          | 7                          | 7                                              | 7                                               | 7                                               |
| # of days at which initial<br>ERL needed             | NA                        |                            |                            | NA                                             |                                                 |                                                 |
| # of days at which ERL can<br>be submitted           | NA                        |                            |                            | NA                                             |                                                 |                                                 |
| Authorization RED ZONE<br>(67% of annual allocation) | NA                        |                            |                            | NA                                             |                                                 |                                                 |
| Adult Annual Client Limits<br>(units)                | NA                        |                            |                            | NA                                             |                                                 |                                                 |
| Rate Per Unit                                        | \$0                       |                            |                            | \$0                                            |                                                 |                                                 |
| Authorization Value                                  | \$0                       | \$0                        | \$0                        | \$0                                            | \$0                                             | \$0                                             |
| Shared Service Name                                  | Halfway House             |                            |                            | Long Term Residential                          |                                                 |                                                 |