Exhibit 2O - Substance Abuse Prevention and Treatment Initiative (SAPTI) ASAM Ambulatory LOC Authorization Parameters

Substance Abuse Prevention and Treatment Initiative (SAPT)

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

Service	Assessment	Methadone OP Phase I	Methadone OP Phase II	Methadone OP Phase III	Methadone OP Phase IV	Methadone OP Phase V	Methadone OP Phase VI	Intensive Outpatient
Modality/Type	**Pre-Admission**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**	**Ambulatory**
ASAM LOC	N/A	Level 1 - MOT	Level 1 - MOT	Level 1 - MOT	Level 1 - MOT	Level 1 - MOT	Level 1 - MOT	Level 2.1
CPT Code	H0001 HF	H0020 HF26 I	H0020 HF26 II	H0020 HF26 III	H0020 HF26IV	H0020 HF26V	H0020 HF26VI	H0015 HF
Maximum units per Authorization	4	4	4	4	4	4	4	18
Authorization time frame (days)	30	28	28	28	28	28	28	30
Unit	30 minutes	Weekly Bundle	Weekly Bundle	Weekly Bundle	Weekly Bundle	Weekly Bundle	Weekly Bundle	Per diem
Daily Limits	4	N/A	N/A	N/A	N/A	N/A	N/A	1
Weekly Limits	4	1	1	1	1	1	1	4
# of days at which initial ERL needed	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60
# of days at which ERL can be submitted	N/A	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
Adult Annual Client Limits (units)	16	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rate Per Unit	$ 28.49	$ 91.07	$ 91.07	$ 91.07	$ 91.07	$ 91.07	$ 91.07	$ 109.38
Authorization Value	$ 113.96	$ 364.28	$ 364.28	$ 364.28	$ 364.28	$ 364.28	$ 364.28	$ 1,968.84
Shared Service Name	N/A	Opioid Maintenance Outpatient (OMO)						Opioid Maintenance - Intensive Outpatient
		Bundled service claim. Prior to claim, **attestation message**: *"I am attesting that the client received the minimum weekly service requirement per Annex A2 for this phase."*						